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THE MORAL CONTOURS OF EMPATHY

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ABSTRACT. Morally contoured empathy is a form of “reasonable partiality” essential to the healthy care of dependents. It is critical as an epistemic aid in determining proper moral responsiveness; it is also, within certain richly normative roles and relationships, itself a crucial constitutive mode of moral connection. Yet the achievement of empathy is no easy feat. Patterns of incursiosity imperil connection, impeding empathic engagement; inappropriate “empathic” engagement, on the other hand, can result in self-effacement. Impartial moral principles and constraints offer at best meager protection against these perils, and hence serve poorly in securing morally contoured empathy. More nuanced and practical guidance should be sought in normatively substantive conceptions of our roles and relationships and their defining moral stakes. These, joined with more abstract moral tools, can facilitate rich, narratively textured interpretations of morality’s demands. While the content of our normative conceptions must be continually debated, engaging in this debate is vital to the achievement of proper empathy, and thus to effective, respectful, morally healthy care of dependents.

KEY WORDS: abandonment, asymmetrical dependence, attunement, care-giving, emotional resonance, empathy, expressive conduct, imagination, impartiality, incursiosity, integrity, moral callousness, moral narrative, normatively substantive relationships, partiality, reasonable partiality, respect, self-abnegation, self-effacement, virtue

The chief enemy of excellence in morality ... is personal fantasy ... the tissue of self-aggrandizing and consoling wishes and dreams which prevents one from seeing what is there outside one ... this is not easy, and requires ... discipline (Iris Murdoch, The Sovereignty of Good).

Is there not a terrible hollowness, mockery, want, craving, in that existence which is given away to others, for want of something of your own to bestow it on? I suspect there is. Does virtue lie in abnegation of self? I do not believe it. Undue humility makes tyranny: weak concession creates selfishness.” (Charlotte Brontë, Shirley).

1This paper was originally presented at the conference on Reasonable Partiality at the Vrije Universiteit, Amsterdam, October 22–24, 2003. I wish to thank all those present for stimulating discussion. Special thanks go to Bert Musschenga, who organized the conference, and who has provided insightful feedback on this paper. Warm thanks as well to Brenda Almond and Bernie Rollin for lively exchanges on the issues addressed here and to Nancy Sherman for sharing with me an ongoing fascination with, and her own fantastic work on, empathy. Comments from an anonymous reviewer for the journal were challenging and helpful. Finally, I wish to express gratitude beyond normal bounds to Maggie Little both for her generosity, keen insight, and artful intervention at key points in this essay’s evolution and for her ground-breaking work on deontic pluralism that deeply influences the position I frame here.
Many philosophers, including those who in other contexts defend the importance of ethical abstraction, have urged that impartiality is a dangerously misguided stance to take in care-giving relationships. Relationships such as those between friends, parents and children, teachers and students, or physicians, nurses, and their patients, it is argued, call on us to be properly partial; they exert a privileged claim to especially sensitive and judicious attention, loyalty, and concern – modes of engagement that compete uneasily, even, at times, irreconcilably, with forms of detachment imposed by impartialist constraints. This claim is taken to assume special prominence within a subclass of such relationships we might dub “asymmetrical dependency relationships.” These relationships form a varied lot: they can admit of different degrees of intensity, scope, and intertwining; they can exist between relative strangers or intimates; they can be relatively episodic or long-term. Crucially, they are relationships marked by asymmetries of vulnerability, need, knowledge or power, in which one party is especially dependent on the other for care.2

Relationships of asymmetrical dependency are particularly tantalizing in the context of the impartiality debate. The dependence and vulnerability of the one in need brings with it special susceptibility to injury, neglect, and abandonment. It is, in part, because so many care-giving relationships are markedly asymmetrical that moral theorists focusing on care-giving roles and relationships have shared a commitment to the vital significance of empathy – the ability and disposition to imagine (as best we can) how others feel, what they fear or hope for, and how they understand themselves and their circumstances. Empathy is regarded as a crucial antidote to potentially serious harms and violations, one that must supplement – and, indeed sometimes supplant – abstract, emotionally disengaged judgment with contextually attuned emotional engagement.3

Few would deny that empathy, properly directed and expressed, is invaluable in moral life. But worries about the dangers of “empathy” have long been voiced; indeed, concerns about empathy have been a central impetus for defenses of ethical impartialism. And to be sure, a moral orientation that places emphasis on empathy can introduce peril, for

2By “care” I mean, broadly, concerned support, intervention, nurturance, or guidance.
3The claim is not, of course, that asymmetrical dependency relationships are the only relationships in which empathy is essential; we need only think of empathy’s role in romantic love, in friendships between peers, in relations between neighbors, or in collegial partnerships, to see the absurdity of such a notion. The claim is rather that the role of empathy (and the cost of its absence) is of clear, and sometimes heightened, importance in asymmetrical dependency relationships. This enables us to bring into relief key challenges characterizing empathy’s role in human flourishing more generally.
“empathic efforts” must not go unchecked. Empathic attempts at caring, however well meant, can be obtuse and disrespectful; and, on the other side, expectations of empathy can be exploitative and demeaning. If we are to recover empathy’s role in morality, we need to make sure it is a reflective notion. We need to address what I will call morally contoured empathy – empathy properly felt and expressed.

Morally contoured empathy is a complex virtue – one that draws on a range of emotional, perceptual, and expressive excellences. As such it must, I will argue, be guided and constrained by impartial principles and considerations, to be sure, but also – and more richly and informatively – by an appeal to normatively substantive conceptions of our roles and relationships and their defining moral stakes. Such conceptions capture the ends or purposes integral to the kinds of roles and relationships we occupy. They help set standards of reasonable partiality constitutive of wise and judicious judgment informing appropriate moral responsiveness to others – responsiveness that, among other things, avoids the perils to which empathic engagement renders us susceptible. Attending to these normative conceptions of roles and relationships, then, can help to guide our understanding of proper empathic response. It can also, and crucially, help articulate why properly contoured empathy is so essential an aspect of the moral life: without proper empathy, the epistemic task of reaching wise moral decisions in particular contexts becomes that much harder; more than that, within certain normatively rich roles and relationships proper empathic connection is itself part of what morality demands.

Certainly, not all care-giving relationships are asymmetrical in the sense at issue. Relationships between friends and colleagues are, for example, paradigmatically characterized by forms of equal, mutual concern and symmetrical interdependency. But even relationships generally characterized by symmetricality can fluctuate in and out of asymmetricality: sickness, loss, trauma, tragedy, and seemingly minor obstacles (a romance gone sour, a career disappointment), can thwart or “unhinge” us, rendering us especially dependent on others with whom we generally share an equality of dependency and need. Moreover, asymmetries of dependency fundamentally structure many relationships that fill our lives (e.g., in youth or old age, as students or patients) in ways that are neither uncharacteristic nor morally problematic as such. Thus in focusing on relational contexts of asymmetrical dependency, we are considering not only a species of relationship, but also relational dynamics that can, in different ways, at different times, configure a great many of our relationships.
What is required adequately to discern proper moral responsiveness in such relationships, especially if we are in the position of giving care?\footnote{There is an important question I do not take up here, namely, how we are to determine that we are under obligation to care for someone we are in a position to care for. This is a complex question, the answer to which will depend on a broad range of factors, including our normative constrictions of roles and their constitutive duties, to be sure, but also – and crucially – considerations of justice, efficiency, competing responsibilities, and the like.}

Imagine someone who learns she is seriously ill. She is, by turns, distracted, agitated, angry, tearful, or withdrawn. She evinces what we can identify as anxiety. We may be absolutely correct in ascribing anxiety to her. Yet what is the character of her anxiety? Is it laced with fear or with grief? Is it rooted in insecurity or guilt? Does it consist in some complex mix? And if we are to offer her care and support, how do we best orient our efforts in doing so? Much, as we will see, depends on just what role we occupy with respect to the individual (are we the spouse or partner, the young child, a grown child, a therapist, a physician, or a neighbor?). Whatever our role might be, a factor often essential to discerning how to respond in our role is properly contoured empathy.

