

# Towards a Transnational Ethics of Care

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In both Japanese philosophy and feminist philosophy we find concepts of self that provide alternatives to liberal individualism's concept of self as the autonomous, isolated individual, and the ethics that result from such a conception of self. When the relational aspect of selfhood is foregrounded, when being in relation is recognized as an integral part of what it is to be a human-being-in-the-world, then we are one step further on our way toward an ethics of care. Robert Carter suggests that this view of self and the resulting views of ethics in fact characterize much of Asian philosophy—that “Taoism, and Zen Buddhism, and Buddhism teach us that we are intrinsically interrelated, and the ground of ethics and the foundation of ethical sentiment is the selfless recognition that we are each other's hopes and aspirations, sufferings and dis-

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appointments” (CARTER 2001, 32). Shifting the focus in a concept of self from individual to relational creates room for a concomitant shift in epistemology and ethics.

In *Intimacy or Integrity: Philosophy and Cultural Difference*, Thomas Kasulis proposes a very useful way of thinking about different ways of relating, knowing and being-in-the-world with the aim of coming to better dialogue across cultures (KASULIS 2002). He suggests that there are two orientations of being-in-the-world—intimacy oriented and integrity oriented, while at the same time noting that it “is unlikely that any culture is ever a perfect example of either an intimacy-dominant or integrity-dominant culture (generalities always have qualifications or exceptions), but the hope is that the analysis and critical tools presented... may help us see connections and differences we might have otherwise missed” (KASULIS 2002, 11). We can see through his analysis that much of Western philosophy and the concepts of selfhood and identity that arise out of this tradition are integrity oriented, as are the values that dominate an ethics of justice. An integrity-oriented culture emphasizes:

- 1 Objectivity as public verifiability.
  - 2 External over internal relations.
  - 3 Knowledge as ideally empty of affect.
  - 4 The intellectual and psychological as distinct from the somatic.
  - 5 Knowledge as reflective and self-conscious of its own grounds.
- (KASULIS 2002, 25)

This reflects the characterization of the liberal individualist view of self as rational, autonomous independent individual.

Intimacy-oriented culture looks different, and brings out some of the values that Carter also suggests are found in Asian philosophy:

- 1 Intimacy is objective, but personal rather than public.
- 2 In an intimate relation, self and other belong together in a way that does not sharply distinguish the two.
- 3 Intimate knowledge has an affective dimension.
- 4 Intimacy is somatic as well as psychological.
- 5 Intimacy’s ground is not generally self-conscious, reflective, or self-illuminating. (KASULIS 2002, 25)

While the liberal ethics of justice is rooted, we might say, in the integrity model, an ethics of care lends itself more to the intimacy model but contains aspects of both. As Kasulis points out, rare is the culture that is purely one or the other. Indeed, within Western philosophical culture there are subcultures, such as feminist philosophy, wherein we find a model more reflective of the intimacy orientation, even though the dominant culture is one of integrity.

Let us move now to examples of what we might call more intimacy-oriented ethics from two different philosophical cultures. Watsuji Tetsurō's (1889–1960) definition of human being as *ningen* 人間 includes self as both individual and relational, as well as embodied. Watsuji's concept of human being as *ningen* argues against the Western concept of self as purely individual, where relationships with others are contingent. The very terms used to designate self—*homo*, man, *mensch*—he argues, indicate that self, in the West, is conceived of in terms of the isolated individual. Such a concept, he maintains, is merely an abstraction, for as *ningen* we are always in relation with other human beings. *Ningen* is “the public, and, at the same time, the individual human beings living within it.... What is recognizable here is a dialectical unity of those double characteristics that are inherent in a human being” (WATSUJI 1996, 15). It is a dynamic concept of self, one that John Maraldo has suggested be understood not as a metaphysical entity, but rather as an interrelation (MARALDO 2002, 185). For Watsuji, one cannot be fully human, nor ethical, (for if one is a human being in one's fullest potential, one is also ethical), unless one is, as well as being an individual, also in relation with other human beings. The dynamic nature of *ningen* is such that there is a constant movement back and forth between the poles of individual and social. So for Watsuji, ethics is the study of human beings, or *ningengaku* 人間学—human beings as individual and as social in the betweenness (*aidagara* 間柄) among selves in the world.

