

THESIS

THE ETHICS OF CARE AND STRUCTURAL INJUSTICE: A FEMINIST-INFORMED  
CRITIQUE OF PERSONAL RESPONSIBILITY

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## ABSTRACT

### THE ETHICS OF CARE AND STRUCTURAL INJUSTICE: A FEMINIST-INFORMED CRITIQUE OF PERSONAL RESPONSIBILITY

People often acknowledge the importance of relationships in life, particularly as it relates to flourishing. The ethics of care is centered around this notion, articulating a conception of flourishing that is constituted by caring relationships. In other words, the ability of individuals to participate in and cultivate caring relationships is central to their ability to flourish. In this project, I use care ethics to argue that there is a structural injustice when society is structured in a way that individuals are severely limited in their ability to develop caring relations. Insofar as individuals are limited in their expression of care, they are not able to flourish to the highest degree. As I develop this point, I critique other ways of addressing this problem. Specifically, I critique a theory of personal responsibility which I argue is conceptually flawed in holding an individualistic and atomistic conception of persons. I will also argue personal responsibility is practically harmful through perpetuating the structural injustice. To combat this structural injustice, I argue we must adopt and develop an account of autonomy that is relational, rather than atomistic or individualistic. With the development of relational autonomy, individuals will be better able to cultivate caring relationships and flourish.

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## DEDICATION

*This thesis is dedicated to all the relationships that constitute my flourishing, my dog, Lu,  
and to myself – I knew you could do this.*

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## I. Introduction

Care is a universal feature of life: infants and children would not survive without the care of another, during times of sickness, one may lean on another for care, and in the fragility of old age, care may be needed. Currently, however, many individuals find themselves unable to engage in care for those who depend on them or even to care for themselves. Individuals may not be able to afford to take time away from work to care for their dependents such as children, non-able-bodied individuals, or elderly family members. Alternatively, they may not be able to make enough to pay for care services associated with their dependents – they may not be able to afford childcare, an in-home aid, or a senior-living community. But this problem is bigger than financial constraints. People are in positions where they may not be able to meaningfully participate in these relations of care even if they had enough money or time to do so. Further, this lack of the ability to express sufficient care has far-reaching effects. For example, if I cannot care for my sick mother, I may become depressed from the inability to participate in a relationship that held significant meaning to my sense of self and the world.

Relations of care are fundamental to human existence and flourishing, so when individuals cannot care for their others, such as but not exclusive to their dependents or those whom they are responsible, some essential capacity to express care has gone unmet. However, it is not just about the individual people involved in the caring relations, there are larger systemic issues at play as many individuals are positioned in ways that prevent them from expressing sufficient care. Returning to the example of caring for my sick mother, I may be seen as responsible for the care of my mother over one of my brothers due to gendered familial-

expectations of women as the primary caregivers within the dynamics of my own family;<sup>1</sup> my workplace may be considered standard in the industry with strict time-off policies; the state I live in may not have any guaranteed protections for workers who may have to leave their jobs to help family members with serious health issues.<sup>2</sup> There are numerous intersecting factors that, together, put me in a position where my ability to express sufficient care is limited. Care, as I will discuss in section II, is both a practice and value that is characterized in relationships of trust, sensitivity, and mutual concern. When care is expressed in ways dissimilar to these characteristics, the expression of care is not sufficient. The problem of insufficient care has to do with the inability of individuals to express care to an adequate level but more specifically, sufficient care cannot be expressed as society is organized in ways that position individuals away from being able actualize these caring relations. Individuals cannot actualize caring relations – they cannot express sufficient care in a relationship to the extent that would characterize the relationship as trusting, sensitive, and mutually beneficial.

The problem I will be addressing for the duration of thesis, is that individuals are systematically prevented from expressing care in ways that align with its normative features, not because they lack the willingness, but because they are structurally positioned in ways that undermine their capacity to do so. The problem is not about the value or practice of care not

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<sup>1</sup> An important note is that while inequality and insufficient care often work in tandem to make it harder for individuals to actualize caring relations, the two are separable harms. Expectations surrounding care that perpetuate gender inequality may make it harder for men to actualize caring relations. For example, Joan Tronto writes that “the production pass” which refers to the “pass” men get out of familial care work due to working outside of the home and being seen as the breadwinners for the family (Tronto 2013, 80). In this instance, gender inequality reinforces gender roles by seeing men as the primary producers in the home and gives those men less opportunity to participate in caring relations. However, gender inequality has effects that extend beyond insufficient care such as issues of gender discrimination that do not reference caring relations. Relatedly, insufficient care has effects that extend beyond gender inequality such as the lack of lower income individuals to be able to afford the time away from work needed to participate in caring relations.

<sup>2</sup> I am referencing programs like the paid Family and Medical Leave Insurance (FAMLI) program which ensures Colorado workers have the ability to take paid leave to take care of themselves or their family given the employee and their employer pay a premium for participation in this program: Colorado Paid Family and Medical Leave Insurance Act. § 8-13.3-501 et seq., C.R.S.

being adequately expressed, but about the construction of society in not encouraging the cultivation of caring relations by making these relations harder to realize. Insufficient care is not solely about the choices of certain individuals, but instead, is about the way social-structures<sup>3</sup> create conditions in which care cannot be realized. In other words, the way in which society is organized, according to social-structural background conditions, does not prioritize care. Groups of people are in positions in which they cannot realize a sufficient expression of care. “Position,” in this context, refers to the situation or circumstance of a person, or group of people, in relation to social-structures; later in this thesis, I will argue that an individual’s position is a combination of their agency combined with social-structural influence. Insufficient care is a problem involving the capacity of individuals to express sufficient care in relationships but due to the influences and operation of social-structures, they find themselves in a position in which they cannot. This disempowered position is central to what makes insufficient care a structural injustice: social-structures create the conditions whereby individuals are positioned in ways where they are limited in their expressions of care. In sum, insufficient care is a problem that involves social-structural background conditions positioning individuals in ways in which they cannot express sufficient care in their relationships.

The complexity of the problem means that it cannot be solved under a traditional liability model of responsibility. This model, commonly used in legal settings, is designed to assign blame and find fault in the individual, or individuals, deemed to be causally responsible for the harm. However, in the majority of cases regarding insufficient care, we cannot exclusively use a framework of responsibility that is reliant on identifying an individually responsible agent

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<sup>3</sup> Social-structures are socially caused conditions, such as interconnected processes, relationships, and institutional arrangements that shape the background conditions of society, influencing the range of choices available to individuals. Some examples of social-structures may include government actions and policies, institutions, social norms, and historical precedents. This is a shortened definition of a concept I will define in greater length in section III of this thesis.

because there are numerous reasons for the inability to express sufficient care, particularly reasons regarding social structures that cannot be traced back to a singular responsible agent. With this picture of caring relations as fundamental but inadequately expressed in modern society, there must be something we can do to move forward and attempt to correct this picture.

This thesis takes a feminist approach to structural injustice, arguing that insufficient care is best understood within a framework that acknowledges individual agency and autonomy, and social-structural constraints to expressing sufficient care. Traditional accounts, such as the personal responsibility model, rely on a binary distinction between individual choice and structural causation, failing to grasp how the capacity to care is influenced by relational and structural forces. By drawing on the ethics of care and relational autonomy, I argue that insufficient care is a structural injustice that cannot be remediated by only looking at the problem on an individual level. Instead, I aim to reconceptualize how we think of the disempowered positions of individuals by addressing the broader structural conditions that make it more difficult for individuals to fully participate in caring relationships. To accomplish this aim, I will argue against individualistic conceptions of persons in relation to the social world, namely atomistic conceptions of persons that view individuals as constitutively distinct from social contexts and relationships; I will also argue against individualistic notions of autonomy as something that can be cultivated and exercised without reference to the social world. Instead, I will argue that we must adopt a relational perspective that recognizes how social-structures influence individuals' capacities to actualize caring relations. My argument ultimately seeks to reframe insufficient care as a matter of justice, rather than a failing at the individual level, and to propose a way in which we can attempt to change social-structural conditions so that care can be more easily expressed.

In this thesis, I will argue that insufficient care is a structural injustice which cannot be properly addressed via a model of personal responsibility, but instead can be understood using relational autonomy under an ethic of care. To make this argument, I will introduce care ethics, using Virginia Held's work, by arguing for care as a practice and value, articulating the central features of a care ethic, and crafting a normative framework through which to demonstrate what adequate expressions of care entail and why they are important. In sections III and IV, I will argue personal responsibility is conceptually flawed in cases of structural injustice, and in section V, I will argue that it is also practically harmful. In section III, I will rely on the work of Iris Marion Young to critique a model of personal responsibility for its inability to address the complexity of insufficient care, particularly how social-structural background conditions shape and constrain individuals' capacities to engage in caring relationships. In section IV, I will connect this same model of personal responsibility to a view of individuals in society as individualistic and atomistic; I will argue against claims of atomism but will contend that a view of individualism is still necessary to mitigate the harms associated with insufficient care in structural injustice; this view of individualism must be rooted in relational autonomy in making reference to the social world, instead of being grounded in extreme forms of individualistic autonomy as critiqued in section III. This form of individualism will encourage individuals to exercise their autonomy *despite* coercive social influence, instead of idealizing autonomy as able to be conceptualized and exercised without reference to a social context. In section V, I will argue that personal responsibility is practically harmful as it perpetuates injustice by not addressing the social-structural context in which insufficient care as an instance of structural injustice arises. In section VI, I will offer resolutions to this problem by returning to care ethics. I will argue that fostering autonomy, under a relational framework, to combat social-structural influence is necessary to mitigate the harms of inadequate expressions of care. I will conclude

with a specific example of how people are attempting to change social-structures to reflect a broader commitment toward care and contend that sufficient care is necessary for a society if individuals in that society are to flourish due to the ability of individuals to be cared for and care for those who depend on them.

## II. The Ethics of Care

Discussions of care as related to morality emerged in the work of Carol Gilligan<sup>4</sup> and Nel Noddings<sup>5</sup> in the mid 1980s.<sup>6</sup> In Gilligan's work as a psychological researcher, under the direction of Dr. Lawrence Kohlberg, she challenged Kohlberg's model that moral development moves toward universalized and abstract thinking. She proposed that the "care perspective" is also an equally valid form of moral reasoning focused on relational contexts rather than abstract principles. Noddings built off this understanding by introducing care as a type of feminine ethic rooted in relational contexts with particular others. Many philosophers<sup>7</sup> agreed with Gilligan's critique of traditional notions of moral reasoning and Noddings' work in crafting an ethic of care focused on relationality and particularity. However, the growth of care ethics also invited scholars to provide different accounts of what care means. For example, political theorist Joan Tronto defines care as, "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web."<sup>8</sup> Conversely, Virginia Held<sup>9</sup> defines care as a practice and value; this is the account of care we will be examining and working under for the duration of the thesis. Under Held's view, care is an other-directed labor that embodies the value of care through fostering relationships that exhibit sensitivity, trust, and mutual concern. Though care theorists articulate

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<sup>4</sup> Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge, MA: Harvard University Press, 1982).

<sup>5</sup> Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (University of California Press, 1984).

<sup>6</sup> Rosemarie Tong, "Chapter 5: Care-Focused Feminism" in *Feminist Thought: A More Comprehensive Introduction*, (Westview Press, 2009).

<sup>7</sup> On the work of other pioneering care theorists, see: Virginia Held, *The Ethics of Care.*, Eva Feder Kittay, *Love's Labor.*, Sara Ruddick, *Maternal Thinking.*, and Joan Tronto, *Moral Boundaries*.

<sup>8</sup> Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993): 103.

<sup>9</sup> Virginia Held, *The Ethics of Care: Personal, Political, and Global* (Oxford University Press, 2013).

care differently, a common thread throughout their writing is that care is important in sustaining, developing, and ultimately, empowering individuals to flourish. Thus, in not being able to express sufficient care, the flourishing of individuals will not be possible.

Before I go on to critique a model that does not address or remedy the problem of insufficient expression of care, clarifying the meaning of care and the normative prescriptions that it entails is necessary. It will be important for this project to give an account of care ethics, then to use this understanding to inform our critiques of personal responsibility that will be addressed in section III. Additionally, analyzing Held's care ethic will be necessary to understand what adequate care looks like and why it is important. In this section, I will dive into care ethics by first, describing the core features of a care ethic according to Held's account, namely the focus on relations with particular others, the situated context of moral decision-making, and the relational self that undergirds these notions of care, context-dependency, and particularity. I will introduce Catriona Mackenzie's conception of relational autonomy<sup>10</sup> in the application of this understanding of the relational and embedded self to ideas about self-determination. Next, I will detail the meaning of care as both practice and value. Then, I will explain what the normative prescriptions such a meaning of care would entail; specifically, I will argue that care ethics requires the nurturing or fostering of mutually beneficial relations of care.

In her account of care ethics, Held describes some of the core features of a care ethic. She argues that the central focus of care ethics is about the moral importance of addressing and fulfilling the needs of specific individuals for whom we are responsible or who depend upon us. Held states that all individuals are dependent upon others for many years of their lives and care during this time of dependency is crucial for further development and flourishing.<sup>11</sup> Since the

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<sup>10</sup> Catriona Mackenzie, "The Importance of Relational Autonomy and Capabilities for an Ethics of Vulnerability" in *Vulnerability: New Essays in Ethics and Feminist Philosophy*, (Oxford University Press, 2014).

<sup>11</sup> Held, 10.

demands of the dependent are necessarily tied to their well-being, meeting these needs is moral; for example, if the needs of a dependent went unmet, compromising their well-being, in many cases it would be morally wrong of the depended upon individual not to respond to that need.

Further, fostering these caring relations carries significant moral weight as they enable humans to survive and flourish; this connection between caring relations and the flourishing of individuals, as argued by Held below, will be a continuing theme of this section. Held writes, “Prospects for human progress and flourishing hinge fundamentally on the care that those needing it receive, and the ethics of care stresses the moral force of the responsibility to respond to the needs of the dependent.”<sup>12</sup> Not only does this feature of care ethics demonstrate the importance of care for the well-being of others, but it also shows the focus of care ethics on particularity. Care ethics focuses on the needs of particular others with whom we are in relations or who depend on us. Held writes, “the ethics of care starts with the moral claims of particular others, for instance, of one’s child, whose claims can be compelling regardless of universal principles.”<sup>13</sup> Care ethics centers on the ethical obligations toward particular others, as opposed to abstracting from situations when making moral decisions. This focus on particularity leads us to another feature of care ethics: its focus on the situated nature of relationships and context-dependency that is involved within moral decision-making.

Another central feature of care ethics, on Held’s account, is the rejection of abstract reasoning in making moral decisions. Held argues this happens when these dominant moral theories give universalistic principles priority over relationships with particular others. Held believes dominant moral theories, such as Kantian or utilitarian ethics, that rely on universal

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<sup>12</sup> Held, 10.

<sup>13</sup> Held, 10.

moral law or universal moral language, are not able to accommodate relations with particular others as this attention could result in bias or arbitrariness. Held writes:

“the ethics of care rejects the view of the dominant moral theories that the more abstract the reasoning about a moral problem the better because the more likely to avoid bias and arbitrariness, the more nearly to achieve impartiality. The ethics of care respects and integrates rather than removes itself from the claims of particular others with whom we share actual relationships” (Held 2013, 11).