In a fascinating study contrasting empathy with “detached concern” in physician-patient relationships, Jodi Halpern writes that empathy involves “imagining how it feels to experience something, in contrast to imagining that something is the case” (2001, 85). To engage empathetically, then, entails more than a simple, if accurate, ascription of a state to another person (“she is anxious”). It entails “emotional resonance” with another (84–85), or, in Adrian Piper’s words, “visceral,” felt “comprehensive” of her condition, which we “modally” imagine, “experiencing it in ourselves” (1991, 737). “In empathy,” Halpern writes, “emotional resonance can set the tone, but imagination . . . must . . . unify the details and nuances of the patient’s life into an integrated affective experience . . . a sense of how it feels to have a certain illness, disability, or psychological injury” (88). Key is sustaining open curiosity about the other’s felt condition, imagining it in its meaning for her (as best we can), given the idiosyncratic constellation of factors shaping her distinctive experience (130).

I want to accept this basic account of empathy.\footnote{Intriguingly, this account unifies elements deeply rooted in David Hume’s account of “sympathy” (1739/1968) and Adam Smith’s account of “empathy” (1759/2000). “Sympathy,” for Hume, refers to the “effects” of another’s passion on one, which “form a lively idea” in us that is then “converted into the passion itself,” and through reflection identified as the passion it is (1799/1968, 319). The Humean approach resonates with the element of shared feeling, “contagion,” or “visceral” arousal associated with “empathy.” Smith’s account, by contrast, centers on imagination as a route into others’ states (1759/2000, 4). In affectively grasping an other’s condition, we plumb our own associations and memories and work by analogy and imagination to feel our way into his or her experience in “our}
we can, as Lawrence Blum notes, feel “moved” or “touched” by another’s plight . . . without sharing . . . in her distress or suffering” (1989, 313). My claim is that proper moral responsiveness often entails empathy. Consider again the woman with whom we began. Perhaps she is afraid she will suffer, or terrified about the prospect of dying. Perhaps her “anxiety” is primarily about her own ability to care for her dependents, or guilt-ridden anticipatory dread about the disruption her needfulness will bring to her already busy family. She may fear the resentment she imagines others will feel toward her as she becomes increasingly weak and needful, or she may be resentful herself—even furious—about the “unfairness” of being struck down by illness. These factors make a difference to how we are effectively to respond in providing her care. While we can sometimes rely rather woodenly on straightforward first-person reports, understanding these “reports” in a rich and vibrant way as they convey the particular felt experience of the individual making them requires emotional resonance and imaginative openness. The ability to “get inside” or “grasp” the experience of the other—to be empathic with her—can be crucial to our understanding of her situation, to our motivational orientation in responding to her, and to our emotional response as it is conveyed through expressive gestures of understanding and support, constitutive of the effective provision of care.

Note that empathy, so understood, does not entail endorsement of the other’s perception, which might, after all, be distorted, confused, or even wacky. Nor does it require yielding to the other’s desires or expectations, for they might be unrealistic or potentially exploitative. As we shall see, exercising morally contoured empathy requires the ability deftly to distance ourselves from the other’s felt experience and perspective when this is needed, even while at the same time apprehending and sustaining felt connection with his or her state.6

Achieving proper empathy is no small feat. Too often in everyday life, “incuriosity” reigns. Incuriosity encompasses an array of failings. It can consist in an inappropriately disengaged or remote stance toward another, manifested, for example, in forms of indifference, obtuseness, or even callousness, founded in disconnection.7 It can trace to exhaustion, preoccupation,

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6Piper, for example, helpfully distinguishes “sympathy” from “empathy.” Whereas sympathy, on her account, implies one’s accord with the other’s inner state, empathy implies only one’s “visceral comprehension” of it, even while it may be at odds with one’s own perspective and experience (1991, 740).

or simple distraction (think of the bone-tired parent, too spent by the job to meet his children’s emotional needs in the evening); it can be based in fear (for example, of the unfamiliar, or of vulnerability itself), or derive from more intrinsically problematic attitudes of condescension, disgust, or contempt—the often unconscious or unacknowledged biases and aversions that are at play in our dismissal of, or resistance to, others. These might include prejudices about “funny” accents; discomfort with scarred faces or perceived infirmities (“bad teeth”); or denigrating attitudes about body types, ethnic groups, religious affiliations, or sexual orientations. In all such cases, both relatively innocuous and morally egregious in source, our identification with another is diminished, and the scope of our emotional and imaginative resonance is constricted. This, in turn, undercut[s] empathic responsiveness in ways that can lead to outright moral neglect, abandonment, or injury and that can foster feelings of isolation, degradation, and shame in those in need.

Other times, inquisitiveness can result from too close an identification with another, a failure to sustain appropriate distance, or to acknowledge difference and independence where it exists. Clearly, the imposition of “care” on another who is basically competent, without consulting her wishes or trying to understand her needs from her own point of view, fails to respect her as a separate locus of experience and agency. One may mean well, but act intrusively. As care-givers, for example, we can be too blithe or simplistic in assimilating another’s experiences to memories, associations, and familiar experiences of our own. As Margaret Little writes, “most of us have deep tendencies to project our own template of experience onto others. We catalogue and classify others’ experiences as soon as they are mentioned, eager for them to be confirming instances of our current favorite generality” (1995, 124). This may result from an attempt to derive a neat and manageable grasp of the other’s needs. Halpern details a case shared with her by a patient. During this patient’s pregnancy, she reveals to her obstetrician that she is gripped by a horrifying fear of childbirth. Her obstetrician, no doubt cued by her patient’s expressed fear, “assures” the patient that the pain of childbirth can be sufficiently minimized and, if needed, medicine can be administered that will put her “out of it” altogether. Halpern relates: “This response terrified [the patient], because her

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8 See Martha Nussbaum (2004) for an in-depth exploration of “disgust” in social life. Also, see Iris Marion Young (1990, esp. Chapter 5) for a discussion of unacknowledged aversion as it contributes to conditions of exclusion and indifference subversive of justice.

9 There is an alarming tendency in ethical theory generally to offer “monological” (insular, individualistic) models of imaginative reflection about others different from oneself. Walker (1991) and Benhabib (1987) offer trenchant criticisms of this tendency. It has, more generally, been the (negative) inspiration for recent work in the politics of difference (e.g., Young, 1990; Minow, 1990).
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fear was of losing control, either by being groggy from anesthesia or being “tied down” to an intravenous line. She had, it turns out, been a rape victim who had experienced this kind of helplessness and immobility” (2001, 80). Here in an attempt to allay fear, the obstetrician too quickly assimilated her patient’s “fear” to the familiar fear of “pain,” failing to inquire into the particular meaning of the fear for her patient. Consequently, her efforts at amelioration backfired.

