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CHAPTER SIX

Necessary care, moral practices and the cultivation of competent carers

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INTRODUCTION

One of the most potent insights that has emerged from the work of care ethicists is one that is so obvious that no reasonable person could object to it: there is not a single one of us who has not depended on another for care. Human infants are born in a state of profound helplessness, being unable to move independently, feed themselves or protect themselves from threats. They also develop slowly, taking much longer than other newborn primates to reach their maximum brain size.[1] Without care, none of us would have survived infancy, let alone been in a position to reflect on ethical and political questions. What is perhaps less appreciated by those working outside of care ethics, however, is that proper acknowledgement of this fact has wide-ranging implications for our moral practices.

Most if not all views within care ethics, as I demonstrate in Section 6.1, draw on a concept of *necessary care*, referring to a set of practices, the successful performance of which is an often unacknowledged precondition of a vast array of moral prescriptions. Drawing attention to the necessity of care for the survival of infants helps to build the care ethicist's case against moral frameworks that make insufficient space for dependency relationships. It would be a mistake, however, to interpret the concept of necessary care this narrowly – or so I argue in Section 6.2. Mere survival is not sufficient for shaping infants into moral agents, nor for cultivating the sort of carers capable of facilitating moral development. Human moral life is dependent, in this sense, on much thicker, socially inculcated practices of caring. Building on this point, in Section 6.3 I examine the state of affairs in contemporary Western societies and briefly discuss the prospects of a policy of universal access to psychotherapy for addressing deficits in the social provision of necessary care.

6.1 INTRODUCING NECESSARY CARE

As in any flourishing school of thought, there are significant internal disagreements among care ethicists. Some, like Virginia Held,[2] conceive of care as grounding a distinct moral framework, while others, like Eva Feder Kittay[3] and Daniel Engster,[4] seek to reformulate justice in the image of care. Some, like Raja Halwani,[5] interpret the view as a form of virtue ethics, whereas others, like Maureen Sander-Staudt,[6] firmly reject that notion. There is unity, nevertheless, around the charge that moral and political philosophy in the analytic tradition has largely neglected inevitable dependencies and the caring obligations they engender.

In bringing attention to its absence in dominant frameworks, care ethicists have revealed the extent to which the successful delivery of care is a *practical presupposition* of the conclusions to which many of those working within them come. Drawing on the work of prominent scholars in the field, in this section I explore this notion of necessary care: care that is necessary, that is, because its performance is a background condition of the securing of morally good, politically just, or otherwise ethically valuable outcomes. As I here argue, this concept plays a crucial role within the structure of care ethics as a theory, aiding in building its case against atomistic views of the person and contributing to the shaping of its substantive demands.

6.1.1 Presupposing the successful delivery of care

Given no infant could survive to adulthood without it, it is striking that Western moral and political philosophy has historically had relatively little to say about care. In Held's view, this neglect is symptomatic of the centring of male experience in and the impact of the gendered division of labour on philosophical thought. For most of Western history, women have been expected to take sole responsibility for the care of infants and have been denied access to the public sphere on the same terms as men. It is unsurprising, then, that what she describes as 'the dominant moral theories' in the Western philosophical tradition – namely, Kantianism and utilitarianism – were developed with little significant input from those women who provided the overwhelming majority of care to dependents.[7] This is a thought echoed by Joan Tronto, who concludes that these theories 'cannot accommodate those aspects of life that are usually associated with women'.[8]

While they rarely discuss the matter of care for dependents explicitly, however, the successful delivery of that care is very often a practical presupposition of their prescriptions. Any conclusion about what we ought to do that requires the continual existence of the human species implicitly assumes that at least some care must be delivered and, as Kittay rightly points out, that caring work must be done by *someone*.[9] Failing to discuss this explicitly has the effect of both placing the expectation that women take on the responsibility for care beyond the scope of moral debate and imbuing it with the weight of a moral duty.

Now, to state that moral prescriptions intended to apply to humans usually assume that human society should exist and the practices necessary to continue its existence should be performed might appear glib. Neither the Kantian nor the utilitarian would be likely to be astounded by this observation, and it may not be immediately obvious that it offers much of a challenge to the frameworks they adhere to. Necessary care could, for instance, be conceived of as one among many burdens of social cooperation that ought to be fairly distributed between Kantian autonomous agents. The utilitarian, likewise, could

argue that any world in which necessary care is not performed will evidently contain less utility than one in which it is.

It may also seem unclear why anyone with more than a passing commitment to feminist aims should be struck by this observation. That men have taken for granted the labour they historically expected women to perform is hardly a revelation and neither, it might be thought, is the fact that this exploitation has influenced the development of moral philosophy in the West. Abandoning these frameworks in favour of a care ethics approach is one strategy for addressing this issue, but it might not be obvious to the feminist why such a drastic response is needed. There is a tradition within feminist thought that aims to reformulate existing moral frameworks to better incorporate a commitment to gender equality, and it might be thought that a project of this kind would be sufficient to address this issue of the occlusion of care.