An ethics of care describes the self similarly. And while care ethics has changed significantly in the last thirty years, the concept of self that it seeks to foster and sees as central has remained constant. Two of the most significant contributors to care ethics in its beginnings were Carol Gilligan and Nel Noddings. Gilligan's *In a Different Voice: Psychological Theory and Women's Development* famously suggested that girls

approached moral problems from a different perspective from that of boys (GILLIGAN 1982). Critical of Lawrence Kohlberg's theory of moral development for using only boys in the study that led to the theory, and Kohlberg's conclusion that girls' moral development lags behind that of boys, Gilligan studied girls' and women's moral development. Her conclusions suggested that women and girls placed more importance on relationships and context than boys who, according to Kohlberg's theory, ended up more frequently at the highest level of moral reasoning which appealed to more abstract principles and rules. While Gilligan's work would prove in fact to be quite problematic in some ways for some feminisms, there is widespread agreement that her work did serve to name care, which had previously been left out of the discourse of morality, as philosophically significant. Up to this point, Gilligan maintained, the kind of moral reasoning that seemed to belong to over half the population had been left out of the picture. In the introduction to *Caring: A Feminine Approach to Ethics and Moral Education*, Noddings argues that "[e]thics has been discussed largely in the language of the father: in principles and propositions, in terms such as justification, fairness, justice. The mother's voice has been silent" (NODDINGS 1984, 1). If we make space for this voice, however, we find, contrary to the rational autonomous being of liberal individualism typical of an ethics of justice, a relational being that acknowledges the necessity of interdependence for human survival and flourishing. This is an aspect of care ethics that has not been left behind in the development of the theory.

In 1984 Noddings pointed out, immediately following the above assertion that the mother's voice has been silent, that "[h]uman caring and the memory of caring and being cared for which I shall argue form the foundation of ethical response, have not received attention" (NODDINGS 1984, 1). She further argued that this approach of caring is a fundamentally feminine view, but not limited (here parting company with the way Gilligan has been interpreted) to women. The majority of us, after all, can recall being cared for, and those who were not cared for are deeply affected by such neglect and the absence of care given or received. Care "is feminine" she says, "in the deeply classical sense—rooted in receptivity, relatedness and responsiveness" (NODDINGS 1984, 2). Over twenty years later, Virginia Held, in her 2006 book *The Ethics*

*of Care: Personal, Political, and Global*, while maintaining “that the ethics of care has moved far beyond” these original foundations, still insists that “the central focus of the ethics of care is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility” (HELD 2006, 10). Her description of the concept of person that is the starting point for an ethics of care is “as relational, rather than as the self-sufficient independent individuals of the dominant moral theories” (HELD 2006, 13). Furthermore, her ethics of care “sees persons as interdependent, morally and epistemologically. Every person starts out as a child dependent on those providing us care, and we remain interdependent with others in thoroughly fundamental ways throughout our life. That we can think and act as if we were independent depends on a network of relations making it possible for us to do so. And our relations are part of what constitute our identity” (HELD 2006, 13–14). It is here where we begin to hear the similarities with Watsuji’s concept of *ningen*. There are differences, to be sure, and it is quite certain that Watsuji had no notion of feminist philosophy; but nonetheless there are resonances with an ethics of care.

For Watsuji, Noddings, and Held, we are always already in relation. Both the self as Watsuji’s *ningen* and the self of an ethics of care evoke the concept of interrelation which is at the core of human being in the world. As Watsuji’s *ningen* takes relation as fundamental, so does an ethics of care. Noddings explains “Taking *relation* as ontologically basic simply means that we recognize human encounter and affective response as a basic fact of human existence” (NODDINGS 1984, 4). For an ethics of care and Watsuji’s philosophy, it is this relation, this basic fact of human being-in-the-world, that obligates us to care for the other. Contrasting it to the ethics that arises out of the liberal individualist concept of person that in some sense sees related-ness as not significant, Held states: “The ethics of care is, instead, hospitable to the relatedness of persons. It sees many of our responsibilities as not freely entered into but presented to us by the accidents of our embeddedness in familial and social and historical contexts. It often calls on us to *take* responsibility, while liberal individualist morality focuses on how we should leave each other alone” (HELD 2006, 14–15). As Noddings and Held both use the mother-child and family relationships as, in their best instances,