Without adequate empathy, then, it can be extraordinarily difficult to carry out the moral epistemic task. Appreciation of this point prompts many to insist that we attempt to submit in feeling and imagination to the experience of the person being cared for. As Nel Noddings writes, caring “involves stepping out of one’s own personal frame of reference into the other’s” (1984, 24). As care-giver, “I set aside my temptation to analyze and to plan. I do not project; I receive the other into myself, and I see and feel with the other” (30). The care-giver actively assimilates the other’s values and ideas and “affectively interiorizes” an alien perspective, supplanting her own; she adopts the interpretive framework of the other, yielding her own understanding of the situation and its moral stakes (Noddings 1984, Chapter 2).

Noddings is characterizing a form of receptive “listening,” of attunement, in which we take an open, curious stance, centering our attention on the other, disengaging as much as we can from a preoccupation with our own perspective or agenda. While the skills of receptivity are crucial to empathic engagement, the motivational and interpretive “displacement” Noddings characterizes also highlights a potential peril of engaging empathically, namely, inappropriate self-denial or self-effacement – the sort of state, to use Adrian Piper’s vivid language, in which one is “vicarious possessed” by the other.10

Consider Sandra Bartky’s example of Teresa Stangl, who, though herself devoutly religious and opposed to Nazism, comforted and succored her husband, Fritz, in ways that fortified him in his capacity of Kommandant at Treblinka, even while she found his work morally repugnant (1990, 111). Or imagine a less extreme but more familiar example of a father of

10. “Vicarious possession” by the other is, according to Piper, a problematic mode of empathic engagement in which “[o]ne empathetically experiences the other’s feelings as one imagines them to the exclusion of one’s own reactions to them . . . [o]ne is so preoccupied with imagining what the other is thinking that one’s own thoughts are temporarily suppressed; and . . . [o]ne’s actions reflect one’s conception of the other’s wishes or desires as to how one should act or what should be done” (1991, 740–741, emphasis added). Piper writes of the “invas[ion]” of the self (735), the “abdication of [one’s] sense of self and agency;” the “suppression” of one’s own perceptions and interpretation of the situation (742) that “disrupt[s] a sense of internal equilibrium” (735), compromises integrity, and dislodges the self-directed agency of the care-giver.
a teenage daughter who, in grappling with the conflict between his child’s ardent desires and his own sense of what is right, resolves the conflict by silencing his conscience. If he feels pressure as a parent to forsake his own standards in order to preserve a yearned for and fragile connection to his wayward child, he may end up in a painfully self-compromising position.

As I shall note later, purposeful, temporary suspension of our own perspective or standards can serve valuable connection or “resonance;” however, receptivity to the other must not be confused with self-abnegating absorption into the other or moral subordination to her. A properly empathic caregiver must, on the one hand, be sufficiently respectful of and open to the one in need, while on the other, sustaining the requisite degree of self-possession, emotional equanimity, and critical distance to avoid self-effacement.

In fact, vibrant emotional resonance with another’s state can leave us, as care-givers, in a condition of preoccupied distraction leading us back to the inquisitiveness empathy is supposed to guard against. If I am emotion-ally “infected” by your fear or grief, “filled” with your sense of doom or anxiety, I may become consumed by my own reactive distress, riv-eted by my own discomfort and diverted away from the emotional real-ity of your experience.11 This can lead to problematic moral compromise and self-abnegation; it can also disable me in effectively caring for you.

How then can we widen and expand our emotional engagement and imaginative power, and encourage in ourselves and others the ability to enter into the feelings and perspectives of others while sustaining morally appropriate boundaries? The key, many have argued, lies in appeals to the sorts of correctives offered by an impartialist stance.

What role, if any, can impartialist paradigms and principles play in helping us to avoid the pitfalls of inquisitiveness and self-effacement? I will focus on two broad strains of impartialist theory.12 The first offers a strenuously abstract,

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11 Halpern makes the point that what she calls emotional “contagion” can go both ways. For example, a physician can be infected by “a patient’s catastrophic thinking;” physicians can also convey their anxieties to their patients, who come to ‘catch’ the physician’s fear (2001, 10).

12 I should note that the philosophical literature is rich with sophisticated efforts by impartialists to demonstrate the hospitality of their theories to significant forms of moral partiality, as well as the value of impartial constraints within more “partial” moral domains. (see, e.g., Sher, 1987; Herman, 1991; Hill, 1987; Baron, 1991, Stark, 1997). For further
“impersonal” construal of impartiality, found paradigmatically in the work of Thomas Nagel and given qualified form by Marcia Baron, valuable to our analysis here. The second articulates a more supple impartiality, permitting significant specification of norms and guidelines, represented in Adrian Piper’s work devoted to empathy. First, then, the sirenously abstract version.

Marcia Baron writes:

One may need, morally and perhaps on other grounds to be able to regard a lover, a spouse, or a child, or one’s relationship to any of them or to a friend, from a third-person perspective . . . [A] loving parent may see his overweight child as adorably plump and fail to see that the child has a problem and needs his parents’ help. More serious, a mother may fail to detect signs that her lover . . . is molesting her daughter. In each case, the problem is not that the parent is too partial . . . but that they never try to view the people in question with an outsider’s eye. (1991, pp. 852–853, emphasis added.)

Just how is Baron’s “outsider’s eye” or “third-person” perspective pictured, exactly? Baron says that “in taking up [this] perspective, one in effect detaches oneself from one’s loyalty to, love of, belief in, the individual(s) in question” (854), “viewing oneself, one’s intimate ties, and one’s intimates from the perspective of a disinterested observer” (850). Baron’s characterization here essentially squares with Nagel’s construal of the moral point of view as an “impersonal” standpoint from which we are to “[step] outside ourselves” (1986, 140), “recogniz[ing] . . . values and reasons that are independent of [our] personal perspective and have force for anyone who can view the world impersonally as a place that contains him” (140). What directs our detached “reflection” from this standpoint, even about intimate relationships, are considerations of “agent-neutral values” – “very general human goods . . . [whose] value does not have to be seen through the particular values of the individual who has or lacks them, or through the particular preferences or projects he has formed” – values such as “liberty,” “general opportunities,” “the basic resources of life,” “pleasure and the absence of suffering” (1986, 170–172).

Let us now consider a version of Baron’s first case. Imagine upon apprehending my son’s frequent urges for fudge, I am vicariously possessed by a vivid and intense resonance of desire. That is, I merge with my son,

discussion of impartialism as it bears on justification and judgment in ethics, see Carse (1998).

13Nagel (1986).

14Baron (1983, 1991). Baron does not absolutely privilege the impersonal standpoint as a moral standpoint; she simply asserts its essential value as one among the standpoints we take. Nagel’s view is more complex, as he is attempting to characterize the simultaneous occupation of distinct standpoints as a morally illuminating exercise. Unlike Baron, he does grant moral privilege to the impersonal point of view.

experiencing his desires as my own, so completely, in fact, that I lose my curiosity and concern about their relation to his health. If, consequently, I yield to his desires (as I imagine them, of course), this is surely harmful to him and a moral failing on my part — my care for him suffers; so, too, does my integrity, if I am committed to his health.

