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The Arrow of Care Map: Abstract Care in Ideal Theory

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Abstract

This paper advances a framework to conceptualize societal caregiving arrangements abstractly. It is abstract in that it brackets the meaning of our particular relationships. This framework, which I call the *arrow of care map*, is a descriptive tracking model that is a necessary component of a theory of justice, but it is not a normative prescription in itself. The basic idea of the map is then multiply specifiable to track various ascriptive identity categories as well as different categories of care labor. In this way, the idea of the arrow of care map serves as a conceptual frame with which to identify societies' caregiving arrangements. I characterize it as a component of "ideal theory" insofar as it seeks to clarify our values without the immediate aim of formulating principles to govern a just society. The resultant partial theory of justice is one that responds to nonideal theory's critiques of the ideological nature of liberal contractarianism's idealizations and abstractions while moving towards new visions of a just society.

Keywords: ideal theory, nonideal theory, contractarianism, care, dependency care, liberal feminism, feminist liberalism, justice, distributive justice

Care, compassion, and concern are crucial elements of meaningful intimate relationships (Held 2006; Tronto 1993; Ruddick 1989). In addition, the labor of hands-on care to meet a person's basic needs often occurs within our closest relationships. However, caregiving also occurs in paid and professional contexts, which sometimes cross national boundaries through migrations of nannies and

other care workers. Moreover, even in the contexts of families and friends, care that is given and received can be structured by internal hierarchies and inequities.

Various cultures and societies have different ways of organizing life around care, such as gendered arrangements, extended families, and socialized care. These arrangements have particular histories. The history of slavery in the US means that black women who tend to white women do so in a context that is racially and historically charged.[2] In societies with extended family systems, systems of care provision are structured by gender oppression and internally structured hierarchies and norms. For instance, a daughter-in-law may provide elder care to her parents-in-law, where that practice is linked to preferences for males in those cultures, or a youngest daughter may be designated as the caregiver of her own parents, a designation which is paired with a cultural custom that she not marry and have children of her own.

Although there is an extensive feminist literature about the highly gendered nature of inequalities in responsibilities for providing care,[3] we lack a unitary model with which to identify arrangements for care in diverse cultures and social forms—one that goes beyond gender. This paper fills this gap by advancing a new abstract concept for tracking the distribution of caregiving labor in a society that I call *the arrow of care map*. It is an abstract representation of caregiving that brackets the meaning of the relationships within which it occurs and thereby enables critical distance from particular cultural biases about who ought to care for whom. The function of this map is to gain clarity about how caregiving actually occurs in societies, because transparency is a necessary step prior to theorizing about what a just society would be. Due to the pervasiveness of obfuscating narratives about who gives care and who receives care, it will be a substantial achievement to arrive at an accurate description of the ways that care is provided and received.

In Section 1, I defend the need for this new concept. There, I also show how the arrow of care map is responsive to the nonideal theoretic criticism that ideal theory is ideological in virtue of the content of its idealizations and abstractions. Section 2 sets forth the core components of the arrow of care map and identifies the normative commitments embedded in the model. It is a relational analysis of a society's caregiving arrangements founded on individual units of human beings. There, I also identify the map's variations as specified by categories of labor and identity group, while emphasizing the need for the higher-order, abstract map as a

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[2] I thank Lindsey Stewart for discussion on this topic.

[3] For feminist liberal work that discusses care, see Abbey (2016), Baehr (2004, 2013, 2017), Bhandary (2010, 2016a, 2016b), Cudd (2006), Dimock (2008), Hartley and Watson (2010, 2012), Lloyd (1998), Okin (1989), Schouten (2015), Stark (2007), Varden (2006).

way to maintain cross-cultural flexibility to track various identity groups. Section 3 identifies the limited conclusions that can be drawn about what a fair caregiving society will be prior to the descriptive tracking endeavor. Finally, in Section 4, I contrast the scope of the arrow of care map with both the ethics of care and forms of feminist contractarianism that apply a metric of justice directly to the family and personal relationships.

1. The Need for a New Concept

1.1. Oppression via Theoretical Invisibility

Oppression via theoretical invisibility occurs when a person has a lived experience of disadvantage or exploitation that is unintelligible by the terms of the theory. In the lexicon of that theory, the person is either not disadvantaged, or the source of their disadvantage remains out of view even if they are disadvantaged according to the theory's metric. For instance, an African American woman in the US might be economically disadvantaged—where the disadvantage is identifiable with a metric of income inequality—but the complex structural reasons that create disadvantage will not be wholly explicable in terms of income. As a result, an agenda for social change that follows from a theory that only tracks income inequality will overlook these structures of disadvantage. Thus, one of the tasks of a theorist of justice is to articulate frameworks that will identify these overlooked experiences.

Kimberlé Crenshaw's concept of "intersectionality" is a prime example of a concept that makes visible a set of issues that perhaps could have been triangulated from preexisting concepts, but would remain more difficult to theorize without it.[4] The idea of intersectionality is a way to understand the social position of women of color that reveals how the categories of race and gender obscure theorizing about their lives. Intersectional analyses point out how assumptions of race and gender result in the loss of data capture that is particular to the lives of women of color.[5] The articulation of the concept makes subsequent theorizing possible to further explore its various dimensions and significance.[6] Concepts like intersectionality are abstract, insofar as they highlight one set of concerns to the exclusion of others.[7] Thus, the concepts of gender, race, and class have made many aspects of social

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[4] Crenshaw's concept of intersectionality is a way to understand the invisibility of black women by naming their location and thereby rejecting the idea of "identity as woman or person of color as an either/or proposition" (Crenshaw 1991, 1242).

[5] Crenshaw explains the problem of analyses of racism and sexism as one in which all black people are men and all women are white (Crenshaw 2015).

[6] See P. Collins (2000).

[7] Similarly, Mills (1997) argues for the need for the concept of white supremacy.

oppression visible, and the idea of intersectionality has both augmented and complicated them.

Every culture or society has some way of organizing life around care, such as gendered arrangements, extended families, and socialized care. Despite the universality of care, though, caregiving arrangements are among the most theoretically and practically significant sources of blindness in liberal contractarianism. Therefore, if liberal contractarianism is to be a viable doctrine, it needs a way to conceptualize how care is provided. I schematize this understanding of a society-wide caregiving arrangement with the *arrow of care map*. The arrow of care map theorizes the labor of care—not the nuances of relations of love and affection—and it abstracts away from assumptions about family units or socialized care to offer a way to tune our intuitions about caregiving in human life. The framework embeds within it a normative claim that society must meet its vital care needs.[8] In doing so, it eliminates the following form of exploitation from traditional forms of liberalism. More precisely, adding *the arrow of care* to an account of the just distribution of the benefits and burdens of social cooperation removes from theory the following form of exploitation as it occurs for care labor.

> ~Persons X are assigned to do work C when work C is not recognized as work. Consequently, persons X look like non-contributors.
> ~ Persons Y do work A, which is highly valued. They are able to gain additional advantages by assiduously avoiding work C. Their avoidance of C is not identifiable as shirking because C is not identified as *work*.

If a person's contribution to social cooperation is not identified as a contribution in a theory of distributive justice, and the benefits that some people receive are not identified as benefits, then the resultant theory will have a loophole that leads to advantages for the people who avoid that work. This is the pattern that many societies have adopted for the social contributions needed for repair and maintenance.[9] Eva Kittay has argued that liberalism, in particular, results in disadvantages to *dependency workers* due to their invisibility in its basic assumptions and concepts (1999).

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[8] It proceeds from the premise, unargued for here, that societies need to meet their care needs, and that doing so plays a crucial role in systems of social cooperation. For that argument, see Bhandary (2016b). See also Reiheld (2015) for an argument that society has a duty towards caregivers.

[9] On repair and maintenance, see Tronto (1993), Spelman (2002), Walker (2007).

1.2. Non-ideological Ideal Theory

More broadly, liberal contractarianism has been criticized for idealizations and concepts that make the sources of group-based oppression impossible to identify or, more strongly, require the subordination of a subset of society (Pateman 1988; Jaggar 1995; Kittay 1999; Held 1987; Mills 2004; Schwartzman 2006a). I agree with these critics that an ideal theory that refuses to scrutinize whether its core concepts result in the perpetuation of illicit privilege is a non-starter as a viable theory of justice. Despite these problems with the history of the contract tradition, I share the growing consensus that one of the main targets of the critique of ideal theory—the core liberal contractarian idea of fairness—retains value as a basis for identifying a number of contemporary forms of social injustice.[10] Fairness, defined in a way that requires transparency, can rule out arrangements that exploit or systematically disadvantage a subset of society. A necessary, but not sufficient, step to rule out these exploitative arrangements is to develop concepts and claims that make visible what Lisa Schwartzman calls "the sources and manifestations of group-based oppression" (2006a). Thus, the project of advancing non-ideological liberalism requires new theoretical work to better specify the model of the person, the facts known to deliberators, and the domain of the basic structure of society.[11] Idealizations that perpetuate ideology must be criticized, and better concepts for mapping the realities of existing societies are needed. The arrow of care map is a contribution to the project of advancing non-ideological ideal theory.

2. The Arrow of Care Map: Overview of Functions

The framework I advance is one that can be used for all social forms. It will be further specified by the culturally specific details that structure social inequality in that social form—where the assignment of care may track onto a person's caste

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[10] Okin (1989), Hampton (1993), Hay (2013), and Mills (2012). I follow a broadly Rawlsian form of contractarianism (2001). For the criticism that contractarianism does not necessarily rule out oppression, see Schwartzman's critique of O'Neill (2006b, 572). Specifying the precise form of contractarianism will be necessary for a complete account of just caregiving, but that is not the task of this paper.

[11] My usage of ideal theory here is compatible with Stemplowska (2008) and Valentini (2012). It differs from Mills (2004), who says that ideal theory is necessarily ideological theory, so that if a person addresses oppression, they are doing nonideal theory. Thus, if one accepts Mills's definitions of ideal and nonideal theory, the arrow of care map will count as nonideal theory because it makes a source of oppression visible. See also Tessman (2009). For alternative formulations of the distinction, see Rawls (2002), Valentini (2012), Stemplowska and Swift (2015), and Kang (2016).

heritage rather than race or gender. Thus, the basic model of the arrow of care map is universal but multiply specifiable.

The arrow of care map, as a systems-level depiction of societal caregiving arrangements, gives theories of justice something they have been lacking: a way to understand care given and received as a fundamental social good that is the outcome of social cooperation, and that is prior to—and not dependent on—contingencies such as the particular economic structure of the society. In virtue of bracketing relationships of particularity and intimacy as well as the robust meaning of giving and receiving care in human life, it is decisively abstract and moderately fact-sensitive—incorporating the most fundamental aspects of human life, while leaving aside others.[12] Because the need to receive care is fundamental to all human lives, it is a fact that must be included on any list of basic facts employed in a theory of justice.[13] In its most abstract form, it has value for a broad range of social forms to track who tends to receive large amounts of care and who tends to provide it. At one level less abstracted, it must track historically oppressed identity groups. I do not reduce it to these specific maps, though; instead, I insist on the need to maintain an abstract version of the map so that societal variations in the exploitation of caregivers can be found even when they do not coincide with dominant narratives. It may be the case that class has a higher correlation with caregiving than gender, for instance. Theorists need critical distance from cultural preconceptions about who ought to receive care and who ought to provide it because—as scholars of affect study show—our concern for others is shaped by gender, race, and class (Greyser 2017).