exemplary of the foundations of caring and relatedness, so too Watsuji places importance on just this embeddedness in his discussion of basic ethical principles. He uses the family, for example, and aspects thereof throughout *Ethics* as a key example for demonstrating how such relationships and embeddedness define us and determine our responsibilities. As a mother or father, for example, one must obey certain rules and adhere to certain behaviors—those appropriate to the role one has in the family. One may not have chosen such a role, but as a child or spouse, one takes on a certain responsibility to others in the family due to this “accident of embeddedness.” As soon as the family comes into being, then, one is in this betweenness and its attendant moral obligations—and Watsuji extends this example further to society more broadly writ. As human beings, he explains, “we cannot first presuppose individuals, and then explain the establishment of social relationships among them. Nor can we presuppose society and from there explain the occurrence of individuals. Neither the one nor the other has ‘precedence’” (WATSUJI 1996, 102).

The structure of being human and society for Watsuji then, reflects the fundamental interdependence that care ethics too seeks to bring to the fore. In his more specific discussions of the examples of friendship and the mother-child relationship, Watsuji evokes both the interdependence and the caring that we find in an ethics of care and introduces something that I believe has not been introduced fully enough into the discussion of an ethics of care—that this interdependence includes the body<sup>1</sup>:

So far as physiological bodies are concerned, they can be spoken of as easily as individual trees. But this is not the case with bodies viewed as expressions of the subjective or as persons in their concrete qualities. A mother and her baby can never be conceived of as merely two independent individuals. A baby wishes for its mother’s body, and the mother offers her breast to the baby. If they are separated from each

1. See Maurice Hamington’s *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics* (Urbana: University of Illinois Press, 2004) for an example of including embodiment as philosophically significant in care ethics in the Western tradition.

other, both look for each other with all the more intensity.... As is evident, a mother's body and her baby's are somehow connected as though one.... This power of attraction, even though not physical attraction alone, is yet a real attraction connecting the two as though one.... To isolate them as separate individuals, some sort of destruction must occur. (WATSUJI 1996, 62)

Mother and child know one another *bodily*, not just psychologically. They are interdependent, and connected through caring. At the stage described by Watsuji, of course, this goes only one way. However, in this relationship there is the potential for reciprocity, which, as we will see shortly, is another key element of an ethics of care.

The second example is that of friendship: "That one wishes to visit a friend implies that she intends to draw near to the friend's body. If she does go to visit a friend who is at some distance by streetcar, then her body moves in the friend's direction, attracted by the power that draws them together" (WATSUJI 1996, 62). Here we see the concept of interdependency of both bodies and minds—something that I think care ethics can benefit from appropriating in some way, for relationship between two people for Watsuji is not merely psychological. He maintains that the "mind" relation between two people cannot be separated from the "body" relation. We recall that Kasulis's list of the aspects of intimacy-oriented cultures includes the somatic as well as the psychological. "Even when intimacy is not carnal (and usually it is not)," Kasulis elaborates, "it is still incarnate. That is: human intimacy is embodied" (KASULIS 2002, 42). Intimacy-oriented ways of being-in-the-world, then, don't ignore the importance of embodiment. As Kasulis explains it, we "enter into intimate relations by opening ourselves to let the other inside, by putting ourselves into internal relations with others or recognizing internal relations that already exist" (KASULIS 2002, 43). Intimacy, he says, is an incorporating of the other, drawing the other into the body. We see this most clearly in the example of the mother-child relationship above.

However, for Watsuji we also experience this in our normal, everyday existence and this further links us to others. The human body, in our everyday being-in-the-world, he explains "is not, of its own accord, something individually independent. To make it individually indepen-

dent we must cut its connections with other human bodies and completely dissociate it from its attraction to others” (WATSUJI 1996, 66). For Watsuji even the movement of the body in the carrying out of an act, for example, involves neither merely “physical relations nor biological ones. Instead, it involves as well the relationship between one subject and another, as distinct from the relation between a person and a thing” (WATSUJI 1996, 238). As betweenness-oriented beings, as *ningen*, then, human bodies are connected (WATSUJI 1996, 68). This is the place, I believe, of caring: the place of ethics (WATSUJI 1996, 10). An ethics of care seeks to recognize the complex interdependence of human relations—the connections that include but also go beyond both the psychological and corporeal—in our daily lives in a way that has not been recognized in the context of “traditional” ethics. Once we acknowledge this interdependence, obligation is immediate when faced with one in need of care.

