Commitment and Partialism in the Ethics of Care

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It is plausible to think that practices of caring are partly constituted by a caregiver's commitment to a cared-for. However, discussions of caring often contain no explicit discussion of such commitments, and do not attempt to draw any philosophical conclusions from the nature of caring relations as committed. A discussion of caring practices that emphasizes the importance of commitment therefore has the potential to generate important new insights for our understanding of caring. This essay begins that project by arguing that a commitment-centric conception of caring entails the truth of moral partialism. Although many care-ethicists are sympathetic to partialism, the arguments in its defense remain controversial. As I show in this article, however, partialism is necessarily true given the committed nature of caring. This is because the concept of commitment is itself a necessarily partial one: to say that we are equally committed to everyone or everything is equivalent to saying that we are not committed to anything. Thus, when viewed as a species of commitment, it is part of the concept of caring that it requires us to put the needs of those we care for before the needs of those unknown to us.

Caring intuitively involves a commitment on the part of a caregiver to the subject of her care. Indeed, as I shall argue in this article, it is hard to see how caring could *fail* to involve some such commitment. Given the intuitiveness of this claim, it is striking that care ethicists often fail to discuss caring relations explicitly in terms of the sort of commitment that they engender (this is true, for example, of Bowden 1997; Held 2006; Engster 2007; Phillips 2007; Slote 2007). Even when commitment *is* explicitly identified as a part of what it means to care, this is not typically accompanied by any sustained critical discussion of the ethical *significance* of that commitment (for example, Noddings 1984, 24; Friedman 1987, 105–107; Tronto 1989, 173; Meyers 2004, 292). Perhaps this should not be surprising, given that the concept of commitment *per se* has received relatively little in the way of philosophical analysis (Shpall 2014, 146). In any event, a detailed examination of caring considered explicitly as a form

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of commitment has the potential to shed interesting new light on our understanding of care ethics.

In this essay I explore just one of the implications of a commitment-centric conception of caring, arguing that such a conception ultimately calls for us to endorse moral partialism. Many care ethicists have already expressed support for moral partialism, but my approach goes beyond arguing that partialism *ought* to be endorsed by care ethicists. Rather, my claim is that moral partialism is a necessary implication of any care-ethical view, in virtue of the central importance of commitment to caring.

I begin in section I by making some brief remarks on the nature of caring, to which I will return in later sections of the article. In section II I discuss the nature of commitment, and show why caring ought to be understood as a species of commitment. In section III I discuss the philosophical attractions of moral partialism, and critically consider two influential arguments that have been used to defend it. I then show, in section IV, that my commitment-centric account of caring vindicates moral partialism. I also show that it avoids the difficulties associated with the arguments for partialism discussed in section III. I then reply to some objections to my account in section V, and briefly consider some of the wider implications of my argument in section VI.

I. On Caring

Caring is an activity aimed at meeting the needs, or promoting the well-being, of a cared-for. Caring is thus a goal-oriented activity, and individual actions undertaken as a part of caring will aim to bring about certain specifiable results: the prevention or cessation of unnecessary suffering; recovery from a particular illness; or healthy growth and development. Archetypal instances of caring take place between a responsible caregiver and a dependent cared-for, such as a nurse and her patient or a mother and her child. As these examples show, it is possible broadly to distinguish between two different sorts of caring relationship: those that involve someone acting as caregiver in a professional capacity (as in the nurse–patient relationship), and those that do not (as in the mother–child relationship). Following the literature, I will refer to these types of relationships as instances of formal and informal caring, respectively. The distinction between formal and informal caring will be discussed in more detail in the next section, specifically in relation to the types of commitment that they embody.

Of course, caring may be a characteristic of many sorts of relationships, such as those between friends, siblings, and lovers, and the archetypal examples of caring just mentioned should not lead us to overlook this. It should also be noted that individuals may at the same time occupy both the role of caregiver *and* that of cared-for (as shown by the discussion of "nested dependencies" in, for example, Kittay 1999 and Ward 2015). Finally, it makes sense to say that caring may also be directed toward the environment, or to abstract concepts such as economic justice, or the alleviation of suffering.