Held believes these dominant moral theories aim to achieve impartiality by arguing that morally justified actions are only those which are universalizable. Held indicates caring relationships are constitutive of flourishing for the individuals within them; this idea of the centrality of caring relationships for the flourishing of individuals within them is an idea that will be repeated throughout this thesis. Thus, to give abstract principles priority over the particular relations in every instance is a mistake. Further, the ethics of care rejects the centrality of abstraction to ethical decision-making; care ethics, in line with other feminist moralities, would encourage moral understanding to involve an attention to particulars, that is, context-specificity.<sup>14</sup> Dominant moral theories involving only abstraction via universalization, may not be able to attend to the particularities that come from being in relation to others and the context in which those relations are embedded. When thinking about particulars and the embeddedness of individuals in certain relations and contexts, Held argues that the ethics of care would view people as fundamentally relational.

The last of the core features of Held’s care ethics I will touch upon is her argument for the view of the individual as relational under an ethics of care. Held argues against understanding society as made up of “the self-sufficient independent individuals of dominant moral theories”<sup>15</sup> and instead urges for a view of individuals as constituted by interdependent relationships. While

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<sup>14</sup> Held, 11.

<sup>15</sup> Held, 13.

it is clear that we are relational in that we come into the world as causally dependent on others, we also are constitutively interdependent. On this point, Held writes, “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 lives. That we can think and act as if we were independent depends on a network of social relations making it possible for us to do so. And our relations are part of what constitute our identity.”<sup>16</sup> As individuals, we are constituted by the relations of which we are a part as well as the context in which those relations arise. Individuals are not fundamentally decontextualized, self-sufficient, and independent, but instead our very identity is made up by the social world in which we are embedded. For example, my identity is directly made up by my relationships with my family, friends, where I grew up, my history, and many other facts about the social world that shape and constitute my identity. Further, our embeddedness in a network of social relations influences our capacities and choices. This is not to say that we are without autonomy,<sup>17</sup> or an ability to make choices that reflect self-determination and align with our wants, goals, and values. On the contrary, to effectively challenge oppressive or coercive social influences, we must understand autonomy as dependent upon our causal interdependence and social constitution.

An understanding of the self as relational may seem to give way to the idea that we are not autonomous individuals given our social constitution, instead of being self-sufficient individuals. However, a relational self would not mean that social facts are governing our choices in such a way where individuals have no capacity for self-determination. Instead, the idea of a relational self would demonstrate how autonomy is constituted by the social world and

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<sup>16</sup> Held, 13-14.

<sup>17</sup> In another work, *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, Mackenzie and co-author Natalie Stoljar, describe the core idea of autonomy as self-determination or self-government. While autonomy may be construed differently in various contexts, such as an individual right in liberal political theory or as informed consent in bioethics, the common theme in these contexts reflects the defining characteristic as self-determination that run through these differing definitions (Mackenzie and Stoljar, 5).

relationships in which we are embedded. Catriona Mackenzie articulates a conception of relational autonomy that aligns with the ethics of care view of individuals as relational in both senses that Held describe – causal and constitutive interdependence. She argues that the ideal of autonomy must be understood as immersed in the social world, not in isolation from it. In order to be able to make autonomous decisions, individuals must possess an array of skills and capacities such as, “reasoning skills and the ability to understand and process information; capacities to question and reflect critically upon social norms and values”<sup>18</sup> and numerous others that reflect the ability to self-reflect and imagine the consequences of actions. These capacities and skills are developed and supported through social relationships and enable individuals to make autonomous decisions. Thus, these social relations provide the necessary pre-conditions for the developing and exercising of autonomy.<sup>19</sup> Autonomy is causally dependent on interdependent relationships as the ability to act autonomously is shaped by one’s social context, relationships, and background. In this way, autonomy presupposes embeddedness in social relations as individuals are never wholly detached from the social conditions that shape their capacity for self-determining choice and action. However, autonomy is not just causally dependent, or contingent, on interdependent relationships, but autonomy itself is constituted by these relationships.

Autonomy is constituted by social relationships, meaning that it cannot be understood solely as a capacity causally dependent on others to be developed and exercised; autonomy is both causally and constitutively relational. If we were to understand autonomy as solely causally dependent on others, this would entail that autonomy is still an individualistic trait in which can be developed with assistance from others but exercised by an individual alone. In other words, if

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<sup>18</sup> Mackenzie, 42.

<sup>19</sup> Mackenzie, 43.

we conceive of autonomy as merely causal dependent on others, such that individuals acquire it through developmental support but exercise it independently, we risk speaking about autonomy in individualistic terms. This view treats social relationships as instrumental rather than constitutive, and ultimately supports the view of the self as a self-sufficient who acts in isolation; I will go on to critique this view of the self in later sections of this thesis. However, a genuine relational account of autonomy must instead understand autonomy as both causally developed and continually enacted within a web of social relationships and conditions.

Causal and constitutive relationality are not mutually exclusive, however, as relational autonomy requires both components as central to understanding and exercising autonomy. Instead, relational autonomy would entail that autonomy is constituted by social relationships in that autonomy is realized and emerges within relationships. The reason autonomy is not simply causally relational, but also constitutively relational is that autonomy requires recognition from others. Mackenzie writes, “To lead a self-determining life requires not just having the capacities and opportunities to do so but also regarding oneself, and being recognized by others, as having the social *status* of an autonomous agent.”<sup>20</sup> In this quote, Mackenzie is describing how autonomy is causally relational in that autonomy depends on social relations with others and also constitutively relational as autonomy is made up by the recognition from others as autonomous. Mackenzie notes the constitution of autonomy through social relations stating, “this status dimension of autonomy is constituted intersubjectively in social relations of recognition, it is vulnerable to others’ failures, or refusals, to grant us appropriate recognition in a range of different spheres.”<sup>21</sup> Autonomy does not exist individualistically, outside of social relationships, but only through intersubjective recognition in social relationships is autonomy fully realized.

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<sup>20</sup> Mackenzie, 44.

<sup>21</sup> Mackenzie, 44.

For example, in relationships of inequality or oppression, the individual is not recognized in their status as autonomous. Individual autonomy can still be exercised, but this is only made possible by the relational recognition of autonomy that is constituted by social relationships. In other words, if there were no social relationships, there would be no recognition of autonomy, thus no individual autonomy.

Further, this understanding of autonomy as both causally and constitutively relational gives a richer understanding of how our autonomy is influenced by the social world and social facts as our decisions are also made in a social context. On this, Mackenzie writes:

“neither our choices nor these aspects of the self are sui generis; rather, they are shaped and constrained by the social relationships and environment in which they are embedded. We form, sustain, and revise our self-identities in relational connections to specific others, and we negotiate our sense of individual selfhood in a specific geographical, historical, and political context and in relation to intersecting social determinants, such as gender, race, ethnicity, ability, and class. These factors provide the context for our choices, which are both enabled and constrained by the opportunities made available within the social environment” (Mackenzie 2014, 43).

Our relationships create the necessary pre-conditions for the exercising of autonomy, both causally and constitutively, and are able to acknowledge the social environment in which we make decisions gives a broader understanding as to how our autonomy may be affected. To say that autonomy is a primarily individualistic capacity provides an unattainable standard as exercising autonomy requires acknowledging the social relationships that make autonomy possible and the specific social context in which autonomy is expressed; individuals will always be making decisions in a social environment that will affect the range of options available to them. Relational autonomy aligns with the ethics of care, as both support a conception of the individual as most primarily and fundamentally relational. Held supports this endorsement of relational autonomy: “the autonomy sought within the ethics of care is a capacity to reshape and cultivate new relations, not to ever more closely resemble the unencumbered abstract rational

self of liberal political moral theories.”<sup>22</sup> The ethics of care would advocate for this particular view of autonomy that acknowledges the social constitution and context of choice over one that sees individuals as of primary importance over and above relations, able to exercise autonomy without acknowledging social relationships, and other ideas tied up to extreme forms of individualism in relation to autonomy.<sup>23</sup> Care ethics critiques this view of individuals as primary by rejecting the idea that individuals are complete in themselves without reference to social and relational contexts that constitute their identity and causally influence their capacities and development; instead, care ethics advances a view of individuals as fundamentally relational in which what it means to be an individual, in the most fundamental sense, is constituted by relationships to others and being embedded in a social context. In sections III and IV of this paper, I will support this claim further by arguing against an atomistic conception of persons. As I have detailed the core elements of care ethics and its applications, it is important to understand what care is and how it manifests in everyday life.

Care can be understood as both practice and value. For Held, care cannot be seen solely as a virtue or as an attitude, as some have argued.<sup>24</sup> Held argues against care as a virtue involving altruistic attitudes and psychological motivations; she believes care extends past individual dispositions and instead involves the relations between persons.<sup>25</sup> Care characterizes relationships, instead of the individuals within them.

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<sup>22</sup> Held, 14.

<sup>23</sup> This picture of autonomy as tied up to the atomistic individual is one in which I, following other care ethicists criticizes. For example, in her 1992 work, *Situating the Self*, Seyla Benhabib critiques the concept of the autonomous man in the social contract tradition ranging from Hobbes to Rawls. Specifically, Benhabib describes Hobbes’ depiction of the autonomous man sprung out of the earth, like a mushroom, without engagement from others (Benhabib, 156). This view of autonomy is the one in which I am referring to throughout this thesis – a view of autonomy which is highly individualistic which emphasizes the autonomous person as existing independent of concrete connections and relationships with particular others.

<sup>24</sup> For care as a type of virtue see: Michael Slote, *Morals from Motives*. Oxford University Press, 2001., Lawrence Blum, *Moral Perception and Particularity*. Cambridge University Press, 1994. For care as a type of attitude see: Selma Sevenhuijsen, *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality and Politics*. Routledge, 1998.

<sup>25</sup> Held, 34-35.

Additionally, care is exemplified in practice. Care is an other-directed labor seen in the context of a relationships with others. To care is to care for something or someone; it is a kind of labor that requires effort. It is inherently relational as it involves the interconnectedness of multiple individuals – one must care about or care for something in the context of a relationship. However, care is deeper than just a relational attitude, it involves interdependence where there is a shared commitment toward the other – taking their interests as your own. Care is conceptually tied to relationality as one cannot just care without this care emerging in a relationship; this idea is connected back to Held’s belief that care extends past individual dispositions and instead, characterizes relations. Care, as a value, emerges in particular types of relationships, not just as a characteristic of the individuals in relationships. Some relations between persons may be criticized for being oppressive, manipulative, or antagonistic; these are relations where the value of care is not guiding the relation.<sup>26</sup> Caring practices, or caring relations, embody and are guided by the value of care. Held writes, “Practices incorporate values but also need to be evaluated by the normative standards values provide.”<sup>27</sup> It is not enough to say that care is simply a practice as this labor could not adequately meet the demands of care; care is also a type of value that guides this labor and demonstrates how caring relations ought to be encouraged.

When first discussing the value of care, Held compares care to justice as both operate as a practice and moral value. She states, “A given actual practice of justice may only very inadequately incorporate within it the value of justice, and we need justice as a value to be able to evaluate such a practice”<sup>28</sup> Justice, as a value, has certain characteristics that it highlights from the “overall moral spectrum” such as fairness or equality. Care is analogous to justice in this

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<sup>26</sup> Held, 37.

<sup>27</sup> Held, 38.

<sup>28</sup> Held, 38.

way.<sup>29</sup> Care also is a practice seen in the work of caregiving; however, this practice also needs normative standards provided by the value of care to see if the practice of care is embodying the value of care. Just as justice picks out fairness and equality, care picks out sensitivity, trust, and mutual concern as standards to evaluate practices of care-giving. Care is a value that sets normative standards through which to guide and evaluate relationships. These standards acknowledge the interdependencies of the individuals within the relationship. The relationship must be trusting, sensitive, and exhibit mutual concerns as when these aspects of the caring relations are compromised, the flourishing relationship is compromised and then, the flourishing of the individuals within it may also be compromised.

In other words, when the caring relation is flourishing by meeting the evaluative standards of care, this is emblematic that the individuals within the relation are also flourishing. When the practice of care successfully embodies the value of caring – caring relations – we should find these relationships valuable and worth cultivating. The value of care aims to foster positive, nurturing relationships as caring relations are valuable.<sup>30</sup> Care and caring relations are constitutive of a flourishing life as these relationships can allow us to build meaningful connections with others, foster our capacities, enable us to have our needs met, and ultimately infuse our lives and identity with meaning. Caring relations involve the interdependencies of the parties involved; the well-being of the people involved in the caring relationship are interdependent on one another. Caring relations rely on interdependent relations with others for the reasons listed above, such as for identity, meaning, having their needs met, and to foster

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<sup>29</sup> Many early debates about the ethics of care focused on its contrast with an ethic of justice. In her book, *Care, Autonomy, and Justice*, Grace Clement argues that the two ethics have different features such as their abstractness or concreteness, their priorities, and their conceptions of the self (Clement, 5). Clement mirrors Held's point in that the two ethics have similar questions they focus on but are different in the ways they approach and answer these questions. However, the two ethics have overlap in certain areas. For example, Clement argues that the ethic of justice and the ethic of care both accommodate autonomy as an ideal, though do so with different constructions of the self. The ethic of care focuses on a relational account of the autonomous self, whereas the ethic of justice sees autonomy with regard to a more individualistic framing of the self (Clement, 21).

<sup>30</sup> Held, 36.

important capacities like autonomy. Given the importance of interdependent caring relations for these reasons, these relations are constitutive of a flourishing life.

In sum, care is an ongoing practice that manifests in relationships, but also a value that guides and embodies this practice. Further, when successfully implementing the value of care into the practice of care in caring relations, we will find these interdependent relations valuable as they are constitutive of flourishing. Caring relations, embody the value of care by demonstrating a moral commitment to the fulfillment of the needs of others with whom we are interconnected. Care ethics encourages the cultivation caring relations that foster mutual well-being. As we saw above, caring relations are constitutive of flourishing as they promote the well-being of the individuals in the relationship by infusing their lives with meaning, enabling their needs to be met, and fostering capacities. A way to gauge whether these relations foster well-being, that is if they are caring, is if they are characterized by the normative standards care provides. Held believes some of care's standards to include "sensitivity, trust, and mutual concern."<sup>31</sup> However, care is not limited to these characteristics, but also numerous others as we will see below. Let's look at an example to further understand care as both practice and value, and the value of caring relations.

A healthy relationship between parent and child is often characterized as a caring relationship. The parent participates in an other-directed labor to care for the child. In other words, the parent engages in a practice of care toward the child. The labor is guided by the value of caring; the parent strives to act in a caring way that prioritizes the needs of the child with whom the parent is in relation; both the parent and child are interdependent in ways that make their well-being inseparable. The relationship prioritizes the well-being of both the parent and child as both are interdependent in such a way where the actions of either are able to affect the

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<sup>31</sup> Held, 38.

well-being of the other. Their individual flourishing is constituted by the caring relationship – characterized by trust, sensitivity, and mutual concern – which enables them to experience security, fulfillment, and development. For example, the parent’s well-being is not only compromised when the child’s needs are unmet due to guilt or a sense of failure, but their identity as a caregiver is inseparable from the well-being of the child. Additionally, the child’s well-being is causally shaped and constituted by their trust and reliance on the parent to meet their needs and help them develop the capacities necessary to live a meaningful life. In this way, the flourishing of the individuals is caused and constituted by the flourishing of the relationship. A caring relationship is not just instrumental to well-being, but also provides the basis to make that well-being possible. Relational flourishing is constitutive of individual flourishing as it provides the fundamental basis for our individual flourishing to manifest.