What is necessary in care ethics is also, as mentioned briefly above, however, at least the potential for reciprocity—this is of particular concern for feminists of course—for without reciprocity, the dangers of exploitation loom large. Held points out that since “even the helpful emotions can often become misguided or worse—as when excessive empathy with others leads to a wrongful degree of self-denial or when benevolent concern crosses over into controlling domination—we need an *ethics* of care, not just care itself. The various aspects and expressions of care and caring relations need to be subjected to moral scrutiny and *evaluated*, not just observed and described” (HELD 2006, 11). What can appear to be care may prove on closer inspection not to involve care at all, and indeed the opposite—not care for the other, but completely self-referential or selfish actions.<sup>2</sup> Held’s above-mentioned examples of excessive self-denial and the benevolent concern that becomes controlling domination, even though they might appear to be caring or be masked as care, are in the end both self-referential. Both the rich potential as well as the possible exploitative, self-referential aspects of care resonate with the Japanese concept of *amae*.

2. Joan Tronto notes that one requirement of care, along with some kind of engagement is the following: “First, care implies a reaching out to something other than the self: it is neither self-referring nor self-absorbing” (TRONTO 1993, 102).



Japanese psychoanalyst Takeo Doi brought this phenomenon to the attention of the psychoanalytic community in *The Anatomy of Dependence* (DOI 1973). Defined by Doi as “the desire to be passively loved” (DOI 1973, 7) or “passive dependence, or passive love” (DOI 1985, 34 n.8), *amae* is something that is generally accepted as an important part of child development in Japan. Faith Bethelard and Elisabeth Young-Buehl, in their article “Cherishment Culture,” in which they translate *amae* as cherishment, demonstrate how care and the need for care is fundamental to human being. Also psychoanalysts, they explain that Doi “proposed that the infant begins in a condition of relatedness that is predominantly ego instinctual, not predominantly aggressive, or libidinal. The relation that Freud thought existed only between a mother and her male child is, in Doi’s view, the norm” (BETHELARD and YOUNG-BRUEHL 1998, 528). They seem to be suggesting that the care instinct is primordial—that we come into the world fundamentally care-oriented, reaching out to the other or, we might say, intimacy-oriented: “Infants want cherishing, and caretakers, if they are cherishers, read the infant’s preverbal signals and cherish them. The infant stretches out to the caretakers, in order to receive; the caretakers receive, hold, literally and intrapsychically, the infant and her needs, in order to give. They are a circuitry, like the symbol of infinity. Cherishment is the elemental form of reciprocity” (BETHELARD and YOUNG-BRUEHL 1998, 530). As Young-Buehl explains in a later article, which focuses on the adult manifestation of *amae* in love relationships, “[i]n the *amae* state we say: I wish that your only wishes were to sweetly, indulgently love me and to receive my sweet and indulgent love! Cherish me, and I will cherish you! In the *amae* state we desire relationship, reciprocity, interplay—the paradigm of all play. The little lover feels the caretaker’s love as such, as cherishing, caretaking; solicits its continuance; and gives in turn what he or she has felt” (YOUNG-BRUEHL 2003, 282). On this interpretation of *amae* then, we see again how part of what it is to be human is interdependence and how a web of interdependence begins immediately and lasts throughout one’s life. We see more and more clearly how ethics must involve the other, that as Watsuji puts it, “ethics is not a matter of individual consciousness alone” (WATSUJI 1996, 10), and the near absurdity of the concept of the isolated, purely autonomous individual upon

which so much has been built. A more recent explanation of *amae* by Kazuko Behrens, however, brings out the potentially exploitative aspect of *amae* that echoes the potential for exploitation also inherent in care: *amae* “represents a cluster of behaviors, an emotional or internal state, and a philosophical construct for Japanese people that can be viewed either positively or negatively... [but] always consists of some expectation or assumption on the part of the *amae* doer of being understood and accepted, whether it is for pure affection or instrumental needs, either within intimate or non-intimate relationships” (BEHRENS 2004, 2). Behrens goes on to discuss the fact that while *amae* behaviors are for the most part desired by both giver and receiver, there are cases of “manipulative *amae*.” For example, on *amae* beyond childhood, contradicting Young-Bruehl’s interpretation above, Behrens cites a woman from Tokyo who says “I’m over thirty now but still live with my parents. I keep telling myself that I should leave home and be independent, but I am doing *amae* because of the convenience of having ‘home’” (BEHRENS 2004, 15). Her study also shows evidence of the use of manipulative *amae* by husbands toward their wives, noting that men expect “things will get done without their involvement and expecting their wives to understand what they want and comply with even unstated requests at times” (BEHRENS 2004, 17).<sup>3</sup> Behrens also gives examples of abuses of *amae*, mostly of women, at corporate levels. So we can see how important it is to have an *ethics* of care that, as Held puts it, evaluates rather than just describes. Care ethics seeks to address injustice of many kinds and has the potential to expand the power of this ethics to address global and political problems.