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Caring in these latter cases seems more accurately described as caring *about* rather than as caring *for* (following Noddings 1984, 21). Nevertheless, a fully spelled-out conception of caring ought to be able to accommodate instances both of caring about and of caring for. This is one of the strengths of the definition of caring put forward by Berenice Fisher and Joan Tronto. Fisher and Tronto argue that caring is "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as long as possible" (Fisher and Tronto 1990, 40). This definition is often rejected as too expansive, requiring us to identify as instances of caring many activities that do not seem to fall within its domain (for example, Held 2006, 31; Engster 2007, 24). Still, without endorsing it, we may usefully hold up Fisher and Tronto's definition as one of the ways in which different types of caring can be unified under a single conceptual schema.

While it is necessarily a form of activity, at the same time caring also has a psychological or affective component. Accordingly, for an activity to constitute an instance of caring it must not only be aimed at meeting the needs or promoting the well-being of a cared-for; it must also be motivated by a benevolent *concern* for the well-being of the cared-for (for example, Noddings 1984, 9; Held 2006, 32–33; Slote 2007, 10–12). Someone whose actions meet certain caring requirements cannot genuinely be said to care if her actions are not, at least in part, the product of a concern for the cared-for. If such an agent acts as she does only because she feels obliged to do so, or because she anticipates being rewarded in some way for her efforts, then she cannot be said to be exercising caring agency.

Finally, it should be noted that caring is an essentially normative concept. Thus, to say that an agent is engaged in caring presupposes that her actions are at least minimally constitutive of care. Any would-be caregiver whose actions persistently fail to meet the needs, or to promote the well-being, of her cared-for, or who actively harms her cared-for, cannot be described as providing care. Of course, it is possible to speak of good and bad, and better and worse, care. As I see it, then, care is a threshold concept: once a minimally satisfactory standard of care has been provided, it is possible to speak of caring as taking place. Any form of activity that fails to meet that standard, however, does not qualify as care, despite the morally praiseworthy motives that may underlie it. Of course, what any caregiver will aim at providing is the *best possible* care, and not just minimally satisfactory care. What constitutes the best possible care, and where the threshold at which genuine caring begins, are difficult questions that cannot be answered in the abstract. Rather, the answers to them must be given on a case-by-case basis, and will depend on a number of factors. These include the resources that the caregiver has at her disposal; the context in which care is being provided (for example, whether at home or in an institution; whether by a friend or by a spouse, or some other relative); and the cared-for's experience of that care (for example, whether as attentively and compassionately provided, or as resentful and reluctant). Such considerations point to the complexity of caring relationships, and to the need to evaluate each such relationship on its own terms.

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II. Caring as Commitment

As will be seen in this section, caring requires a commitment on the part of a caregiver. Before showing why this is the case, however, it will be useful to begin by making a few general remarks on commitment itself.

In part, to describe someone as committed is to say that she reliably or consistently acts in ways that promote goals or ends associated with her commitment. Someone committed to the election of a particular political party will thus consistently vote, campaign, or fundraise for that party. Commitments are about more than mere outward behavior, however. This is because such behavior might be the product of coercion, habit, or preference, rather than commitment. (Having a preference is not the same as being committed. To see this, consider my having a preference for a particular brand of coffee: no matter how enduring this preference may be, it does not make me committed to the brand in question. This is because I would stop buying that brand tomorrow if I found an alternative that I enjoyed even more.)

Commitments may be distinguished from preferences, habits, and coerced behavior by considering the psychological attitude underlying them. Commitments, that is, are grounded in an agent's values. They are formed in response to the agent's judgment that the object of her commitment is good, important, or otherwise worth pursuing, perhaps (though not necessarily) for its own sake. Thus a conservationist is committed to protecting an endangered species because she takes its continued existence to be good, either in its own right, or as a means to the preservation of the wider ecosystem. Similarly, a mother is committed to her child because of her love for it, and because of the importance that she sees in its continued well-being.

Now, caring may also be described as a form of consistent behavior, and as being engaged in as a response to the importance of the cared-for and her well-being. Caring behavior must be consistent because any would-be caregiver who only *occasionally* attempted to meet the needs or to promote the well-being of a cared-for could not be described as genuinely caring. This follows from the account of caring provided in the previous section. An agent's lack of consistency in attempting to meet the needs of a cared-for signifies either a lack of concern for the cared-for, or the agent's unwillingness to *act* on that concern. Inconsistency in either of these respects is enough to show that genuine caring is not taking place. Of course, some accounts of caring differ from the one given in the previous section, in that they see caring as constituted by *either* an appropriate motive (for example, Slote 2001; 2007) *or* by the meeting of the cared-for's needs (for example, Bubeck 1995), and not, as I have claimed, by the conjunction of both of these. Even on such accounts, however, consistency is still necessary if we are to identify the relationship as a caring one. An agent who only occasionally acts so as to meet the needs of another, or who only occasionally feels a concern for another's welfare, can hardly be said to care for that other. Thus, commitment is a necessary aspect of caring.