From the discussion of care as a practice and value, there is an understanding that caring relationships, such as the relationship of the parent and child, are practices that embody the value of care as care guides the relation to flourishing by exhibiting sensitivity, trust, and mutual concern. Care ethics encourages the cultivation of these caring relations. If the relationship between the parent and child does not foster mutual well-being, the relationship cannot be considered a fully caring one and thus is not a relationship that should be cultivated in its current form. An example of this relation not being considered a wholly caring relationship could be one where sensitivity is insufficiently expressed. When the relationship itself lacks sensitivity to the needs of one of its members, such as the previous example where the parent let the child’s needs go unmet, it is not simply about the fact that the child’s well-being is compromised, but rather that the decline of the caring relationship demonstrates a fault in one of the necessary conditions for individual flourishing, or in this instance, the flourishing of the child. The child’s well-being is more than simply causally affected by the relationship but is constituted within it.

When sensitivity is absent from the relation, the mutual well-being of its members is absent, thus the relation is less caring than it would be if the relationship was sensitive. Further, it is not a relationship, as it is, that should be cultivated under a care ethic, but that is not to say that this relationship should end. But rather, that there should be changes made to the relation to bring it closer to a caring relation. If the relationship becomes more sensitive to the needs of the individuals within it, such as the parent being sensitive to the needs of the child, the relationship becomes more caring. When the relation becomes more characteristic of care, such as a relation that is trusting, sensitive, and mutually beneficial, it becomes more emblematic of a caring relation that enables the individuals within it to flourish. It is worth noting here that mutual, or reciprocal, care does not necessarily mean identical expression in caring relationships. Reciprocal care does not entail that the care be expressed uniformly between the members of the relationship. If the child, of the previous example, was an infant instead of a teenager, the care expressed would look quite different from the care the parent is expressing toward that infant. What is important about the aspect of mutuality in care is not so much that it is equal, but that the care expressed demonstrates a responsiveness in the flourishing of the relationship members. For example, while an infant cannot care for their parent in the same way the parent cares for them, the parent's flourishing is impacted by the child. The infant's mere presence and growth can impact the parent's well-being. In this way, both the parent and child contribute to the relationship, and the mutuality of care lies not in the equal expression of care, but in the responsiveness with regard to flourishing that characterize the relationship. While the child may not be able to reciprocally care for the adult in the same way, changes to the flourishing of the adult demonstrates a responsiveness implying that the child is caring for the adult in some way, though this may not be the same kind of care; the child is giving something to the relationship

just as the parent is, thus maintaining the characterization of the relationship as involving mutual care.

These caring relations are constitutive of a flourishing life and, thus are encouraged and cultivated under an ethic of care.<sup>32</sup> This discussion and example suggest that care can be understood both as a practice or labor that embodies the value of care; the value of care guides these relations and aims to turn them into caring relations. Further, these caring relations are valuable as they are constitutive of a flourishing life and are encouraged under an ethic of care. With this understanding in mind, I can now turn to crafting a normative account by taking insights from these discussions to find what care ethics would prescribe.

Normatively, care, and care ethics, would have us prioritize, foster, and nurture caring relationships that promote mutual well-being, or flourishing.<sup>33</sup> As mentioned above, a way to gauge if relations are emblematic of flourishing is if these relations are caring and involve characteristics of care such as sensitivity, trust, mutual concern, and other caring characteristics such as responsivity or attentiveness. Held supports this point by saying, "Relations between persons can be criticized when they become dominating, exploitative, mistrustful, or hostile. Relations of care can be encouraged and maintained."<sup>34</sup> When determining which relations

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<sup>32</sup> In writing about normative foundations in the ethic of care, Tove Pettersen describes the normative basis in which Held's care ethic resides upon as "the flourishing strategy" (Pettersen, 33). Though Pettersen is writing about Gilligan's ethic of care, Held employs a similar strategy for carving normativity into her account of care. Pettersen writes, "One of the reasons Gilligan gives for why care is recommended is its assumed beneficial consequences – for individuals as well as for society" (Pettersen, 33). Pettersen relates these good consequences to well-being and well-being as tied to flourishing as it involves a particular feature of human welfare in the interconnectedness of people. Pettersen writes, "'Well-being' is nevertheless not understood in a hedonistic sense; it does not signify pleasure, but to thrive and grow" (Pettersen, 33-34). Thus, the normative foundation of the ethics of care for Gilligan, and subsequently Held, is about the conception of the self as relational and interconnected and when this interconnection is caring, it is constitutive of the flourishing of individuals and society.

<sup>33</sup> Though Held does not explicitly write this normative account, her writing about the necessity and importance of caring relations for human flourishing give way to this understanding. If caring relations are constitutive of a flourishing life, as she argues, then normatively, we ought to cultivate to these relations. Further, numerous care ethicists argue for the cultivation of caring relations for the betterment of society. Joan Tronto in her book, *Moral Boundaries* argues for care to be seen as a political and moral ideal in which meeting the needs of others is "the highest social goal" (Tronto 1993, 175). Additionally, Nel Nodding's *Starting at Home* describes the positive implications for society when caring relations are cultivated and at the forefront of public concern.

<sup>34</sup> Held, 37.

should be fostered and which should be avoided, we should look to see if the relation is caring. Further, when looking at relations as either worth fostering or criticizing, the ethics of care would acknowledge that these relations are with a particular other in a specific context thus determining if the relation is a caring one must involve looking at the relation with context sensitivity so to best understand the particularities of the given relationship and situation.

On a broader level, care ethics would call for the prioritizing of these caring relations, not only interpersonally, but also societally. As seen above, care ethics recognizes that individuals are constituted by networks of interdependency and mutual reliance. These relations are fundamental to who we are as relational beings and also are tied to our ability to progress and flourish, thus they ought also to be prioritized in society. When people are not able to participate in caring relations, they are not able to flourish to the highest degree as caring relationships are necessary for flourishing. Care is constitutive of a flourishing life; caring relationships allow individuals to be supported, have their capacities developed, feel a deep connection to others, and promote the well-being of the individuals within them. Therefore, individuals should have the capacity and ability to express sufficient care by participating in caring relations. When individuals are unable to express their capacity to care, there may be several reasons for this failure. For example, they may be burnt out emotionally and do not feel they can participate in a relationship in a way that would be characteristic of care such as by creating a trusting relationship. Alternatively, an individual may make choices that do not align with expressing care such as never attempting to make time to participate in a relationship sufficiently. However, when individuals have the intention to express sufficient care but are unable to do so because they have been structurally positioned in such a way where their capacity to be able to participate in caring relations has been limited, there are structural issues that must be examined.

In this section, I gave some background into care ethics by describing Held's care ethics, its normative prescriptions, and its account of care as well as caring relationships. As we saw, caring relationships are central to our life for numerous reasons, and individuals should be encouraged to cultivate these types of relationships. The problem with how care is expressed today is that social-structures position individuals in ways that undermine their ability to cultivate and sustain caring relations. The capacity to engage in these relationships is not a matter of individual willingness but is shaped by structural conditions that limit participation in caring relations. When individuals are prevented from realizing caring relations due to these structural constraints, they are harmed – they are separated from others when individual well-being and the ability to survive, progress, and flourish depends on our ability to participate in caring relations. Individuals must be able to participate in caring relations, so the individuals within them are able to flourish, but in instances of insufficient care, this capacity to express sufficient care by participating in caring relations is being unjustly limited.

### III. Personal Responsibility as a Problematic Framework for Addressing Insufficient Care

As I have detailed what sufficient care looks like and the significance of caring relations, I will now turn to exploring one approach, personal responsibility, to address the problem of insufficient care. Personal responsibility is a framework often used to assign fault and accountability when considering social problems, such as insufficient care. Though personal responsibility can be a helpful way to understand and remediate one-off occurrences where there is a clear causal path to finding the blameworthy party, it is not enough to understand larger instances of injustice. In this section, I will argue that personal responsibility is a problematic framework for understanding and ameliorating the problem of insufficient care as personal responsibility does not address the numerous factors at play in insufficient care, specifically the unjust background conditions created by social-structures that allow individuals to be placed in positions where their capacity to participate in caring relations is severely limited. To make this argument, I will first explain the framework of personal responsibility from the political scientists who sustain relevant notions of personal responsibility in their work: Charles Murray<sup>35</sup> and Lawrence Mead.<sup>36</sup> Then, I will describe and explain Iris Marion Young's critique of Mead and Murray's work; during this explanation, I will introduce important concepts such as "social-structures" and "agency." I will build off of Young's critique, connecting this critique to the problem of insufficient care. Lastly, I will briefly tie the model of personal responsibility to views of individuals as atomistic and individualistic then expand upon this critique in section IV. Let's look at the work of Mead and Murray with a focus on how personal responsibility manifests in their work.

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<sup>35</sup> Charles Murray, *Losing Ground: American Social Policy, 1950-1980* (New York: Basic Books, 1984).

<sup>36</sup> Lawrence Mead, *Beyond Entitlement: The Social Obligations of Citizenship* (The Free Press, 1986).

In his 1986 work, *Beyond Entitlement*, Lawrence Mead examines issues regarding American welfare and unemployment policy. Mead argues that the rise of welfare dependency and unemployment during the 1960s – particularly the period of the Great Society – and 1970s can be attributed to the permissiveness of federal programs that support lower-income and disempowered individuals.<sup>37</sup> These permissive policies allowed individuals to become dependent on them with no incentive to improve their position: “dependent groups are shielded from the pressures to function well that impinge on other Americans.”<sup>38</sup> His ultimate solution to this problem is to require Americans to work, instead of simply supplementing their lives with more federal assistance.<sup>39</sup> He claims that, “What undermines the economy is not so much the burden of the private sector as the message government programs have given that hard work in available jobs is no longer required of Americans.”<sup>40</sup> In sum, the problem with welfare policy is not so much the scale, but the permissiveness of these policies in not setting high bars for people to work hard toward. The goal of Mead’s recommended policy changes would be to simulate the conditions which individuals outside the welfare system face, thus easing the transitions of those within it as they move beyond the welfare system.

Similar to Mead, Charles Murray also analyzes welfare policy during the period of the Great Society in America. Murray believes the problem with this period is that it incentivized short-term behavior that only created more low-income individuals in the future.<sup>41</sup> Rather than helping those who depend on welfare, the welfare system perpetuates their disempowered position. By transferring wealth, values that once helped people leave the welfare system, such as hard work and self-reliance, are no longer encouraged.<sup>42</sup> His solutions are threefold: eliminate

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<sup>37</sup> Mead, 1.

<sup>38</sup> Mead, 2.

<sup>39</sup> Mead, 3-4.

<sup>40</sup> Mead, 3.

<sup>41</sup> Murray, 9.

<sup>42</sup> Murray, 186-191.

Affirmative Action, impose a voucher system so individuals have more freedom regarding education, and completely scrap the welfare system.<sup>43</sup>

Both authors believe that welfare policy within the United States went awry in the 1960s and 1970s, with the Great Society, where policy was aimed at reforming American society rather than simply regulating the economy.<sup>44</sup> Mead believes this led people to start attributing responsibility to the government for the disempowered positions of individuals without acknowledging the individual reasons for problematic social conditions;<sup>45</sup> further, individuals were not given standards to meet when relying on social assistance, thus they became privileged and entitled.<sup>46</sup> Individuals began to hold the government responsible for injustices, whereas Mead believed these issues could be attributed to individual action and addressed via personal responsibility. These characterizations of injustice by Mead and Murray as either the result of social-structures or individual actions creates an oversimplified framework for understanding responsibility. This false dichotomy treats structures or individuals as entirely separable entities in which one is solely responsible while the other is absolved.

Murray, similar to Mead, saw values prior to the 1960s, where ideal citizens were seen as self-sufficient members of society, as the standard to be replicated; when these people needed help, they would depend on their family or others in their sphere of moral responsibility, instead of blaming the state for the harm and holding the state as responsible for alleviating their situation in the form of social assistance. This limited scope of moral responsibility is perpetuated by the self-sufficient rhetoric as responsibility is maintained at the individual level instead of spreading out across both individual and structures. Self-sufficient individuals do not

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<sup>43</sup> Murray, 219-236.

<sup>44</sup> Young, 12.

<sup>45</sup> Mead, 13.

<sup>46</sup> Mead, 2.

depend on anything but themselves and when absolutely necessary, other individuals in their close circle; in this way, they are only responsible for themselves for themselves and the limited sphere of others in which they may depend on, such as their family or close friends. Thus, by viewing people as self-sufficient and not dependent on others except in extenuating circumstances, the limited scope of responsibility is perpetuated by viewing others as self-sufficient who do not need anyone to take responsibility for them. This focus on self-sufficiency absolves structures of being examined under the lens of justice by keeping the analysis of responsibility to the individual level in which the self-sufficient individual takes personal responsibility for themselves and their limited scope of other moral responsibility. Additionally, Murray believed America had already reached equal opportunity after the civil rights movement thus, there was no need to consider social-structures, like government institutions, might be unfair when producing inequitable outcomes or behavior.

As we saw above when referencing family as included within an individual's sphere of moral responsibility, Mead and Murray do acknowledge a kind of reliance and dependence is, at least partially, acceptable under their view. If individuals need help, they should depend on those within their close circle, such as their family, not the state. The individual is seen as the locus of importance and their relationships of dependency to others are not always necessary. When individuals have to rely on others, it is with reluctance. This reluctant dependence on others in times of need, reveals the view Mead and Murray hold about, what I have called previously, caring relations. Mead and Murray see dependence on others as something that is necessary only in times of need, rather than as constitutive of their identity, life, and flourishing. Contrast this view with caring relationships where individuals are interdependent on one another in such a way that the flourishing of one constitutes the flourishing of another; recall, these relationships are characterized by sensitivity, trust, and mutual concern. However, in the familial relationship

described by Mead and Murray, the relationship involves a one-way dependency. They value decisions of independence as independence demonstrates the important of the individuals as self-sufficient.

When examining social policy, Mead and Murray presuppose personal responsibility by seeing individuals as responsible for their position in society and also as the primary drivers for alleviating their situation. Though they acknowledge that one may need appeal to social-structures to understand the position of disempowered people, they reduce this idea so much so that it becomes absurd because this appeal to structures prevents responsibility to be taken by the individual. Further, Mead and Murray believe the solution to alleviate these disempowered positions is still the sole responsibility of the individual. This concern is similar to their view on dependency above; while an individual may be able to rely on others during times of needs, they should still work to alleviate their position as self-sufficiency is the standard to be replicated. This point will be important to flag as this sets up Young's critique of the authors' appeal to individuals as the sole cause of disempowerment. Though we will go on to critique these ideas, it is important to note their intentions were not explicitly malicious toward people of lower income when publishing these ideas. Mead contends that permissive welfare policies have shielded individuals from the necessity of hard work, fostering dependency rather than self-sufficiency, while Murray argues that government assistance has eroded the value of personal responsibility. Their rhetoric points to the idea that a prosperous American society is one in which people are fulfilled by working hard in their selected spheres. People are at their best in society when they are self-sufficient without the paternalistic hand of government leaving them dependent and unable to act according to their own beliefs.<sup>47</sup> Murray and Mead abide by the idea that working

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<sup>47</sup> Given this point, it may very well seem that Mead and Murray do not have goals much dissimilar from my own; we both want people to be to act in ways that align with self-determination. Mead and Murray want people to be able to act self-sufficiently and believe the welfare system, as it was, to be counter to that aim. Here is where we

hard can garner an individual the relevant skills and self-sufficiency needed to escape a disempowered position; their policy interpretations and prescriptions reflect this understanding by perpetuating values such as hard work and self-sufficiency. Mead and Murray argue that personal responsibility is the primary determinant of an individual's position in society, such as their social and economic standing.