Thus, it is crucial that a map that tracks care given and care received remains conceptually separable from the range of ascriptive factors that will correspond to inequities in care. Maintaining a separate metric may reveal unmapped social locations, such as a caregiver who may be from an otherwise advantaged group but who becomes disadvantaged as a caregiver.[14] Therefore, in addition to serving as a new descriptive mapping concept, the arrow of care map makes it possible to

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[12] I therefore aim to respond to the problem that abstractions have too often masked false claims—that humans are maximally rational (O'Neill 1996), or that they fail to be explicit about what they bracket, and why (Schwartzman 2006a). My account is moderately fact-sensitive in that it includes a set of basic facts but brackets others. See also Farrelly's characterization of the moderate fact-sensitivity of Rawls's theory, which "acknowledges some moderate feasibility constraints (e.g. pluralism) but also employs a number of idealizing assumptions (e.g. society is closed, full compliance, etc.) when deriving the principles of justice" (2007, 844).

[13] For a lengthier argument for this claim, see Bhandary (2016b).

[14] See also Kittay's "dependency workers" (1999).

identify inequalities that are not already captured by economic analyses or racial hierarchies.

Arrow of care maps have two functions. The first function of the maps is to organize fact-finding about societies' caregiving arrangements. The basic map template will then be modified into multiple maps with overlays tracking trends by race, gender, geographic origin, and class. Its main purpose is to gain an understanding about trends in levels of care received and provided as a relational good.

The second function of the maps is to guide thinking about what a fair arrangement will be. It is my view that there are likely many possibly fair arrangements. On my preferred view, deliberations should be guided by a broadly Rawlsian methodology, which evaluates the arrangement based on the idea that you could be anyone in it, variously interpreted as the claim that you could occupy any social position in it. However, the arrow of care map idea is compatible with a broad range of interpretations of transparency and fairness tests. What it rules out are arrangements that are based on, and require, the widespread exploitation of groups of people (minorities, women) in virtue of their roles as caregivers.[15] After greater transparency is achieved, further deliberation will be required to imaginatively conceptualize potential caregiving arrangements as candidates for a fair arrangement. For instance, just caregiving arrangements may include nuclear families, extended families, and non-family-based care.

2.1. Function One: A System-Wide Descriptive Mapping Concept for Caregiving Arrangements

The arrow of care map does not seek to capture the whole truth of the role of caring relationships in human life, nor does it seek to prescribe how people should think about care in their private lives. It is a systems-level analysis of a society in the sense that it holds up caregiving arrangements as objects of deliberation in a way that facilitates clearer thinking about the different possible arrangements that would be acceptable to people in a society, when the labor of care is made visible.[16]

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[15] See Schwartzman's (2006b) argument that a theory without ideals will not have resources to rule out oppression. Because the paper's aim is to advance the idea of the arrow of care map—and not to defend a specific conception of fairness—I do not specify an ideal or respond to Schwartzman's claim about the necessity of ideals here.

[16] The project is aptly characterized by Stemplowska's characterization of the point of ideal theory as clarifying our values (2008). See also Tessman (2015) on the need for feminist theory that apprehends our normative realities even when there are no morally viable paths of action.

The arrow of care map is properly classified as a "descriptive mapping concept" (Mills 2004, 174), insofar as it creates a concept to use in order to identify what occurs in the real world.

Caregiving norms are deeply culturally entrenched; they are embedded within gender norms about who should care for whom—by, for example, bringing them tea. They suffuse assumptions about who deserves sympathy for their suffering. Therefore, identifying what actually occurs in the domain of care is a significant task of its own. The fact-finding task will give us real data with which to inform our social understandings about who provides care, who receives it, and at what levels. In the descriptive use, it remains somewhat abstract because it brackets information about particular relationships in order to gain an understanding of caregiving that does not simply legitimate existing assumptions about who should care for whom.

Although the arrow of care map will promote greater clarity about the nature of a society's caregiving arrangements, it does not purport to avoid all cultural biases. For instance, leaving nonhuman animals out of the metric is a normatively laden starting point. The arrow of care map does not avoid the possibility of embedding and legitimating existing biases, but it seeks to be transparent about the claims and assumptions it makes, and the reasons for those assumptions. It is precisely because of the cultural entrenchment of caregiving norms that we need to think abstractly about care. The preponderance of philosophical effort directed towards thinking about care counterfactually has been directed towards new action-guiding policy proposals. These proposals often embed within them assumptions of the immutability of other features of the status quo. Theories of justice need a more abstract methodology to think about care, and that is what the arrow of care achieves.

However, because care ethicists and other feminists have roundly criticized abstraction, it is incumbent on me to clarify and defend the role of abstraction, and also to show how my account does not fall into the pitfalls of ideal theory as it has been criticized by nonideal theorists. Schwartzman represents the nonideal criticism of ideal theory as fundamentally a problem of misrepresentation: "[Ideal theory] misrepresents both agents and structures in ways that deny and obscure the realities of oppression" (2016, 7). Thus, I seek to avoid misrepresentation by characterizing the project and scope of the arrow of care map. The arrow of care map is an abstraction that brackets numerous features of our lived experiences of caregiving. It does not seek to characterize the complexity of lived experiences within caring relationships. Although it does not accurately represent the complexity of human agents, it offers a structural analysis of caregiving that can illuminate forms of oppression. It does so in a way that seeks to attend to the ways that

abstractions and idealizations can be ideological to mask and perpetuate entrenched inequalities.

2.2. Normativity in Abstraction

The arrow of care map includes normativity at two levels: first, with the values and conceptualizations that are incorporated into the arrow of care, and then to guide and assess various caregiving arrangements. It includes value claims by taking individual human beings as what is fundamental in order to then depict the amount of care each person provides, for instance, over a lifetime. As a framework for tracking actual distributions, the arrow of care map will unveil the care people give and receive in a way that is individualistic but that also recognizes the relational nature of caregiving. The individualism of the framework is built into the metric of care that is given and received for and by each person. The relational nature of care given and received occurs in a set of arrows that specify from whom and towards whom care goes. Sometimes the arrows will connect two members of a family, at other times they will not connect them. Quantifying care in this way will lay bare distributive inequalities that have been masked by cultural narratives. Theorists must (a) peel away the norms of femininity that mask the fact that caring is labor, (b) debunk ideas of gender essentialism that naturalize the labor of care, and (c) contest narrative and social constructs about racial and ethnic identity that normalize, for instance, Western presumptions that women of color should tend to the care, maintenance, and repair needs of whites.

Furthermore, assumptions about oppressive gender norms can leave undetected exploitative labor distributions that occur within same-sex marriages, or the subordination of a man within a heterosexual couple. Consequently, the map will require extensive fact-finding by sociologists and anthropologists who attend to dominant norms, but are aware that these norms will not always describe what actually occurs. [17] To see just how difficult it may be to identify actual distributions of care when they conflict with social narratives, consider the following case: An affluent, white stay-at-home mom who does not have a paid career is credited as a full-time caregiver, but closer analysis reveals that substantial amounts of care are provided by babysitters, or unpaid caregivers like a friend, mother, sister, neighbor, or older child.

Mapping amounts of care given and received will also make evident the differential entitlements of groups of people occupying different social positions

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[17] Approximately 1.4 million children between the ages of eight and eighteen serve as caregivers for parents, grandparents or siblings with disabilities (*New York Times*, May 23, 2016, "Supporting Children Who Serve as Caregivers," by Jane E. Brody). I thank Amy R. Baehr for bringing this statistic to my attention.

marked by race, ethnicity, and histories of slavery and colonization. In these ways, the first usage of the arrow of care map satisfies a few of the nonideal theorists' requirements: it is quite centrally about dependency care, it identifies a category of labor that has sometimes coincided with slavery, and it unmasks ideologies. In order to do this, arrow of care maps must specify the gender, race, ethnicity, citizen status, and class of care receivers and providers.[18] There will be different arrow of care maps to identify these caregiving arrangements—as a short time slice—over a year, or over the lifetime of individuals. In addition, it will be a theoretically robust project to delineate the boundaries of a society in order to be able to identify the "global care chain" and care drains from one country to another (Hochschild 2000; Kittay 2008; Gould 2008).

Even in its descriptive form, the arrow of care map is abstract because it brackets facts about our relationships, such as the love parents have for their children, and that children have for their parents. Moreover, it does not present action-guiding recommendations with respect to caregiving, and so it says nothing about how people should approach their caring relationships in their real lives.[19]
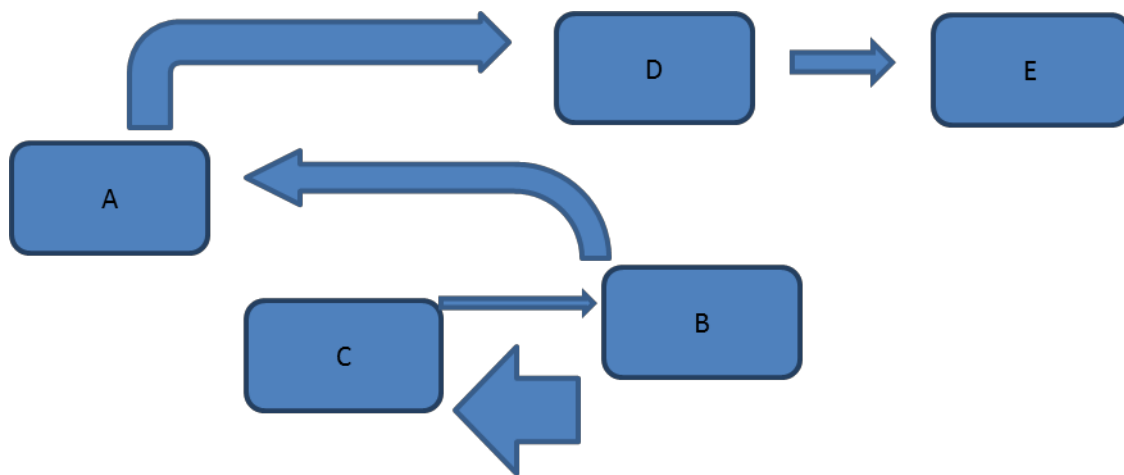
2.3. Mapping Care

The arrow of care map is fundamentally an *idea* that admits of increasing levels of sophistication. I specify some of its uses here only to make more concrete the idea at its core. Below, I offer a schematic depiction of the idea of the arrow of care map. This particular depiction does not describe an actual caregiving arrangement, nor does it specify an ideal. Instead, the idea of the arrow of care is a way of quantifying caregiving labor as it occurs across both public and private domains. It offers an idea of tracking caregiving that is analogous to the idea of tracking blood pressure. In addition, just as the metric used for blood pressure is independent of any particular person's blood pressure measurement, the idea of the arrow of care is an abstract idea that is not equivalent to the sum of what occurs in every person's life.

The arrow of care map tracks the intensity and duration of care given and received over the course of a lifetime. The width of the arrow corresponds to the intensity of care given and the direction of the arrow identifies care going from one person and towards another person. The length of the arrow corresponds to the duration of care.

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[18] I am indebted to Amy Mullin for pressing me to make this claim abundantly clear.
[19] For further discussion of this claim, see Section 4.1.

Figure A. The Arrow of Care Map

2.4. Categories of Care

Arrow of care maps will be specified to track different subsets of labor, from the narrow category of dependency care to the broader inclusive category of care, and even personal services. Dependency care is care that seeks to respond to a legitimate need. Dependency care is the hands-on labor without which a person would not survive. It includes, for instance, feeding a baby, helping a paraplegic person with toileting, and assisting a person with mental disabilities to obtain food and live safely (Kittay 1999). I define dependency care, in part, by the relative immediacy of the harm that the vulnerable person will experience when care is absent. A paradigm case is that of a baby left in a crib without a caregiver; he will not survive long because he needs significant care to survive. This definition of dependency care does not offer necessary and sufficient conditions. It follows my view (Bhandary 2016b) that the nature of caregiving will change as caregiving becomes transparent in society, and the definition is consequently provisional.