Merely bringing attention to the unacknowledged role of necessary care in the carrying out of moral prescriptions, however, has an impact that goes beyond drawing attention to gender inequality. From the vantage point of care ethics, the hitherto dominant moral frameworks seem mistakenly atomistic in the way they conceive both of the person and of society more broadly. Their substantive demands, likewise, often seem unsuitable for a species whose lives are characterized by inevitable dependencies and necessary interdependence. Even were the division of caring labour to be made more equal among the genders, there are areas in which these theories conflict with care ethics that would remain. It is in part because of the concept of necessary care, therefore, that care ethics can be understood as a *rival* moral theory, rather than solely a feminist critique of those that have dominated Western thought.

6.1.2 Persons, preferences and society

By far the most influential Kantian in the past century of political philosophy is John Rawls, whose 1971 monograph *A Theory of Justice* is widely credited with reviving interest in the social contract tradition. His predecessors, most notably Thomas Hobbes[10] and John Locke,[11] developed principles for the governance of social and political life by imagining life outside of formal social and political institutions. Understanding why persons would choose to leave the freedom of the 'state of nature' and agree to be bound by rules, at least on one prominent interpretation of this tradition, was thought to be crucial to understanding the shape those rules should take. Rawls, by contrast, develops his principles of justice by imagining what persons would choose when participating in a procedure that is *fair* – not just in the absence of formal social and political institutions, but in the absence of knowledge about their individual circumstances and the positions they would take up once their 'veil of ignorance' is lifted.[12]

Altering the initial choice situation, from a care ethicist's perspective, is a wise move. Whether depictions of the state of nature are intended to be historically accurate or not, some measure of realism is required to give them argumentative force; it is unclear what compelling reasons we would have to grant weight to implausible visions of life beyond the state when shaping the principles we choose to govern us. We should reject, therefore, any construction that cannot explain how and why necessary care would be delivered before negotiations over the social contract began, because there would be no parties capable of negotiating in its absence. Likewise, we should regard any depiction of life outside of the state as violent, distrusting or solitary as dubious – both in terms of its accuracy and its relevance to how we live within the state – given the compelling biological

and anthropological evidence that, as Engster has argued, strongly suggests that the disposition to care is innate, rather than socially inculcated.[13]

Unlike with the Hobbesian and Lockean states of nature, there is no serious discussion to be had about whether the Rawlsian original position is intended to be *historically* accurate; there has never been a time at which persons became ignorant of their own identities and social positions in advance of drafting a contract to govern social cooperation. A significant amount of its argumentative force, nevertheless, would seem to depend on whether persons under a veil of ignorance really would behave as Rawls suggests. This is a point that has been made by John C. Harsanyi, who argues that rational decision making always involves the assigning of subjective probabilities, and that parties to the social contract could not arrive at Rawls's principles unless they irrationally assumed they were guaranteed or near-guaranteed to take up the position of the worst off in the resulting society.[14] Others have doubted that parties to the contract would even be capable of making a choice, given they lack the most basic knowledge of their own values and goals. Indeed, Michael Sandel suggests that Rawls's contracting situation is not really a matter of choosing at all, but a matter of placing persons under conditions in which they will be guaranteed to acknowledge the validity of his principles of justice.[15]

For the care ethicist, however, it is not the rationality of the parties to the contract nor the impact of the veil of ignorance on their capacity for choice that is most damaging for the Rawlsian picture. It is, rather, the suggestion that the appropriate principles for governing a society can be found in an agreement made between mutually disinterested individuals, with no knowledge of their relationships with others – even if they would behave as Rawls suggests. As Kittay points out, because he does not include the inevitability of dependency within his set of basic facts about society that parties remain aware of behind the veil of ignorance, there is no guarantee that they will imagine themselves as dependents or carers when negotiating, making the representation of their concerns a contingent matter.[16] Worse, because he models the parties as rational, fully functioning persons with roughly equal powers, she argues that Rawls constructs the original position such that dependency and the care of dependents are rendered deviations from the normal condition of human beings and, thus, concerns that are extraneous to the fundamental questions of how the social order ought to be designed. She concludes, therefore, that any principles chosen behind the veil of ignorance will be skewed in favour of those who *can* function independently and *are not* responsible for dependents, even if some parties try in earnest to represent the interests of dependents and those that care for them.[17]