At this point it might be thought that my discussion of commitment has counterintuitive implications concerning the sort of actions that we are entitled to describe as instances of caring. The actions that I have in mind here are those that might be

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described as isolated acts of beneficence: pulling a stranger out of the path of an oncoming bus; buying a meal for a homeless person; helping a child lost in the supermarket to find its parents or guardians. None of these actions seem to involve a commitment to those benefited by them, yet surely we wish to refer to them as instances of caring. In fact, my account *does* allow us to describe isolated acts of beneficence as instances of caring, as I will now show.

It is plausible to say that in each of the examples given above, there is no commitment on the part of the agent *to the persons that her actions benefit*. Commitments are more durable than single, isolated instances of beneficence. If the agent in question were really committed to *this particular* lost child, then she would wish to continue to care for it in some way even after reuniting it with its parents or guardians. She would have an ongoing concern for the needs and welfare of that child. Yet of course this is not the case, and any such concern would almost certainly be rejected as inappropriate by the child's caregivers. Once our agent has seen the child safely back with its caregivers, she rightly sees her relationship with it as being at an end. Similarly, buying a homeless stranger a meal does not demonstrate an agent's commitment to *that particular* homeless person. If an agent *were* committed to the well-being of a particular homeless person, we would naturally expect that commitment to extend beyond the buying of a single meal. It would likely also include, for example, ensuring that the person in question has a safe place to sleep for as long as it is needed. But the beneficent stranger in our example has no intention of embarking on any such lengthy course of action, despite knowing the dangers associated with sleeping rough.

None of this means, however, that beneficent actions of the sort described above are not the product of *any* form of caring commitment. As noted in section I, we do not care only about particular others: we also care about more abstract goals and values, such as environmental conservation, economic justice, and the alleviation of suffering. Thus, an agent who acts because of a benevolent concern to alleviate suffering may still be said to be engaged in caring, so long as the results of her action cross the threshold that sets the minimally satisfactory standard of care in that context (for example, by actually alleviating some degree of suffering, instead of inadvertently increasing the amount of suffering in the world). Accordingly, if the isolated acts of beneficence described above are the product of some such benevolent concern, as seems plausible, then they may still be described as genuine instances of caring. Of course, in keeping with the analysis of caring given above, if an agent is to be said to care about the alleviation of suffering, she must be sufficiently committed to that goal. Furthermore, in the absence of any such caring commitment, isolated acts of beneficence may *not* be described as genuine instances of caring. In such cases, it seems more accurate to explain such actions not as the products of genuine caring, but as the products of contingent psychological phenomena, such as a desire to avoid the feelings of guilt that would be prompted by doing nothing to help a person in need.

What these remarks show is that identifying the object of a caring commitment is not always straightforward. Take, for example, instances of formal caring. It is

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intuitive to think that formal caring involves a commitment to a particular cared-for, in the same way as informal caring does. However, there seem to be important differences between the types of commitment to which these relationships give rise. This suggests that formal caring primarily (though not exclusively) involves a commitment to the promotion of well-being *generally*, rather than to the individual welfare of particular cared-fors (much in the way that the beneficent agent in the previous example was seen as being committed to the alleviation of suffering, rather than to the well-being of a particular homeless person).

To see why, notice that nurses may end their shift, go on holiday, or change career without thereby violating a commitment to their cared-fors (assuming that those cared-fors are not thereby abandoned). It would be unjustified, that is, for their cared-fors to rebuke them for doing so. Informal caring is different insofar as it requires a more lasting, and nondelegable, commitment between the caregiver and her cared-for (with the important exception of certain forms of respite care that the caregiver may be in need of). This is not to deny that many instances of formal caring typically do (and should) involve *some* degree of commitment to individual cared-fors. It is to point out, however, that such commitment is generally less deep than those found in informal contexts, and that this is typically not seen as a *shortcoming* of formal caring.