Mead and Murray's work centers on personal responsibility by idealizing the self-sufficient individual as the ultimate goal to be worked toward by people in disempowered positions. Both authors argue that responsibility should lie primarily with the individual, not with social-structures. They see government as encouraging dependency, rather than promoting personal responsibility. Thus, they imply that justice does not require structural change, but rather a return to personal responsibility. In sum, Mead and Murray support personal responsibility by critiquing welfare policies for encouraging dependency, advocating for independence and self-sufficiency, and rejecting the idea that institutions should be held as primarily responsible for the positions of individuals. Though Mead and Murray do criticize institutions, they do so because these institutions fail to enforce personal responsibility, but not because they are unjust or the cause of injustice. In other words, although Mead and Murray critique institutional policies as enabling dependency, the moral failing and responsibility is on the part of the individual who chooses not to work, not to be self-reliant, or not to take initiative.

Their model of personal responsibility understands a fault or failing of the individual to be the main reason for an individual's circumstances without reference to unjust social-structural

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differ: while our goals may be similar to see people as autonomous, directing their own lives, they take an individualistic account to get there while I foray into the fields of relationality to understand and ameliorate disempowered positions of individuals in society; I see relationships as primary and they see relationships as secondary to what makes individuals flourish. Additionally, they shy away from analyzing social-structures to be the cause of the disempowered positions but posit that it must be some kind of individual behavior or attribute that can explain and mitigate these positions. Instead, I will argue that we must analyze these disempowered positions at the level of the individual and structures, in tandem.

influence for the disempowered position.<sup>48</sup> Put differently, individual choices, actions, and history are the primary reason for an individual to be in a position of vulnerability or exposure to harm. In the example of the insufficient expression of care, when individuals are not able to care for their dependents or themselves, this is due to a fault or failing of their own or another individual, but not because of any social-structural injustice. In this way, personal responsibility omits important details about the individual in a vulnerable position. Specifically, in focusing on failure to satisfy responsibility as a fault of the individual, personal responsibility as a framework leaves out details that may be used to address larger instances of injustice, such as structural injustice. We will see these omissions about social-structural background conditions as we critique the work of Mead and Murray further in this section.

Young, when critiquing the personal responsibility in Mead and Murray's work, argues that focusing on the individual for responsibility omits details about the background conditions, created by social-structures, which produce structural injustice and assumes a mythical version of people as individuals able to internalize the consequences of their actions.<sup>49</sup> To make this argument, Young describes the history, implications, and positions of poverty while critiquing theorists who believe poverty to be a problem addressed solely through personal responsibility. Young critiques the idea that the cause of injustice rests exclusively in individual choices or behavior. She does so by examining and criticizing Murray and Mead. As we saw with Murray and Mead above, these authors create a false dichotomy where the cause of injustice is either individual action or structural causes. Often, however, the cause of unjust social position has to

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<sup>48</sup> When first discussing personal responsibility and its manifestation in welfare policy analysis in the 1980s, Iris Marion Young writes, "Led by some determined conservative academics and policy analysts in the early 1980s, a discourse quickly spread, among liberals as well as conservatives, that the causes of being poor are largely traceable to attributes and behavior of the poor people themselves. On this account, the social segments that tend to be poor do not take as much responsibility for their lives as members of other groups do, and too often they engage in deviant or self-destructive behaviors" (Young, 3).

<sup>49</sup> Iris Marion Young, *Responsibility for Justice* (Oxford University Press, 2013).

do with both individual and structural components. Young contends that this kind of focus on individual action as the sole cause of injustice, without an appeal to social-structures, is wrong – both factors are needed to explain the unjust position in which many find themselves.

“Social-structures”<sup>50</sup> refer to processes of socially caused conditions, such as social relationships and arrangements; these processes manifest in institutions, government action, historical precedents, social norms, educational systems, power dynamics and other interactions that create and shape the background conditions of society.<sup>51</sup> The operation of these social-structures create and influence the background conditions which enable or preclude the necessary preconditions for the possibility of certain actions or choices. Young writes, “The structural account shows what kind of *opportunity* set persons similarly positioned have available to them.”<sup>52</sup> In this sense, social-structures influence individual choice and action by shaping the conditions under which individuals exercise their agency in the formation of their reasons for making or abstaining from certain decisions. By agency, I (following Young) mean the ability or capacity of individuals to make a choice;<sup>53</sup> an individual’s agency may be influenced when their

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<sup>50</sup> For the rest of this thesis, structures and social-structures will be used interchangeably to refer to this definition and meaning.

<sup>51</sup> Though Young does not attempt to define structures in a simple sentence or two, she does write on social-structural processes. She states, “I will describe social-structural processes in four related aspects: (1) as objective social facts experienced by individuals as constraining and enabling; (2) as a macro social space in which positions are related to one another; (3) as existing, however, only in actions; and (4) as commonly involving the unintended consequences of the combination of the actions of many people” (Young, 53). When going over these four aspects, Young cites numerous social scientists who have worked to define and describe social-structures. Specifically, Young uses ideas by Anthony Giddens’ definition of social-structural properties to demonstrate how structures are produced through action in ongoing processes of social relationships and arrangements; these ongoing relations and arrangements produce the background conditions in which shape the possibilities available to individuals when they are taking action or making decisions (Giddens 1979, 1984). Additionally, Young cites Pierre Bourdieu to detail social positions in relation to social-structures. Specifically, using the term ‘position’ abstracts from individualized preferences or attributes and shifts to thinking about individuals as relative to and in relation to others (Bourdieu, 1984, 1990). Taken together – these theories underscore my definition of social-structures to show that social-structures are complex, embedded in particular historical and institutional contexts, and continually produced and shaped by interactions at multiple levels.

<sup>52</sup> Young, 19.

<sup>53</sup> While Young does not give us a clear definition of agency, it is implied that it is tied up to the ability of the individual to make a decision. For example, Young states, “Certainly it is disrespectful to talk about our fellow citizens as though they lack agency, are merely transmitters of social forces around them. Individuals nearly always

reasons for a certain choice are limited or enabled.<sup>54</sup> For example, consider the social-structural process of a nationwide tax on large sodas. The tax is a result of the interaction of numerous elements: government officials may have been consulted to vote one way or another on this tax, the bill may have come up due to the urging of certain health organizations to address public health concerns, and soda corporations may have been involved to try to kill this bill to protect their profits. Social-structures create the background conditions in which people take action within; in this instance, these actions, taken collectively, create a structural outcome that becomes the background conditions for individuals purchasing soda in influencing individual's reasons for buying soda and ultimately, whether they make a choice to buy the soda.

Social-structures create and influence the opportunity set, or range of choices available to people by influencing the reasons for certain decisions and actions in such a way that allows enables or excludes that choice for some individuals. In this way, an individual's agency is influenced by social-structures as their reasons for certain choices are being either limited or expanded. For example, by passing the tax on sodas, sodas have now become more expensive. This consequence – the increased cost – is now factored into the reasons people think about when making the decision to buy sodas in such a way that excludes the possibility for certain impoverished individuals to be able to afford to buy the sodas now. In the relation to the discussion of care, social-structures affect the background conditions and opportunity set for people to either be able to exercise their capacity to participate in caring relations or be

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have options to choose from, however limited, and they act on decisions they make in relation to those options” (Young, 17).

<sup>54</sup> The idea that reasons for actions are linked to agency is supported in many conceptions of agency. For example, in his foundational article, “Actions, Reasons, and Causes,” Donald Davidson details a conception of agency in which reasons for actions, such as pro-attitudes and beliefs, serve as causal explanations for the action. He argues that actions are rationalized through reasons meaning that an agent's reasons for actions causally explain why they act. Notably, Davidson provides a foundational argument for understanding agency as conceptually linked as the capacity to act for reasons, In relation to my argument, when an individual's agency is influenced by social-structures, their reasons for certain actions are being limited or expanded dependent on their social position.

positioned in a way in which it is harder to actualize these relations. Since, social-structures have this influence, they must be assessed under the lens of justice.

Though our example of a nationwide tax on large sodas may not constitute an injustice, the operation of social-structures can serve to create structural injustice. Consider, for example, an industry-wide refusal to participate in a kind of paid family leave program. This decision could have been made collectively by many different actors for many different reasons, most of which may be without malicious intent. However, as a result, individuals in this industry are now in a position where it is harder for them to cultivate caring relations because they cannot care for their family members while having a flourishing relationship emblematic of caring relations as the industry employee may now face financial or temporal restraints that impact their well-being. This example illustrates structural injustice in insufficient expressions of care. We will discuss insufficient care as a structural injustice in more detail in section V of this thesis. As we will come to see, individual action in models of personal responsibility, cannot be the sole reason for the harms of structural injustice, such as disempowered positions of insufficient care, as these positions often involve social-structures and their influence on individual's positions. With this understanding of social-structures, I will now turn back to Young's critique of Mead and Murray.

Young describes the background in which Mead and Murray are writing by detailing a brief history of welfare politics within the United States, carefully noting how there has been a shift away from notions of collective responsibility<sup>55</sup> and more toward individualistic understandings of people in welfare policy resulting in a focus on personal responsibility.<sup>56</sup> This

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<sup>55</sup> This is a central claim in Neil Gilbert's *Transformation of the Welfare State: The Silent Surrender of Public Responsibility* (Oxford University Press, 2002) in which he examines welfare policy in the United States and Europe to find that welfare policy has shifted away from automatic benefits and entitlements, and more toward 'enabling' policies that promote participation in the labor force as grounds for receiving welfare. These policies promote responsibility over broad-sweeping protections.

<sup>56</sup> Young, 9.

shift toward individualism underpins personal responsibility;<sup>57</sup> individualism, in the sense we will see Murray and Mead presuppose, posits that the ideal of individual autonomy is wholly separable from social causal influence. In other words, the ideal of individual autonomy, in this extreme form, argues for an individual's actions without social influence to be the standard of autonomy to be sought. As we saw Mead and Murray demonstrate, institutions may be changed to get individuals more toward this ideal of autonomy with the goal that government may move toward limited influence. Contrast their autonomy with the view of relational autonomy that was written about in the second section of this thesis that posited that autonomy is something constituted by relationships, thus the recognition needed from institutions is required for autonomy in a way that limited government invention is not the primary goal. Instead, relational autonomy would move toward an ideal in which institutions are just so that their constitutive role in autonomy is also just.

Young notes that personal responsibility, in this context, assumes that each person is to internalize the consequences<sup>58</sup> and costs of their choices without expecting help or assistance from others, even if they have suffered harm or a disadvantage.<sup>59</sup> On this view, the individual is only morally responsible for their individual sphere of responsibility but not for collective responsibility, such as the positive responsibility of helping others when they suffer harm. Further on this perspective, assessing moral responsibility for every situation within a society can be determined by delineating the boundaries of each individual's sphere of personal responsibility. To believe that individuals are responsible for their situation forms the foundation

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<sup>57</sup> In his work arguing for individual responsibility, philosopher David Schmitz describes prosperous societies as both individualistic and tied to individual responsibility. He writes, "What strikes me about citizens of prosperous societies, then, is not their individualism so much as their willingness to take responsibility" (9).

<sup>58</sup> Schmitz, as mentioned above, also mirrors this language of 'internalized consequences' in his work. For example, Schmitz writes, "In theory, and sometimes in practice, responsibility is individualized and internalized over time. Increasingly, people pay for their own mistakes and misfortunes, and not for the mistakes and misfortunes of others" (Schmitz and Goodin 1998, 24).

<sup>59</sup> Young, 10.

of personal responsibility that Mead and Murray advocate in their writing. In discussing these authors, Young argues the authors have three problematic presumptions in their work: “(1) personal responsibility and social structural causation are dichotomous, mutually exclusive categories; (2) the background conditions against which people act today are not unjust; (3) policy makers and citizens need only worry about the responsibility of the deviant poor; for the most part, members of the social segments act responsibly.”<sup>60</sup> I will consider each in turn.

First, Mead and Murray believe individual versus social-structural causation to be at odds with each other in mutually exclusive categories. In other words, if an individual is in an unfair circumstance, it is because of their actions, or the result of a social-structural process, but never a combination of the two. Mead believed the Great Society programs of the 1960s and 1970s absolved individuals of responsibility for their choices and life by giving them direct benefits for hardship which were the fault of society, instead of their own choices. Murray shared this idea, arguing that American institutions were no longer viewed as self-correcting. Instead, these institutions were now seen as responsible for helping poor individuals escape poverty, as those same institutions had contributed to placing them in positions of poverty in the first place. Murray critiqued the idea that the position of poverty in which these individuals found themselves was the fault of the state, not their own choices or actions.

Young pushes back on the dichotomy of individual causation in opposition to social-structural causation, emphasizing that individuals are not merely passive bystanders to social-structural processes but have agency – they have the ability to make choices with the options available to them. Individual agency does not stand in direct opposition to the operation of the social-structures around them. Instead, individual agency influences social-structures and their

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<sup>60</sup> Young, 15.

operation. In turn, social-structures influence the agency of the individual by limiting or expanding the reasons for certain actions available to the agent to pick between based on the position they are in. Social-structures create the background conditions in which individuals make decisions, thus an individual's position regarding their opportunity set, or range of choices, is influenced by these social-structures. An individual is still an agent in that they are able to choose from the options available. However, their opportunity set is influenced by social-structures creating the background conditions that position them in such a way where certain decisions are available to them and others are less available to them, or in extreme cases impossible for them to a make self-determined choice by limiting options so severely.

Additionally, individual autonomy is also influenced as autonomy reflects the expression of these reasons for choices. An individual may be able to make an autonomous decision in expressing their agency in a way that aligns with their values or goals, or this expression may be so limited by social-structures that their decisions will not reflect what they truly want.<sup>61</sup> One's range of choices may be so limited that any choice they make may not be one that is self-determined. For example, a single mother working a minimum-wage job with no access to affordable childcare may be torn between attempting to engage with her child in a meaningful way, but her economic circumstances limit her ability to do so. She could choose to work overtime to afford necessities and sacrifice time with her child, or she could be home for her child and risk financial instability. In this instance, she still has agency as she has the ability to make a choice, but the range of choices available is constrained by structural factors such as the lack of affordable childcare or wage inequality. Further, her autonomy is compromised because neither choice available to her fully reflects what she truly wants; her decision is shaped by

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<sup>61</sup> This idea about the influence of social-structures on agency and autonomy will be reiterating toward the end of this section and discussed in greater length in section IV.

external pressures rather than self-determination. In most cases, one cannot delineate what is the sole reason for a decision or action, as individual and social-structural causation will both be factors in the action. Though the example above demonstrates an instance in which agency and autonomy are influenced by social-structures, below I will give an example of when an individual has autonomy, but still faces influences on their agency.