For the care ethicist, the influential Rawlsian approach incorporates a conception of the person that is mistakenly atomistic. As none of us could have survived infancy without care, let alone gone on to reason about the basic principles for social cooperation, we are fundamentally born in relation to others. In light of this they urge a rejection of the idea that persons are disinterested individuals in favour of a conception of the person as, in the words of Held, 'an embodied nexus of relations'.[18] From this perspective, it is likewise a mistake to conceive of social life as a cooperative venture among atomized persons, regulated by principles that would be endorsed by persons so conceived under the Rawlsian veil of ignorance. As Kittay has pointed out, care of dependents is demanding, time-consuming work: work that impairs the ability of those who are delivering it to apprise themselves of the resources they need to do so. Humans are also prone to illness and periods of incapacity, meaning successful care of dependents usually requires an ability to temporarily transfer responsibilities to others.[19] None of us, therefore, would have survived infancy without a wider set of social relations surrounding the care relationship

into which we were born, rendering (at least some basic level of) social cooperation an obligatory feature of human life, rather than one that is voluntary. At the root of both of these argumentative moves is an appeal to the concept of necessary care.

Utilitarianism is, in one sense, far less atomistic in its outlook than its rival moral framework. In fact, one of Rawls's enduring criticisms of it concerns what he perceives as a failure to 'take seriously the distinction between persons'.[20] For the care ethicist, nevertheless, it remains atomistic in the way it conceives of the relations between persons. This is particularly true of preference utilitarianism, a view distinguished by its aim of promoting the highest overall satisfaction of individual interests within a population. Much care, as Held points out, cannot be delivered successfully without the carer suspending their interests in favour of those of their charge, and very often the interests of both become enmeshed.[21] The preference utilitarian might try to accommodate the phenomenon of enmeshed interests by counting them twice – once for the carer and once for the cared for – but it is not clear how they can account for personal interest suspension in a way that gives due weight to necessary care.

Other forms of utilitarianism fare somewhat better; when a caregiver sacrifices the pursuit of their preferences in order to direct energy towards a dependent, it is plausible to think that either total or average utility in the population will be increased. Nevertheless, these sorts of aggregating views, because they do not incorporate respect for the separateness of persons, still struggle to give necessary care its due weight. If we are seeking total utility, then we must arrive at the conclusion that a small population in which the care needs of all dependents are met is worse off than a much larger population in which they are not – a variation on Derek Parfit's 'Repugnant Conclusion'.[22] If we are seeking average utility, however, we must conclude that a society would be better off not meeting the needs of its dependents if the utility gains on the part of the caregivers abdicating their duties outweighed the losses of their charges. Either approach strips necessary care of its importance, relegating it to one set of acts among many that may increase or decrease utility, rather than a fundamental component of human existence.

By invoking the concept of necessary care, care ethics stakes out positions on persons, preferences and society that differ from both of these frameworks. As Held notes, the successful delivery of necessary care requires valuing its recipients for their own sake, rather than as a means to the end of preference satisfaction or overall utility maximization.[23] Without consistency and reliability, there is no guarantee that care needs will be met, and caregivers that did not recognize persons as having separate and incommensurable value would have no reasons, in cases in which these acts would lead to increased total or average utility in their society, to avoid abandoning one dependent in favour of another or suddenly renouncing their duties. Nevertheless, because the successful delivery of necessary care requires some degree of enmeshment of interests, a caregiver cannot consider *themselves* entirely separate from the dependent they are charged with supporting. As Kittay has argued, identification of one's own good and self-respect with the interests of the dependent one is caring for is part of what it means to be a responsible caregiver; without it, caregivers would lack the strong moral imperative to meet the needs of their dependents and press their claims in social settings when doing so requires sacrifice of wellbeing or the pursuit of interests on their own part.[24]

Under care ethics, in sum, persons are of separate, incommensurable value but, because none could exist without the provision of necessary care and the relations that support it, they are also fundamentally (and pre-politically) social.[25] Necessary care involves an

enmeshment of preferences that is fundamentally anti-individualistic, but the need for it to be consistent and reliable makes it incompatible with aggregating models of welfare maximization. Invoking necessary care establishes in care ethics, in short, an approach to these fundamental features of an ethical framework that is genuinely *relational*.

6.1.3 Shaping substantive demands

Alongside helping to establish it as a distinct ethical framework, appeals to the concept of necessary care also play a crucial role in shaping the substantive demands of care ethics. Individual theorists differ in their conclusions, but most (if not all) draw on the inevitably dependent nature of human beings to reach them. While I cannot consider every variation here, a survey of some of the key figures within the school of thought will be sufficient to illustrate the link between necessary care and the substantive demands of care ethicists.