Of course, formal caregiving may be entered into because of any number of commitments. For instance, some nurses will have a commitment to care for their family, which professional nursing enables them to live up to (at least in part) by providing them with a stable income. Nurses may also have a commitment to their profession itself, insofar as they see nursing as a valuable and important public service, and are dedicated to ensuring not only its continuation, but also the welfare of those working in it. The strength of these commitments will of course vary from person to person, but they each may play an important role in guiding the activities of formal caring. It is thus unnecessary to identify a single motivating commitment held by all formal caregivers *per se*.

III. The Attractions of Partialism

Before showing how my commitment-centric account of caring leads to the endorsement of moral partialism, it will be useful briefly to say something about the partialism debate itself. I cannot hope to provide a detailed discussion of all of the relevant arguments here, and will therefore limit myself to explaining partialism's appeal, and to discussing briefly two influential arguments that have been made in its defense.

Moral partialism is the view that we have stronger moral obligations, or more demanding moral responsibilities, toward those near and dear to us than we do toward those distant from or unknown to us. This claim has been found controversial, with impartialists pressing the point that everyone is entitled to the same basic degree of moral respect. Peter Singer, for example, has argued that to claim that we have less of a duty to people simply because they are personally unknown to us is to

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be influenced by a consideration that "makes no moral difference" (Singer 1972, 231). Thus our moral thinking ought, on Singer's view, to be strictly impartial.

Notwithstanding the sorts of concerns raised by its critics, moral partialism has seemed attractive to many. This is because it allows us morally to endorse acting upon bonds of love and affection. For example, it seems morally permissible for me to prefer to save my partner or child from a burning building simply because of my relationship to them, and irrespective of the fact that had I left them to fend for themselves I might have been able to save a greater number of people personally unknown to me. Less dramatically, it seems morally permissible (indeed, praiseworthy) for me to spend time and money taking my son out on enjoyable day trips, or buying my partner a birthday present. This is despite the fact that, in both these examples, my time and money could instead have been used to confer greater benefits upon distant others; for example, by donating it to a charity providing famine relief or clean drinking water to those in the developing world.

Some efforts have been made by philosophers working outside of the ethics of care to accommodate partialism within a wider, impartialist framework (for example, Baron 1991; Barry 1995). Such attempts appeal to a distinction between first- and second-order levels of moral justification. Here, first-order justifications may invoke partialist considerations, but only because of second-order, impartial rules that license that partialism. For example, such an approach permits agents to have, and to act upon, a greater concern for the welfare of their own children. It does so, however, only because of the existence of a second-order rule that may be expressed *im*partially, such as "it is permissible for a child's primary caregivers to have, and to act upon, a greater level of concern for their child's welfare than they do for the children of others." (This rule is impartial because it applies in equal measure to all children and their caregivers, unlike the first-order principle that is formulated explicitly with reference to the agent's *own* children.)

Such an approach generates a number of difficulties, however. First, as argued by Virginia Held, it is likely that first-order principles licensing partialism will often come into conflict with second-order ones prohibiting it (Held 2006, 79). When this occurs, it seems inevitable that an impartialist resolution to the conflict will be the one that a two-level theory must recommend. For example, if it becomes apparent that a set of first-order rules are "inconsistent with the [impartial] categorical imperative, it is unlikely that, to the Kantian, we should ever follow them" (79). If two-level approaches are thus forced, by their internal logic, consistently to prioritize their impartialist content over the partialism that they seek to accommodate, then they cannot deliver the results at which they aim.

A second problem with two-level approaches is that they give rise to what Michael Stocker describes as a problematic "split between one's motives and one's reasons" (Stocker 1976, 454). That is to say, on two-level approaches it seems morally inappropriate for an agent to be motivated by considering the norm that makes her action morally permissible (or good). To see why this is the case, consider an agent who decides to take her child out on an enjoyable day trip. It is appropriate for this decision to be motivated by her love and affection for her child. Yet this

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affection is not what makes her action a good one. Its goodness is instead conferred by the relevant second-order rule, which impartially prescribes that parents or caregivers spend some of their free time engaging in enjoyable activities with their children. An agent who was motivated to spend enjoyable time with her children only because she had spent time considering this second-order rule, however, would rightly be thought to have acted on the wrong reason; she really ought to have been motivated directly by her affection for her child. A two-level approach to moral partialism thus alienates agents from the moral reasons for their actions. On balance then, two-level approaches do not seem to be a promising way of accommodating moral partialism.