The caring work the map tracks maintains its historic connection with the category of labor that women have typically performed as mothers, nannies, mammies, daughters-in-law, and so forth. However, my account of caring work excludes the activities of teaching children to read, write, and perform basic math.[20]

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[20] I disagree with Daniel Engster's account of care (2007, 27), which includes these activities and is broader than my view. For Engster, "Caring may be defined as everything we do directly to help individuals to meet their vital biological needs,

The aim of the activity must be meeting a basic need, but attempts that fail should still be tracked. Consequently, I do not build efficacy into the caregiving that is tracked because caregiving is performed at varying degrees of skillfulness. However, I agree with Daniel Engster that actions that can be successfully completed without satisfying biological and developmental needs of a person will not count as caregiving labor. Engster offers the example of a cook in a restaurant, who can prepare and sell a meal without caring for anyone, whereas a parent cannot nourish a child without being sure that he or she actually ingests the food.

Of course, there is a commonsense threshold for an activity to count as caregiving. A person who says they intended to care for their baby but leaves the baby crying in the crib for days while enjoying time out in town with friends violently harms the child and clearly fails to care for her. Thus, intentions matter. Some cases are more difficult to assess. For instance, imagine that Eugene makes his daughter soup while she is ill. He has taken off a day from work to do so. But he then spills the hot soup on his daughter, requiring that she receive medical care from someone else and also that her mother now take off a day from her work. The daughter still has not eaten anything and she now has burns that will require additional care to treat, resulting in additional caregiving by others. How do we quantify the care? Do Eugene's contributions count as care, despite his ineffectiveness? If effectiveness is a necessary condition, then Eugene's labor will not count, but a distributive assessment should include his attempted care, and therefore his earnest efforts should be counted in some way, although the additional needs he created must also be tracked.

For these reasons, I reserve "effective" as a modifier to care, instead of saying that care must be minimally effective for it to count as care. In contrast, Amy Mullin offers a normative account of care for children as an activity that should not increase their vulnerability by failing to understand their material, psychological and developmental needs (Mullin 2014). Mullin's account of care tells us what good care is, but tracking labor for an abstract representation of a caregiving arrangement should also track the care that aimed at meeting the person's needs despite its failure to do so.

It is well established in medical contexts that the labor of doctors that seeks to help a patient counts as work, even if they fail to achieve this aim. Other forms of care should follow the same convention. Imagine a case in which Beatrice, a six-year-old child, sees a physician for a skin rash. The physician, Dr. Lyons, misdiagnoses it as a bacterial infection and prescribes an antibiotic, but the

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develop or maintain their basic capabilities, and avoid or alleviate unnecessary or unwanted pain and suffering, so that they can survive, develop, and function in society" (2007, 29).

antibiotic results in a larger rash as a side effect. Dr. Lyons has not provided effective or good care. Nonetheless, the health care system does not deduct the hours the physician spent seeing the child from the overall number of hours of care provided by the physician during that week. There is value in separating a quantification of labor hours from the quality of the labor—for it allows us to track that a person has spent time and effort aiming at an outcome, even if that person has failed to achieve the outcome, or if they do it poorly.

In this example, Dr. Lyons has acted in ways that should be counted in a distributive account of labor. He has also offered bad care by failing to meet the needs of the recipient of care. Good care is the proper aim of caregiving. The reason for permitting bad care to count as care in the arrow of care map is that the map seeks to capture the labor people perform. Assessments of labor do not nullify labor that fails to meet a metric of high quality—which is what is illustrated with the medical case. Of course, it is of the utmost importance that vulnerable and dependent persons need good caregivers, not caregivers who are ineffective, and so we need educational programs and apprenticeships to train excellence in caregiving.

2.5. Map Typologies

Unpaid dependency care

There will be several iterations of the abstract but descriptive arrow of care maps. The least complex map may be one that tracks unpaid dependency care because it will identify labor that is not currently tracked in any systematic way in virtue of its exclusion from the market—for the market is among the main sources of socially tracking labor.

Dependency care that is poorly paid

The need to track dependency-care labor that is paid is evident in the case of dependency work that is paid poorly so that the person is resultantly made vulnerable in virtue of performing the labor.[21] If the ability to meet your needs and wants is dependent on money, then remunerating care well could relieve the disadvantage of it. However, I do not advocate increasing the domain and scope of

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[21] A host of additional questions arise at this stage—how do we weigh caregiving against other social contributions? How do we quantify burdens that result in compounded vulnerability? Answering these questions will be difficult, but answering them is just as necessary as any other comparative assessment of individual and social disadvantage for a theory of distributive justice. However, we may legitimately postpone answers to these questions until the present project is complete.

market norms, for to do so treats all goods as fungible (Anderson 1993). *If* we live in a fully marketized economy, then caregiving should be marketized and the arrow of care would identify a type of social productivity that would be included in the gross domestic product. But I do not advocate that kind of society, for increasing the scope of markets will inevitably result in the creeping of market norms. Care is among the most fundamental domains of social cooperation, and it follows from its fundamentality that we will need to meet our care needs at least at a minimal level irrespective of whether we have a market economy or not, and those caregiving arrangements need to be fair.

Personal services

Another iteration of the arrow of care map must include personal services. I adopt Kari Waerness's term and definition of "personal services" for the category of activity that a person does for someone else when that person is capable of meeting the basic need him or herself, or the need is not pressing and/or legitimate (1984).[22] Personal services include making tea for others, attending to the emotions of others, and serving as an audience to the ego of another.

Why should theorists of justice bother mapping personal services if the needs they meet are not essential to human life? We should map this labor because it is work that people—often women—perform. There may be strong social pressure for a person to perform the labor even if the care needs to which he or she responds are not legitimate care needs. Thus, anti-oppression theory needs to include a personal-services map because the recipients of that labor reap benefits from it and the people performing it remain disadvantaged. A personal-services map is needed to track distributions of effort and time on the part of the person performing that labor, and it will include emotional work, ego-tending, and some forms of sex work.[23] As in the case of dependency care, the first iteration of the personal-services map is unpaid personal services. The second iteration, which is no less important, is a map of poorly remunerated personal services.

For distributive purposes, the burdens of caregiving—as both dependency care and personal services—are defined by the effort it requires in terms of time

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[22] Engster includes care for self in the activity of caring, and therefore it need not always be other-directed (2007, 32). I do not include care for self because the nature of caring for someone else and caring for oneself differ significantly. I seek to capture the category of other-directed care that promotes the recipient's well-being and goals. See Bhandary (2016a) for further analysis of the differences between self-directed and other-directed care.

[23] See MacKinnon (2011).

and the demands on the person.[24] A full analysis of the burdens of personal services must include psychological costs experienced by the caregiver. Personal services that radically harm the self of the caregiver are not justified and so a just social form should eliminate them. For instance, some forms of sexual labor that destruct the self of the sex worker should be eliminated from just social forms. In the meantime, the labor should be descriptively tracked.

Unmet care needs

A supplemental iteration of the dependency-care map requires an index of the dependency-care needs of vulnerable persons that no one meets in the current arrangement. One can expect that disabled children of parents living in poverty will have fewer of their needs met. There will likely be significant correlations between relative wealth and the level at which one's care needs are met, but it should not be assumed that inequalities in wealth and income will subsume inequalities in care.

3. Function Two: Fair Caregiving Arrangements

The second function for the arrow of care map is to serve as an object for deliberations about what a fair caregiving arrangement would be. In this use, it plays an essential role in a form of revised contractarianism—one that pays attention to the need for sensitivity to the facts that are included and to those that are excluded in the use of abstractions, where abstraction is defined here as the bracketing of various predicates. The normative question for the most abstract iteration is: What would a just caregiving arrangement be? Is it one with arrows of equal widths and lengths? Must the arrows be exactly reciprocal, modeling something like exchange reciprocity? For instance, we can model the idea that children have duties to their parents to care for them with a set of equal arrows going to and from parents and children over the course of a lifetime. We must also ask: Is a just arrangement one where caregiving arrangements are clustered by gender or race? The outcome of deliberations behind the veil of ignorance will rule out arrangements that exploit any group of people. No group of people will want to be designated as the set who must be other-directed caregivers, even if they may choose to do so in their own lives. A form of hypothetical contractarianism with an "I could be anyone" device that is moderately fact-sensitive, insofar as it includes a set of important facts that are needed for it to satisfy its function, will exclude arrangements that designate ascriptive identity groups to be other-directed. The important facts that must be included are the race, gender, class, and geographic origin of the person, but these

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[24] The metric requires collaboration among philosophers, anthropologists, economists, and sociologists (see, e.g., Folbre and Bittman 2004 for an excellent case of time-use studies).

facts are mutable, and different categories can become the most significant ones in different societies.

Moving caregiving arrangements to the forefront of the philosophical agenda changes contractarianism because of the way that these arrangements have been assumed to be matters of the family. Thus, the exploitation that occurs when a person does activity C, but C is not considered socially useful or necessary, where C is care, will be eliminated. Insofar as performing care that is invisible in the tracking of societal benefits and burdens is part of a form of group-based oppression, the arrow of care map will eliminate that source of group-based oppression.[25]

We can expect that the arrow of care map will show how racial hierarchies and disadvantage overlap with social norms about who should receive care, and who should provide it. A normatively acceptable caregiving arrangement cannot distribute care in ways that differentiate by race and class—nor should any inequalities systematically result from these group memberships. But these inequalities must be tracked in the descriptive form, and doing so requires bracketing details of people's particular relationships and situations in order to document the extent to which inequalities in care given and received overlap with other categories of ascriptive identity groups. The arrow of care map is a framework within which it is intelligible to ask undertheorized questions, such as: Do African American men receive more or less care than white men? And from whom? It also offers a way of systematizing inquiry into more established areas of inquiry, such as: Do women of color receive less care than white women? On whom does the care deficit fall with the greatest effects? Additional data can be added to incorporate how immigrant and legal-resident status correspond to care arrangements.

Different societies may arrive at different conclusions about the outcome of hypothetical acceptability because our actual experiences and values influence our intuitions about what we would choose in an ideal choice situation.[26] Therefore, I leave open the principle that meets the criterion of hypothetical acceptability. In this way, the account I offer is deliberately less determinate than Rawls's use of the original position. It leaves the principles that would result open to the person contemplating the thought experiment. In this usage, the map enables imagining a variety of caregiving arrangements and evaluating the acceptability of these arrangements—when one does not know where they will be in the arrangement

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[25] I think eliminating invisible forms of labor will eliminate the corresponding varieties of oppression via theoretical invisibility. However, other forms of oppression may emerge.

[26] I will not endeavor to defend this claim here. My view, in brief, is that the actual cultural context within which we deliberate as philosophers influences our estimations of what ideally rational people would decide, given certain inputs.

(Stark 2000). This type of theorizing is a valuable mechanism to clarify our thinking about care in human societies, for it leads us to think about what an ideally just society would look like when it takes caregiving into account alongside all other goods. Because care is one good among several fundamental social primary goods, inequality in the domain of care may be part of an overall just arrangement.