Let us begin with Engster, a representative example of a justice-based care ethicist. In shaping what he thinks of as the substantive demands of care ethics, he makes explicit appeal to necessary care. Going further than merely noting that the delivery of necessary care is a practical presupposition of moral life, he argues that all of us presuppose a weighty moral norm that 'capable human beings ought to care for human beings in need'.[26] This is so, because anybody who has survived infancy has made an implicit demand to be cared for by others that has been treated as legitimate. Invoking a principle of non-contradiction, he concludes that anyone can rationally justify a demand for care from another (who is reasonably well positioned to meet it) by grounding it in the same norm to which that person themselves has implicitly appealed in the past.[27]

Kittay, though she does not use the language of presupposition, is similarly explicit in linking the substantive demands of her theory to the concept of necessary care. Having argued that the Rawlsian principles of justice cannot satisfactorily capture the concerns of dependents and those that care for them, she suggests an additional principle of *doulia* – from the term *doula*, referring to a person charged with caring for the primary caregiver of a newborn – that would mandate a sense of social responsibility for care and the development of institutions tasked with supporting those that deliver it.[28] Incorporating the observation that no person would survive infancy without being cared for, she states the principle in the following form: 'just as we have required care to survive and thrive, so we need to provide conditions that allow others – including those who do the work of caring – to receive the care they need to survive and thrive'.[29]

For Joan Tronto, the centrality of care to human life requires a rethinking of a number of assumptions made about human nature. We are not (and never can be) fully autonomous, we are beings of profound need, not just possessors of interests, and we are deeply morally engaged with one another, not beings of detached self-interest. This account of human nature, transformed by appeal to the concept of necessary care, entails in Tronto's view the need to renegotiate the moral boundary between public and private life and to make the question of who provides care to whom central to political discussion.[30]

Finally, Held, who defends an account of care and justice as two separate moral frameworks, uses the concept of necessary care to undergird explorations of core questions in political theory. Of particular note is her discussion on rights, which she argues cannot be secured without a presumption that people care enough about each other to protect them. We must establish then, in her view, a form of civil society that fosters appreciation

for practices of and demands for care, grounded in the universal experience of being cared for and the necessity of care for the survival of societies.[31]

Necessary care, in sum, is a concept that plays a number of crucial roles within care ethics. The observation that no one would survive infancy, let alone develop a capacity to engage in moral reflection, reveals the extent to which traditional moral frameworks presuppose the delivery of care and places pressure on their underlying elements. As well as operating as a powerful tool for critique, the concept is also appealed to to distinguish care ethics as an ethical framework from those that have preceded it and to shape its substantive demands. Which caring practices ought to fall under the definition of necessary care, therefore, is a highly consequential question – one that I will provide an answer to in the next section.

6.2 NECESSARY CARE AS THE FOSTERING OF EMOTIONAL MATURITY

Survival is the starting point of any plausible account of necessary care. None of us would be here if we had not received the basic level of care needed to survive infancy, including nutritional support and protection from external threats. In this section, however, I argue that the concept should be defined far more broadly than this, because moral reasoning presupposes the existence of moral agents. For this reason, any plausible account of necessary care (plausible in the sense that it can bear the weight placed on it by the structure of the care-ethical framework) must include those practices that are necessary to rear infants into capable-enough moral agents. With reference to psychological research on child development, here I defend the view that these must include those practices necessary to guide an infant to emotional maturity.

6.2.1 Raising moral agents

Whenever we assert moral claims about how others ought to behave, we make two types of assumption that indicate our presupposition of the importance of necessary care. The first type involves assumptions about ourselves as moral reasoners: chiefly, that we have the standing to make claims on others – that we have what Stephen Darwall calls 'second-personal authority' – or, if reasoning from a third-person standpoint, that we have a moral sense that is sufficiently developed to come to legitimate conclusions about how others should behave in the pursuit of morally good outcomes. The second involves assumptions that we make about those we are addressing: chiefly, that they have the capacity to recognize the claims we make on them as reasons to act – that they have what Darwall calls 'second-personal competence' – or, when they are being asked to consider third-personal claims, that they have the moral sense to understand why the conclusions we make about morally good outcomes are legitimate.[32]

Coupled to both sorts of assumptions, as the care critique of the traditional moral frameworks makes plain, is a presupposition of the successful delivery of necessary care. Helpless infants cannot morally reason and do not have the capacity to consider or recognize claims on their conduct as legitimate. Some degree of maturity is required to play both sorts of roles, and that maturity will not be reached without the receipt of some care. These prescriptions could neither be made nor carried out, therefore, without the delivery of those care practices necessary to ensure infant survival.[33]

Mere survival, however, is not sufficient to maintain the existence of moral agents. For one thing, no single carer will be able to rear an infant into maturity without assistance from others. This is true both because it is near impossible to acquire the means to care for an infant alone at the same time as providing that care and because, being human, carers are prone to periods of sickness and incapacity during which their care duties must be temporarily fulfilled by others. There is therefore, in Kittay's words, 'a matrix of practices, roles, and understandings'[34] surrounding the successful performance of necessary care whose existence we presuppose when asserting moral claims that bear on the conduct of others.