The ethics of care is sometimes thought to lead directly to partialism in virtue of its emphasis on contextualism and the need to understand and respond to the particularity of individual cared-fors, along with its skepticism of universal, generalizable principles (this seems to be the position taken by Halwani 2003, for example). Yet the rejection of generalizable rules in favor of a contextual or particularist approach to moral thinking does not entail the truth of partialism. If particularism is true, then what constitutes good care in one context may not be constitutive of good care in another context, and there are no universally valid rules to which we can appeal when deliberating about how to provide care. However, it does not follow from this that we have a greater duty to care for some than for others, which is the claim that partialism endorses. An alternative foundation for partialism must therefore be sought.

Some care ethicists have taken a different approach, arguing for moral partialism by claiming that we are less able to care for distant others due to a lack of adequate knowledge concerning how to *provide* that care. Given that misdirected efforts to care may actually end up harming those whom they are intended to benefit, it is better for us to focus on caring for those near and dear to us, whom we may be sure of benefiting by our actions. This line of thought has been endorsed by, for example, Daniel Engster and Nel Noddings (Noddings 1984, 112; 2002, 22–23; Engster 2007, 182). Thus Engster writes that when we are faced with epistemic limitations that prevent us from seeing how to provide good care for distant others, or when providing such care risks encouraging dependency, "we might be best advised to do nothing at all" (Engster 2007, 182).

This is a plausible line of argument, which I do not wish to reject. Yet such an approach does little, it seems, to accommodate instances of moral partialism of the sort described at the beginning of this section. In the burning-building scenario, for example, I surely know how to provide good care for the strangers at risk, and that is by saving them from the encroaching fire. Similarly, although I personally may not know how best to provide care for those affected by drought or famine, I may reasonably believe that an international aid organization is better epistemically situated than I am. Those working for it *do* know how to provide good care, and I know this to be the case because they have a publicly accessible track record of doing precisely that. Thus I can be confident that donating my time or money to that organization will help to promote good care, and will also be productive of a greater amount of

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good than spending the same amount of time and money on buying a birthday present for my partner. Accordingly, if we nevertheless wish to accept that in these scenarios it is morally permissible for me to save my partner and child from the burning building, or for me to buy my partner a birthday present, we need an argument for partialism that goes beyond the one endorsed by Engster and Noddings. I provide just such an argument in the next section.

IV. From Commitment to Partialism

As will be recalled from section II, a commitment may be understood as the consistent promotion of a goal or end, prompted by the value that an agent attaches to that end. Caring, it was there argued, is a form of such commitment. An agent cares for another when she values the well-being of a cared-for, and for this reason consistently feels, and acts appropriately on, a benevolent concern for that well-being.

Commitments, of course, do not arise *ex nihilo*. Rather, they are the products of meaningful, formative events in our personal history. For this reason, our commitments are often partly constitutive of our self-conception, whether they are commitments to individuals or to valued projects. Thus we conceive of ourselves as being (among other things) parents or siblings, authors, or human-rights campaigners. Commitments to persons may be the product of a shared history of mutual support and trust (as with close friends and partners), or of a history of dependency and nurturance (as with infants and their caregivers). Commitments to nonpersons, on the other hand, may be the product of some deeply important personal experience. Thus, a commitment to raising awareness of a rare genetic disorder may result from learning that a family member has been diagnosed with that disorder. Of course, commitments may be formed in any number of ways besides the ones just mentioned. The point, however, is that our commitments are typically a reflection of who we as individuals are; they are the product of our lived experiences and of our interactions with those around us.