In the example of insufficient care, individual agency may be part of the reason why individuals cannot actualize relations of care. Consider, for example, a father who makes an autonomous choice to work late, instead of going home to make dinner for his family. Social-structures will also influence the agency of the individual – the father feels he should stay late to work because patriarchal ideas of gender roles influence him to believe he should be the primary income earner and his wife should make dinner. His agency is affected by social-structures insofar as his reasons for the decision to cultivate caring relations for his family and participate in domestic tasks are limited by patriarchal social norms that aim to keep his role as producer, instead of someone who is in caring relationships with his family. In this case, the father is choosing between options that are shaped by social-structures; however, he still has agency in which choice he makes given these options. On this point, Young states, “Structures describe a set of socially caused conditions that position a large number of people in similar ways. Nevertheless, each person so positioned is responsible for how she or he takes up these conditions.”<sup>62</sup> In other words, the individual’s agency may be affected in that their opportunity set has been limited or expanded, however, they are still an agent as they have the capacity to choose between these options. As described earlier, the operation of social-structures creates the background conditions in which people make choices. With this in mind, social-structures position people in such a way that their reasons for certain actions are constrained or enabled.

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<sup>62</sup> Young, 19.

Though Mead and Murray posit a binary opposition between social-structural and individual causation, the choices of individuals in these positions are a result of both structural and individual components. Thus, we cannot understand the position of disempowered individuals without reference to both components; we cannot put these components in mutually exclusive categories as Mead and Murray do.

In the instance of the father working late, his agency in addition to the influence of social-structures, primarily patriarchal social norms, put him in a position where he would not be able to cultivate caring relations. The father, as an agent, made a choice not to actualize relations of care by making dinner for his family, however, this choice was heavily influenced by the social-structures around him that uphold patriarchal ideas about gendered division of labor within the household; both individual and social-structural components are necessary to speak to the position the father would be in where he cannot express sufficient care in participating in caring relations with his family. He may be able to practice care by providing his children resources he obtains by working outside of the home, but he would not be guided by the value of care in which his relationship with his kids may be characterized by sensitivity, trust, and mutual concern. For example, he may not be home enough due to his producer role to be truly sensitive to the concerns of his children in a way that would prioritize their well-being. As a result, he would be missing out on investing in a relationship that would prove meaningful and benefit his well-being. He would not be able to express sufficient care as he cannot participate in a caring relationship with his children, even if he would be practicing care for them in other ways. As structures position individuals in certain ways by creating the background conditions in which people make decisions and express their agency, we must examine these background conditions to ensure individuals are in just positions where their choices are not unfairly limited and instead are able to express this agency fairly in making autonomous decisions that reflect self-

determination. We will now shift our discussion to background conditions, addressing how Mead and Murray do not see these as relevant to the question of justice in their focus on personal responsibility.

As social-structural processes create the background conditions that position people in ways that affect their agency and autonomy in their ability to express this agency in a way that reflects their values, it is important to analyze these background conditions when assessing responsibility. However, Mead and Murray's theory of personal responsibility sustains the belief that background conditions do not require further examination through the lens of justice. Young states that Mead and Murray make this argument in their work when they express the belief that the civil rights movement removed the last forms of legal discrimination in education and employment, thus social barriers to progress were removed. Additionally, Murray and Mead both claim that institutions are doing all they can to "remove barriers to well-being"<sup>63</sup> as they are self-correcting. Put differently, Murray and Mead argue that disempowered people are personally responsible for their situation and suffer no injustice from society as equal opportunity has been achieved.<sup>64</sup> By only focusing on removing legal barriers to discrimination, Mead and Murray neglect to address the numerous other manifestations of social-structures that could leave people discriminated against or vulnerable, such as constrained choices or covert forms of discrimination. The assumption that there are no other barriers to well-being, as legal structures were changed, ignores numerous other social-structural influences such as social norms, power dynamics, or historical precedents.

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<sup>63</sup> Young, 20.

<sup>64</sup> Young, 22.

For example, a 2020 article from the *Journal of Law, Medicine, and Ethics*,<sup>65</sup> details how structural racism has left racial and ethnic minorities vulnerable to disparities in paid sick leave. The article explains that while legal structures have changed, such as the Fair Labor Standards Act (FLSA) being extended to cover home health care workers, many of these workers, who are disproportionately women of color, remain unprotected due to their classifications as independent contractors. This example demonstrates how changing a legal structure alone does not eliminate other barriers that perpetuate injustice. Other social-structural influences such as historical employment discrimination, institutional policies that favor business interests, and social norms devaluing care work, continue to position marginalized groups at a disadvantage. This assumption of the immunity of background conditions to matters of justice offers an oversimplistic understanding of social-structures and their influence on individuals.

As we have discussed in this section, social-structures impact the agency and autonomy of individuals by creating background conditions that position people in ways that enable and constrain particular choices and actions such that they may or may not be able to make a decision that reflects self-determination. Thus, arguing that background conditions, created by social-structures, are immune to questions of justice under Mead and Murray's personal responsibility framework ignores the unjust influence that social-structures are capable of having on an individual's position, especially in instances of structural injustices. In instances of structural injustice, where individuals are positioned in a way where they are vulnerable to harm, this assumption is especially problematic as the background conditions that lead certain groups of people to be in positions of disempowerment are often unjust, contrary to Mead and Murray's

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<sup>65</sup> Ruqaiyah Yearby, "Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause" in *Journal of Law, Medicine & Ethics* 48, no. 3 (2020): 518–26. <https://doi-org.ezproxy2.library.colostate.edu/10.1177/1073110520958876>.

argument.<sup>66</sup> Further, these background conditions require examination to help those disempowered individuals and fully address the instance of injustice that led to the position of disempowerment.

Lastly, Mead and Murray's personal responsibility framework presupposes an atomistic and individualistic conception of individuals in absolving some individuals of responsibility while condemning others as responsible. Individualism, in Mead and Murray's argument, presents a view of individuals where their autonomy is ideally self-contained and unaffected by external influences; individuals exercise their autonomy in acting purely according to their own reasons and intentions. As detailed earlier in this section, individualism can be read into their idealization of the self-sufficient individual whose position is primarily economic, instead of a social position. They take individuals to be the most primary form of analysis, disregarding the social components to the identity and capacities of individuals. This individualistic individual has success or failure as primarily as a result of their choices, rather than that position being shaped by other relational and contextual factors. Additionally, atomism, in this context, sees individuals as not constituted by their social environment and instead portrays individuals as self-sufficient, independent agents who are disconnected from social relationships and structures that influence their identity.<sup>67</sup> Relationships with others, when acknowledged, are a reluctant necessity rather than a fundamental aspect of social life. Dependency is viewed instrumentally as it is valuable when it serves the purpose of economic stabilization. The atomistic and individualistic individual is only morally responsible for their small sphere of actions and

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<sup>66</sup> Young's account of structural injustice articulates that structural injustice exists when groups of people positioned in vulnerable circumstances because of the operations of social-structures (Young, 52). Individuals and institutions may act according to their own interests without malicious intent but have the unintended consequence of creating unjust background conditions where the options of certain have been limited while the choices available to groups of people have been expanded (Young, 63).

<sup>67</sup> We will describe individualism and atomism within Mead and Murray's work and the implications for broader society under such views in section IV.

consequences. This picture of the individual contrasts with the relational individual discussed in section II who is embedded in relationships with others and other social contexts that shape their decisions. On this view, the only moral responsibility this individual must consider is that which affects them or those within their immediate scope of responsibility, rather than recognizing how their actions or inactions might affect others within the shared social context.

For example, in a patriarchal society where mothers are assumed to be the primary caregivers to children, an atomistic and individualistic view isolates the mother as solely responsible for her child's well-being without reference to the structural reasons as to why she is in the position of primary caregiver. If the child's well-being is compromised, the blame typically falls on the mother as she exists within a patriarchal society in which the norm is that mothers are caregivers and primarily responsible for the well-being of children. While some could say the father is negligent in being absent from the caregiving to the child, this understanding of the situation is still too simplistic in focusing only on the two individuals: the mother and father. This focus on the individuals in this instance negates the structural elements involved in the vulnerability of the mother to being the primary caregiver under patriarchal social norms. A realistic understanding of the mother's position would speak to the individual and structural components involved in her position. In this instance, it would be the combination of the absent father on the individual level and patriarchal norms on the structural level. If Mead and Murray were to assess this situation, they would hold the mother, father, or both as individually responsible for the child's compromised well-being; if they were to shift see a structure as responsible,<sup>68</sup> then it would be the sole responsibility, or fault, of the structure as opposed to a combination of both individual action and structural influence.

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<sup>68</sup> Though Mead and Murray never explicitly deny patriarchal influence or discrimination in their selective works, given their denial of racism's influence to individuals' actions by seeing equal opportunity reached after the Civil

Personal responsibility includes a version of the individual that contends, “A capable person does not depend on others.”<sup>69</sup> Therefore, if a person is dependent on welfare, they are not responsible for themselves when they ought to be – they are acting irresponsibly. It is important to point out here that there are times when people on welfare are personally responsible for their position. For example, if each time a person receives a social assistance stipend, they choose to spend it on expensive Swedish candy as opposed to housing, nutrient-rich food, or reliable transportation, we may say this person is personally responsible for not having sufficient financial resources. However, cases of low-income individuals acting especially irresponsibly, such as buying lavish candy, are not the majority of cases. As Young shows, the narrative that poor people are especially irresponsible without reference to social-structures and their influence on the range of choices available to individuals is usually a mistaken view.

Though I just gave an instance in which someone who relies on social assistance acts irresponsibly by not using the assistance to improve their situation, instances such as those where we can attribute responsibility solely to the individual for their disempowered position are not typical of all people who rely on social assistance. More often, disempowered peoples’ position is a result of their own choices in addition to the structural influence on their agency and autonomy, as opposed to their position solely being a result of some personal failing or choice. Young demonstrates this by presenting data showing that periods of poverty or reliance on public assistance are often sporadic and not determined by individuals’ traits, dispositions, or failings they have. She argues it is wrong to isolate this group as irresponsible for generalized reasons while absolving others who are more empowered as acting responsibly.<sup>70</sup> Disempowered

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Rights Movement of the 1960s, I find it hard to believe they would acknowledge patriarchy on the structural level as a strong influence on the actions of individuals.

<sup>69</sup> Young, 23.

<sup>70</sup> Young, 24.

individuals, just like empowered individuals, act irresponsibly but are harmed more in doing so for any number of reasons. Moreover, many privileged people act irresponsibly and are not harmed in doing so. Disempowered people are not especially irresponsible and empowered people are not especially responsible. From this example we can note that personal responsibility obscures the structural influence on an individual that leaves some individuals empowered and other disempowered even when both are making the same decisions. The idea that dependency on welfare means an individual is irresponsible wrongly attributes the disempowered position of the individual to a personal failing or poor decision which, in turn, ignores the structural influences that limit the range of choices available to the individual and at times, limits their choices so much that individuals can no longer make an autonomous decision.

In this section, I introduced and critiqued a personal responsibility framework, arguing that personal responsibility is a problematic framework for understanding insufficient care as it does not articulate how the background conditions created by social-structures position people in vulnerable circumstances where they cannot express sufficient care. Care ethics urges us to cultivate caring relations as we understand how they constitute a flourishing life. However, in order to cultivate these caring relations, we must do so from an understanding that articulates both individual choices and unjust social-structural reasons for why it is especially challenging for individuals to cultivate caring relations. As we look to further diagnose and characterize insufficient care as a structural injustice, we must have a more complete picture for this particular position in society and why many individuals find themselves in it. Regarding this point, Young writes, “A sensible understanding of the sources of *any* person’s situation, whether poor or not, should refer *both* to the structural constraints and opportunities he or she faces, *and* to his or her choices and actions in relation to them.”<sup>71</sup> Personal responsibility is not able to

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<sup>71</sup> Young, 26.

capture both of these elements, thus is not an appropriate way to understand larger issues of structural injustice. Further, personal responsibility, as presented in Mead and Murray's work, presupposes an unrealistic view of individuals as atomistic and individualistic which we will discuss in the next section of this thesis.

#### IV. The Connection Between Personal Responsibility and an Individualistic Society, and the Implications for Agency and Autonomy

In section III, I examined how a personal responsibility framework obscures the structural and relational dimensions of an individual's position that influence their agency and autonomy and instead promotes a narrow view of individuals as atomistic and individualistic, particularly as it relates to instances of insufficient care. In this section, I will expand upon those critiques by exploring the presuppositions about two ways of understanding the individual, autonomous agent, through atomism and individualism in relation to personal responsibility and the implications of these views for understanding agency and autonomy. Specifically, I will argue that understanding individuals as both atomistic and individualistic, as presented by Mead and Murray, aligns with and perpetuates the values of an individualistic society through holding an ideal of self-sufficiency that isolates individuals from the social world both causally and constitutively leaving a shallow understanding of agency and autonomy. To make this argument, I will first build off the understanding of atomism and individualism, and how these ideas manifest in Mead and Murray's personal responsibility framework. I will argue against Mead and Murray's use of individualism and atomism but note how a kind of individualism is still needed to combat injustices. During these discussions, I will highlight how this framework obscures our understanding of the social-structural and relational elements involved in a thorough understanding of agency and autonomy. I will conclude by previewing section V in which I will discuss how a limited understanding of the social-structural influences on an individual's position perpetuates structural injustice.

Personal responsibility entails individualism and atomism within its theory; both offer a flawed conception of the individual in society. However, I must get clear what each of those

terms mean. In his chapter, “Three Issues in Social Ontology,”<sup>72</sup> Philip Pettit distinguishes between individualism and atomism. Individualism articulates a view in which individuals, being rational and intentional agents, exercise their autonomy, despite social laws or facts that might seem to constrain them.<sup>73</sup> In other words, individuals operate autonomously without influence from social factors; individuals act completely self-determined. For anti-individualists, they would contend that social laws, or factors, do play a controlling role in the choices people make and their autonomy; social laws and factors have the ability to dictate choices.

By contrast, atomism contends that individuals are not necessarily constituted by the social world around them. Anti-atomism asserts that there are social factors that necessarily constitute individuals: “People depend constitutively on social interaction for the capacity to reason and follow rules that human mindedness presupposes.”<sup>74</sup> Anti-atomism would argue that to even have the ability to question whether an individual is constituted by social interaction, would require the capacity to reason which can only exist through social interaction. Atomism and individualism are closely related as both describe the relationship between the individual and the social world, but they do so in different ways.

On the difference between individualism and atomism, Pettit writes, “Where the individualism question is whether people’s status as minded, conversable agents survive operating in the space of aggregate social laws, the atomism issue is whether, on the contrary, that status presupposes a life conducted within the constraints of social relationships.”<sup>75</sup> While individualism contends that social facts do not causally determine or control individual autonomy, atomism contends that being an individual does not necessarily include social

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<sup>72</sup> Philip Pettit, “Three Issues in Social Ontology,” in *Rethinking the Individualism-Holism Debate*. Julie Zahle & Finn Collin (eds.), (Cham: Springer, 2014): 77-96.

<sup>73</sup> Pettit, 94.

<sup>74</sup> Pettit, 94.

<sup>75</sup> Pettit, 84.

constitution. Claiming that an individual is fundamentally constituted by social relations is an argument against atomism. However, claiming that these social relations have the ability to causally influence individual agency and autonomy is an argument against individualism. Let's apply this understanding of individualism and atomism to our earlier discussion of personal responsibility.