Once we recognize that carers need to be cared for, the scope of necessary care becomes a lot wider. What is involved in ensuring the basic survival of an infant differs from what is involved in supporting someone engaging directly in that endeavour. More than just being able to feed, water and protect the recipient of care from threats, the persons in the matrix of social relations surrounding the care relationship need to be able to acquire resources for care and be disposed to share them with the person doing the caring. They also need to have the baseline level of emotional intelligence necessary to recognize signs of stress, fear, or worry from the primary carer as signals that they need support or may be at risk of becoming indisposed. All of these sorts of practices, therefore, need to be brought under the umbrella of necessary care.

What is crucial to recognize, moreover, is that the more advanced kinds of caring skills exhibited by those supporting a provider of care also need to be exhibited by the carer themselves. There would be no persons capable of supporting carers for infants had they not been raised to possess these skills, which implies that the persons caring for them also possessed them to some minimal degree, along with the skills necessary to imbue them in their charges. Necessary care, in short, must include that which is necessary to pass on caring skills and practices without losing that which was necessary to pass them on in the first place. They may not look the same from generation to generation, but our moral life is dependent on a robust transfer of caring practices because we could not have moral agents without it.

6.2.2 Motivation, maturity and moral agency

There is a strongly rationalist interpretation of moral agency that is adopted by some scholars working within the dominant frameworks of Kantian liberalism and utilitarianism. In the Kantian tradition, at least on one common interpretation, the ability to act morally simply *is* the ability to act according to reason, such that one is capable of valuing things for their own sake rather than satisfying one's instincts.[35] Similarly, Peter Singer has argued that rationality is a key strength of utilitarianism, in the sense that its conclusions bypass initial intuitive responses to moral quandaries that evidence from evolutionary psychology suggests we should distrust.[36]

There is no doubt that the capacity to *act* morally does depend in part on the capacity to act rationally; even under sentimentalist approaches, such as Michael Slote's distinct empathy-based version of care ethics,[37] persons still require some degree of rational agency to devise and carry out actions that meet the demands of their emotional responses. Acknowledging the concept of necessary care, nevertheless, requires us to rethink the relationship between rationality and the emotions. If the moral claims we assert that bear on the conduct of others assume the existence of a robust and transferable set of caring practices, then they also assume that those who are engaging in care are acting

morally by doing so (and would be acting immorally if they intentionally gave insufficient care or chose to abandon their charges). Moreover, because necessary care involves the transmitting of the capacity to rear moral agents from generation to generation, any instance of moral reasoning presupposes that a carer would be acting immorally if they intentionally refused to transmit that caring capacity, even if their charge were capable of comprehending and acting upon some moral reasons. Whatever emotional capacities are required to successfully rear moral agents, therefore, are prerequisites for possessing that agency in its fullest form, in the sense that persons, in their absence, cannot act in accordance with moral demands to deliver necessary care.

To get a sense of what the relevant emotional capacities are, it is helpful to start with a clear picture of what care looks like in their absence. Carers can ensure their charges survive infancy without much sophistication in their emotional development; merely being able to feed, water and protect infants from threats requires little more than a bare minimum of physical and intellectual competence. Carers can even ensure that their charges are themselves capable of ensuring the survival of *their* infants without much emotional development; all they need are the capacities necessary to pass these intellectual and physical competencies on. Without the ability to recognize an infant as someone whose survival matters for *their own sake*, however, carers would only be motivated to care out of self-interest, and so not guaranteed to provide what is necessary to pass on the underlying components of moral agency.

One way to ensure that providing survival care is in the interest of some humans is to threaten them with violence. We can reasonably assume that all humans value their own continued existence in the absence of pain, even if sometimes the desire to avoid pain can outweigh the desire to survive. Accordingly, credible threats of painful or fatal consequences if an infant is not provided with care would motivate compliance in most if not all humans on the receiving end of them, in the sense that few if any other interests they had could possibly outweigh their interest in avoiding pain and death.

Aside from the appalling nature of such a proposal, the key problem that would be faced by a society intending to replicate itself by threatening violence against those who fail to care for infants is that it is unclear why the persons issuing those threats would be motivated to do so. All in a position to demand that infants are cared for under pain of death would have been raised under the same, bare minimal caring practices, such that they did not themselves have the underlying capacities necessary to care about others for their own sake. Consequently, they too could only draw on self-interest as motivation, and it is not immediately clear why ensuring the survival of infants (or, for that matter, ensuring those infants can one day keep *their* infants alive) would be of such great interest that they would divert energies they could be using to pursue their own goals towards forcing others to provide care.

Perhaps, emotionally undeveloped persons might desire the survival of humanity in order to preserve their own legacy. They might view their own offspring as extensions of themselves, such that their influence on the world can be maintained long after their death by the survival of their infants. Powerful others might, alternatively, consider it in their interests for there to be a continuing supply of human labour that they can readily exploit to their own ends. Even if these were strong enough self-interested reasons for persons to provide or force others to provide care, however, the resulting society would not be one hospitable to the development of a moral sense, nor to the acceptance of moral demands made by some on others. This is because any moral framework, including those used by the crudest forms of libertarianism, presupposes that persons care about what

happens to others for reasons external to their own self-interest: either because they value them for their own sake, or because they have some sense of 'the greater good'.

