ON CARE & NECESSITY

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"This memory of our own best moments of caring and being cared for
sweeps over us as a feeling – an 'I must.'"
– Nel Noddings
(quoted in Sara Ruddick, "Care as Labor and Relationship", 1989)

1. What is care?

1.1. *The question:* What distinguishes acts of assistance as *caring* (or, as *acts of care*)?

1.2. *A care ethical orthodoxy:*

THE TELEOLOGICAL NEED CONDITION ON CARE: Acts are caring in virtue of having a need-meeting *telos.* Caring acts aim to meet the needs of cared-for.

1.2.1. Descriptively, acts of assistance must have the feature of aiming at need-meeting in order to count as caring.
1.2.2. Evaluatively, the value of need-meeting grounds the value of care.

1.3. *My thesis:* The teleological need condition should be rejected on both descriptive and evaluative grounds.
The relationship between care and necessity is a matter of carers' and cared-for people's *felt needs* to give and receive assistance, manifesting in *responsive ways of relating.*

2. Describing care

2.1. *Descriptive dimension of the teleological need condition:*

Acts of assistance count as caring (partly) in virtue of their being sourced in/guided by aims, goals, intentions, or motivations to meet another's needs.

Sometimes, combined with "efficacy conditions": acts only count as caring when they are guided by these mental states in ways that non-accidentally result in those needs actually being met.

2.2. *What kind of needs?* According to a strand of thinking, "basic", "absolute", "fundamental", "important" or otherwise "strict" needs (Engster 2007, Miller 2012, Bubeck 1995, ~Collins 2015).

On this view, *responsiveness* is the veridical apprehension of (and response to) a particular moral situation; namely, a (to-be-)cared-for person with unmet strict needs.

2.3. *Ambivalence about the "strict" teleological need condition:* The orthodoxy is frequently challenged or nuanced. In the literature, care is also variously described as…

…Not only responsive, but projective and creative. Carers develop and shape the cared-for's character and abilities (Mayeroff 1971, Ruddick 1989).
…Responsive not only to needs but also desires (e.g., Kittay 2019, 2020's "legitimate wants").
…Not just meeting needs, but promoting the cared-for's flourishing (Kittay 2019, Steyl 2020).

2.4. *The "problem of heterogeneity":* The "items in care's ambit" (needs, wants, flourishing, development) are so diverse as to render the project of unifying them untenable (Steyl 2020).

2.5. *How care theorists address the problem of heterogeneity:* Preserve the teleological needs condition, but tweak which modal possibilities are at issue for the care-relevant sense of needs.

Ex. Care aims to promote "fundamental needs" which "must be met in order to establish, maintain, or restore agency" (Miller 2012, 17). Or, care aims to promote whatever we need to flourish (Steyl 2020).

2.5.1. *The "goldilocks exercise":* What is the precise sense in which care should (aim to) leave the cared-for *better off* (neither too demanding nor too weak)? And what are the corresponding needs?

2.6. *My contention:* This "goldilocks exercise" only arises in light of a misguided approach to thinking about the value of care!

3. Evaluating care

3.1. *The stakes of the "goldilocks exercise":* Need-fulfillment is seen as grounding care's moral value. Care theorists must delimit situations in which the cared-for is healthy, fed, well, the intentional pursuit of which is valuable *in the caring way*.

3.2. *Taking a step back:* To see why the goldilocks exercise is misguided, we need to reconsider the way early care theoretic thought set up its correction to dominant moral theorizing.

Carol Gilligan described "[w]omen's construction of the moral problem as a problem of care and responsibility in relationships rather than as one of rights and rules" (1982, 73).

3.2.1. *A weak interpretation of the care theoretic correction:* This reflects a shift in emphasis, or a call to supplement previous moral approaches, but allows that the ethics of care is "logically compatible" with the ethics of justice (Calhoun 1988).

>Projects exploring how the (mid-level principles or values) of care and justice can be reconciled (Okin 1989, Dillon 1992, Tronto 1993, Friedman 1993, Held 1995, Pettersen 2008, chap 6…)

3.2.2. *A radical interpretation of the correction:* Previous moral theories must not only be supplemented or reoriented, but overhauled. Care theory gives us a new way of understanding the very subject matter of morality.

3.3. *Exploring the radical interpretation:*

3.3.1. For previous moral theories, *states of affairs, good wills,* or *character traits* are viewed as the fundamental loci of moral evaluation, giving rise to a corresponding conception of moral agency > Action as intentional (sometimes, non-accidental) production.

3.3.2. Care ethics takes *relationships themselves* as the primary loci of moral evaluation and assesses actions on the basis of their constituting valuable forms of participation in those relationships.

3.3.2.1. Thus, actions are *non-reductively* analyzed in terms of relationship participation. Honoring this idea requires a relational account of care's moral value (Peter 2025).

3.3.3. *How would a Non-Relational Care Theorist understand the relationship between care and necessity?*

If action is intentional production, we can fully analyze an act-type by appealing to the sources from which it emerges (intentions, plans), and the effects it (characteristically) produces > the "goldilocks exercise."

The moral value of care is grounded in *intentions to meet needs* (*qua* manifestations of good will) and *met needs* (*qua* states of affairs) (and perhaps also the non-accidental relationship between them, *qua* manifestation of a stable character trait).

…But these are the same old moral phenomena that dominant moral theory has always been interested in!

3.3.4. *What about a Relational Care Theorist?*

The Relational Care Theorist thinks of action as *participation,* rather than intentional production. She needs a new way of thinking about the relationship between care and necessity.

4. Responsive ways of relating and felt necessity

4.1. *Action as participation:* Following defenders of "practice views of action" (Rawls 1955, Schapiro 2001, 2003, Haslanger 2017, 2018, 2019), contexts for behavior (games, practices, scripts, frameworks, relationships) are explanatorily indispensable in answering the question "what are you doing?", which is just as much a matter of answering "what are *we* doing (together)?"

4.2. *Responsive ways of relating:* Individuated by pace, frequency, consistency, and narrative trajectory of assisting interactions.

They afford carers roles in which it makes sense for them to be alert, competent, "on call". They afford cared-for people corresponding roles in which it makes sense to quickly, frequently, and openly solicit assistance.

What *we're* doing is responsively treating assistance as *nonoptional.*

4.3. *A proposal:* The distinctively responsive way of relating exhibited by carers and cared-for people involves treating benefits to the cared-for as *felt needs* (Wonderly 2021).

4.3.1. Carers and cared-for people disregard the line between what is (really or "strictly") needed (set by relationship-extrinsic projects, ideals, concerns) and that which is "merely" preferred, better, more comforting, more joyous, more urgent.

4.3.2. This helps explain care's greatest risks (domination, parochialism, loss of a sense of self, guilt).

4.4. *Toward an understanding of care's value:* If caring ways of relating are responsive in this sense, care is valuable insofar as it manifests the freest and most wholehearted participation in assisting relations available to limited beings in a limited world.

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