Mead and Murray's model of personal responsibility posits a specific understanding of individualism, related to but different than Pettit's version above.<sup>76</sup> Mead and Murray entail this individualism in their thinking that the operation of social-structures sits in binary opposition to individual action and choice; the two categories of causation are mutually exclusive. To return to the example of caring for my sick mother at the beginning of this thesis, proponents of personal responsibility would say it is my fault that I am unable to care for her, or that I am personally responsible for not being able to realize care for her. Individualism, in Mead and Murray's work, would entail I am not exercising enough personal responsibility and this unfortunate position can be solved by focusing more on something I, as an individual, should or should not be doing. However, that is not always the case as numerous social-structural facts are influencing my agency and autonomy as I attempt to participate in a caring relationship with her. As I previously explained, my workplace benefits, family dynamics, and even physical location may influence my agency in the limited range of choices or reasons I have in whether to care for my mother or not. Additionally, my autonomy may be influenced as my reasons for certain choices may be so limited that I make a choice that does not align with my values and goals, but instead reflects the control social-structures have over my choices, instead of being able to make an autonomous decision for myself. In this case, I still have agency because I could choose to care for my

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<sup>76</sup> I will be explaining Mead and Murray's individualism first, then explaining the contrast with Pettit's version later in this section.

mother, but my range of choices has been significantly limited by social-structural processes that create and shape the background conditions that I make decisions and act within. For example, I could still choose to care for my mother but suffer other effects, such as losing my job or becoming depressed, that influence the reasons I have for exercising my agency. In sum, my position, in this instance, is a combination of my agency and social-structural influence.

In the example, Mead and Murray's individualism would not be able to explain this position by upholding a binary of individual and social-structural causation at odds with one another. Their individualism would uphold this binary by arguing that social facts should not influence individual autonomy in the sense that social fact simply do not have this causal capacity; somebody's position is not caused by an intersection of individual agency and autonomy and social structural influence. The authors would posit that my choice is not influenced by those factors because it is ultimately my choice, not a result of social-structural causation.

Young critiques this individualism by arguing that the position of individuals in society is created by both structural processes and individual action; the position of individuals is a result of individual decisions and structural influence. She argues that social facts do influence individual agency, but not that individuals are always and completely controlled by social-structures in expressing their agency to make an autonomous choice. People are still able to make choices with the options available, however, these choices are influenced by social facts in that social facts can expand, or limit choices based on where an individual is positioned. Social-structures compromise the range of choices available to individuals, but individuals still have the capacity, or agency, to choose.<sup>77</sup> Additionally, there are times in which an individual's choices

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<sup>77</sup> Anthony Giddens, who has been previously footnoted in this thesis, makes points similar to this argument in his 1984 work, *The Constitution of Society: Outline of the Theory of Structuration*. Giddens describes this social-

are so limited by social-structural influence that there may be no choice they make reflects their values or goals. For example, when I cannot care for my mother, this would be a time in which I cannot make a self-determined choice, as the influence of social-structures has positioned me in such a way where my options are so incredibly limited that my choice may not be fully self-determined. This understanding of the social-structural influence over my agency and autonomy directly refutes the type of individualism in Mead and Murray's argument for personal responsibility by demonstrating the impact of social-structures to individual agency and autonomy. Mead and Murray's individualism cannot describe the position of the individual in structural injustice, as their individualism positions individual agency and autonomy in opposition to social-structural causation, when most disempowered positions require both components to be able to accurately reflect the reality of this position.

Moreover, individualism in the context of Mead and Murray's personal responsibility would entail that the individual in society only acts in a way that affects themselves and their small sphere of others with whom they depend – they act in a way that internalizes their consequences as any choice or decision is a result of the individual without reference to social-structures. In this way, individual autonomy is wholly separate from social facts and its influence. However, Young contends that social-structural processes position individuals in a way that affects their agency and autonomy, such as their choices, opportunities, and actions. In creating the false dichotomy between individual action and structural causation, Mead and

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structural influence as the "Structural Constraint." He writes, "As with the constraining qualities of sanctions, it is best described as *placing limits upon the range of options open to an actor, or plurality of actors, in a given circumstance or type of circumstance*" (Giddens 1984, 177, original emphasis). In expanding off this point, Rob Stones describes how the "Structural Constraint" does not stop the agent from expressing their capacity to make a decision, though the structural influence still present as an objective restraint. He states, "In many, perhaps most, cases the external situation will contain objective existents that are resistant to change by the agent-in-focus but which are not experienced in this way as they don't prevent her from doing what she wants to do – they may even enable, facilitate, desired actions" (Stones, 59). Stones addition to Giddens' theory demonstrates that social-structures influence agency objectively even when this influence matches the intentions of agent and is consistent with their exercising of autonomy.

Murray further support individualism by not allowing for a circumstance in which individual action and structural causation, together, position an individual. However, as we have seen, often social-structural processes, in tandem with individual agency, create the circumstances people find themselves within.

Individualism, in Mead and Murray's writing on personal responsibility, obscures understanding of social-structural influence on individuals' position, specifically their agency and autonomy. Mead and Murray, in believing that individual or structural causation are at odds with one another and positing individuals as the sole internalizer of the consequences of their actions, further a picture of individualism in which individual autonomy is completely separate from social laws, facts, and influence. However, from our discussion above and in section III, we know this to be false – an individual's autonomy and agency *are* influenced by the operation of social-structures. Therefore, utilizing Mead and Murray's personal responsibility framework gives us a distorted picture of an individualistic individual who is unencumbered by social influence; this notion of the individual obfuscates our understanding of agency and autonomy by missing important information regarding social structural influences. Mead and Murray's individualistic ideas may be counter to my (and Young's) aims, however, that is not to say that all theories of individualism are in opposition to this project.

In order to remediate the issues associated with insufficient care as structural injustice, a certain type of individualism may be needed. Autonomy should still be central to fighting injustices and freeing people from unjust social-structural influence as autonomy can be used as opposition to passively accepting injustice, but not the type of autonomy in isolation from its social context that Mead and Murray sustain in their individualism. Instead, we should understand individualism, as Pettit defines earlier, where individuals are able to make self-determining decisions *despite* social influence – individualism that acknowledges the force and

influence of social facts on individual autonomy. The ideal of autonomy, detailed under individualism, should be fostered in individuals but must be understood as a capacity constituted within social and relational contexts that can influence its usage. As we saw in section II, relational autonomy is able to articulate the constitution of self-determination through social relationships and the impact this has to our understanding of the capacity for autonomy and the context of decision-making. Mackenzie writes, “relational autonomy is committed to a form of normative individualism – that is, to the view that the welfare, rights, dignity, and autonomy of individuals matter ... relational autonomy is also committed to a social ontology of persons.”<sup>78</sup> Mackenzie sums up the kind of individualism that our account of care ethics would promote – one where individuals are still understood relationally, but they have the ability to act against injustice when fostering autonomy against oppressive social conditions. I will return to this idea of relational autonomy in section VI as I look to ameliorate the structural injustice of insufficient care. Let’s return to the discussion of individualism and atomism.

Mead and Murray’s emphasis on personal responsibility furthers an unrealistic picture of the atomistic individual when positing individuals as able to internalize the consequences of their actions; this rhetoric perpetuates the ideal individual as independent and self-sufficient. The atomistic individual does not depend on social embeddedness, or relations of interdependency, but is able to exist in isolation from the social world. However, this overlooks that the very way individuals come into the world is through relations of interdependence in caring relations – the infant depends on their parent for care and their depends on the child, or their relationship to the child, to generate meaning for them in their role as a parent. While Mead and Murray may not deny this initial claim, they would deny the constitutive role these relations play in our flourishing. These relations of interdependency are central to our role as humans and are

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<sup>78</sup> Mackenzie, 42, footnote 16.

intimately tied to our flourishing. If I cannot depend on or trust others, or they cannot depend upon me, my life would lose meaning from my connection to others and their connection to me. For example, I may become isolated from my community, such as my friends or family, in such a way that I cannot form genuine connections with them. This isolation from the lack of connection to others would compromise my well-being and ability to live a flourishing life. Further, the dependency in Mead and Murray's work also isolates individuals from relationships in ways that would threaten their flourishing. If an individual sees dependency in relationships as something necessary during times of need, their relationships may remain shallow and without meaningful connection. Consider if I only viewed my family or friends as individuals with whom I depend, rather than as people with whom I share an interdependent relation of care, trust, and mutual support. I would not be able to flourish to the highest degree viewing my friends and family as people whom I depend, versus viewing them as people with whom I am interdependent and with whom I have a deeper relationship. Being an individual constitutively involves relational interdependencies that enable the ability to foster certain capacities and live flourishing and meaningful lives. Accordingly, these interdependencies should be seen as something necessary and constitutive of significant connections.

Individuals are not atomistic, but instead relational. Our identity and selfhood are constituted by our relationships. Additionally, our flourishing is constituted by relationships that make our life meaningful and our ability to foster certain capacities only comes from being immersed in a social context. Returning to our understanding of relational autonomy as an example, autonomy is a complex capacity that requires the development of certain skills that are enabled and sustained through social relationships. On this point, Mackenzie states, "autonomy competencies emerge developmentally and are sustained and exercised in the context of significant social relationships, and hence, that such relationships are necessary background

enabling conditions for autonomy.”<sup>79</sup> Autonomy, and numerous capacities such as understanding rules, language, or other seemingly innate capacities, emerge and progress through our embeddedness in social relationships.<sup>80</sup> Our social constitution and relationality are what enable the ability to develop, progress, and flourish. Further, autonomy, on this view, is also constituted by social relationships as autonomy requires recognition from others.

Though atomism maintains that social facts have no role in constituting who we are, we are fundamentally constituted by relationships that exist within a social context. Part of what it means to be an individual in society is to be constituted by our embeddedness in relations of care and interdependency. Atomism, under Mead and Murray’s argument, would see individuals as individuals first, then secondarily as able to be constituted and exist with reference to social context. The individual is able to be held solely responsible because they are firstly and primarily an individual. However, this framework, again, gives a different idea about agency and autonomy. Understanding agency atomistically would not be able to give a rich understanding of how social-structures influence the range of choices available as that would mean the individual is no longer the sole individual responsible for their choices, but instead that their agency is one that is able to be influenced. Further, to understand autonomy atomistically is inaccurate as then we could not understand the social constitution of an individual whose relationships enable the development of autonomy.

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<sup>79</sup> Mackenzie, 43.

<sup>80</sup> Charles Taylor argues against atomism on similar grounds, stating that for the individual to even claim atomism, it would require talk of social constitution of the individual. An individual would need society to claim atomism and some of its tentative notions such as self-sufficiency, freedom, and other seemingly primitive rights. In “Atomism”, Taylor writes, “the identity of the autonomous, self-determining individual requires a social matrix, one for instance which through a series of practices recognizes the right to autonomous decision and which calls for the individual having a voice in deliberation about public action” (Taylor, 209).

At this point, it would be worthwhile to point out that Mead and Murray have a problematic theory in that it inaccurately separates individual agency and autonomy from social-structural influence, their theory presents an abstract and unrealistic version of life – one that does not align with how people actually experience relationships with others and navigate topics such as responsibility. Their emphasis on self-sufficiency assumes that individuals can exist and act without the influence of social-structures and social relationships, but this emphasis is at odds with the interdependent nature of human existence. People do not make choices within a vacuum; they make choices within families, communities, and other cooperative spaces while handling constraints that extend beyond their own individual control. Mead and Murray’s theory of responsibility ignores these realities and sees individuals as living according to a narrow model of self-reliance rather than recognizing the full range of human experiences. Contrastingly, my argument provides a more authentic account of how individuals actually live their lives, not as isolated decision-makers, but as people embedded in relationships and shaped by their social environment. The point here is that my argument offers a more genuine and livable account of how people can flourish.

In this section, I argued against Mead and Murray’s individualistic and atomistic conception of the individual as obscuring the structural and relational components that are central to understanding the position of an individual and the influence on their agency and autonomy. By positing individuals as isolated, self-sufficient agents, Mead and Murray’s framework of personal responsibility erases the ways in which social-structures shape the conditions of agency and affect autonomy. This perspective fails to acknowledge that individuals are both causally influenced and constitutively shaped by the social contexts in which they are embedded. However, an anti-atomistic and relational understanding of individualism – such as the one advanced by relational autonomy – provides a nuanced account of agency and autonomy

that is able to recognize both structural and individual components involved in a person's position. This understanding is crucial for exposing and addressing structural injustices, such as insufficient care. As I look toward section V, I will turn to a deeper examination of structural injustices and analyze how personal responsibility, in ignoring social-structural influence and perpetuating atomistic and individualistic views, is practically harmful in perpetuating the unjust position in which people cannot express sufficient care by cultivating caring relations.

## V. The Contribution of Personal Responsibility to Structural Injustice

As I articulated in sections III and IV of this thesis, a personal responsibility framework, under Mead and Murray's formulation, is not able to speak to the structural and relational components that lead to the unjust position of individuals in society. Additionally, their arguments presuppose an atomistic and individualistic conception of persons, as opposed to care ethics' relational conception, that further obscures the structural elements that are needed to explain unjust social positions that cannot simply be explained by only appealing individual choices or actions. Specifically, their arguments would depict insufficient care, that is the inability of people to realize or participate in caring relations, as unable to be explained by appealing to some kind of structural explanation. In this section, I will argue insufficient care is a structural injustice due to the disempowered position it leaves individuals in which their agency and autonomy are unjustly limited by the operation of social-structures; personal responsibility perpetuates the injustice by not addressing the social structural background conditions in which position individuals in these ways. I will make this argument by explaining structural injustice, using Young's account. I will demonstrate how insufficient care is a structural injustice by describing the case of a woman who is oppressed due to her gender and resultingly, is limited in her expression of sufficient care. Then, I will argue that personal responsibility perpetuates the injustices associated with insufficient care by blaming individuals for structural issues. I will conclude by noting how an account that addresses both the individual and structural components of an individual's position is needed to remediate the harm of insufficient care. Let's first look at what structural injustice means and entails.

Young details an account of structural injustice by describing the unjust position of being homeless, or vulnerable to homelessness.<sup>81</sup> Structural injustice is a type of harm that does not arise primarily from the choices and actions of the individual in a vulnerable position or from sheer bad luck. Further, it is not a harm that can be attributed to one specific individual interaction or action of a specific institution, policy, or action. Instead, structural injustice arises out of circumstances that are mostly out of the control of the individual within them. Young writes:

“the all-too-common social position of being housing deprived arises from the combination of actions and interaction of a large number of public and private individual and institutional actors, with different amounts of control over their circumstances and with varying ranges of options available to them. Most of these actors have their own perceived interests in view. While some do things that are individually wrong, such as break the law, or deceive, or behave in ruthless ways toward others, many others try to be law-abiding and decent even as they try to pursue their self-interests. The process nevertheless should be described as producing structural injustice, because in it some people’s options are unfairly constrained and they are threatened with deprivation while others drive significant benefits” (Young 2013, 52).

In other words, disempowered positions such as vulnerability to homelessness or insufficient care, come from numerous social-structural sources that create the background conditions which situate people in these vulnerable positions. The harm suffered in structural injustice is not solely about the particular choices or actions of these actors, but the disempowered position of those vulnerable individuals.

These vulnerable positions constrain the agency and autonomy of the individuals within them. Individual agency in these positions is influenced by social-structures as an individual’s reasons for certain choices are limited. Further, their autonomy may also be influenced when the operation of these social-structures starts to dictate and control their choices more than those choices are self-determined; in other words, the disempowered individuals become more

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<sup>81</sup> Young, 45.

governed by social-structures in their decision-making and actions, than governed by their own values, intentions, and goals. Conversely, the operation of these social-structures may enable those in empowered positions to have more options available to them. Thus, the harm in structural injustice is that it leaves people in positions of vulnerability by limiting both their ability to make choices and the self-governance that is autonomy, while empowering others. In sum, Young states, “Structural injustice, then, exists when social processes put large groups of people under systematic threat of domination or deprivation of the means to develop and exercise their capacities, at the same time that these processes enable others to dominate or have a wide range of opportunities for developing and exercising capacities available to them.”<sup>82</sup> Structural injustice is a social injustice where the background conditions of society in the operation of social-structures situate people in vulnerable positions where their agency and autonomy are limited, while situating others in empowered positions to exercise their agency and autonomy. Insufficient care is a structural injustice.