Now, it is rare in our contemporary societies for persons to entirely lack an underlying moral sense; even the common belief that there exist true psychopaths who are incapable of understanding moral reasons is contested in the relevant psychological literature.[38] Nevertheless, it would be wrong to assume that moral agency is an innate feature of human adults, such that the *quality* of care received by an infant bears no significant influence upon their development. It is one thing to understand moral reasons as such, but quite another to be motivated to *act* on them or afford them significant weight when deliberating about what to do. While an infant might be able to survive bare minimal care with the former capability intact, we have good reasons to think that the latter is dependent on how well-developed their emotional capacities are.

A useful model of the concept of emotional maturity comes from clinical psychologist Lindsay C. Gibson. Emotionally immature people, in her view, adopt rigid and single-minded approaches to problems, deal with stress badly, tend to make decisions based on what feels good in the moment, struggle to assess situations through anything other than their own sense of what feels right or wrong, have little respect for differences in values or opinions, are egocentric, preoccupied and self-involved, focus excessively on themselves while struggling to be genuinely self-reflective, and, crucially, have a low capacity for empathy.[39] While these qualities do not suggest an inability to understand moral reasons as such, they do point to a difficulty in giving them priority over narrow self-interest, such that those who possess them are impaired in their ability to act upon them.

When emotionally immature persons become parents, Gibson argues, they fail to cultivate emotional intimacy in their relationships with their children, often promoting a kind of role reversal such that they position *themselves* as the dependent in need of support from their charge.[40] If a child complies with this role reversal, she goes on, they tend to develop a strong sense of empathy as adults, but pair it with a suppressed sense of their own self-interest such that they neglect their own needs and become overly invested in those of others. If they reject it, however, they tend to develop a strong sense of their own self-interest but constantly demand that others meet their needs because they do not know how to do so themselves. These internalizing and externalizing tendencies, which are often exhibited by the same person in a fluctuating pattern, are symptoms of the same underlying paucity of emotional regulation skills that lead to emotionally immature parenting styles.[41]

Gibson's observations on emotional maturity and its relationship with parenting are supported in the wider psychological literature. A 2019 meta-analysis found that children had poorer emotional regulation skills when they were emotionally maltreated by their parents, who in turn self-reported lower levels of emotional regulation skills than those that did not subject their children to this form of abuse.[42] Likewise, a meta-analysis of fifty-three studies published between 2000 and 2020 found that parents with better emotional regulation skills tended to pass them on to their children, who in turn exhibited far fewer internalizing symptoms – though they found the link with externalizing symptoms less well-evidenced.[43] Similar conclusions were drawn from a recent study of children in Beijing but, interestingly, the authors only found a strong intergenerational effect between maternal childhood emotional neglect and poor emotional regulation, with the emotional neglect of fathers seemingly exhibiting no effect on the emotional regulation or parenting styles of their adult children. As the authors themselves suggest, the traditional view of the mother as the primary caregiver of the child likely explains much of this difference

in effect, with mothers typically spending more time with their children and thus being more directly involved in their upbringing.[44]

It is clear from the psychological evidence, then, that emotional dysregulation is predictably passed on by parents to their children. The two types of coping styles developed by emotionally dysregulated persons, moreover, represent direct impairments to the kind of moral sense needed for moral agency. An internalizer with a high degree of empathy may be capable of recognizing the needs of others, but being motivated to meet them because of a desperate need to receive the emotional nourishment they lacked as a child is not the same as being motivated by moral reasons, and they may find it difficult to distinguish between morally salient and purely self-interested demands made by others. Indeed, Gibson observes that internalizers often enter into abusive relationships as adults, exerting great energy to meet the needs of partners who offer little in return.[45] Externalisers, on the other hand, may sometimes respond to moral demands, but their relentless focus on pursuing their self-interest and having their needs met by others suggests that they will be unlikely to do so without a clear sense of what they will gain.

If, as I have argued in this section, the proper purpose of necessary care is to rear moral agents, a sufficient degree of emotional maturity on the part of the carer is required. Without it, their children will be impaired in the capacities underlying moral agency through the transmission of emotional dysregulation. They, in turn, will be likely to pass this on to their children, leading to a population that is capable of ensuring the survival of infants but incapable of cultivating the moral sense that is presupposed in any act of moral reasoning. Emotional maturity, in short, is a necessary background condition of our moral life.