The second case is even more dramatic. Imagine I am absorbed by a wild, passionately charged loyalty to my partner, which leaves me deeply resistant to evidence that he is abusing my daughter. Imagine further that in my absorbed attachment to my partner, I occupy a relatively remote and emotionally disengaged stance toward my daughter. Both these factors lead me too readily to assume that my daughter’s emerging sullenness, evasiveness, and hostility are simply adolescent forms of “acting out.” That is, I fail to resonate in feeling or imagination with her; I also fail to be curious about the emotions she is expressing in her conduct. Here, both my poorly constrained entwinement with my partner and my self-absorbed (and perhaps self-serving) remove from my daughter compromise my judgment, critically undermining my protection of her. If I am in some way committed to her safety and flourishing, my incuriosity will also be self-effacing, jeopardizing my integrity.

The question is this: Should we seek to occupy a “detached third person,” or “impersonal” perspective in navigating terrain of this sort, in which failed care-giving is rooted in distorted and inadequate empathic connection? This much seems true: Baron and Nagel are profoundly right that we need to be able to shift perspectives on the situations in which we find ourselves ensconced. Moreover, in each case we are considering, “agent-neutral values” (e.g., physical health, self-regulation, the absence of suffering, the wrong of abuse) are clearly at stake. These stakes, in turn, have implications for what is morally incumbent upon a parent — demands that are not met here. Surely, from a “detached” perspective I would disengage from vicarious immersion in my child’s yen for fudge; I would be more aware of the obligation to act in the interest of his health. So too I would distance myself from my absorbed entwinement with my lover and from my too self-absorbed view of my daughter’s behavior. But where does this leave us?

In the first case, a detached standpoint can highlight the value of health and facts about poor nutrition, sobering up a dutiful parent. Yet it would seem that such a standpoint will be far less clarifying than a contextually attuned, emotionally engaged, properly informed, and responsibly concerned perspective. The problem lies not, after all, in my partiality toward my child, my special love for him, but in my problematic form of “partiality” — here my disposition to merge with him to the detriment of his well-being. Models and guideposts of “proper” parental love and nurturance, of appropriate (or “reasonable”) partiality, may be just what is needed to inform and guide me
in pursuing his well-being, an undertaking that will demand both effectively resisting his pleadings (a resistance that will require me to discern when I am detrimentally merging) and effectively teaching him self-regulation (a feat likely to take some insight and clever experimentation).

It is even less clear in the second case involving sexual abuse that a detached third-person perspective is best. This case involves more complex and difficult forms of apprehension than one regarding a child's problematic eating habits. While disentanglement from my lover the abuser would be good on many grounds, detachment from my daughter seems to be precisely the wrong course to take. I am already detached from my daughter, insufficiently engaged with and curious about her, to read her moods and signals with accuracy and realism. Why think that an impersonal or "disinterested" ("outsider's") view of her, or of the domestic situation as a whole, should be morally clarifying in this situation? Why trust that such a view would enable one better to organize the available "data" into evidence of abuse than that of a concerned mother, who knows and deeply cares about her daughter? Love can obscure accurate perception to be sure, but it can also engage our focused and apt attention. Seeing what is happening in my household is likely to require picking up on subtle signals – the ability to intuit (because I know her so well) that my daughter's sideways glances signal alarm and desperation rather than mere annoyance about chores, or hearing in her clipped voice and evasive or hostile language not just adolescent resistance or nonchalance but a suppressed rage indicating that something is dreadfully wrong. On the other side, knowing one's partner well may be crucial to suspecting deception – how else will one pick up on the strange tension around his mouth suggesting he is lying, the awkwardness of his otherwise elegant gait, or the uncharacteristically solicitous tone of his voice that signals guilty betrayal? While taking an impersonal and disinterested perspective on my family situation may disengage me from too preoccupied an absorption in my partner, or call vividly to mind general obligations to care for my daughter, there is no reason to believe that the facts of abuse would be visible from such a standpoint or that I would, in disengaging from my loyalties and loves, have the requisite practical motivation to seek these facts. Until I can see the morally salient structure of the situation for what it is and grasp the evidence of betrayal and violation, I will not know to bring the agent-neutral values (of honesty, protection of one's children) or prohibitions (against sexual abuse) to bear in an assessment of my particular obligations as a mother; I will not perceive their relevance to the situation at hand. 16

16 As Margaret Little so eloquently puts it: "[The] stance of personal disengagement, however passionate one's desire to find out truths or to see interests advanced, carries with it tremendous epistemic danger... One of the few antidotes we have against [our] tendencies
Again, the problem lies not in partiality \textit{per se} (here, toward my partner), but in the way love and loyalty to my daughter are in effect in hibernation as I am flooded by a warped and distorted, improperly bounded absorption in, “possession by” my partner. What is most needed, I want to suggest, again, is not an impartial or “third-person” perspective on the situation, but proper “partiality,” constituted by appropriate emotional engagement with and attunement to both my partner and my daughter. Such engaged attunement would, in fact, constitute keener awareness about what is going on in my home.

The suggestion here is this: An impartial, or “third-person,” standpoint fails to engage situations at the right level of nuance and specificity to provide anything more than meager moral guidance, if that. Agent-neutral injunctions, while of limited value, are, in the end, often insufficiently fine-grained effectively to flag for us what counts as vicarious possession, over-identification, problematic disengagement, distraction, or in-curiosity in the complex idiosyncratic fray of our relationships. Avoiding the perils that subvert morally contoured empathy will, more often than not, require normatively substantive guidelines nuanced enough both to illuminate problematic relational patterns and to guide healthy ones in the \textit{specific kinds} of relationships we occupy, given the \textit{particular} challenges we confront in actual, concrete contexts. Can we find that nuance in a more supple impartialism? Let’s turn to Adrian Piper’s attempt to do just that.

In intriguing work, Adrian Piper (1987, 1991) offers an account of what she calls “strict impartiality” as a \textit{constitutive feature} of morally regulated empathy. On Piper’s account, impartiality is properly understood as a second-order justificational requirement on substantive moral principles of judgment and conduct. A substantive moral principle is “impartial” if it is formulated without the use of proper names or rigged definite descriptions (1991, 727). This means that no one — the agent employing the principle or anyone else in particular — may be accorded privilege as such in our determination of what morality demands. Crucially, impartial principles are not, on Piper’s view, subject to an impersonality constraint of the sort advocated by Baron or Nagel, nor does impartial conduct require complete abstraction from our particular loyalties, interests, attachments, or affections. Impartial principles can be framed in such a way as to acknowledge partial duties and special obligations, pertaining, for example, to people in virtue of the kinds of roles they inhabit or the kinds of relationships in which they stand to

\[\text{[of projection, obtuseness, or assimilation of what is novel to what is familiar] is listening from a stance of caring for the person herself. In such a stance, we want to hear how it is for her . . . from the valorized position of dispassionate detachment we are often actually less likely to pick up on what is morally salient. Emotional distance does not always clarify; disengagement is not always the most revealing stance (1995, 124)".}\]
others (e.g., spouse, parent, friend, governor, midwife, teacher), including obligations of “special” devotion, emotional attunement, or aid, integral to these roles and relationships. As Piper writes, “[Impartiality may include] provisions for different circumstances and social relations, for example, that the elderly deserve special respect for their wisdom and experience, that one has special obligations to family and loved ones, and so forth” (1991, 104). Piper’s view is clearly able more amply to guide us in securing reasonable partiality than strenuously abstract, “impersonal” impartialism.

