

**HELP AND CARE**  
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“[C]are is an indispensable, and even a central good—one without which a life of dignity is impossible and which is itself an expression of a person’s dignity.”  
—Eva Kittay, “The Ethics of Care, Dependence, and Disability”

“Let us state what disabled people do want by stating first what we don’t want. WE DON’T WANT CARE!!!”  
—Richard Wood, “Care of Disabled People”

## **1. The care/disability debate**

- 1.1. *The parties*: Feminist care ethicists & disability theorists/activists associated with the Independent Living Movement (“ILM members”)
- 1.2. *The debate*: Should we embrace or reject *care* as the framework for understanding disabled people’s relationships with personal assistants (“PAs”)?
- 1.3. *A familiar care ethical framing*: ILM members’ claims to independent living are *either* (a) an insistence on conditions in which they don’t depend on others’ assistance at all *or* (b) a call for assistance that exhibits positive features (e.g., is non-paternalistic, respectful).  
...If (a), they are confused about their ability to live independently (none of us truly do).  
...If (b), they should be receptive to describing their relationships with assistants in terms of “care”, expansively understood.
- 1.4. *The stakes*: [Political messaging.] Getting the facts wrong. Reinforcing bad ideology. Failing to properly value relationships “from the inside”. Policy upshots.
- 1.5. *The deflationary “solution”*: Once we adopt an expansive understanding of “care”, the substantive debate is deflated.
- 1.6. *Reopening the debate*: There *is* a substantive disagreement about the nature and value of dependency underwriting the care/disability debate.  
We can make good sense of ILM members’ rejection of care!  
Caring relationships are valuable, and properly valued, as *intimate relationships*. Other kinds of dependency relations (like help) are valuable in other ways.

## 2. The care ethical solution

2.1. Care ethical debates about the nature of care ask...

2.1.1. Must caring acts be undertaken with certain “habits of mind” or be driven by certain aims, goals, intentions, or motivations?

2.1.2. Must care meet “efficacy conditions” by succeeding in benefitting the cared for?

2.2. *First presupposition:*

*Action as Intentional Production:* Acts are what they are because of the *sources* from which they emerge and (sometimes) the *effects* they produce.

2.2.1. E.g., Kittay 2020’s account of CARE:

Acts are caring in virtue of the *sources* from which they emerge (they aim at meeting genuine needs & legitimate wants, aim at cared-for people taking up care, and are guided by certain ideals), and their *effects* (they benefit the cared-for).

2.3. *Second presupposition:*

DEPENDENCY AS CARE: Depending well is *receiving care*. Performing dependency work well is *caring*.<sup>1</sup>

2.4. But there’s an alternative...

DEPENDENCY AS DIVERSELY VALUABLE: Depending well is not always *receiving care*. Performing dependency work well is not always *caring*.<sup>2</sup>

## 3. What’s wrong with the care ethical solution?

3.1. *How ILM members contrast help and care:*

3.1.1. A helped person’s ends are “their own”. Helpers defer to requests. Paternalism is impermissible. → A distant, coordinated, respectful relationship.

3.1.2. Carers identify with a cared-for person’s ends. Carers engage with requests. Paternalism is (perhaps) permissible. → A close, involved, warm relationship.

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<sup>1</sup> More precisely: For all ideal dependency relations, the more-basic actions of *depending* and *performing dependency work* through which we value those relations (characteristically or usually) count as nonbasic acts of *caring* and *receiving care*. See, e.g., Dodds 2013, 183; Miller 2020, 646–47; Engster 2019, and Collins 2015, 87–96 for an overview of this idea in care theory.

<sup>2</sup> More precisely: There is at least one other (non-caring) ideal relation of dependency for which the more-basic acts of *depending* and *performing dependency work* through which we value those relations do not (characteristically or usually) count as nonbasic acts of *caring* and *receiving care*.

- 3.2. *The “It’s Just Not Like That” Reply*: Even if ILM members do not object to descriptions of individual acts, they object to the idea that these acts combine to describe the right relationship type. (Table pounding??)
- 3.3. *The Metaphorical Appeal*: Alleged differences between care and help seem to be a matter of metaphorical proximity. (Mere rhetorical flourish??)

#### **4. A reply on behalf of ILM members**

- 4.1. *An alternative approach to identifying actions*:  
*Action as Participation*: Acts are what they are (in part) because of their relationship to social context.
- 4.2. *Reframing of the “It’s Just Not Like That” Reply*: Rather than take issue with the conclusion of care theorists’ account of care, it reflects resistance to its presuppositions. (Not table pounding!)
- 4.3. *Reframing of the Metaphorical Appeal*: Rather than an attempt to provide an explanation for the difference between caring/helping acts, it identifies a framework through which we (in fact) identify the narrative significance of relationally participatory “moves.” (Not a mere rhetorical flourish!)
- 4.4. *A proposal*: Caring relationships are valuable, and properly valued, as *intimate relationships*.

#### **5. Dependency is diversely valuable**

- 5.1. *Toward a substantive solution to the care/disability debate*: The significance of intimacy allows us to make good sense of ILM member’s rejections of care.
  - 5.1.1. *At least, a burden of proof for the defender of Dependency As Care*: They must either...
    - (a) concede that there is a problem with the suggestion that relations with PAs ought to be intimate and deny that caring relationships are intimate, or
    - (b) continue to insist that ILM members should value their dependency relations as intimate, caring relationships, and critically interrogate ILM members’ resistance to having dependency *by default* treated as an intimate relationship.
- 5.2. *Reasons to prefer Dependency As Diversely Valuable*:
  - 5.2.1. Explains why some ideals cannot be easily combined.
  - 5.2.2. ...And honors the experiences of combining others (in “hybrid” relationships).
  - 5.2.3. Offers better recommendations for how to structure institutions through which assistance is managed (including avoiding the encroachment of intimacy).

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