Now, when we say that we are committed to a cause or a person, a part of what we mean to convey is that we have a proportionally greater attachment to or concern for that cause or person. Indeed, this greater degree of proportional concern is a part of the concept of commitment. The objects of our commitments necessarily engage our time and efforts more fully than do other forms of activity to which we are not committed. If we say that we are committed to someone or something, yet do nothing in the service of that commitment beyond what we would ordinarily do in the service of things to which we are *not* committed, then we have spoken falsely. This conclusion cannot be avoided by saying that we may be equally committed to everyone or everything. This is because to talk in this way is equivalent to saying that we are not *truly* committed to anything. Noddings expresses a thought similar to this one when she writes: "If by 'I love everyone' I mean that I would not without just cause harm anyone, that is acceptable …. [But if] that is all I mean when I say that I love my child, or my husband, or my student, then each of these has, I think, been

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cheated" (Noddings 1984, 112). Noddings is referring to love here, but her remarks are no less true when applied to the concept of commitment. If we are truly committed to specific loved ones, or to specific goals, ideals, or projects, then that commitment necessitates that action taken on their behalf be prioritized above actions taken toward persons, ideals, and so on that are not the objects of a corresponding commitment. If there is no such hierarchical prioritizing, then our purported commitments are not genuine ones.

Now, given that caring is to be understood as a specific type of commitment, it follows that caring requires us to prioritize the good of those for whom we care above the good of others for whom we do *not* care. If there is no such hierarchical prioritizing, then we cannot genuinely be said to be engaged in the practice of caring. Caring, then, requires us to do more for some than we do for others. More formally, the commitment-centric analysis of caring that I have developed here entails that we have a greater moral responsibility toward those for whom we care than we do toward those for whom we do not care, and to whom we are not committed. This claim, of course, is simply the thesis of moral partialism discussed in the previous section. When caring is considered explicitly as a form of commitment, then, it can be seen that caring is necessarily partial. Accordingly, a conception of morality centered on caring must endorse some form of moral partialism.

It is worth noting here that this argument avoids the objections discussed in the previous section. First, it clearly is not a form of two-level theory, so conflicts between first- and second-order norms cannot arise. Second, the partialism that I have argued for is a product of our caring commitments. As such, there is no tension between the normative reason that permits (or requires) a caregiver to act in a morally partial way toward her child, and the psychological motive from which she acts. Thus a caregiver promotes her own child's well-being over that of a stranger because she is more strongly motivated to care for her own child, and the nature of that caring relationship (*qua* commitment) is what makes it morally permissible for her to act in this way. Accordingly, there is no disconnection between an agent's motives and her reasons for action. Third, my approach licenses moral partialism without relying upon epistemic limitations on our ability to provide care. Thus, even in situations in which I *do* know how to provide care for those unknown to me, it may be permissible for me to prioritize my already existing caring commitments over the provision of care to strangers.

V. Objections and Replies

In this section I discuss a number of objections that may have occurred to the reader. In the first two subsections below, I consider some general objections to the ethics of care, both of which are already to be found in the literature. My purpose in so doing is simply to show that my account is no more vulnerable to these objections than are discussions of caring that do not emphasize commitment. In the third subsection I discuss an objection aimed specifically at the account of caring for which I have argued.

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Partialism, Not Parochialism

Any endorsement of moral partialism will inevitably give rise to concerns about moral parochialism. A moral outlook is parochial if it implies that we do not have duties to those unknown to or distant from us. Parochialism is highly counterintuitive, and it would seriously undermine the plausibility of my argument if it led to the endorsement of parochialism. Of course, the problem of avoiding parochialism is not a new one, and it is no more (or less) a difficulty for my argument than it is for any other care-ethical endorsement of moral partialism. As a result, a number of plausible replies to this objection may be drawn from the literature on caring.

One approach, to which I am sympathetic, argues that a care-ethical perspective ought to be supplemented by a perspective focused on justice and rights claims. This view can be developed in a number of different directions. One might, for example, hold that justice and care are theoretically distinct approaches to moral thinking, each being supported by its own, independently valid justifying norms (for example, Held 2006). Alternatively, it might be argued that one of the central concerns of democratic justice is the assignment of responsibilities for caregiving (for example, Tronto 2013). If this is so, then, as Tronto argues, it is part of the remit of justice to "ensure that, in our democracy, no one goes without care" (Tronto 2013, 62). Accordingly, the extent to which it is permissible to act on partialist considerations will be determined by justice-based considerations. Finally, both care and justice might form part of a wider virtue-ethical perspective, along with other virtues such as honesty and courage (for example, Halwani 2003). Endorsing such a view would allow one to argue that the normative authority of both care and justice are grounded in more fundamental considerations of practical wisdom. However the relationship between care and justice is understood, it may be argued that by taking the concerns of justice seriously, we are able to prevent morality's partialist content from leading us to overlook the needs and well-being of those distant from or unknown to us.