But the story cannot stop here. First, as Piper herself notes, even “inherently impartial principles” can be “applied prejudicially” if they are applied in such a way as to privilege certain “morally irrelevant” interests or aversions, as when, in offering aid, we cater to a “bias toward popular or charming sufferers over unpleasant or socially repulsive ones” (1991, 727, 751). The apprehension of injustice, violation, neglect, or betrayal is a moral [reaction],” Piper writes, that “alert[s] us to the operation of these vices in our social relationships” (1991, p. 751). What is needed, she says, is “strict impartiality,” which “function[s] both to constitute and regulate our empathic imaginative responses to [one another] . . . in a morally appropriate way” (1991, 756). To act with “strict impartiality” is to conduct oneself in line with the evaluative predicates denoted in impartial principles and “not in accordance with other, irrelevant attributes [we] happen to value or disvalue” (1991, 728). So, it would seem, we are to show mercy, generosity, or respect, for example, without allowing morally “irrelevant” factors (such as our experience of another’s “charm” or “social repulsiveness”) to hijack or misdirect our efforts.

The critical challenge here concerns how we are to determine criteria of moral “relevancy” and “irrelevancy.” Piper is cognizant of this challenge. The crux, on her account, lies in avoiding the poles of “self-absorption” and “vicarious possession [by the other],” each of which is a form of empathic imagination gone bad—indeed of what we have referred to as “incuriosity” and “self-effacement,” respectively.

Piper offers two tactics, both instructive for our inquiry. The first employs essentially quantitative gauges of properly contoured empathy: We are to

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17Marilyn Friedman argues that Piper’s formulation fails to exclude important forms of “bias” against groups of people, such as those expressing “misogyny, white supremacism, and homophobia” and recommends we add to Piper’s stipulation the additional constraint that principles contain no reference to social groups. This suggestion might effectively rule out the designation of “the elderly” as a group given special consideration. Friedman’s criticism of Piper is coupled with a further argument that we rely less on impartiality constraints in guiding moral judgment than on the formulation of and appeal to problematic forms of partiality (Friedman, 1989, 653–654). This intriguing strategy might allow us to “back in” to acknowledgement of special needs or claims indexed to groups by highlighting features other than group-membership itself as morally relevant.
give “due regard” to ourselves and the other. Giving “due regard” entails representing the quality and “intensity” of both the other’s state and our own with “equal vividness simultaneously in [our] consciousness” (1991, 748, emphasis added; see also 741), holding our own and the other’s (imagined) experience “symmetrically,” with “equal attention,” privileging neither as such (1991, 751, emphasis added).

Now Piper is surely right that the mere fact that a state, perspective, or felt need’s being yours or mine, or anyone’s in particular, ought not itself to be morally decisive. Her impartialist dictum covers all cases, including those concerning others you or I may happen to find disgusting, charming, or drab. The demand for “due regard,” then, is a demand that we see each other as equally real, and extend our engagement across morally irrelevant boundaries. But the catch is this: as Piper herself implies, not all “boundaries” are equally irrelevant morally.

Imagine you are a physician with a patient who is, by your lights, in the grip of what is an irrational fear, or a distorted and unnecessarily grim assessment of her condition that fundamentally configures both her emotional state and her views about what she needs. Or imagine a teacher who, all else being equal, should be responsive to a student she happens to find charming and drab. In the grip of such a reaction, she, however, tends toward indifference or aversion; she resists engaging the student or encouraging his learning, failing perhaps even to notice his raised hand in class. The student, on the other hand, believes she treats him unfairly, though he may not know why. Or again, imagine you are a husband who tends toward unwitting subservience, misplaced loyalty, or self-denial, and that you are caring for a wife who is badgering, ungrateful, and tyrannical in her demands of you.

Is it a “balanced accommodation” or “equal representation” of the involved perspectives that should be the objective of the care-giver in such cases? Surely there must be some normatively substantive basis providing reason, when appropriate, morally to privilege one or another of the perspectives in play, or indeed – if both are problematic – to privilege neither, instead mandating the regulation or redirection of the inter-subjective exchange as whole. Piper’s first, quantitative tactic, taken alone, provides insufficient normative guidance to secure reasonable partiality.

Piper does offer an answer of a sort to these kinds of worries. She emphasizes several impartial principles (e.g., of mercy, respect, the preservation of integrity) that are, she argues, to be used “to identify, understand, and evaluate our experiences of our own inner states as well as those of others’ as we modally imagine them.” (1991, p. 756, emphasis added).18 Two

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18Piper calls these “concepts;” I here take liberty with her text, as she derives standards from these concepts that are offered in the form of principles in her own examples.
principles pertain directly to the perils we are studying. First, we are in aiding and caring for others to be “disp[osed] to action that sacrifices the inner integrity of neither self nor other” (751, emphasis added). Second, we are to “treat [the other’s] moral personhood with no more or less than the care and respect we accord our own – that is, with the care and respect due a moral person impartially considered” (1991, 756, emphasis added).

There is a vital connection between these principles and the forms of in-curiosity and self-effacement we have examined. Invasive and proprietary care-giving, and failures of curiosity and concern, would all arguably violate the demand that we give others “the care and respect due a moral person impartially considered” or that we engage with others in a way that honors their integrity. So too, the risks of self-sacrifice and self-effacement faced by the care-giver highlight dangers of compromised self-respect and integrity. There is no question, then, that these impartial, substantive demands are relevant to the achievement of reasonable partiality in articulating moral checks on our affective and imaginative dispositions.

Nevertheless, in an important sense, Piper puts the cart before the horse. What would it mean, for example, to preserve the “inner” or “inviolate” “integrity” of a hateful, disdainful, or deeply fragmented person in need? Or what about the patient with distorted fear, the prejudiced teacher who is unwittingly obtuse and negligent, or the spouses locked into patterns of subordination and tyranny? Asking each to evaluate both his or her own state and the other’s with an eye to preserving integrity on both sides would do little to check the perils of incuriosity and self-effacement. The ability to make such an evaluation already presupposes, as does Piper’s more “quantitative” tactic, that one is capable of extending his or her imagination with sufficient openness to achieve an understanding of the experience or state of the other. But if the other happens to fall into a despised category, such a capacity may well be thwarted, blocked, or distorted. Moreover, if we or the other are gripped by fear, filled with aversion, or inclined toward submission, the requirement to preserve our own or the other’s integrity cannot provide critical leverage against the problematic perspectives or states at issue. It can thus do little to help regulate and direct our empathic efforts; it is simply too “formal” a requirement. ¹⁹

What about the demand that our empathic interactions sustain “the respect and care due any person impartially considered”? Is this the needed corrective? Proper respect and care for the other is surely a critical moral

¹⁹ Admittedly, much hangs here on how we construe “integrity”. I am taking the familiar version associated with phrases like “to thine own self be true” — basically a view on which to have integrity is to have coherence or unity as an agent, and to sustain “fidelity” to basic commitments and valuations. For subtle discussion of the complex landscape in thinking about integrity, and various reigning construals, see Calhoun (1995).
imperative. Understanding what proper respect amounts to, however—both
generally, and in the specific contexts of care-giving—is no small task.