3.1. Adaptive Preferences and Legitimacy

A principle of fair distribution of care requires an account of legitimate needs for care. Any metric of needs-differences must also take into account the ways in which the needs of privileged members of a society are perceived by all members of the society as more pressing. Due to the ways that people's expectations are shaped by what is available to them, and by that to which they have become accustomed, we cannot assume that we will get a clear view of what legitimate expectations for care needs will be. A woman who is expected to be self-abnegating may well demand less care from others.[27] More broadly, the set of phenomena theorized as adaptive preferences suffice to give reasons to not merely rely on existing preferences and states of affairs.[28]

There are some clear cases of legitimate care needs. For instance, a child with a severe cognitive or physical disability will legitimately require more care—of greater intensity and duration—than a nondisabled adult man. However, there are likely racial and economic differences in the extent to which these needs for care are diagnosed and met. The arrow of care will need to track the care people are actually receiving, and add facts about race, gender, and disability, so that it can identify disparities in the care received by disabled black and white children, for instance. Race must also be included to be able to theorize about the significance of white disabled children receiving more care than disabled children of color.

For instance, a principle of equality of capability would recommend that everyone receive the amount of care that they need to function (Engster 2007), and this requires accounting for differences in needs. Therefore, race-based aggregate data about care received and given are needed in addition to data about the amounts of care people receive above or below a threshold for basic functioning. If the gap in average care received by racial groups is very great, it gives a prima facie reason to scrutinize our intuitions about which needs are legitimate, and for whom. An asymmetry in care at a group-based level is an injustice even if it does not result

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[27] On "deformed desires" as a phenomenon of the self-abnegating woman, see Superson (2005). A related set of phenomena have been theorized as adaptive preferences. See, for example, Elster (1982) and Khader (2011).

[28] See Farrelly (2007) on the connection between maximal fact-sensitivity and the perpetuation of adaptive preferences.

in disadvantages of income and wealth. A group-based caregiving arrangement raises a prima facie problem for justice because it will create problems for everyone who shares in the ascriptive identity group of the caregivers. Finally, historically informed understandings of oppression are necessary but not sufficient because the arrow of care map is a metric that can track unmapped disadvantage and relational asymmetries.

4. Comparing the Arrow of Care Map to Care Ethics and Feminist Liberalism Applied within the Family

4.1. The Challenge from Care Ethics

One of the commitments that differentiate care ethics from the liberal contractarian tradition is the care-ethical view that emotions are a source of moral knowledge, which is also linked to the claim that our emotions and particular ties to real people should not be overcome in order to achieve impartiality. Care ethicists argue that moral theory must pay attention to particularity, and that theorizing about abstract subjects who have no ties to others misses what is important for a moral life.[29]

The arrow of care map enables thinking about society-wide caregiving arrangements in a way that abstracts away from particular intimate relationships and from the emotions and meaning of care in our lives so that we may gain an understanding of the distributive justice or injustice of that arrangement. Unlike care ethics, it does not prescribe how we should respond to the people in our lives. Care ethicists' accounts of caregiving relationships and caring persons offer sophisticated analyses of caring practices and the aims of good relationships, but they do not include assessments of the underlying distribution of benefits and burdens.[30] As I have argued, a theory of care will be incomplete and inadequate if it does not have an abstract way to depict and evaluate caregiving arrangements, for abstraction is necessary to depart from existing conventions and assumptions about who should care for whom.

Care ethics advances a related criticism of thinking in the terms of justice. Alison Jaggar characterizes this care ethical criticism of "justice thinking" in the following passage:

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[29] Held (2006), S. Collins (2015), and Noddings (1982) advocate a contextual approach to moral reasoning.

[30] Engster (2007) theorizes about a just society that provides care. Kittay (1999) theorizes about the disadvantage of dependency workers within the terms of her dependency theory.

> Justice thinking is impersonal and general because it regards both
> moral subjects and the objects of their moral concern in terms of
> their moral status as representatives of humanity . . . rather than in
> terms of their concrete specificity; care thinking is personal and
> particularized in that both carers and those cared for regard each
> other as unique, irreplaceable individuals. (1995, 190–191)[31]

My view is diametrically opposed to care ethics on this matter because some level of abstraction is valuable in order to step back from the facts of one's life. It enables the theorist to stand back from his or her family's assumptions about who within the family ought to provide actual caregiving if they are to express love and concern. Abstraction in this form is distinct from the kind of abstraction against which Bernard Williams (1981) counsels—the application of impartial thinking to our loved ones. And I embrace care ethicists' claims about the moral requirements of our actual relationships. The arrow of care does not recommend standing back from love for one's family to evaluate whether the terms of the relationship are fair. As actual people, we are embedded within imperfect and unjust social forms, and it is likely that this will always be the case. The project of theorizing about the nature of the good life within any particular social form is a task for moral theory, philosophy of action, and practical reason. A moral theory that rejects all real relationships when they are unfair would leave real persons relation-less in any foreseeable future. Whereas an account of morality must discern our particularity and identify how it is that we can live good lives, a political theory should evaluate the basic structure as the matrix within which we live our lives. Consequently, political theory must engage in abstractions. My argument for abstraction counsels a departure from particularity at the level of social forms—not at the level of a person's own life.

Claims for abstraction at the level of justification are sometimes taken to imply that we should implement these claims abstractly in some way. Stark (2010) is right to argue that we can be sensitive to context when we apply ideals we have arrived at through the use of abstraction in justification. Therefore, care ethicists need not reject *abstract care*, for it invites attention to morally salient details at the level of an individual's life. My view is that we must *respond* to our lives as they are in their particularity—to the facts about who our parents are, or to particulars about our brothers, sisters, children, neighbors, and so forth. The particularized details about who is in our intimate sphere are not defined voluntarily. It is not up to us to choose whether or not we have a neighbor who falls down after an illness and is alone in the world; or to determine our parents' abilities, and particular types of

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[31] Jaggar goes on to criticize care ethics. See also Walker (2007) for a criticism of theoretical-juridical approaches to moral theory.

physical or mental decline towards the end of their lives; or to decide if we have a sibling, and to decide on that sibling's need for support or help—for example, if he or she has a severe disability. In all of these cases, and in our real lives, we will have responsibilities that arise from the details of the real world, from contingencies that have nothing to do with our choices as well as from actions that we have chosen, but the consequences of which we had no way of predicting.

What I wish to underscore, though, is that these responsibilities and choices occur against the backdrop of a social form that is regulated by some account of distributive justice. Our sense of our responsibilities is influenced by background conditions and culture.[32] For instance, is a son responsible for his mother's needs as she ages, or is his wife responsible for them? Is the younger son responsible, or is it the older one? In some pockets of Indian cultures, it is the eldest son who is held responsible for his parents, but hands-on caregiving responsibilities are assigned to his wife. Is the society-at-large responsible for an aging population, or is it the individuals themselves who should plan for their future with financial savings that will allow them to pay a professional caregiver? Or is it children overall who are responsible for their parents' care? If a community overall is responsible for meeting care needs, how does this actually break down by race and ethnicity? If white women regularly expect a higher level of needs-satisfaction while women of color have adapted to meeting fewer of their needs, then will a distributive assessment that relies on subjective assessments of well-being be adequate?[33] To answer these questions, we will need to evaluate a number of different permutations of caregiving arrangements.

Faulty abstractions, not abstractions per se, are the cause of contractarianism's perpetuation of oppression. Consequently, a criterion of adequacy for contemporary forms of liberalism is that they must do the theoretical work needed to identify the abstractions the theory should employ. The arrow of care map meets these criteria as a conceptual device that identifies caregiving arrangements and then holds them up as an object of hypothetical consent. When the labor of caregiving is made visible, a new layer of privilege and disadvantage becomes evident that can address intersectionality by showing how the expectation to receive care and the social expectation to give care can map onto race, ethnicity, gender, caste, and social class. The concept of the arrow of care thereby disrupts status quo social arrangements in societies where caregiving arrangements are

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[32] See Walker's (2007) analysis of moral understandings, which has influenced this account.

[33] See Khader (2011) for the argument that "inappropriate adaptive preferences" must be identified in virtue of their conflict with an objective account of well-being.

enforced through informal mechanisms like widely accepted expectations and narratives.[34]

4.2. No Action-Guidance

The arrow of care map differs from two influential feminist liberals' approach to inequality and caregiving responsibility.[35] Susan Okin argued for the application of principles of justice within family—and in doing so she rejected the Rawlsian view that representatives be heads of households.[36] Although I share Okin's project of feminist Rawlsian contractarianism, the arrow of care map departs from Okin in that it maintains a higher level of abstraction to accommodate cross-cultural differences in caregiving and familial structures while Okin applies Rawlsian reasoning within the family. Moreover, I do not assume the family as a starting point, and in this way, operate at a greater level of abstraction. Instead, the starting point for the arrow of care is a claim that we all need to receive care and therefore caregiving is one of the core functions that a scheme of social cooperation must satisfy.

Another foil for the arrow of care map is Jean Hampton's (1993) feminist contractarian test for personal relationships that tells participants to assess whether they would accept the terms of the relationship as the product of an unforced agreement. In contrast with Hampton's test, the arrow of care is *not* a method of abstraction for individuals to map their relationships in service of demanding equality in the care given and received within each one of their intimate relationships. [37] Instead, as a framework for mapping society-wide distributions which then evaluates their fairness, the arrow of care map does not seek to proffer action-guiding recommendations for individual lives. Our lived engagement with families and friends should be guided by values that extend far beyond justice.

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[34] I do not recommend that individuals map their relationships within the arrow of care. It is not a comprehensive assessment of fairness, nor does it provide an account of what it means to be concerned about someone or to have a legitimate responsibility towards a particular other.

[35] Ann Cudd's (2006) account of society-wide oppression offers a systematic analysis of the context of choice, and so the arrow of care map is structurally closer to her theory than it is to Hampton's or Okin's theories.

[36] See Baehr (1996) for a discussion of the way Okin's view changed over time. See also Abbey (2016).

[37] Similarly, I do not offer a solution to directly address cooperative conflicts for people here and now (Sen 2011); nor does the arrow of care embed within it ways to increase women's agency in diverse cultural contexts (Meyers 2002; Khader 2011).

Conclusion

This paper has advanced a concept—*the arrow of care map*—that gives us a way to think about care that is not embedded in a set of assumptions that are culturally conservative insofar as they are specific to the social form in which we live. It is a concept in the sense that it sets forth a problem. The problem it sets forth is that every society needs to advance an arrangement to secure its care needs. There will then be multiple conceptions to specify what a good caregiving arrangement is—these conceptions are solutions to the problem set forth by the concept, and they will take the form of various arrow of care maps.[38] The concept of the arrow of care map takes a bird's-eye view of the labor of care—it does not seek to identify the nuances of relations of love and affection, and it abstracts away from assumptions about family units or socialized care to offer a way to tune our intuitions about caregiving in human life.

The paper has also advanced a methodology for ideal theory that seeks to be non-ideological. The insights and intuitions on which it relies are informed by existing states of affairs, and it is explicit about its value commitments. By advancing this abstract concept, and limiting my theoretical project to this conceptual work, my account may appear to conflict with the commitments of a dominant strain of feminism and anti-racist philosophy that advocates nonideal theory. Whereas nonideal theories locate the core philosophical project in improving the world, and seek to do so quite directly, this paper has shown that theory that is "ideal"—in the sense that it seeks to clarify our values—must also begin with insights from the pressing problems of society, and then advance concepts that can better identify these problems. These theories must interrogate and evaluate the normative claims that are embedded in these concepts. Finally, by formulating the concept of the arrow of care map, I hope to enable further theorizing about the facts of societal caregiving arrangements in order to imagine new visions of just societies.

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[38] I thank Julie Walsh for identifying the similarity between Rawls's concept-conception distinction and my own use of the arrow of care map.