Consider, for example, a mother who is being oppressed due to her gender. This woman is a highly qualified attorney, who after years of education, gets a senior position at her firm. Despite her expertise, she notices that her male colleagues, who hold the same title, earn higher salaries and are given more high-profile cases. At home, she is expected to provide the majority of the childcare and household responsibilities and often works late to keep up with both the professional and domestic demands. The expectation that women will perform unpaid care work at home, combined with workplace biases that devalue their labor, creates a situation in which this woman is unable to fully participate in caring relationships in a way that aligns with the value of care. She is structurally positioned to take on a disproportionate burden of both paid and unpaid labor, thus, her capacity to engage in meaningful, reciprocal caring is constrained. This

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<sup>82</sup> Young, 52.

result may not be because she lacks the willingness to participate in caring relations, but because social norms and institutional practices have made it nearly impossible for her to balance both tasks. This example demonstrates insufficient care as structural injustice as social-structural conditions shape the ability of the individual in this example to exercise their agency and autonomy in a way that would allow them to fully exercise their capacity to participate in caring relations.

Related to the example above, Serena Parekh argues that gender oppression should be seen as a structural injustice.<sup>83</sup> She writes:

“We can understand gender oppression as a form of structural injustice because it limits and shapes individual choices and circumstances, but it is mostly sustained by the unintentional, unself-conscious actions of millions of people and in norms, habits, and institutions. For example, though women in the West have long had access to similar educational and career opportunities as men, women still routinely have lower-paying jobs. When they do occupy high-level positions, women are often paid less than men. In both cases, they are responsible for the "second shift" at home. Clearly, no oppressive tyrant forces employers to treat women differently from men. However, if we put these empirical facts together with gender norms and expectations, we can see structural injustice at work” (Parekh 2011, 677).

Parekh demonstrates how gender oppression is a structural injustice similar to insufficient care. The example Parekh gives above is one that can be mirrored with my example of the female lawyer above. Though gender inequality is another structural injustice that may be related to insufficient care, insufficient care manifests when gender oppression puts the woman in a position where she cannot actualize caring relations, due to differential expectations on the basis of gender.

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<sup>83</sup> Serena Parekh, “Getting to the Root of Gender Inequality: Structural Injustice and Political Responsibility” in *Hypatia* 26, no. 4 (2011): 672–89.

This example is not unique,<sup>84</sup> as many people are in a position where they cannot cultivate caring relations due to the influence of social-structures on their agency and autonomy. Individuals in institutions, workplaces, and families may be pursuing their own self-interest without thinking about the effects of their actions to cultivating caring relations. Institutions and society, at large, are not organized around the prioritization of caring relations. As a result, numerous individuals are in a position where they may not be able to cultivate caring relations. While these individuals are disempowered in their decision-making, other individuals are empowered to cultivate caring relations. Some people may have the ability to take paid time away from their job to care for someone or in a financial position in which they will not face negative consequences for using their time to participate in a caring relationship; their agency and autonomy are enabled in their position as opposed to limited in the former position. Knowing what structural injustice is and how it operates gives us further reasons for seeing personal responsibility as not only unable to address insufficient care, but also as a framework that perpetuates the injustice.

As seen in sections III and IV, Mead and Murray's personal responsibility framework obscures the structural components necessary to discuss structural injustice by reducing the causes of social positions to personal choices and actions. By attributing responsibility solely to individuals, this framework neglects the broader social-structures that shape and constrain individuals' agency and autonomy. For example, if I am in a position where I am vulnerable to being unhoused, Mead and Murry's personal responsibility would entail that it is most likely a

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<sup>84</sup> According to the 2020 Caregiving Report by the American Association of Retired Persons (AARP) and the National Alliance for Caregiving (NAC), Each year, over 53 million individuals take on informal caregiving roles, typically without financial compensation, to support older adults and people of all ages with disabilities, including those with mental health conditions and chronic medical needs. Additionally, at least 2 million grandparents—and an undetermined number of other relatives—are responsible for raising children whose parents are unable to care for them.

result of some action I have taken; if it is not because of some personal failing, it is the result of an unfair institution, but not a combination of my choices and the structural influence. In other words, my disempowered position is either a result of my own actions or unfair social-structures: one or the other, but not both. However, individuals' social positions are determined by their choices and actions, in addition to the influence of social-structures. Further, their personal responsibility framework assumes that institutions are immune to questions of justice by arguing for a view of institutions as self-correcting. This oversimplified view perpetuates structural injustice by masking the structural reasons for the injustice and allocating responsibility as solely the fault of the individual. In doing this, personal responsibility sustains and legitimizes these same structures that partially cause the unjust social position of the individual and further perpetuate the problem that it claims to be addressing.

When we characterize insufficient care as a problem rectified by a personal responsibility framework, we are perpetuating the problem by not addressing the social-structural reasons for this unjust social position. Joan Tronto<sup>85</sup> critiques personal responsibility from the perspective of a care ethicist and political theorist. She argues that a personal responsibility framework gives individuals “passes” out of caring. Consider, for example, a family compromised of a father who works contract roles, a mother who works two low wage service jobs, and a child. The mother wants to cultivate caring relations with her child but is unable to do so because she works multiple jobs with inflexible schedules and no access to affordable childcare. Her partner faces similar structural constraints with unpredictable hours and no paid leave, however instead of seeking to participate in caregiving, he assumes it is his wife's responsibility. He sees this choice of stepping back from caregiving as justified because of the traditional view of breadwinning as

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<sup>85</sup> Joan Tronto, *Caring Democracy: Markets, Equality, and Justice* (NYU Press, 2013).

substitutable for care. The father has given himself a “pass” out of participating in caring relations by abiding by gendered social norms that see his role as the family breadwinner. The personal responsibility framework, in this example, treats the care deficit as a matter of individual failure by blaming the mother for not managing her responsibilities or excusing the father on the grounds that he fulfills the provider role. While a personal responsibility advocate may argue that the father needs to take personal responsibility to address this care deficit, this response ignores the structural reasons for his position. Personal responsibility could be used as a possible solution, but it will not address the primary cause of gendered expectations as embedded and perpetuated in social-structures. Thus, the problematic structural reasons, namely the patriarchal social norms, go unaddressed as the focus is on the individual as opposed to other structural reasons. In this way, the problem is further perpetuated by not seeing the structures as unjust or needing to change. Even if the father takes personal responsibility and develops caring relations with his child, the structural issues will continue to persist and afflict more individuals in such a way that more personal responsibility would not fix, as this is a systemic issue. By limiting the scope of responsibility to particular individuals, or instances of injustice as able to be addressed by changing something about the individual, this reifies the assumption that social-structures are immune to questions of justice or have no responsibility in the effect of their processes on the circumstances of individuals.

To perpetuate a problem is not a responsible way to address it. Tronto argues that the reduction of responsibility as solely an individual responsibility by a neoliberal economic worldview is the ultimate “irresponsibility machine.” This worldview, one that Mead and Murray sustain in their writing, contends that the only way to meaningfully understand responsibility is through individual responsibility. When questioned about who is responsible, Tronto writes, “the

irresponsibility machine will provide the constant answer: ‘It’s your own fault.’”<sup>86</sup> This evades the discussions of structural reasons as to why individuals may be unable to actualize relations of care. This ‘irresponsibility machine’ perpetuates the problem, by not addressing it holistically through analyzing the influence of social-structures on individuals’ agency and autonomy, and presupposing atomistic and individualistic conceptions of persons. Mead and Murray’s model of personal responsibility is the true “irresponsibility machine” by positing that it can address problems, like insufficient care, but instead aids in perpetuating the problem by not addressing the social-structural components that are embedded within positions of structural injustice.

In sum, the personal responsibility framework perpetuates structural injustice by narrowly attributing a disempowered position of an individual to individual choices; this effectively legitimizes the structures by not seeing them as responsible for the position of the individual. By focusing on individual choices or actions, the framework shifts away from the structural barriers that constrain the range of choices available to individuals and their ability to make a decision with these options that reflect self-determination. For example, when insufficient care is framed as a personal failing, such as a mother’s inability to provide care for her child, it ignores the structural factors. Personal responsibility not only misdiagnoses the problem, but also reinforces existing problems within structures that allow positions of disempowerment to arise. By excusing social-structures, such as institutions, societal norms, and policies, from questions of justice and responsibility, the personal responsibility framework ensures that these systems remain unchanged and continue to produce unjust social positions. To remediate insufficient care and other structural injustices, there must be a shift beyond the limitations of personal responsibility and toward a framework that addresses the individual and structural components of an individual’s position.

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<sup>86</sup> Tronto 2013, 61.

In this section, I diagnosed the problem of insufficient care as a structural injustice due to the way structures situate individuals in disempowered positions in which their agency and autonomy are limited. Further, I discussed how a personal responsibility framework may be practically harmful as it is not able to give an account of structural injustice, thus perpetuating the injustice by blaming the disempowered position as a result of an individual failing or choice. This “irresponsibility machine,” as Tronto aptly coins it, evades accountability for broader structural failures by misrepresenting the issue as a failure of the individual. As a result, individuals are left with the effects of these structural problems, while the social-structures that perpetuate the injustice remain unchanged. As I look toward rectifying some of the harms of insufficient care, there must be an understanding that addresses the numerous individual and structural components that contribute to the position of an individual. As stated earlier in this thesis, caring relations are fundamental for who we are as people and constitutive of a flourishing life; thus, individuals are harmed when they are unable to participate in this specific kind of relationship. I will argue in the next section that a relational autonomy, under an ethic of care, is able to remediate the harm of insufficient care by allowing people to participate in caring relations.

## VI. The Resolution Provided by a Care Ethic: A Return to Relational Autonomy

So far in this thesis, I have discussed the problem of insufficient care. To do this, I have looked at what adequate care looks like in caring relations through Virginia Held's care ethic, noting the particular harm of insufficient care in that it separates people from one another when their flourishing depends upon this type of relationship. Then, I looked at one way to address this problem in the model of personal responsibility. I critiqued personal responsibility as theoretically flawed in being too focused on individual action in a way that obscures the background conditions in which unjust social positioning arises without reference to social structural causation. I also critiqued the presupposition of an atomistic and individualistic conception of the individual in which personal responsibility rests upon as conceptually flawed perspectives of individuals that can be used to further the harms associated with a model of personal responsibility. Lastly, I drew a connection between this model of personal responsibility and the perpetuation of structural injustice. As I have diagnosed and looked at one flawed way to address insufficient expressions of care, I can now turn our attention to finding a way forward that provides some resolution to this structural injustice.

In this section, I will argue that a relational autonomy framework under a care ethic is able to address insufficient care by providing an understanding that recognizes the influence by social-structures on individuals' positions and using this recognition to understand times when it is reasonable or unreasonable for these individuals to cultivate caring relations. Specifically, I will argue that fostering relational autonomy allows for understanding the social-structural influence on individual agency and autonomy in a way where individuals can cultivate caring relations by reflecting upon and acknowledging their embeddedness in this social context and make choices toward caring relations despite the influence on their choices and range of options;

alternatively, individuals may be able to utilize this understanding to challenge social-structures to reflect a broader commitment toward the value of care to allow individuals to more freely cultivate caring relations. To make this argument, I will refresh readers on what relational autonomy entails; specifically, how it acknowledges both individual agency and structural influences on autonomous choice. I will demonstrate how fostering relational autonomy can give individuals a richer understanding of the social-structural influence on choices and make decisions to actualize caring relations despite this influence. I will also distinguish between times in which understanding and acknowledging social-structural influence is not enough to make decisions to cultivate caring relations as the influence has positioned people in such a way that they are unable to cultivate these relations while also prioritizing the flourishing of the relation. I will conclude by arguing that when it is unreasonable of individuals to cultivate caring relations, they should turn to changing the social-structures so that the individuals are able to realize flourishing by participating in caring relationships that are the constitutive basis for their individual flourishing. Let's begin by reviewing relational autonomy.

As shown in section II, relational autonomy is a capacity that is enabled and expressed in a relational and social context as opposed to the ideal of autonomy as a capacity existing in isolation. The ideal of autonomy as atomistic and tied to certain notions of individualism are ones that Mead and Murray bolster within their writing; I critiqued these ideas in earlier sections of this thesis. Instead, relational autonomy highlights that autonomy is a capacity that is enabled and developed through relational and social contexts. Mackenzie defends this point by arguing that autonomy requires skills such as reasoning skills, the ability to critically reflect on social norms, and abilities to imagine and evaluate the consequences of actions.<sup>87</sup> These skills are developed and sustained through social relationships, such as the caring relations mentioned in

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<sup>87</sup> Mackenzie, 42.

examples throughout this paper. Mackenzie writes, “these autonomy competencies emerge developmentally and are sustained and exercised in the context of significant social relationships and hence, that such relationships are necessary background enabling conditions for autonomy.”<sup>88</sup> In other words, the capacities and skills necessary for autonomy are made possible by the embeddedness of individuals in relationships and their interconnectedness with others. Further, autonomy is also constituted by social relationships as autonomy requires recognition from others so one has the social status of an autonomous agent. Autonomy is made up by social relationships as it requires recognizing oneself and the recognition from others as being autonomous. In this way autonomy cannot exist or be exercised individualistically because only through recognition can one be fully autonomous. We can understand relational autonomy as a capacity for self-determination arising from the situated nature of individuals in social and relational contexts which enable and develop the competencies necessary to exercise this self-determination in making autonomous choices as well as the social constitution of autonomy particularly as it relates to recognition. Given this understanding of the situated nature of autonomy in social and relational contexts, relational autonomy also broadens our understanding of the social context in which our decisions are made and influenced.

By understanding the causally and constitutively relational elements of autonomy as depicted above, relational autonomy is able to provide a framework through which we may recognize the influences of social-structures on our agency and autonomy. Our self-identity and capacities are created, shaped, and constrained by the social relationships and environments in which we are embedded. As previously noted in section II, Mackenzie writes, “We form, sustain, and revise our self-identities in relational connections to specific others, and we negotiate our sense of individual selfhood in a specific geographical, historical, and political context and in

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<sup>88</sup> Mackenzie, 43.

relation to intersecting social determinants, such as gender, race, ethnicity, ability, and class.”<sup>89</sup> These contextual and relational factors create our sense of self as well as provide the background within which we make choices; these background conditions may enable or constrain the opportunities and range of choices available to individuals. Further, our identity and decisions are not formed or made in isolation but are shaped and constrained by the social relationships and environments in which we are embedded. Thus, relational autonomy gives us a theoretical framework to recognize that our capacity for self-determination arises from our embeddedness in these intersecting social and relational contexts. Relational autonomy is able to give an understanding of how our reasons for certain choices, or agency, are shaped by social contexts as well as how our autonomy is affected when expressing these choices in a social context.