Consider, for instance, the seemingly straightforward injunction, stan-
dard in health care, to respect the autonomy of the patient by obtaining
informed consent for medical procedures or interventions undertaken on
her behalf. Bringing a patient to an informed understanding of her condition
and treatment options can be a complicated and challenging undertaking,
requiring an attunement not only to her particular level of knowledge, her
ability to absorb, synthesize, and retain information, but also, as in our case
above, to the fears, anxieties, or special vulnerabilities that may be inter-
fering with her reflective, deliberative process. It requires, in particular,
a sensitivity to her unique and idiosyncratic characteristics, a perception of
how she feels and how she understands her circumstances—including our
relationship to her and the context in which she finds herself with us.

But properly discerning these particulars will often require the very ca-
pacities of imaginative insight and empathic attunement we have been ex-
ploring. Respect must itself mobilize empathy. The very ability to examine
and regulate our empathic interactions with the use of impartial principles
of integrity, respect, or the like, it turns out, requires us first to navigate
the perils of moral inquisitiveness and self-effacement as they emerge in dis-
tinct relational contexts—to check for distraction, callousness, or morally
problematic distortion, on the one hand, or morally problematic loyalty,
“vicarious possession,” or self-denial, on the other. Our question concerns
what substantive moral guides, if any, can direct this navigation itself.

Clearly we are not respectfully oriented toward the other if we are impos-
ing our own agenda on her, or unwittingly indifferent to her. Nor are our
own states integrity-sustaining or self-respecting if we are vicariously pos-
possessed by the other or lost to her perspective or felt needs in an unbounded
state of resonance. But when is what we intend as guidance, nurturance,
intervention, or support actually a disrespectful imposition? When does in-
difference to, or emotional disconnection from, another’s felt need amount

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20 Halpern (2001) explores with depth the role of empathy in facilitating and supporting
the development of the effective capacity to exercise deliberative rationality in traumatized
and suffering patients.

21 See Sherman (1998a) for a fascinating account of what she calls “concrete Kantian re-
spect.” “Delivering” respect, Sherman writes, “requires a concrete and tailored engagement
with the individuals we are respecting.... empathic and sympathetic imagination of others’
conditions may be prerequisite to actually treating others in ways that promote their ration-
al agency and capacities” (1998a, 145) also see Blum, 1994; Nussbaum, 1990; Sherman
to neglect or abandonment? And when is a state of emotional resonance a proper form of empathy, when a threat to one’s own integrity? How do we decide these questions in distinct relational contexts?


Imagine two boys, who we will call Big Luke and Little Luke. One day, Big Luke and Little Luke get into a fight on the way home from school. Both Lukes are middle schoolers of the same age. Big Luke, a quick and brawny boy, is known to be a bully who verbally denigrates and is physically aggressive with other kids. Little Luke, a slender, quiet boy, is consistently disinclined toward either verbal or physical bullying. Both boys are smart, sensitive, and concerned about what others think about them. Both are sons of single mothers who love them dearly and want to raise them to be good men. On this day, they are walking home, as they do most days, with a collection of other kids from their grade. Big Luke is feeling restless and edgy. He begins to pull persistently on Little Luke’s backpack, making it difficult for Little Luke to walk. Little Luke several times demands that the pulling stop, but to no avail. Frustrated and furious, Little Luke has had enough: he turns around quickly and punches Big Luke in the face. Big Luke, surprised and humiliated, throws little Luke to the ground and begins kicking him in the ribs as the group of friends looks on in silent shock. The incident is reported to the school, and both boys are given the same punishment: several days’ suspension. Little Luke, profoundly humiliated, vomits repeatedly at home and refuses to leave his house for days. Big Luke feels he has done nothing wrong: he was only “ribbing” Little Luke, who over-reacted. When he kicked Little Luke, he was defending himself; after all, he’d been slugged in the face.

What would count as an appropriately empathic response on the part of each Luke’s mother in this situation? Most importantly, how are the mothers to navigate this complex moral terrain?

I believe our analysis thus far opens up space for an idea that fills an important gap left by impartialist theories, an idea that has, in a different context, been dubbed by Margaret Little “the ethics of normatively substantive relationships” (1998, 205).

Little writes of a range of relationships

... that [they] have, for lack of a better term, “normative essences” – a normatively construed *telos* or point that generates virtues or obligations appropriate to [them]... to give some crudely drawn examples: the normative point of a caretaking relationship *is* (arguably) for one to provide felt concern and provision for the needs of someone who is dependent; the normative point of friendship *is* (arguably) attachment and shared intimacy; the normative point of economic partnerships *is* (arguably) instrumentally conceived mutual benefit” (1998, 205).
In the context of asymmetrical dependency relationships, we must, in assessing how to respond to another, ask, What is the broad telos of this relational type? What are its defining moral ends, purposes, or stakes? What virtues and obligations do these entail, and how are they to be realized in the situation at hand? To ask these questions is not to insist that our normative understanding of relationships and roles is static; as I will later suggest, just how the defining ends of our relationships and roles are best understood ought to remain a live moral question, engaging ongoing debate and critical reflection. But while our normative conceptions may shift and evolve, they can nonetheless provide crucial epistemic guidance, among other things concerning how empathy is to be realized and expressed in particular contexts.

Consider first Big Luke’s mother. Let’s agree that a fundamental task she confronts is that of addressing her son’s bullying and brutality, of finding a way to promote his concern and respect for other children, and of helping him to control his impulse to dominate others. She will also need to correct elements of his interpretation of the fight with Little Luke if she is to encourage him honestly to accept responsibility for his own conduct.

What about Little Luke’s mother? It seems essential that she address the isolating and disabling humiliation gripping her son in the wake of the fight, and in so doing help him to regain his trust in himself and others. To this end, she will need, among other things, to encourage in Little Luke the strength to withstand pressures of playground jostling, to help him cope more constructively with taunting peers.

Now, imagine for a moment that Big Luke’s mother actually shares in her son’s distorted perspective on the fight or, for that matter, has biases or distortions of her own. Perhaps she is inclined toward idealization of her son, or stubborn loyalty; perhaps she harbors an aversion to slender poetic boys who cry before they fight (and thus that Little Luke falls into one of her despised categories). Big Luke’s Mom is not, we want to say, oriented in a proper moral way to this situation. But from what vantage point is this apparent? Surely not from her own.

One guide can be found in a normatively substantive conception of the telos or end of mothering and the virtues and conduct requisite to its realization. Our initial sketch of each of the mother’s moral responsibilities in essence invoked a normative construal of mothering and the obligations definitive of this role: addressing emotional needs of one’s child, encouraging a sense of self-regulation and accountability, supporting the development of virtues (e.g., honesty, respect, courage), building and sustaining trust and trustworthiness, and the like. While we embrace different, even

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22 The construal of the telos of a relationship may be multi-faceted, as this example illustrates.
conflicting, normative conceptions of our roles and relationships, including, of course, that of mother, my point here is simply that the normatively substantive conception we embrace is critical to our judgments about what counts as morally contoured empathy in these relationships; it is also pivotal to determining more broadly both what counts as reasonable partiality and when partiality itself is reasonable.23

Our normatively substantive conceptions need not be immune to the force of impartial demands and constraints. There is no question, for example, that a principle of respect can (and should) play an important role in our conception of the obligations of motherhood. But this does not vitiate the necessity for more substantive moral-conceptual resources of the sort being proposed here, key to the rich array of different kinds of relationships and roles we occupy and the concrete situations in which they embroil us.