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The Arrow of Care Map: Abstract Care in Ideal Theory[1]

Asha Bhandary

Abstract

This paper advances a framework to conceptualize societal caregiving arrangements abstractly. It is abstract in that it brackets the meaning of our particular relationships. This framework, which I call the *arrow of care map*, is a descriptive tracking model that is a necessary component of a theory of justice, but it is not a normative prescription in itself. The basic idea of the map is then multiply specifiable to track various ascriptive identity categories as well as different categories of care labor. In this way, the idea of the arrow of care map serves as a conceptual frame with which to identify societies' caregiving arrangements. I characterize it as a component of "ideal theory" insofar as it seeks to clarify our values without the immediate aim of formulating principles to govern a just society. The resultant partial theory of justice is one that responds to nonideal theory's critiques of the ideological nature of liberal contractarianism's idealizations and abstractions while moving towards new visions of a just society.

Keywords: ideal theory, nonideal theory, contractarianism, care, dependency care, liberal feminism, feminist liberalism, justice, distributive justice

Care, compassion, and concern are crucial elements of meaningful intimate relationships (Held 2006; Tronto 1993; Ruddick 1989). In addition, the labor of hands-on care to meet a person's basic needs often occurs within our closest relationships. However, caregiving also occurs in paid and professional contexts, which sometimes cross national boundaries through migrations of nannies and

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other care workers. Moreover, even in the contexts of families and friends, care that is given and received can be structured by internal hierarchies and inequities.

Various cultures and societies have different ways of organizing life around care, such as gendered arrangements, extended families, and socialized care. These arrangements have particular histories. The history of slavery in the US means that black women who tend to white women do so in a context that is racially and historically charged.[2] In societies with extended family systems, systems of care provision are structured by gender oppression and internally structured hierarchies and norms. For instance, a daughter-in-law may provide elder care to her parents-in-law, where that practice is linked to preferences for males in those cultures, or a youngest daughter may be designated as the caregiver of her own parents, a designation which is paired with a cultural custom that she not marry and have children of her own.

Although there is an extensive feminist literature about the highly gendered nature of inequalities in responsibilities for providing care,[3] we lack a unitary model with which to identify arrangements for care in diverse cultures and social forms—one that goes beyond gender. This paper fills this gap by advancing a new abstract concept for tracking the distribution of caregiving labor in a society that I call *the arrow of care map*. It is an abstract representation of caregiving that brackets the meaning of the relationships within which it occurs and thereby enables critical distance from particular cultural biases about who ought to care for whom. The function of this map is to gain clarity about how caregiving actually occurs in societies, because transparency is a necessary step prior to theorizing about what a just society would be. Due to the pervasiveness of obfuscating narratives about who gives care and who receives care, it will be a substantial achievement to arrive at an accurate description of the ways that care is provided and received.

In Section 1, I defend the need for this new concept. There, I also show how the arrow of care map is responsive to the nonideal theoretic criticism that ideal theory is ideological in virtue of the content of its idealizations and abstractions. Section 2 sets forth the core components of the arrow of care map and identifies the normative commitments embedded in the model. It is a relational analysis of a society's caregiving arrangements founded on individual units of human beings. There, I also identify the map's variations as specified by categories of labor and identity group, while emphasizing the need for the higher-order, abstract map as a

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[2] I thank Lindsey Stewart for discussion on this topic.

[3] For feminist liberal work that discusses care, see Abbey (2016), Baehr (2004, 2013, 2017), Bhandary (2010, 2016a, 2016b), Cudd (2006), Dimock (2008), Hartley and Watson (2010, 2012), Lloyd (1998), Okin (1989), Schouten (2015), Stark (2007), Varden (2006).

way to maintain cross-cultural flexibility to track various identity groups. Section 3 identifies the limited conclusions that can be drawn about what a fair caregiving society will be prior to the descriptive tracking endeavor. Finally, in Section 4, I contrast the scope of the arrow of care map with both the ethics of care and forms of feminist contractarianism that apply a metric of justice directly to the family and personal relationships.

1. The Need for a New Concept

1.1. Oppression via Theoretical Invisibility
Oppression via theoretical invisibility occurs when a person has a lived experience of disadvantage or exploitation that is unintelligible by the terms of the theory. In the lexicon of that theory, the person is either not disadvantaged, or the source of their disadvantage remains out of view even if they are disadvantaged according to the theory's metric. For instance, an African American woman in the US might be economically disadvantaged—where the disadvantage is identifiable with a metric of income inequality—but the complex structural reasons that create disadvantage will not be wholly explicable in terms of income. As a result, an agenda for social change that follows from a theory that only tracks income inequality will overlook these structures of disadvantage. Thus, one of the tasks of a theorist of justice is to articulate frameworks that will identify these overlooked experiences.

Kimberlé Crenshaw's concept of "intersectionality" is a prime example of a concept that makes visible a set of issues that perhaps could have been triangulated from preexisting concepts, but would remain more difficult to theorize without it.[4] The idea of intersectionality is a way to understand the social position of women of color that reveals how the categories of race and gender obscure theorizing about their lives. Intersectional analyses point out how assumptions of race and gender result in the loss of data capture that is particular to the lives of women of color.[5] The articulation of the concept makes subsequent theorizing possible to further explore its various dimensions and significance.[6] Concepts like intersectionality are abstract, insofar as they highlight one set of concerns to the exclusion of others.[7] Thus, the concepts of gender, race, and class have made many aspects of social

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[4] Crenshaw's concept of intersectionality is a way to understand the invisibility of black women by naming their location and thereby rejecting the idea of "identity as woman or person of color as an either/or proposition" (Crenshaw 1991, 1242).
[5] Crenshaw explains the problem of analyses of racism and sexism as one in which all black people are men and all women are white (Crenshaw 2015).
[6] See P. Collins (2000).
[7] Similarly, Mills (1997) argues for the need for the concept of white supremacy.

oppression visible, and the idea of intersectionality has both augmented and complicated them.

Every culture or society has some way of organizing life around care, such as gendered arrangements, extended families, and socialized care. Despite the universality of care, though, caregiving arrangements are among the most theoretically and practically significant sources of blindness in liberal contractarianism. Therefore, if liberal contractarianism is to be a viable doctrine, it needs a way to conceptualize how care is provided. I schematize this understanding of a society-wide caregiving arrangement with the *arrow of care map*. The arrow of care map theorizes the labor of care—not the nuances of relations of love and affection—and it abstracts away from assumptions about family units or socialized care to offer a way to tune our intuitions about caregiving in human life. The framework embeds within it a normative claim that society must meet its vital care needs.[8] In doing so, it eliminates the following form of exploitation from traditional forms of liberalism. More precisely, adding *the arrow of care* to an account of the just distribution of the benefits and burdens of social cooperation removes from theory the following form of exploitation as it occurs for care labor.

> ~Persons X are assigned to do work C when work C is not recognized as work. Consequently, persons X look like non-contributors.
> ~ Persons Y do work A, which is highly valued. They are able to gain additional advantages by assiduously avoiding work C. Their avoidance of C is not identifiable as shirking because C is not identified as *work*.

If a person's contribution to social cooperation is not identified as a contribution in a theory of distributive justice, and the benefits that some people receive are not identified as benefits, then the resultant theory will have a loophole that leads to advantages for the people who avoid that work. This is the pattern that many societies have adopted for the social contributions needed for repair and maintenance.[9] Eva Kittay has argued that liberalism, in particular, results in disadvantages to *dependency workers* due to their invisibility in its basic assumptions and concepts (1999).

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[8] It proceeds from the premise, unargued for here, that societies need to meet their care needs, and that doing so plays a crucial role in systems of social cooperation. For that argument, see Bhandary (2016b). See also Reiheld (2015) for an argument that society has a duty towards caregivers.

[9] On repair and maintenance, see Tronto (1993), Spelman (2002), Walker (2007).

1.2. Non-ideological Ideal Theory

More broadly, liberal contractarianism has been criticized for idealizations and concepts that make the sources of group-based oppression impossible to identify or, more strongly, require the subordination of a subset of society (Pateman 1988; Jaggar 1995; Kittay 1999; Held 1987; Mills 2004; Schwartzman 2006a). I agree with these critics that an ideal theory that refuses to scrutinize whether its core concepts result in the perpetuation of illicit privilege is a non-starter as a viable theory of justice. Despite these problems with the history of the contract tradition, I share the growing consensus that one of the main targets of the critique of ideal theory—the core liberal contractarian idea of fairness—retains value as a basis for identifying a number of contemporary forms of social injustice.[10] Fairness, defined in a way that requires transparency, can rule out arrangements that exploit or systematically disadvantage a subset of society. A necessary, but not sufficient, step to rule out these exploitative arrangements is to develop concepts and claims that make visible what Lisa Schwartzman calls "the sources and manifestations of group-based oppression" (2006a). Thus, the project of advancing non-ideological liberalism requires new theoretical work to better specify the model of the person, the facts known to deliberators, and the domain of the basic structure of society.[11] Idealizations that perpetuate ideology must be criticized, and better concepts for mapping the realities of existing societies are needed. The arrow of care map is a contribution to the project of advancing non-ideological ideal theory.

2. The Arrow of Care Map: Overview of Functions

The framework I advance is one that can be used for all social forms. It will be further specified by the culturally specific details that structure social inequality in that social form—where the assignment of care may track onto a person's caste

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[10] Okin (1989), Hampton (1993), Hay (2013), and Mills (2012). I follow a broadly Rawlsian form of contractarianism (2001). For the criticism that contractarianism does not necessarily rule out oppression, see Schwartzman's critique of O'Neill (2006b, 572). Specifying the precise form of contractarianism will be necessary for a complete account of just caregiving, but that is not the task of this paper.

[11] My usage of ideal theory here is compatible with Stemplowska (2008) and Valentini (2012). It differs from Mills (2004), who says that ideal theory is necessarily ideological theory, so that if a person addresses oppression, they are doing nonideal theory. Thus, if one accepts Mills's definitions of ideal and nonideal theory, the arrow of care map will count as nonideal theory because it makes a source of oppression visible. See also Tessman (2009). For alternative formulations of the distinction, see Rawls (2002), Valentini (2012), Stemplowska and Swift (2015), and Kang (2016).

heritage rather than race or gender. Thus, the basic model of the arrow of care map is universal but multiply specifiable.

The arrow of care map, as a systems-level depiction of societal caregiving arrangements, gives theories of justice something they have been lacking: a way to understand care given and received as a fundamental social good that is the outcome of social cooperation, and that is prior to—and not dependent on—contingencies such as the particular economic structure of the society. In virtue of bracketing relationships of particularity and intimacy as well as the robust meaning of giving and receiving care in human life, it is decisively abstract and moderately fact-sensitive—incorporating the most fundamental aspects of human life, while leaving aside others.[12] Because the need to receive care is fundamental to all human lives, it is a fact that must be included on any list of basic facts employed in a theory of justice.[13] In its most abstract form, it has value for a broad range of social forms to track who tends to receive large amounts of care and who tends to provide it. At one level less abstracted, it must track historically oppressed identity groups. I do not reduce it to these specific maps, though; instead, I insist on the need to maintain an abstract version of the map so that societal variations in the exploitation of caregivers can be found even when they do not coincide with dominant narratives. It may be the case that class has a higher correlation with caregiving than gender, for instance. Theorists need critical distance from cultural preconceptions about who ought to receive care and who ought to provide it because—as scholars of affect study show—our concern for others is shaped by gender, race, and class (Greyser 2017).