It is the relational orientation at the foundation of this concept of self that obligates us to behave ethically. If we begin, as in Watsuji and care ethics, to rethink the concept of person as relational, we see that “we cannot refuse obligation in human affairs by merely refusing to enter relation; we are, by virtue of our mutual humanity, already and perpetually in potential relation” (NODDINGS 1984, 86). And here, we see that

3. It is important to note that Behrens also demonstrates that wives use *amae* to manipulate their husbands, but the majority of her examples of various kinds of manipulative *amae* do indicate that women are usually the ones being manipulated.

Noddings's earlier critique of liberal individualism seems to resonate with Watsuji's. As Held puts it: "Moralities built on the image of the independent, autonomous, rational individual largely overlook the reality of human dependence and the morality for which it calls" (HELD 2006, 10). The reality of human dependence without morality results, often, in exploitation.

What is clear in both Watsuji and feminist ethics of care is that one's individuality can be preserved and yet influenced and mutually informed by an other. Recall Held's observation that our thinking and acting as if we were independent in fact rely on a network of relations, in other words on interdependence, and yet we don't feel as if we've lost a sense of self. For Watsuji, self dissolves into community and then re-emerges as the individual again, only to resume the process once more. It is not in the sense of a repetition that yields the same results, a repetition that serves only to reinforce the starting and ending points of the cycle; rather, as Watsuji explains, the self thus becomes dynamic, open, receptive, adaptive, capable of responding to the given situation or persons as required, as appropriate—a description that, as we saw earlier in Noddings's definition of caring, has often been identified with the feminine, but here is identified simply as human:

For human beings it is not that the individual and the whole are something fixed that necessarily exclude each other. Rather, an individual is an individual only when in a whole, and the whole is a whole only in individuals. When the whole is considered, the conflicts among many individuals must be recognized; and when individuals are spoken of, the unifying whole must be understood to be that which underlies all of them. In other words, an individual is an individual in its connection with multiplicity and individuality. Human beings possess this dynamic structure of reciprocal transformation. (WATSUJI 1996, 124)

The structure of *ningen* recognizes the interdependence that is critical to human flourishing in the globalized world. Watsuji, I believe, recognizes that we as human beings are *both* individuals and in relation. And, as cited above, an ethics of care acknowledges this as well. Neither philosophy, on my reading, necessarily denies the importance of autonomy; rather, each suggests that autonomy is not the only defining characteris-

tic of persons nor necessarily the best or only concept on which to build a moral theory. Held, as cited above, believes, like Watsuji, that relations partly constitute our identity, and goes on to say: “This is not to say that we cannot become autonomous; feminists have done much interesting work developing an alternative conception of autonomy in place of the liberal individualist one. Feminists have much experience rejecting or reconstituting relational ties that are oppressive” (HELD 2006, 14).

While I have been drawing heavily on the work of Virginia Held, who is concerned with applying an ethics of care in the global arena, it is important to note some possible differences between her view and my own project here. She is, I would argue, one of the most prominent philosophers of care ethics today. Having defended similar views elsewhere,<sup>4</sup> I share her belief in the power of care ethics in a global context and agree with, for example, her claim that “[w]e can, for instance, develop caring relations for persons who are suffering deprivation in distant parts of the globe. Moral theories that assume only individuals pursuing their own interests within the constraints supplied by universal rules are ill-suited to deal with the values of caring relations and of relational persons” (HELD 2004, 144). I also agree when she asserts that “[a] globalization of caring relations would help to enable people of different states and cultures to live in peace, to respect each other’s rights, to care together for their environments and to improve their lives so that all their children might have hopeful futures” (HELD 2004, 153). However, while I believe that the constructive comparative enterprise that I have engaged in here, however briefly, can further the goals of an ethics of care, it is not so clear to what extent Held would agree. In the above-cited article she also says:

Although there are similarities between the ethics of care and communitarianism, and between the ethics of care and Confucianism and what are sometimes thought of as ‘Asian values,’ many now argue that any *satisfactory* ethics of care, or perhaps even any ethic that deserves the name ‘ethics of care,’ will be a feminist ethics that includes an

4. See MCCARTHY 2003.

insistence on the equality of women, not one accepting a traditional gender hierarchy. (HELD 2004, 146)

As I have stated above, I do believe that an ethics of care is a feminist project and agree that it must be a feminist ethics. However, I just as strongly believe that this obligates us to take very seriously the idea of interdependence upon which an ethics of care is founded, *especially* if we want this ethics to be of relevance in a global context, and to move beyond an “orthodox” or conservative understanding of care that could, as critics have pointed out for the last twenty years, reinforce the idea that women’s concerns are limited to *Kinder, Küche* and *Kirche*. Turning to other philosophies that provide alternatives to the liberal individualist view of self and ethics, where not just women but human beings in general are defined more relationally, can help overturn this critique of an ethics of care. It seems to me, in fact, a natural extension of Held’s theory to suppose that the notion of interdependence at the heart of her view must include consideration of the interdependence of philosophical traditions—be the other Confucian or, as I have suggested here, Watsujian—and that this *does not* in any way make the comparative approach to an ethics of care any less a feminist project. Comparing the ethics of care with Watsuji’s philosophy, for example, could help correct Watsuji’s arguably patriarchal slant but at the same time, provide proponents of care ethics a way of thinking about the self that is inherently nondualistic, that resists the mind/body split that many feminist philosophers rightly call into question. It may also provide a way of conceptualizing a knowing body that includes more than so-called “female knowledge” and in so doing help to address critiques of feminist ethics of care. Held maintains that “To be acceptable, it must be a *feminist* ethic, open to both women and men to adopt. But in being feminist, it is different from the ethics of its precursors” (HELD 2006, 20). Again, here I agree with Held almost entirely. What I have been suggesting in this essay, using Watsuji to enrich feminist ethics of care and vice versa, is not by way of slipping feminist ethics in the back door, claiming that Watsuji is a feminist, nor saying that feminism is incidental to care ethics because we can find similar notions in Japanese philosophy, nor again claiming that Watsuji and Held have identical philosophies. Rather,

what I am concerned with doing is building bridges, fostering interdependence and critical exchange between two philosophies such that the power of such an ethics can grow. If we are truly concerned, for example, with addressing problems of both women and men globally, are we not also obliged by interdependence to look for links, to negotiate points in common with cultures other than our own to begin dialogue across difference? Held states that the “ethics of care builds on experience that all persons share, though they have often been unaware of its embedded values and implications” (HELD 2006, 21). Again, I agree with her. I would only like to add that there are philosophies, such as Watsuji’s, wherein these embedded values have at least somewhat been recognized and these implications thought through. And while Watsuji and others have yet to consider questions of gender and feminist concerns, there is nothing to suggest that such concerns cannot be incorporated into new theories of feminist care ethics that can come out of such views.

Held states that her own view “is that to include nonfeminist versions of valuing caring among the moral approaches called the ethics of care is to unduly disregard the history of how this ethics has developed and come to be a candidate for serious consideration among contemporary moral theories. The history of the development of the contemporary ethics of care is the history of recent feminist progress” (HELD 2006, 22). What is not clear is whether Held assumes that the bridge between cultures that will allow care ethics to spread globally and, as she states in the concluding sentence of her book, “help enable people of different states and cultures to live in peace, to respect each other’s rights, to care together for their environments, and to improve the lives of their children” (HELD 2006, 168), is already built, and that care ethics as she formulates it *is* that bridge. Or does her work invite and indeed require appraisals adapted from nonfeminist versions of caring in order to enhance, enrich, and strengthen our views of feminist care ethics? If this is not the case, then her version risks excluding other philosophical and cultural perspectives.

From my standpoint as a comparative feminist philosopher, I see no reason not to incorporate ideas inspired by or found in nonfeminist versions of care into a global feminist ethics of care. We are not left with an either/or proposition and in fact we can adapt, adopt, appropriate

such ideas into a feminist ethics of care, while maintaining a feminist approach and a commitment to feminist ethics of care. As I see it, to proceed in this way leads to more of the feminist progress that Held so astutely and powerfully outlines and contributes to in her most recent book. The very project of a feminist ethics of care, with its call for recognizing and valuing interdependence, I believe requires that we move beyond our own philosophical culture to engage others.

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