6.3 CULTIVATING EMOTIONAL MATURITY THROUGH ACCESS TO PSYCHOTHERAPY

Recognizing that the concept of necessary care includes the transmission of emotional maturity has practical implications for the society governed by principles of care ethics. The matrix of overlapping relations that supports the rearing of infants into moral agents evidently includes material and physical support for the primary carer, but it ought to be clear that these relations must provide the background conditions for the cultivation of emotional maturity. In an ideal world, all primary caregivers and their supporting relations would possess strong emotional regulation skills, and therefore be able to pass them on from generation to generation. In our non-ideal world, however, emotionally mature parenting is not so common. Indeed, the global prevalence of emotional maltreatment by parents has been estimated to be greater than its physical equivalent, with a 2014 meta-analysis of self-reports finding a rate of 363/1000 for emotional abuse and 184/1000 for emotional neglect.[46]

Any transition from our world to a society governed by care ethics, therefore, would require a substantial degree of intervention to improve the emotional regulation skills of adults. Where we lack the robust and transferable set of practices, as well as their underlying social norms and support mechanisms, we must look to the structures that already exist for aid. From within the hyper-individualized Western structures of care and care support, the best prospects for cultivating the background emotional conditions for moral life can be found in the field of psychotherapy.

Improved emotional regulation is a well-evidenced outcome of successful psychotherapeutic intervention,[47] with some suggestion that long-term psychodynamic therapy is particularly useful when dysfunction is complex.[48] Such therapy, however, is often inaccessible for those that are most in need of it, given the unavoidably high costs of long-term therapeutic work and the preference of publicly funded healthcare systems for briefer, cheaper alternatives. Addressing this accessibility gap, then, seems like a crucial priority for transitioning to a world that better supports the flourishing of moral agency necessary for moral life.

The robust and transferable practices necessary for the cultivation of moral agency will, of course, be difficult to maintain without extensive structural changes to better support them. Widespread and effective systems of social support for parents, well-funded child welfare services, and an end to the chronic resource insufficiency that puts care-disrupting pressure on poor and subordinated groups are all the sorts of policies that a society seeking to transition to governance by care ethics ought to pursue. I have raised the importance of psychotherapy here, however, because it is a practice whose potential for disrupting the inhibition of care from within our currently existing social structures is underappreciated. There are further ethical issues that must be dealt with, including the relative merits of different modalities, how to ensure an ethical relationship between therapist and client, and how the caring society ought to respond to those emotionally dysregulated persons who refuse the intervention. Care ethicists may disagree about the right answers to these further questions, but it seems clear that all should accept the opportunities associated with widening *access*.

CONCLUSION

In this chapter, I have explored the concept of necessary care and its importance for the structure of care ethics as a distinct moral framework. I have argued that this set of practices, whose delivery is presupposed by any act of moral reasoning, must include those that confer emotional maturity to children, as this is a necessary underpinning of the capacities required for moral agency. I have also discussed the practical implications of including the practices aimed at developing emotional maturity within the definition of necessary care, concluding that widespread access to psychotherapy is a promising avenue for transitioning to the caring society.

NOTES

1. Karen R. Rosenberg, 'The Evolution of Human Infancy: Why It Helps to Be Helpless', *Annual Review of Anthropology* 50, no. 1 (2021): 424–30.
2. Virginia Held, 'Care and Justice, Still', in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington (Oxford: Oxford University Press, 2015), 18–36.
3. Eva F. Kittay, 'A Theory of Justice as Fair Terms of Social Life Given Our Inevitable Dependency and Our Inextricable Interdependency', in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington (Oxford: Oxford University Press, 2015), 51–71.
4. Daniel Engster, *The Heart of Justice: Care Ethics and Political Theory* (Oxford: Oxford University Press, 2007), 2.
5. Raja Halwani, 'Care Ethics and Virtue Ethics', *Hypatia* 18, no. 3 (2003): 161–92.