Thus, it is crucial that a map that tracks care given and care received remains conceptually separable from the range of ascriptive factors that will correspond to inequities in care. Maintaining a separate metric may reveal unmapped social locations, such as a caregiver who may be from an otherwise advantaged group but who becomes disadvantaged as a caregiver.[14] Therefore, in addition to serving as a new descriptive mapping concept, the arrow of care map makes it possible to

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[12] I therefore aim to respond to the problem that abstractions have too often masked false claims—that humans are maximally rational (O'Neill 1996), or that they fail to be explicit about what they bracket, and why (Schwartzman 2006a). My account is moderately fact-sensitive in that it includes a set of basic facts but brackets others. See also Farrelly's characterization of the moderate fact-sensitivity of Rawls's theory, which "acknowledges some moderate feasibility constraints (e.g. pluralism) but also employs a number of idealizing assumptions (e.g. society is closed, full compliance, etc.) when deriving the principles of justice" (2007, 844).

[13] For a lengthier argument for this claim, see Bhandary (2016b).

[14] See also Kittay's "dependency workers" (1999).

identify inequalities that are not already captured by economic analyses or racial hierarchies.

Arrow of care maps have two functions. The first function of the maps is to organize fact-finding about societies' caregiving arrangements. The basic map template will then be modified into multiple maps with overlays tracking trends by race, gender, geographic origin, and class. Its main purpose is to gain an understanding about trends in levels of care received and provided as a relational good.

The second function of the maps is to guide thinking about what a fair arrangement will be. It is my view that there are likely many possibly fair arrangements. On my preferred view, deliberations should be guided by a broadly Rawlsian methodology, which evaluates the arrangement based on the idea that you could be anyone in it, variously interpreted as the claim that you could occupy any social position in it. However, the arrow of care map idea is compatible with a broad range of interpretations of transparency and fairness tests. What it rules out are arrangements that are based on, and require, the widespread exploitation of groups of people (minorities, women) in virtue of their roles as caregivers.[15] After greater transparency is achieved, further deliberation will be required to imaginatively conceptualize potential caregiving arrangements as candidates for a fair arrangement. For instance, just caregiving arrangements may include nuclear families, extended families, and non-family-based care.

2.1. Function One: A System-Wide Descriptive Mapping Concept for Caregiving Arrangements

The arrow of care map does not seek to capture the whole truth of the role of caring relationships in human life, nor does it seek to prescribe how people should think about care in their private lives. It is a systems-level analysis of a society in the sense that it holds up caregiving arrangements as objects of deliberation in a way that facilitates clearer thinking about the different possible arrangements that would be acceptable to people in a society, when the labor of care is made visible.[16]

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[15] See Schwartzman's (2006b) argument that a theory without ideals will not have resources to rule out oppression. Because the paper's aim is to advance the idea of the arrow of care map—and not to defend a specific conception of fairness—I do not specify an ideal or respond to Schwartzman's claim about the necessity of ideals here.

[16] The project is aptly characterized by Stemplowska's characterization of the point of ideal theory as clarifying our values (2008). See also Tessman (2015) on the need for feminist theory that apprehends our normative realities even when there are no morally viable paths of action.

The arrow of care map is properly classified as a "descriptive mapping concept" (Mills 2004, 174), insofar as it creates a concept to use in order to identify what occurs in the real world.

Caregiving norms are deeply culturally entrenched; they are embedded within gender norms about who should care for whom—by, for example, bringing them tea. They suffuse assumptions about who deserves sympathy for their suffering. Therefore, identifying what actually occurs in the domain of care is a significant task of its own. The fact-finding task will give us real data with which to inform our social understandings about who provides care, who receives it, and at what levels. In the descriptive use, it remains somewhat abstract because it brackets information about particular relationships in order to gain an understanding of caregiving that does not simply legitimate existing assumptions about who should care for whom.

Although the arrow of care map will promote greater clarity about the nature of a society's caregiving arrangements, it does not purport to avoid all cultural biases. For instance, leaving nonhuman animals out of the metric is a normatively laden starting point. The arrow of care map does not avoid the possibility of embedding and legitimating existing biases, but it seeks to be transparent about the claims and assumptions it makes, and the reasons for those assumptions. It is precisely because of the cultural entrenchment of caregiving norms that we need to think abstractly about care. The preponderance of philosophical effort directed towards thinking about care counterfactually has been directed towards new action-guiding policy proposals. These proposals often embed within them assumptions of the immutability of other features of the status quo. Theories of justice need a more abstract methodology to think about care, and that is what the arrow of care achieves.

However, because care ethicists and other feminists have roundly criticized abstraction, it is incumbent on me to clarify and defend the role of abstraction, and also to show how my account does not fall into the pitfalls of ideal theory as it has been criticized by nonideal theorists. Schwartzman represents the nonideal criticism of ideal theory as fundamentally a problem of misrepresentation: "[Ideal theory] misrepresents both agents and structures in ways that deny and obscure the realities of oppression" (2016, 7). Thus, I seek to avoid misrepresentation by characterizing the project and scope of the arrow of care map. The arrow of care map is an abstraction that brackets numerous features of our lived experiences of caregiving. It does not seek to characterize the complexity of lived experiences within caring relationships. Although it does not accurately represent the complexity of human agents, it offers a structural analysis of caregiving that can illuminate forms of oppression. It does so in a way that seeks to attend to the ways that

abstractions and idealizations can be ideological to mask and perpetuate entrenched inequalities.

2.2. Normativity in Abstraction

The arrow of care map includes normativity at two levels: first, with the values and conceptualizations that are incorporated into the arrow of care, and then to guide and assess various caregiving arrangements. It includes value claims by taking individual human beings as what is fundamental in order to then depict the amount of care each person provides, for instance, over a lifetime. As a framework for tracking actual distributions, the arrow of care map will unveil the care people give and receive in a way that is individualistic but that also recognizes the relational nature of caregiving. The individualism of the framework is built into the metric of care that is given and received for and by each person. The relational nature of care given and received occurs in a set of arrows that specify from whom and towards whom care goes. Sometimes the arrows will connect two members of a family, at other times they will not connect them. Quantifying care in this way will lay bare distributive inequalities that have been masked by cultural narratives. Theorists must (a) peel away the norms of femininity that mask the fact that caring is labor, (b) debunk ideas of gender essentialism that naturalize the labor of care, and (c) contest narrative and social constructs about racial and ethnic identity that normalize, for instance, Western presumptions that women of color should tend to the care, maintenance, and repair needs of whites.

Furthermore, assumptions about oppressive gender norms can leave undetected exploitative labor distributions that occur within same-sex marriages, or the subordination of a man within a heterosexual couple. Consequently, the map will require extensive fact-finding by sociologists and anthropologists who attend to dominant norms, but are aware that these norms will not always describe what actually occurs. [17] To see just how difficult it may be to identify actual distributions of care when they conflict with social narratives, consider the following case: An affluent, white stay-at-home mom who does not have a paid career is credited as a full-time caregiver, but closer analysis reveals that substantial amounts of care are provided by babysitters, or unpaid caregivers like a friend, mother, sister, neighbor, or older child.

Mapping amounts of care given and received will also make evident the differential entitlements of groups of people occupying different social positions

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[17] Approximately 1.4 million children between the ages of eight and eighteen serve as caregivers for parents, grandparents or siblings with disabilities (*New York Times*, May 23, 2016, "Supporting Children Who Serve as Caregivers," by Jane E. Brody). I thank Amy R. Baehr for bringing this statistic to my attention.

marked by race, ethnicity, and histories of slavery and colonization. In these ways, the first usage of the arrow of care map satisfies a few of the nonideal theorists' requirements: it is quite centrally about dependency care, it identifies a category of labor that has sometimes coincided with slavery, and it unmasks ideologies. In order to do this, arrow of care maps must specify the gender, race, ethnicity, citizen status, and class of care receivers and providers.[18] There will be different arrow of care maps to identify these caregiving arrangements—as a short time slice—over a year, or over the lifetime of individuals. In addition, it will be a theoretically robust project to delineate the boundaries of a society in order to be able to identify the "global care chain" and care drains from one country to another (Hochschild 2000; Kittay 2008; Gould 2008).

Even in its descriptive form, the arrow of care map is abstract because it brackets facts about our relationships, such as the love parents have for their children, and that children have for their parents. Moreover, it does not present action-guiding recommendations with respect to caregiving, and so it says nothing about how people should approach their caring relationships in their real lives.[19]
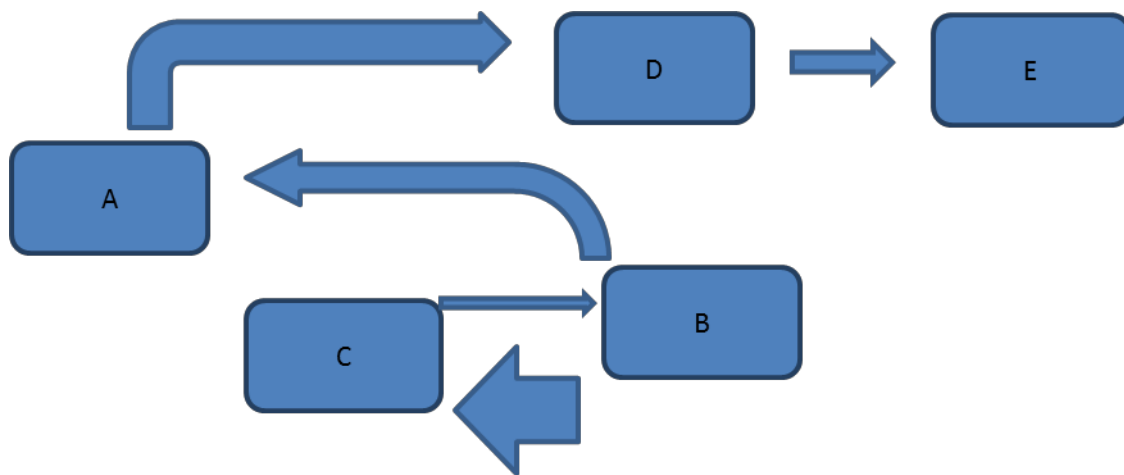
2.3. Mapping Care

The arrow of care map is fundamentally an *idea* that admits of increasing levels of sophistication. I specify some of its uses here only to make more concrete the idea at its core. Below, I offer a schematic depiction of the idea of the arrow of care map. This particular depiction does not describe an actual caregiving arrangement, nor does it specify an ideal. Instead, the idea of the arrow of care is a way of quantifying caregiving labor as it occurs across both public and private domains. It offers an idea of tracking caregiving that is analogous to the idea of tracking blood pressure. In addition, just as the metric used for blood pressure is independent of any particular person's blood pressure measurement, the idea of the arrow of care is an abstract idea that is not equivalent to the sum of what occurs in every person's life.

The arrow of care map tracks the intensity and duration of care given and received over the course of a lifetime. The width of the arrow corresponds to the intensity of care given and the direction of the arrow identifies care going from one person and towards another person. The length of the arrow corresponds to the duration of care.

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[18] I am indebted to Amy Mullin for pressing me to make this claim abundantly clear.
[19] For further discussion of this claim, see Section 4.1.

Figure A. The Arrow of Care Map

2.4. Categories of Care

Arrow of care maps will be specified to track different subsets of labor, from the narrow category of dependency care to the broader inclusive category of care, and even personal services. Dependency care is care that seeks to respond to a legitimate need. Dependency care is the hands-on labor without which a person would not survive. It includes, for instance, feeding a baby, helping a paraplegic person with toileting, and assisting a person with mental disabilities to obtain food and live safely (Kittay 1999). I define dependency care, in part, by the relative immediacy of the harm that the vulnerable person will experience when care is absent. A paradigm case is that of a baby left in a crib without a caregiver; he will not survive long because he needs significant care to survive. This definition of dependency care does not offer necessary and sufficient conditions. It follows my view (Bhandary 2016b) that the nature of caregiving will change as caregiving becomes transparent in society, and the definition is consequently provisional.