Consider again Piper’s formulation, according to which our empathic interactions must sustain “the respect and care due any person impartially considered.” In the case of Big and Little Luke, this would ground the seemingly straightforward injunction to respect both children equally in intervening, supporting, and guiding them in the aftermath of their fight. Broadly, we might see this as the demand to acknowledge the fundamental claim of each boy to fair treatment. Surely, a principle of respect will prohibit either Luke’s mother from tyrannically ignoring the valid claims of the other Luke in the interest of promoting her own son’s interests as she understands them. Moreover, it would seem also to require that she keep vividly in mind not only her own perspective, or that of her son, but that of all involved, including the other kids who witnessed the fight. Clearly, Big Luke’s mother fails on this score, if – as we have imagined – she is lost in unbounded emotional resonance with her son, or gripped by prejudices that limit her capacity to see Little Luke as having valid moral claims equal to those of her son. On the other side, Little Luke’s mother may have to

23And, indeed, this will account for disagreements about proper moral conduct. Consider, for example, the school administrator of the boys’ school who handles disciplinary matters. Should the boys have received the same punishment, or does this outcome reveal insufficient curiosity about their respective roles in the fight or the psychological significance it carries for each? What counts as undue partiality here? In answering such questions, we must inquire into a conception of the school’s proper role, its educational mission with respect to its students, and what specific function the administrator should play in realizing the school’s mission, so understood. If we agree that the school should strive to educate the “whole child,” to develop character, not just scholastic skill (e.g., grammar, math), we might then query whether it is consistent with this objective that the administrator mete out the same punishment to both boys, perhaps as a warning to all students that fighting will not be tolerated, that a code of “good citizenship” will be expected and enforced. On such a view, an avoidance of empathic engagement with the boys might be deemed appropriate; differentiating between them might be judged unreasonably partial.
overcome her frustration at the perpetual bullying and provocation of Big Luke if she is to meet the demands of respect (and fairness) toward him in this situation. This in turn may involve grasping Big Luke’s vulnerability, hidden behind his outward bravado.

I wish here to emphasize two points. First, and as we noted earlier, being respectful or, more generally, meeting the demands of impartial moral injunctions in “concrete” relational contexts must often itself mobilize morally contoured empathy. This much is beautifully illustrated by the demands we have placed on the two Lukes’ mothers. But if respect is to regulate morally contoured empathic engagement (let alone help constitute it), how do we regulate the empathic engagement that delivering respect must itself mobilize? Our answer has been to look to normatively substantive conceptions of our relationships and the obligations and virtues entailed by their defining ends.

This brings us to a second, and crucial, point we have not yet addressed. I want to maintain that care-giving roles and relationships – on which our flourishing so often depends – involve what we might call constitutive norms of empathic connection. In such normatively rich relationships, successful care-giving demands properly contoured empathic connection as a constitutive virtue; that is, to fail to feel and express proper empathy is to fail to be properly “caring,” and thus to fail to realize a defining end or telos of the role. Empathy is itself valuable in such relationships, not only as a crucial epistemic aid, but also intrinsically, as it characterizes and inflects the tenor and substance of engagement.

Consider again the case in which a daughter is being abused by her mother’s partner. As the mother, it would, to be sure, be crucial that I “wake up” and see what is going on in my home. Empathic imagination might, as I have suggested, be essential to achieving this urgent epistemic demand. But simple awareness is not enough. What is also vitally needed is felt comprehension of my daughter’s suffering, an emotional resonance that conveys to her that I grasp, or am attempting to grasp, the enormity of the psychological injury she has endured through the abuse in its meaning for her – in this case, perhaps, her sense of isolation, fury, despair, or revulsion. In the absence of empathy of this kind, it is unlikely that a connection with her can be restored or that trust can be repaired. A failure of empathic engagement would, in this case, be tantamount to egregious abandonment. It would not suffice as proper maternal care.

Similarly, in the case of Big and Little Luke, an immediate and acute need presents itself on the part of each boy for a sense of safety and understanding. Each mother must convey a sense of emotional presence and support to her son. Thus each may, in a circumspect way – without being self-abnegating or self-effacing, and because of her self-conscious normative purpose – temporarily “bracket the explicit expression of [her]
subjectivity,24 her moral take on the situation as a whole, so as to give “bare attention” to her son’s felt experience.25 If so, the threshold of problematic “vicarious arousal” or “merging” will be temporarily quite high.26

Along these lines, Big Luke’s mother might, in engaging his bullying and brutality, first, for example, attempt to address a more general sense of shame, inadequacy, or hurt she feels he suffers. She might acknowledge or explore with him his grief and rage at having been abandoned by his father. Only then might it be effective for her directly to address her son’s violent and destructive impulses, opposing his interpretation of the fight with Little Luke, and encouraging in him a shift toward greater self-understanding, accountability, self-control, and respect for others.

Little Luke’s mother, on the other hand, may rightly see her son to be mired in a state of humiliation and fear, his trust in his own strength and value badly shaken. This judgment might then guide her in seeking to sustain emotional resonance with Little Luke, to convey to him that she grasps the peer pressure and anxiety he feels so he can begin to emerge from his isolation. She might also express calm, tender concern and confidence in him with the aim of helping him to re-establish his confidence in his own value and respect-worthiness. Only later, when she can count on an enhanced sense of sturdiness, independence, and self-possession, might it be effective and appropriate for her to require him to accept responsibility for his own violence, and to expect him to begin to absorb, synthesize, and retain practical suggestions for non-violent self-defense.

In neither mother’s case would such an orientation be self-effacing; it would, rather, represent a delicate and complex response consonant with her role.27 Nor would it evince a failure of respect for the other Luke; initial “partiality” of the sort I have described is appropriate to the care-giving owed each son by his mother. The role of mother is only one such example, of course. We see similar navigations of empathic engagement in other

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24 This is Judith Teicholz’s language (1999, 157–158).
25 I take this term from Mark Epstein (1995).
26 Realizing this kind of resonance is not without its risks. In a fascinating study examining Heinz Kohut’s notion of “vicarious introspection” in therapeutic relationships, Judith Teicholz explores the risk of the analyst’s subordination . . . of herself to the other” through a “sustained immersion in the other’s experience,” especially where such immersion cannot be fully reciprocated because of the level of asymmetrical need characterizing the relationship (1999, 55–58).
27 To the extent that respect is demanded more generally on the part of mothers toward children (their own and others’), empathic engagement will be a constitutive virtue in the more extensive sense we have explored, in which the Lukes’ mothers must attempt to achieve a degree of emotional resonance and attuned understanding with each boy, including the boy who is not her own son. This may be a prerequisite of realizing obligations pertaining more broadly to this role in situations of this kind.
relational contexts marked by care-giving. In a friendship, we may express close attunement or twin-ship – as when a beloved is overwhelmed by the grief, confusion, or disorientation of a serious illness and needs first and foremost to know that she is not alone. Alternatively, we might openly and assertively tangle with our friend’s perspective on her illness if we feel she is not fighting hard enough, and needs to be pulled out of the doldrums in order to survive or to enjoy her life again. In the latter case, receding from vicarious arousal and emotional resonance, separating our perspective off from our friend’s, and vividly representing it to her in the hope that it will spur her sense of vitality, would not as such constitute a failure of curiosity or disrespectful, arrogant imposition of one’s own perspective; to the contrary, it would constitute an expression of empathic concern. 28

A teacher may see the primary need of a shy student to be to find the courage and power of his own voice. To this end, she might mirror the student, aligning herself with his expressed positions in an emotionally affirmative way, conveying that he is being heard, his ideas appreciated. Over time, as the student’s courage and self-assurance develops, she might shift to modes of dialogue that involve less resonance and more overt opposition and debate, aiming to further enhance the student’s confidence in articulating and defending his own views, while respecting another’s. In a different context, the same teacher might strive to nurture her students’ imaginations, designing exercises to boot them out of complacency, indifference, or self-absorption, to encourage them to reach beyond their own perspectives, to feel and see along with others. She might model forms of identification and “visceral arousal” in response to materials studied. The broad objective is in both cases the same, grounded in her role as teacher, namely, to develop her students’ skills as learners, including their abilities as effective communicators – as respectful and generous speakers and listeners.