Of course, these brief remarks leave many important questions unanswered. Precisely how great are our duties to those unknown to us? How much of our energy may we justifiably expend on working to benefit friends and loved ones? Are there contexts in which considerations either of justice or care are morally inappropriate? These are issues that I cannot attempt to explore here, but the important point is that however they are resolved, endorsing moral partialism does not force my approach also to endorse parochialism.

Commitments Are Not Uncritical

The emphasis that I have placed on commitment throughout this article is also likely to raise another familiar objection. Commitments, it might be thought, are unconditional. If an agent is committed to something, that is, then it is not an option for her to break off that commitment and to turn her attention elsewhere. To do so would effectively be to demonstrate that her purported commitment was merely

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apparent. If this is true of commitments generally, then it is no less true of specifically caring commitments. It might thus appear that on the commitment-centric account of caring for which I have argued, it is morally impermissible for agents ever to break off relations with their cared-fors, as this is incompatible with caring. This implication would pose a serious problem for my account, as there are occasions when certain relationships may prove harmful, and perhaps even fatal, to the caregiver (as in abusive relationships); or when the preservation of a relationship would require supporting the cared-for in projects that the caregiver deems morally impermissible. We surely wish to say that in such cases, it is morally permissible (indeed, desirable) for the caregiver to end the relationship (for examples of this sort of objection, see Card 1990 and Davion 1993).

Although this objection is important, it rests on a mistaken conception of the nature of commitment. To see why, consider that it is by no means necessary for our commitments to be held uncritically. As I have described them, an agent's commitments are the product of her values. It is clearly the case that agents may sometimes value things that are not *genuinely* valuable, or that are in fact *dis*valuable. Thus it is fitting for agents to reflect critically upon their values, and to ask whether they are in fact normatively appropriate. When commitments to persons or to projects are based on normatively inappropriate values, then, those commitments may legitimately be ended.

A commitment is based on normatively inappropriate values in situations where maintaining that commitment requires the violation of certain basic moral standards. Thus, if a commitment necessarily involves the promotion of morally impermissible ends, or if it is incompatible with the continued well-being and self-care of those involved in it, then that commitment is based on normatively inappropriate values. Accordingly, an agent is not required to maintain a relationship that is detrimental either to her own or to another's well-being, or that calls for her to act in ways she judges to be morally impermissible (a similar point is made by Held 2006, 95–96).

By describing a morally problematic commitment as one that is *incompatible* with the continued well-being and self-care of those involved in it, I intend to exclude any caring commitments that reduce the well-being of those involved in them due to a lack of state or social support. As is frequently observed, those engaged in informal caregiving are at significantly greater risk of developing ill health (either physical or mental), have less access to education, and are more likely to experience financial hardship (see, for example, Larkin and Milne 2014, 31). Indeed, over half of the carers who responded to a recent survey expected their quality of life to worsen over the next year (Carers UK 2016, 16). Such data shows that adequate support for caregivers is essential if they are to continue to provide good care. That support will often come from within the caregiver's or cared-for's family, with caring responsibilities being shared among different family members. Yet there is also an important role for the state to play in this context, for example by ensuring that carers are provided with access to needed equipment (such as hoists and grab-rails), and, where necessary, good respite care.

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When such support is lacking, the well-being of caregivers may suffer. This does not show, however, that commitments to caring under such circumstances are normatively inappropriate. This is because such caring relationships are not *themselves* incompatible with the caregiver's well-being. Rather, it is more accurate to say that prevailing socioeconomic conditions operate in ways that penalize caregiving (the language of caring "penalties" is used by Larkin and Milne 2014, 31). When viewed in this way, the importance of the relationship between the concerns of caring and justice (discussed in the first subsection above) becomes even more apparent. This is not an issue that I can explore in detail here. However, these remarks enable us clearly to distinguish between normatively appropriate forms of caregiving that, due to a lack of adequate support, diminish caregivers' well-being, and normatively inappropriate caring, such as that found in abusive relationships, that is inherently incompatible with the caregiver's well-being.

Finally, it is important to note that an agent may not always be well-placed to judge whether her commitments are based on normatively appropriate values. The various forms of false consciousness to which agents are susceptible, particularly those forms that develop in circumstances of oppression and abuse, make any such judgment fraught with the possibility of error. The risk that we might form our commitments unwisely, with potentially tragic results, is sadly unavoidable. This is something that must be acknowledged by any plausible account of moral psychology, however, and my account of commitment is no worse off for reflecting this possibility.