The caring work the map tracks maintains its historic connection with the category of labor that women have typically performed as mothers, nannies, mammies, daughters-in-law, and so forth. However, my account of caring work excludes the activities of teaching children to read, write, and perform basic math.[20]

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[20] I disagree with Daniel Engster's account of care (2007, 27), which includes these activities and is broader than my view. For Engster, "Caring may be defined as everything we do directly to help individuals to meet their vital biological needs,

The aim of the activity must be meeting a basic need, but attempts that fail should still be tracked. Consequently, I do not build efficacy into the caregiving that is tracked because caregiving is performed at varying degrees of skillfulness. However, I agree with Daniel Engster that actions that can be successfully completed without satisfying biological and developmental needs of a person will not count as caregiving labor. Engster offers the example of a cook in a restaurant, who can prepare and sell a meal without caring for anyone, whereas a parent cannot nourish a child without being sure that he or she actually ingests the food.

Of course, there is a commonsense threshold for an activity to count as caregiving. A person who says they intended to care for their baby but leaves the baby crying in the crib for days while enjoying time out in town with friends violently harms the child and clearly fails to care for her. Thus, intentions matter. Some cases are more difficult to assess. For instance, imagine that Eugene makes his daughter soup while she is ill. He has taken off a day from work to do so. But he then spills the hot soup on his daughter, requiring that she receive medical care from someone else and also that her mother now take off a day from her work. The daughter still has not eaten anything and she now has burns that will require additional care to treat, resulting in additional caregiving by others. How do we quantify the care? Do Eugene's contributions count as care, despite his ineffectiveness? If effectiveness is a necessary condition, then Eugene's labor will not count, but a distributive assessment should include his attempted care, and therefore his earnest efforts should be counted in some way, although the additional needs he created must also be tracked.

For these reasons, I reserve "effective" as a modifier to care, instead of saying that care must be minimally effective for it to count as care. In contrast, Amy Mullin offers a normative account of care for children as an activity that should not increase their vulnerability by failing to understand their material, psychological and developmental needs (Mullin 2014). Mullin's account of care tells us what good care is, but tracking labor for an abstract representation of a caregiving arrangement should also track the care that aimed at meeting the person's needs despite its failure to do so.

It is well established in medical contexts that the labor of doctors that seeks to help a patient counts as work, even if they fail to achieve this aim. Other forms of care should follow the same convention. Imagine a case in which Beatrice, a six-year-old child, sees a physician for a skin rash. The physician, Dr. Lyons, misdiagnoses it as a bacterial infection and prescribes an antibiotic, but the

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develop or maintain their basic capabilities, and avoid or alleviate unnecessary or unwanted pain and suffering, so that they can survive, develop, and function in society" (2007, 29).

antibiotic results in a larger rash as a side effect. Dr. Lyons has not provided effective or good care. Nonetheless, the health care system does not deduct the hours the physician spent seeing the child from the overall number of hours of care provided by the physician during that week. There is value in separating a quantification of labor hours from the quality of the labor—for it allows us to track that a person has spent time and effort aiming at an outcome, even if that person has failed to achieve the outcome, or if they do it poorly.

In this example, Dr. Lyons has acted in ways that should be counted in a distributive account of labor. He has also offered bad care by failing to meet the needs of the recipient of care. Good care is the proper aim of caregiving. The reason for permitting bad care to count as care in the arrow of care map is that the map seeks to capture the labor people perform. Assessments of labor do not nullify labor that fails to meet a metric of high quality—which is what is illustrated with the medical case. Of course, it is of the utmost importance that vulnerable and dependent persons need good caregivers, not caregivers who are ineffective, and so we need educational programs and apprenticeships to train excellence in caregiving.

2.5. Map Typologies

Unpaid dependency care

There will be several iterations of the abstract but descriptive arrow of care maps. The least complex map may be one that tracks unpaid dependency care because it will identify labor that is not currently tracked in any systematic way in virtue of its exclusion from the market—for the market is among the main sources of socially tracking labor.

Dependency care that is poorly paid

The need to track dependency-care labor that is paid is evident in the case of dependency work that is paid poorly so that the person is resultantly made vulnerable in virtue of performing the labor.[21] If the ability to meet your needs and wants is dependent on money, then remunerating care well could relieve the disadvantage of it. However, I do not advocate increasing the domain and scope of

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[21] A host of additional questions arise at this stage—how do we weigh caregiving against other social contributions? How do we quantify burdens that result in compounded vulnerability? Answering these questions will be difficult, but answering them is just as necessary as any other comparative assessment of individual and social disadvantage for a theory of distributive justice. However, we may legitimately postpone answers to these questions until the present project is complete.

market norms, for to do so treats all goods as fungible (Anderson 1993). *If* we live in a fully marketized economy, then caregiving should be marketized and the arrow of care would identify a type of social productivity that would be included in the gross domestic product. But I do not advocate that kind of society, for increasing the scope of markets will inevitably result in the creeping of market norms. Care is among the most fundamental domains of social cooperation, and it follows from its fundamentality that we will need to meet our care needs at least at a minimal level irrespective of whether we have a market economy or not, and those caregiving arrangements need to be fair.

Personal services

Another iteration of the arrow of care map must include personal services. I adopt Kari Waerness's term and definition of "personal services" for the category of activity that a person does for someone else when that person is capable of meeting the basic need him or herself, or the need is not pressing and/or legitimate (1984).[22] Personal services include making tea for others, attending to the emotions of others, and serving as an audience to the ego of another.

Why should theorists of justice bother mapping personal services if the needs they meet are not essential to human life? We should map this labor because it is work that people—often women—perform. There may be strong social pressure for a person to perform the labor even if the care needs to which he or she responds are not legitimate care needs. Thus, anti-oppression theory needs to include a personal-services map because the recipients of that labor reap benefits from it and the people performing it remain disadvantaged. A personal-services map is needed to track distributions of effort and time on the part of the person performing that labor, and it will include emotional work, ego-tending, and some forms of sex work.[23] As in the case of dependency care, the first iteration of the personal-services map is unpaid personal services. The second iteration, which is no less important, is a map of poorly remunerated personal services.

For distributive purposes, the burdens of caregiving—as both dependency care and personal services—are defined by the effort it requires in terms of time

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[22] Engster includes care for self in the activity of caring, and therefore it need not always be other-directed (2007, 32). I do not include care for self because the nature of caring for someone else and caring for oneself differ significantly. I seek to capture the category of other-directed care that promotes the recipient's well-being and goals. See Bhandary (2016a) for further analysis of the differences between self-directed and other-directed care.

[23] See MacKinnon (2011).

and the demands on the person.[24] A full analysis of the burdens of personal services must include psychological costs experienced by the caregiver. Personal services that radically harm the self of the caregiver are not justified and so a just social form should eliminate them. For instance, some forms of sexual labor that destruct the self of the sex worker should be eliminated from just social forms. In the meantime, the labor should be descriptively tracked.

Unmet care needs

A supplemental iteration of the dependency-care map requires an index of the dependency-care needs of vulnerable persons that no one meets in the current arrangement. One can expect that disabled children of parents living in poverty will have fewer of their needs met. There will likely be significant correlations between relative wealth and the level at which one's care needs are met, but it should not be assumed that inequalities in wealth and income will subsume inequalities in care.

3. Function Two: Fair Caregiving Arrangements

The second function for the arrow of care map is to serve as an object for deliberations about what a fair caregiving arrangement would be. In this use, it plays an essential role in a form of revised contractarianism—one that pays attention to the need for sensitivity to the facts that are included and to those that are excluded in the use of abstractions, where abstraction is defined here as the bracketing of various predicates. The normative question for the most abstract iteration is: What would a just caregiving arrangement be? Is it one with arrows of equal widths and lengths? Must the arrows be exactly reciprocal, modeling something like exchange reciprocity? For instance, we can model the idea that children have duties to their parents to care for them with a set of equal arrows going to and from parents and children over the course of a lifetime. We must also ask: Is a just arrangement one where caregiving arrangements are clustered by gender or race? The outcome of deliberations behind the veil of ignorance will rule out arrangements that exploit any group of people. No group of people will want to be designated as the set who must be other-directed caregivers, even if they may choose to do so in their own lives. A form of hypothetical contractarianism with an "I could be anyone" device that is moderately fact-sensitive, insofar as it includes a set of important facts that are needed for it to satisfy its function, will exclude arrangements that designate ascriptive identity groups to be other-directed. The important facts that must be included are the race, gender, class, and geographic origin of the person, but these

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[24] The metric requires collaboration among philosophers, anthropologists, economists, and sociologists (see, e.g., Folbre and Bittman 2004 for an excellent case of time-use studies).

facts are mutable, and different categories can become the most significant ones in different societies.

Moving caregiving arrangements to the forefront of the philosophical agenda changes contractarianism because of the way that these arrangements have been assumed to be matters of the family. Thus, the exploitation that occurs when a person does activity C, but C is not considered socially useful or necessary, where C is care, will be eliminated. Insofar as performing care that is invisible in the tracking of societal benefits and burdens is part of a form of group-based oppression, the arrow of care map will eliminate that source of group-based oppression.[25]

We can expect that the arrow of care map will show how racial hierarchies and disadvantage overlap with social norms about who should receive care, and who should provide it. A normatively acceptable caregiving arrangement cannot distribute care in ways that differentiate by race and class—nor should any inequalities systematically result from these group memberships. But these inequalities must be tracked in the descriptive form, and doing so requires bracketing details of people's particular relationships and situations in order to document the extent to which inequalities in care given and received overlap with other categories of ascriptive identity groups. The arrow of care map is a framework within which it is intelligible to ask undertheorized questions, such as: Do African American men receive more or less care than white men? And from whom? It also offers a way of systematizing inquiry into more established areas of inquiry, such as: Do women of color receive less care than white women? On whom does the care deficit fall with the greatest effects? Additional data can be added to incorporate how immigrant and legal-resident status correspond to care arrangements.

Different societies may arrive at different conclusions about the outcome of hypothetical acceptability because our actual experiences and values influence our intuitions about what we would choose in an ideal choice situation.[26] Therefore, I leave open the principle that meets the criterion of hypothetical acceptability. In this way, the account I offer is deliberately less determinate than Rawls's use of the original position. It leaves the principles that would result open to the person contemplating the thought experiment. In this usage, the map enables imagining a variety of caregiving arrangements and evaluating the acceptability of these arrangements—when one does not know where they will be in the arrangement

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[25] I think eliminating invisible forms of labor will eliminate the corresponding varieties of oppression via theoretical invisibility. However, other forms of oppression may emerge.

[26] I will not endeavor to defend this claim here. My view, in brief, is that the actual cultural context within which we deliberate as philosophers influences our estimations of what ideally rational people would decide, given certain inputs.

(Stark 2000). This type of theorizing is a valuable mechanism to clarify our thinking about care in human societies, for it leads us to think about what an ideally just society would look like when it takes caregiving into account alongside all other goods. Because care is one good among several fundamental social primary goods, inequality in the domain of care may be part of an overall just arrangement.