Normative conceptions of the defining aims or ends of our roles and relationships thus help key our affective, imaginative engagement and our expressive conduct toward others to the idiosyncrasies of actual relationships and the needs and challenges they present. When we express a confluence of feeling, or engage in lively debate, or try gently to move a friend to see her situation from a different perspective, our construal of the course we should take in the given case will turn on broader, more general conceptions of the ends at issue in our relationship – e.g., sustaining much needed trust, advancing healing, bolstering self-respect, securing justice, fostering learning, encouraging virtue, enhancing responsibility, and the like.

If we do temporarily suspend our own perspective, we do so – on this model – with a sense of moral purpose. This helps to free us from problematic merging and self-effacement, for our engagement with the

28 This example comes from Bernie Rollin.
other is morally mediated. Similarly, if we do forcefully represent our own perspective or intervene such that our interpretation is privileged, we do so, again, in the interest of fulfilling a normative purpose integral to our role in the relationship at issue. Even the most spontaneous and inchoately intuitive forms of response on our part can be evaluated in light of normatively substantive conceptions of defining relational ends.\textsuperscript{29}

We have examined dependency relationships in which care-giving is a defining end. In each of the cases we have imagined, the empathy offered helps as a tool to discern richly the morally relevant particularities of the case. But it also does more. It characterizes the expressive dimensions of moral engagement constitutive of a genuinely caring response.

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In navigating empathic connection to others, we are confronted by the need to balance, on the one hand, moral pressure to attend to the idiosyncrasies and particularities of other people and our relationships to them, and on the other, the moral requirement that we check raw and reactive immersion in our relationships – immersion that, left unconstrained and regulated, can be misdirected – even harmful – in ways we have been exploring. This navigational process is dicey. There is no question that at a certain point general normative standards – principles, guides, rules, conceptions – simply give out, yielding a decisive role to judicious discretionary judgment. The worry, of course, is that “discretion,” as Nancy Sherman keenly puts it, “leaves room for wisdom and for prejudice” (1998a, 113). It is this worry that for many motivates an appeal to virtuous character as, in the end, the crucial source of protection against potential pitfalls subversive of morally healthy relationships.

A virtuous character is indeed essential to moral care-giving. As we have noted, morally contoured empathy is itself a complex virtue, which draws on and mobilizes a constellation of character traits and excellences – curiosity, generosity, patience, humility, a willingness to remain open in our interpretation of situations, to resist foisting our own moral construals and interpretations too rigidly on others. This in turn requires flexibility – as Lawrence Blum puts it, that we remain “alive to

\textsuperscript{29}This picture is consonant with Adam Smith’s account of empathy on which even though we do, through imaginative transport, share in another’s feelings, we can at the same time sustain our own distinct and independent perspective and emotional posture toward the others’ situation. Our perspective is sometimes sympathetic to and other times in conflict with the other’s perspective; it is also sometimes reflectively cognizant of the value stakes at issue in the situation. In each of these ways, empathy entails a complex apprehension that simultaneously includes the distinctive perspective of the empathic agent (1759/2000, 7–8; see Sherman, 2004, p. 29 for a discussion of this element of Smith’s theory).
the ways that a given situation might differ from others (to which it might be superficially similar) [and] ... with which it has been correlated (within one’s own experience) in the past ... [or] to which we might otherwise assimilate it” (Blum 1991, 720–721). Most fundamentally, realizing proper empathy requires the development and exercise of observational, emotional, and expressive abilities that are the bread and butter of good communication, and – perhaps most importantly – of receptive listening, so crucial to hearing others in their own terms.

Yet an aim of this discussion has been to show that success in achieving morally contoured empathy need not, in the end, be chalked up entirely to mysterious skills of virtue, or recondite gifts of moral wisdom. Judicious discretionary judgment can find substantive normative guidance: we can enhance wisdom and minimize prejudice. I have suggested that empathy, properly directed and expressed, is informed and “checked” by an appeal to normatively substantive conceptions of our roles and relationships and their defining moral stakes. Such conceptions set standards of reasonable partiality constitutive of the wise and judicious judgment that informs appropriate moral responsiveness to others. A key to moral navigation of empathy’s demands, then, is a normative exploration and conceptualization of the relationships and roles at issue, a process through which we articulate the salient stakes, ends, and standards that are to guide us in grappling with the challenges our relationships bring. Normatively substantive conceptions of our roles and relationships need not usurp impartial principles, framed from a third-person perspective, or more supple principles of the sort Piper highlights. Nor, as we have seen, would they render conceptions of virtue otiouse. Rather, they combine with these abstract moral tools, facilitating more concrete, rich, narratively textured interpretations of morality’s demands.30

There is no question that the substance of our normative conceptions and their proper expression in conduct must be continually debated. Far too often, we picture efforts of empathic imagination as isolated acts of apprehension and feeling rather than genuinely lively exchanges with the “others” our empathic engagement involves. Normatively substantive conceptions of relationships provide nuanced guidance to us as individual caregivers, to be sure, but just as significantly, they offer an articulated foothold for reflection, giving us shared, and sometimes public, purchase on open, ongoing exploration into the appropriate ways to understand the moral demands of different kinds of relationships and roles we inhabit. There are more private and intimate forms such exploration can take. But

30 This model grants creative leeway in devising moral directives, and might encourage more rather than less complex and faceted articulations of the “hows” and “whys” of moral response. But I would suggest here that this is a virtue, rather than a liability, for moral affairs are often murky, messy, and complex.
as a broad collective enterprise, our reflection should include inquiry into the demands of justice and mutual respect, among other things through attention to how our roles and relationships have evolved in social contexts marked by injustice, producing expectations that are exploitative, marginalizing, and denigrating.\textsuperscript{31}

Engaging in reflection and debate about the normative character of our relationships at all levels is of vital importance to the achievement of morally contoured empathy. It is thus critical to the effective, respectful, and morally healthy care of dependents in relationships so often configured by asymmetries of vulnerability, need, knowledge, and power.

REFERENCES


\textsuperscript{31}Here the model of “reflective equilibrium” is valuable (Rawls, 1996, esp. 8, 381, 384, and 399.) For excellent discussion of the reflective pruning and adjusting, reconceptualization, and reformulation that constitutes the evolution of moral understanding over time, see Beauchamp and Childress, 2001, esp. 403–408. A pressing issue, outside the purview of this discussion but inextricably connected to it, is how normative role expectations affect the individuals occupying the role given broader social and political conditions of support (or the lack thereof). This is a question with particularly acute implications for those individuals who bear the brunt of care-giving within more “private” regions of social life, viz., the family – notably, though not solely, women.


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