6. Maureen Sander-Staudt, 'The Unhappy Marriage of Care Ethics and Virtue Ethics', *Hypatia* 21, no. 4 (2006): 21–39.
7. Virginia Held, *The Ethics of Care: Personal, Political, and Global* (New York: Oxford University Press, 2005), 23–4.
8. Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (London: Psychology Press, 1993), 56.
9. Eva F. Kittay, *Love's Labor: Essays on Women, Equality, and Dependency* (London: Psychology Press, 1999), 16.
10. Thomas Hobbes, 'Leviathan', in *Leviathan: With Selected Variants from the Latin Edition of 1668*, ed. Edwin Curley (Indianapolis, IN: Hackett Publishing, 1994), 74–233.
11. John Locke, 'The Second Treatise', in *Locke: Two Treatises of Government, Student Edition*, ed. Peter Laslett (Cambridge: Cambridge University Press, 1988), 269–78.
12. John Rawls, *A Theory of Justice* (Cambridge, MA: Belknap Press, 1999), 102–60.
13. Daniel Engster, 'Care in the State of Nature: The Biological and Evolutionary Roots of the Disposition to Care in Human Beings', in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington (New York: Oxford University Press, 2015), 226–51.
14. John C. Harsanyi, 'Review: Can the Maximin Principle Serve as a Basis for Morality? A Critique of John Rawls's Theory', *The American Political Science Review* 69, no. 2 (June 1975): 598–600.
15. Michael J. Sandel, *Liberalism and the Limits of Justice* (New York: Cambridge University Press, 1982), 122–32.
16. Kittay, *Love's Labor*, 83–6.
17. Ibid., 90–3.
18. Held, *The Ethics of Care,* 48.
19. Kittay, 'A Theory of Justice as Fair Terms of Social Life Given Our Inevitable Dependency and Our Inextricable Interdependency', 55–8.
20. Rawls, *A Theory of Justice*, 24.
21. Held, *The Ethics of Care*, 157.
22. Derek Parfit, *Reasons and Persons* (New York: Oxford University Press, 1984), 381–90.
23. Held, *The Ethics of Care*, 82.
24. Kittay, *Love's Labor,* 94–5.
25. That this is the case is in part because the view of personhood within care ethics is fundamentally relational. Strongly rationalist views of personhood might allow for the possibility that artificial intelligence models could reach the threshold of personhood without the receipt of care, but care ethicists do not typically think of possessing this status as solely a matter of a being's internal attributes.
26. Engster, *The Heart of Justice*, 48.
27. Ibid., 45–54.
28. Kittay, *Love's Labor,* 106–13.
29. Ibid., 107.
30. Tronto, *Moral Boundaries,* 161–77.
31. Held, *The Ethics of Care*, 132.
32. Stephen Darwall, *The Second-Person Standpoint: Morality, Respect, and Accountability* (Cambridge, MA: Harvard University Press, 2006), 3–38.
33. This is, at the very least, true of humans, who are the only known beings with the capacity for moral subjecthood in this world at this time. A sufficiently advanced artificial general intelligence might attain the ability to make moral claims and recognize claims on its conduct as legitimate via an alternative route. The same could be true of bio-enhanced

humans or aliens from far-off galaxies who spawn fully cognitively formed. Moral life in worlds that contain such beings would be different in many ways from moral life in this one, so it is unsurprising that the presupposition of the successful performance of necessary care would not necessarily apply. Nevertheless, in keeping with the commitment of care ethicists to keeping particular contexts in focus, rather than aspiring to universality, I set aside this issue in this chapter. My thanks to Nicolas Côté for pressing me on this point.

34. Eva F. Kittay, 'At the Margins of Moral Personhood', *Ethics* 116, no. 1 (2005): 111.
35. Christine M. Korsgaard, 'Kant's Formula of Humanity', *Kant-Studien* 77, no. 1–4 (1986): 184.
36. Peter Singer, 'Ethics and Intuitions', *The Journal of Ethics* 9, no. 3–4 (2005): 349–51.
37. Michael A. Slote, *The Ethics of Care and Empathy* (London: Psychology Press, 2007), 55.
38. Jarkko Jalava and Stephanie Griffiths, 'Philosophers On Psychopaths: A Cautionary Tale in Interdisciplinarity', *Philosophy, Psychiatry, & Psychology* 24, no. 1 (2017): 4–6.
39. Lindsay C. Gibson, *Adult Children of Emotionally Immature Parents: How to Heal from Distant, Rejecting, or Self-Involved Parents* (Oakland, CA: New Harbinger Publications, 2015), 7–36.
40. Ibid.
41. Ibid., 88–122.
42. Meredith A. Gruhn and Bruce E. Compas, 'Effects of Maltreatment on Coping and Emotion Regulation in Childhood and Adolescence: A Meta-Analytic Review', *Child Abuse & Neglect* 103 (2020): 104446.
43. Melanie J. Zimmer-Gembeck et al., 'Parent Emotional Regulation: A Meta-Analytic Review of its Association with Parenting and Child Adjustment', *International Journal of Behavioral Development* 46, no. 1 (2021): 63–82.
44. Xinyi Yu et al., 'Intergenerational Effects of Childhood Maltreatment: The Relationships Among Parental Childhood Emotional Neglect, Emotional Expressiveness and Children's Problem Behaviors', *Child Abuse & Neglect* 140 (2023): 106147.
45. Gibson, *Adult Children of Emotionally Immature Parents,* 116–22.
46. Marije Stoltenborgh et al., 'The Prevalence of Child Maltreatment across the Globe: Review of a Series of Meta-Analyses', *Child Abuse Review* 24, no. 1 (2014): 37.
47. Nils M. Sønderland et al., 'Emotional Changes and Outcomes in Psychotherapy: A Systematic Review and Meta-Analysis', *Journal of Consulting and Clinical Psychology*, 2023.
48. Falk Leichsenring and Sven Rabung, 'Effectiveness of Long-term Psychodynamic Psychotherapy', *Journal of the American Medical Association* 300, no. 13 (2008): 1551–65.

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