3.1. Adaptive Preferences and Legitimacy

A principle of fair distribution of care requires an account of legitimate needs for care. Any metric of needs-differences must also take into account the ways in which the needs of privileged members of a society are perceived by all members of the society as more pressing. Due to the ways that people's expectations are shaped by what is available to them, and by that to which they have become accustomed, we cannot assume that we will get a clear view of what legitimate expectations for care needs will be. A woman who is expected to be self-abnegating may well demand less care from others.[27] More broadly, the set of phenomena theorized as adaptive preferences suffice to give reasons to not merely rely on existing preferences and states of affairs.[28]

There are some clear cases of legitimate care needs. For instance, a child with a severe cognitive or physical disability will legitimately require more care—of greater intensity and duration—than a nondisabled adult man. However, there are likely racial and economic differences in the extent to which these needs for care are diagnosed and met. The arrow of care will need to track the care people are actually receiving, and add facts about race, gender, and disability, so that it can identify disparities in the care received by disabled black and white children, for instance. Race must also be included to be able to theorize about the significance of white disabled children receiving more care than disabled children of color.

For instance, a principle of equality of capability would recommend that everyone receive the amount of care that they need to function (Engster 2007), and this requires accounting for differences in needs. Therefore, race-based aggregate data about care received and given are needed in addition to data about the amounts of care people receive above or below a threshold for basic functioning. If the gap in average care received by racial groups is very great, it gives a prima facie reason to scrutinize our intuitions about which needs are legitimate, and for whom. An asymmetry in care at a group-based level is an injustice even if it does not result

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[27] On "deformed desires" as a phenomenon of the self-abnegating woman, see Superson (2005). A related set of phenomena have been theorized as adaptive preferences. See, for example, Elster (1982) and Khader (2011).

[28] See Farrelly (2007) on the connection between maximal fact-sensitivity and the perpetuation of adaptive preferences.

in disadvantages of income and wealth. A group-based caregiving arrangement raises a prima facie problem for justice because it will create problems for everyone who shares in the ascriptive identity group of the caregivers. Finally, historically informed understandings of oppression are necessary but not sufficient because the arrow of care map is a metric that can track unmapped disadvantage and relational asymmetries.

4. Comparing the Arrow of Care Map to Care Ethics and Feminist Liberalism Applied within the Family

4.1. The Challenge from Care Ethics
One of the commitments that differentiate care ethics from the liberal contractarian tradition is the care-ethical view that emotions are a source of moral knowledge, which is also linked to the claim that our emotions and particular ties to real people should not be overcome in order to achieve impartiality. Care ethicists argue that moral theory must pay attention to particularity, and that theorizing about abstract subjects who have no ties to others misses what is important for a moral life.[29]

The arrow of care map enables thinking about society-wide caregiving arrangements in a way that abstracts away from particular intimate relationships and from the emotions and meaning of care in our lives so that we may gain an understanding of the distributive justice or injustice of that arrangement. Unlike care ethics, it does not prescribe how we should respond to the people in our lives. Care ethicists' accounts of caregiving relationships and caring persons offer sophisticated analyses of caring practices and the aims of good relationships, but they do not include assessments of the underlying distribution of benefits and burdens.[30] As I have argued, a theory of care will be incomplete and inadequate if it does not have an abstract way to depict and evaluate caregiving arrangements, for abstraction is necessary to depart from existing conventions and assumptions about who should care for whom.

Care ethics advances a related criticism of thinking in the terms of justice. Alison Jaggar characterizes this care ethical criticism of "justice thinking" in the following passage:

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[29] Held (2006), S. Collins (2015), and Noddings (1982) advocate a contextual approach to moral reasoning.

[30] Engster (2007) theorizes about a just society that provides care. Kittay (1999) theorizes about the disadvantage of dependency workers within the terms of her dependency theory.

> Justice thinking is impersonal and general because it regards both moral subjects and the objects of their moral concern in terms of their moral status as representatives of humanity . . . rather than in terms of their concrete specificity; care thinking is personal and particularized in that both carers and those cared for regard each other as unique, irreplaceable individuals. (1995, 190–191)[31]

My view is diametrically opposed to care ethics on this matter because some level of abstraction is valuable in order to step back from the facts of one's life. It enables the theorist to stand back from his or her family's assumptions about who within the family ought to provide actual caregiving if they are to express love and concern. Abstraction in this form is distinct from the kind of abstraction against which Bernard Williams (1981) counsels—the application of impartial thinking to our loved ones. And I embrace care ethicists' claims about the moral requirements of our actual relationships. The arrow of care does not recommend standing back from love for one's family to evaluate whether the terms of the relationship are fair. As actual people, we are embedded within imperfect and unjust social forms, and it is likely that this will always be the case. The project of theorizing about the nature of the good life within any particular social form is a task for moral theory, philosophy of action, and practical reason. A moral theory that rejects all real relationships when they are unfair would leave real persons relation-less in any foreseeable future. Whereas an account of morality must discern our particularity and identify how it is that we can live good lives, a political theory should evaluate the basic structure as the matrix within which we live our lives. Consequently, political theory must engage in abstractions. My argument for abstraction counsels a departure from particularity at the level of social forms—not at the level of a person's own life.

Claims for abstraction at the level of justification are sometimes taken to imply that we should implement these claims abstractly in some way. Stark (2010) is right to argue that we can be sensitive to context when we apply ideals we have arrived at through the use of abstraction in justification. Therefore, care ethicists need not reject *abstract care*, for it invites attention to morally salient details at the level of an individual's life. My view is that we must *respond* to our lives as they are in their particularity—to the facts about who our parents are, or to particulars about our brothers, sisters, children, neighbors, and so forth. The particularized details about who is in our intimate sphere are not defined voluntarily. It is not up to us to choose whether or not we have a neighbor who falls down after an illness and is alone in the world; or to determine our parents' abilities, and particular types of

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[31] Jaggar goes on to criticize care ethics. See also Walker (2007) for a criticism of theoretical-juridical approaches to moral theory.

physical or mental decline towards the end of their lives; or to decide if we have a sibling, and to decide on that sibling's need for support or help—for example, if he or she has a severe disability. In all of these cases, and in our real lives, we will have responsibilities that arise from the details of the real world, from contingencies that have nothing to do with our choices as well as from actions that we have chosen, but the consequences of which we had no way of predicting.

What I wish to underscore, though, is that these responsibilities and choices occur against the backdrop of a social form that is regulated by some account of distributive justice. Our sense of our responsibilities is influenced by background conditions and culture.[32] For instance, is a son responsible for his mother's needs as she ages, or is his wife responsible for them? Is the younger son responsible, or is it the older one? In some pockets of Indian cultures, it is the eldest son who is held responsible for his parents, but hands-on caregiving responsibilities are assigned to his wife. Is the society-at-large responsible for an aging population, or is it the individuals themselves who should plan for their future with financial savings that will allow them to pay a professional caregiver? Or is it children overall who are responsible for their parents' care? If a community overall is responsible for meeting care needs, how does this actually break down by race and ethnicity? If white women regularly expect a higher level of needs-satisfaction while women of color have adapted to meeting fewer of their needs, then will a distributive assessment that relies on subjective assessments of well-being be adequate?[33] To answer these questions, we will need to evaluate a number of different permutations of caregiving arrangements.

Faulty abstractions, not abstractions per se, are the cause of contractarianism's perpetuation of oppression. Consequently, a criterion of adequacy for contemporary forms of liberalism is that they must do the theoretical work needed to identify the abstractions the theory should employ. The arrow of care map meets these criteria as a conceptual device that identifies caregiving arrangements and then holds them up as an object of hypothetical consent. When the labor of caregiving is made visible, a new layer of privilege and disadvantage becomes evident that can address intersectionality by showing how the expectation to receive care and the social expectation to give care can map onto race, ethnicity, gender, caste, and social class. The concept of the arrow of care thereby disrupts status quo social arrangements in societies where caregiving arrangements are

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[32] See Walker's (2007) analysis of moral understandings, which has influenced this account.

[33] See Khader (2011) for the argument that "inappropriate adaptive preferences" must be identified in virtue of their conflict with an objective account of well-being.

enforced through informal mechanisms like widely accepted expectations and narratives.[34]

4.2. No Action-Guidance

The arrow of care map differs from two influential feminist liberals' approach to inequality and caregiving responsibility.[35] Susan Okin argued for the application of principles of justice within family—and in doing so she rejected the Rawlsian view that representatives be heads of households.[36] Although I share Okin's project of feminist Rawlsian contractarianism, the arrow of care map departs from Okin in that it maintains a higher level of abstraction to accommodate cross-cultural differences in caregiving and familial structures while Okin applies Rawlsian reasoning within the family. Moreover, I do not assume the family as a starting point, and in this way, operate at a greater level of abstraction. Instead, the starting point for the arrow of care is a claim that we all need to receive care and therefore caregiving is one of the core functions that a scheme of social cooperation must satisfy.

Another foil for the arrow of care map is Jean Hampton's (1993) feminist contractarian test for personal relationships that tells participants to assess whether they would accept the terms of the relationship as the product of an unforced agreement. In contrast with Hampton's test, the arrow of care is *not* a method of abstraction for individuals to map their relationships in service of demanding equality in the care given and received within each one of their intimate relationships.[37] Instead, as a framework for mapping society-wide distributions which then evaluates their fairness, the arrow of care map does not seek to proffer action-guiding recommendations for individual lives. Our lived engagement with families and friends should be guided by values that extend far beyond justice.

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[34] I do not recommend that individuals map their relationships within the arrow of care. It is not a comprehensive assessment of fairness, nor does it provide an account of what it means to be concerned about someone or to have a legitimate responsibility towards a particular other.

[35] Ann Cudd's (2006) account of society-wide oppression offers a systematic analysis of the context of choice, and so the arrow of care map is structurally closer to her theory than it is to Hampton's or Okin's theories.

[36] See Baehr (1996) for a discussion of the way Okin's view changed over time. See also Abbey (2016).

[37] Similarly, I do not offer a solution to directly address cooperative conflicts for people here and now (Sen 2011); nor does the arrow of care embed within it ways to increase women's agency in diverse cultural contexts (Meyers 2002; Khader 2011).

Conclusion

  This paper has advanced a concept—*the arrow of care map*—that gives us a way to think about care that is not embedded in a set of assumptions that are culturally conservative insofar as they are specific to the social form in which we live. It is a concept in the sense that it sets forth a problem. The problem it sets forth is that every society needs to advance an arrangement to secure its care needs. There will then be multiple conceptions to specify what a good caregiving arrangement is—these conceptions are solutions to the problem set forth by the concept, and they will take the form of various arrow of care maps.[38] The concept of the arrow of care map takes a bird's-eye view of the labor of care—it does not seek to identify the nuances of relations of love and affection, and it abstracts away from assumptions about family units or socialized care to offer a way to tune our intuitions about caregiving in human life.

  The paper has also advanced a methodology for ideal theory that seeks to be non-ideological. The insights and intuitions on which it relies are informed by existing states of affairs, and it is explicit about its value commitments. By advancing this abstract concept, and limiting my theoretical project to this conceptual work, my account may appear to conflict with the commitments of a dominant strain of feminism and anti-racist philosophy that advocates nonideal theory. Whereas nonideal theories locate the core philosophical project in improving the world, and seek to do so quite directly, this paper has shown that theory that is "ideal"—in the sense that it seeks to clarify our values—must also begin with insights from the pressing problems of society, and then advance concepts that can better identify these problems. These theories must interrogate and evaluate the normative claims that are embedded in these concepts. Finally, by formulating the concept of the arrow of care map, I hope to enable further theorizing about the facts of societal caregiving arrangements in order to imagine new visions of just societies.

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[38] I thank Julie Walsh for identifying the similarity between Rawls's concept-conception distinction and my own use of the arrow of care map.

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