This relational view of autonomy aligns with the ethic of care, previously detailed in section II, by emphasizing the fundamental relationality of individuals. Our care ethic critiques notions of autonomy understood as an isolated capacity to act independently and instead seeks a notion of autonomy that includes the ability to reshape and cultivate meaningful relationships. Further, relational autonomy contrasts with atomistic conceptions of autonomy, which idealize individuals as wholly self-sufficient and detached from social contexts in the same way our care ethic critiqued atomism in section IV.<sup>90</sup> Instead, care ethics advocates a conception of autonomy that acknowledges the importance of relational interdependence of flourishing and the ways in

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<sup>89</sup> Mackenzie, 43.

<sup>90</sup> In writing on relational autonomy, Marina Oshana expands on this point. She states, ““Relational autonomy” is the term used to designate a variety of conceptions of personal autonomy, all of which are united in the belief that autonomous beings are, of necessity, socially situated and interdependent ... Accepting this means that a plausible account of autonomy must abandon the premise that autonomous agency is conceived in atomistic or individualistic terms” (Oshana, 1). Oshana is directly critiquing the idea that autonomy can be constituted through separation from others. Instead, relational theorists claim autonomy involves acting in accordance with a set of values, commitments, beliefs, and norms that one establishes for oneself and exercising self-governance. Relational theorists emphasize that both attaining this self-governing status and developing the necessary capacities for autonomy depend on social institutions, cultural norms, and personal relationships, which can either support or hinder an individual’s ability to act autonomously.

which social-structural factors shape our capacity for self-determination. By framing autonomy in this way, relational autonomy within our care ethic<sup>91</sup> offers a perspective that reflects the interdependent nature of individuals and how vital those caring relations are for making our lives meaningful and ultimately allowing us to flourish. With this recognition of how our agency and autonomy is affected by the social and relational contexts in which we are embedded, this understanding can be used to alleviate some of the harms of the structural injustice of insufficient care.

Fostering relational autonomy offers a way to alleviate structural injustice by addressing both the individual and structural components involved in insufficient care as structural injustice. As seen in sections III and IV of this thesis, one of the problems of personal responsibility is the binary thinking about responsibility lying solely with the individuals or structures, and not a combination of the two; this framework places most responsibility with the individual without acknowledging the structural influence to individual agency and autonomy. However, insufficient care is not merely a harm solely explained through individual analysis, as suggested by the personal responsibility framework, but also a result of structural influences that constrain the ability of individuals to engage in caring relations. By fostering relational autonomy, individuals can gain an awareness of how social-structural elements constrain or empower their agency and autonomy and develop a capacity to make decisions that align with fostering caring relations when it is reasonable to do so. I will now detail two examples: one of these examples will demonstrate a time when it is reasonable for the individual to foster caring relations and the other will detail an example of when it is unreasonable to foster caring relations as attempting to

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<sup>91</sup> Framing relational autonomy under a care ethic entails that relational autonomy can be understood through the lens of the care ethics described in section II of this thesis, which emphasizes the moral importance of relationship, such as interdependence and responsiveness to needs. This means that relational autonomy is not just about recognizing how social-structures influence agency and autonomy, but also about using that recognition to actively support and sustain caring relationships in ways that aligns with the value of care.

cultivate a caring relation would threaten the flourishing of the relation in which the caring relation depends.

The cultivation of relational autonomy requires individuals to reflect critically on the structural influences that shape their decisions and foster a capacity to prioritize caring relations. Individuals have the capacity to cultivate caring relations when this cultivation does not come at the expense of the flourishing of the caring relationship they are attempting to cultivate. Let's return to the example, from section III, of the father who has difficulty actualizing caring relations due to the influence of social norms that position him in such a way that he has a 'pass' out of care work due to his role as the family breadwinner. The father is influenced by sexist social norms that make it more challenging for him to participate in caring relations with his child. By fostering relational autonomy, the father can gain a recognition of how patriarchal social norms are influencing his choices. Fostering relational autonomy gives a framework to be able to critically reflect on structural influence. By critically reflecting upon this influence, he could move to challenge these norms and work toward cultivating caring relations with his child by participating in more domestic activities regardless of his professional benefits to the family.

The father's shift is not just an instance of individual willpower, or taking personal responsibility, but instead is an instance of working out of a framework of relational autonomy. The father fosters relational autonomy by identifying and challenging structural influence on his agency and makes decisions in a way that prioritizes mutual well-being within a caring relationships, rather than simply conforming to the dominant gender norms. The father does not decide to do better, but instead he reflects critically on patriarchal norms that have shaped his understanding of care in relation to fatherhood. In other words, he becomes aware of his social position that has previously given him a 'pass' out of caring; this awareness through critical reflection is enabled through the causally and constitutively social self. Importantly, the father is

challenging, instead of merely accepting, the structural influence. Relational autonomy has given the father the critical awareness that enables his ability to critique and resist oppressive norms.

Fostering relational autonomy enables critical reflection on social norms that enables further action to be taken with this recognition in mind. In this example, fostering relational autonomy can manifest in the father restructuring daily practices such that the father is redistributing his time and effort more toward the value of care. The father is participating in caring relations, despite the structural influences, in a way that allows the relationship to flourish by prioritizing the mutual well-being of the father and his child. For example, the relationship between the father and his child could be attentive and sensitive where both the father and child are sensitive to one another's needs. The father is attentive to how he can help his child and provide for them; on the other hand, the child may be sensitive to the well-being of the father as he has become busier<sup>92</sup> when participating in these caring relations as opposed to when he was not participating in these relationships. In this example, when the father fostered relational autonomy, he was able to understand the influences of social-structures on his choices. It was reasonable for him to cultivate caring relations despite the influence because the relationship was able to flourish as the relationship prioritized the mutual well-being of the father and his child.

Though the father is not explicitly changing patriarchal structures in a larger way, he is resisting their influence on his life. He now challenges these norms in his life through prioritizing care over his previous role as breadwinner. Though one may challenge this solution as too idealized. For example, the father does not suddenly have unlimited time to be able to participate in these relationships. While this point is true as the father is not suddenly freed from larger structural constraints, the important element is that the father is reorienting his priorities, values,

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<sup>92</sup> As we mentioned in section II, care is a practice that requires time, effort, and labor. Thus, practicing care often requires sensitivity to ensure the needs of the caregiver and care-receiver are being met.

and time to align with the value of care. For example, he may not quit his job, but he adjusts his schedule and participates in more daily domestic tasks as much as possible. Though these actions are small, they are intentional and reflect a resistance to patriarchal structures. The father may still face constraints, but by fostering relational autonomy through a critical reflection on norms, the father can take steps, however small, toward aligning with care. This reorientation may be difficult for the father as it is not an ideal situation – the father may lose some sleep or lose professional opportunities – but he has gained an element constitutive of his flourishing in caring relationships. The father was able to cultivate relational autonomy without sacrificing the mutual well-being of the relationships. Cultivating relational autonomy in this instance allowed the father to reshape his relationships and align his choices and actions more toward the value of care, even when faced with structural influences. However, there are situations when it is unreasonable for individuals to prioritize care due to the effects of structural influence without threatening the flourishing of the relationship.

I will now turn our attention back to the example of caring for my sick mother, discussed in the introduction of this thesis, as an example of an instance where it would be unreasonable to participate in this caring relationship given the social-structural influence. In this example, I had a hard time finding a way to take care of my mother during her time of sickness due to structural influences on my range of choices and the actions I took to express this limited range of choices. While fostering relational autonomy may give me a better recognition and understanding of how structural elements have constrained my agency and autonomy, this recognition alone would not make it reasonable for me to care for my mother under these conditions. For example, if I had to quit my job to take care of my mom, my well-being could suffer due to the financial stress or the loss of a central part of my identity. This stress, or loss, would threaten the caring relationship that sustains both my and my mother's well-being. In turn, my mother might feel guilty from

seeing me struggle as a result of something that has to do with her, further compromising her and my well-being as the caring relational basis that once allowed for our mutual flourishing has been fractured. When my well-being is compromised, my mother's well-being is also compromised because the flourishing of our relationship is what enables both my mother and I to flourish. In other words, the breakdown of our caring relationships, due to the inability of me to prioritize the relation because of social-structural influence, would harm my mother and I as our relationship, itself, has been damaged; this relationship being the constitutive basis for our individual well-being. Since the flourishing of the relationship is what makes possible the flourishing of the individuals within it, this example illustrates an instance where structural constraints have made it unreasonable for me to participate in caring relations despite cultivating relational autonomy, as the structural constraints have eroded the conditions for the caring relationship to be made possible. In this example, fostering relational autonomy does not enable me to reorient my life around caring, but relational autonomy enables me to recognize the impossibility of sufficient care without compromising mutual well-being. At this point, relational autonomy provides the basis for me to develop a critical awareness that becomes the basis for demanding a larger structural change. When individual action is not enough to cultivate caring relations, we must utilize the critical awareness of the structural influence that relational autonomy provides to call for larger structural change.

During times when it is unreasonable for individuals to participate in caring relations, individuals must turn to structures to change in order to foster the value of care and enable individuals to actualize caring relations. Such a change would require, for example, systemic advocacy and policy interventions aimed at creating conditions in which care can be expressed sufficiently without compromising the flourishing of the relationship that makes individual flourishing possible. By fostering relational autonomy, individuals may be able to better

understand the exact structural components influencing their choices and work to create more specific and well-tailored structural changes. People may advocate for policies that enable the range of options available in a way that would prioritize care. Further, by using policy solutions numerous structural elements can be addressed and changed so that the background conditions in which people are making decisions and taking actions are changed.

In this section of the thesis, I argued for fostering relational autonomy under an ethic of care as a way to alleviate the problems of the structural injustice of insufficient care. By fostering relational autonomy, people would be better able to understand the structural influences on their agency and autonomy in a way where they can recognize the instances where it is reasonable to individually cultivate caring relations. Conversely, utilizing a relational autonomy framework can also help to distinguish the other instances where individuals must call upon the changing of the structures that are positioning them in such a way that they cannot cultivate caring relations without threatening the flourishing of the caring relation. Further, fostering relational autonomy can allow for a more thorough understanding of how structures are operating so that more effective change can be made. When individuals foster relational autonomy, they are better able to understand and recognize the structural influences on their position in their range and expression of choices. This understanding and recognition enable more tailored policy recommendations to be made that reflect the specific ways in which people are being unjustly positioned. In other words, the more relational autonomy is fostered as an effective framework for thinking about the position of the individual in a social context, the more people will be able to cultivate caring relations by changing the particular structural reasons for their social position.

## VII. Conclusion

Throughout this thesis, I have explored and examined the problem of insufficient care in which individuals are unable to express sufficient care due to structural barriers; these barriers constitute a structural injustice that cannot be addressed through a personal responsibility framework. Drawing from the insights of Virginia Held's account of care ethics, I have highlighted the significant importance of caring relations for human flourishing. These foundational relations are constitutive of our identities and foster our capacities as relational beings. However, as I have shown, many individuals find themselves in disempowered positions where their ability to cultivate and participate in these relations is unjustly constrained by social structural influences. I have critiqued Mead and Murray's personal responsibility framework as both conceptually flawed and practically harmful. Their presupposition of atomistic and individualistic conceptions of persons not only obscures the relational and structural dimensions of human life but also perpetuates structural injustice by shifting attention away from the social conditions that shape individual positions. This framework, I have argued, validates the unjust operations of structures by attributing the harm of insufficient care to individual failings rather than acknowledging the actions of social-structures that constrain agency and autonomy.

I argued that in order to remediate insufficient care and the broader structural injustices it reflects, we must adopt a framework that accounts for both the individual and structural components of an individual's social position. Relational autonomy, under a care ethic, provides a more nuanced and holistic understanding of agency and autonomy; an understanding that recognizes the social and relational conditions necessary for self-determination as well as provides a broader understanding of the social context in which individuals make decisions. By prioritizing care as both a practice and value embodied within caring relations, social-structures

can create and change the background conditions in which individuals are empowered and encouraged to participate in caring relations, thus fostering mutual well-being and flourishing. The implications of this work extend beyond the problem of insufficient care. It challenges us to reimagine social-structures in ways that prioritize the capacity for care, rather than suppressing or marginalizing it. A society that values and supports caring relations is one that enables individuals to flourish, not as isolated agents, but as interconnected beings whose well-being is fundamentally tied to our relationships with others. By addressing structural injustice and fostering the background conditions for care, we not only rectify individual instances of insufficient care but create a more just society that fosters this capacity. To close, let's look at a real-world example of individuals attempting to change social-structural background conditions to be more caring in the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act.<sup>93</sup>

The RAISE Family Caregivers Act was signed into law in January 2018 and aims to address the challenges faced by familial caregivers by mandating a national strategy to provide comprehensive support to caregivers. Some of the goals of the act were to “Strengthen services and supports for family caregivers” and “Ensure financial and workplace security for family caregivers.”<sup>94</sup> Some examples of the ways this law aims to support caregivers is by creating and advocating for family leave programs to ease financial stress and foster workplace flexibility as well as providing training and support programs so individuals can share resources and provide

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<sup>93</sup> U.S. Congress. *Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act*. Public Law 115-119, January 23, 2018.

<sup>94</sup> Recognize, Assist, Include, Support, and Engage Family Caregiving Advisory Council, and Advisory Council to Support Grandparents Raising Grandchildren. *Rep. 2024 Report to Congress: Progress Report - Federal Implementation of the 2022 National Strategy to Support Family Caregivers*, pg. 10.

networks of emotional support.<sup>95</sup> In sum, the law advocates for a national strategy to support family caregivers addressing financial, social, emotional, and numerous other hurdles facing the caregivers when trying to participate in caring relations.

The RAISE Family Caregivers Act is a great example of the type of structural changes needed to attempt to cultivate caring relations and combat the structural injustice of insufficient care. The law attempts to change the background context in which people make decisions while understanding the importance of the flourishing of these relations to individual well-being. By advocating for policies such as family leave programs, workplace flexibility, training resources, and building networks of support, the law looks at the numerous burdens to the flourishing of a caring relationship such as the financial, temporal, emotional, or professional hindrances to participating in a caring relationship, and aims to alleviate some of these burdens. When working to eliminate the numerous structural influences that hinder participation in a caring relationship, the act works to increase the range of options available to people, their reasons for these choices, and ultimately, the expression of the expanded range of options. It changes the contexts in which people are making decisions, putting them in a position where they have expanded, instead of constrained, options. In this way, the law is able to combat the unjust positioning that is apparent in insufficient care when people cannot adequately express because of the limited options available to them, by instead addressing the numerous structural reasons for individual's inability to express care and expand the options available to them to do so in a way that prioritizes the flourishing of the caring relation. While I only mentioned the RAISE Family Caregivers Act, there are other ways in which structural justice can be worked toward in cases of insufficient

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<sup>95</sup> Recognize, Assist, Include, Support, and Engage Family Caregiving Advisory Council, and Advisory Council to Support Grandparents Raising Grandchildren. *Rep. 2024 Report to Congress: Progress Report - Federal Implementation of the 2022 National Strategy to Support Family Caregivers*, pg. 12.

care, such as by investing in community-based care networks, reforming workplace policies to support caregivers, and incorporating care ethics into the training of social service professionals.

As we move forward, our job lies in transforming the background conditions that social-structures create, such as institutions, policies, norms, and other social-structures, to align with this idea of relational flourishing. This transformation requires a collective effort to recognize the centrality of care to human life and flourishing and ensure that all individuals have the opportunity to cultivate and participate in caring relations. In doing so, we can hold care not just as a marker of a strong relationship, but as a fundamental value of a just society with flourishing citizens.

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