The Priority of the Cared-For

The final objection that I will consider challenges my claim that caring necessarily involves putting the needs of the cared-for above those of others. According to this objection, as long as the caregiver has a benevolent concern for the cared-for, and is sufficiently able to meet their needs, we may describe her as genuinely caring. This remains true, the objection continues, even if she does not have a *greater* concern for the well-being of the cared-for than she does for others. If this is so, however, my argument for partialism fails.

To see why this objection fails, consider an agent who applies for promotion at work. Her partner has supported her in making her application, but once it has been submitted says only "I hope the best candidate gets the job." The agent's partner has no preference that *she* be the one to get the job, nor even that she get the job as the result of being the best candidate (thereby getting it fairly). All that her partner desires is that the job be awarded to the most capable applicant. Now suppose that this sort of attitude is a permanent feature of their relationship. The agent's partner drives her to the hospital after she damages her Achilles tendon playing tennis. She is in agony and wishes that she be seen as quickly as possible, but her partner simply remarks that they will have to wait their turn like everyone else. On another occasion, the agent's car breaks down and she calls her partner for help. Her partner

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agrees to come and tow her car home, but doesn't arrive on the scene for three hours. When she asks why it took so long to get to her, it transpires that her partner stopped on the way in order to provide similar help to a stranger whose car had also broken down.

What these examples show, I suggest, is that the agent's partner doesn't really care about her. If her partner cares about anything in these examples, it is about values such as justice and kindness. If the agent benefits from any of her partner's actions, she does so because she is in a position to act as a recipient of kindness. Although her partner wishes her well, it is to no greater or lesser extent than anyone else. The actions of our agent's partner demonstrate a lack of any special concern for her well-being over that of others, and it is in precisely this respect that their relationship seems unsatisfactory. If it were the agent *herself* that was cared for, then her partner would have wished her to get the job no matter how deserving the competition; would have been impatient for her injury to be treated promptly; and would have come to her aid as quickly as possible when her car broke down. That none of these things happened shows that their relationship is not a genuinely caring one. Furthermore, it fails to be caring precisely because the agent's partner never prioritizes her well-being over that of others. Caring relationships are thus essentially committed, and those commitments are essentially partial.

VI. Wider Implications

Understanding caring as a form of commitment shows why a care-based ethics must endorse moral partialism. The approach set out in this article is a significant improvement on theories that attempt to justify partialism by appealing to second-order principles. It is also an improvement on other arguments for partialism made within the ethics of care, which justify partialism by appealing to the limitations on our knowledge of how to provide good care to unknown or distant others.

Of course, philosophers opposed to moral partialism might see my argument as providing them with a reason to reject care ethics, rather than with a reason to accept partialism. In closing, then, I wish to point out that my argument has implications beyond care ethics, and that it cannot simply be dismissed by those working in other ethical traditions.

First, virtue ethicists are increasingly coming to see caring as a centrally important virtue (for example, McLaren 2001; Halwani 2003; Swanton 2003; Annas 2011). If this is the case, and given the argument of this article, it follows that virtue ethics is required to endorse some degree of moral partialism, in accordance with the importance that it attaches to caring. Of course, the extent to which virtue ethics will call for us to act on partialist considerations is debatable. But any approach to the virtues that accommodates caring will also need to accommodate some degree of partialism.

Of course, the ethics of care has often been discussed in terms of its relation to virtue ethics, so the extension of my argument to virtue-ethical perspectives may be unsurprising. However, my argument may be still further extended to *any* ethical

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viewpoint that attempts to accommodate the moral importance of our commitments to other persons. For example, if a consequentialist theory permits us (perhaps at the level of second-order rules) to form and act on interpersonal commitments, then it thereby also permits some degree of moral partialism. Indeed, the only way of avoiding moral partialism, as I see it, is to deny the moral appropriateness of interpersonal commitments altogether. This is a highly counterintuitive position to defend, however; indeed, it is much *more* counterintuitive than the more abstract claim that our moral duties are strictly impartial. By enabling us to see that impartialism requires the rejection of interpersonal commitments, then, my argument provides additional support for moral partialism even outside of the ethics of care.

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