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I am submitting herewith a dissertation written by Eileen Marie Amari-Vaught entitled "Trust in Family Relationships: The Elderly Person and the Female Family Caregiver." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Philosophy.

Betsy Postow, Major Professor

We have read this dissertation
and recommend its acceptance:

Accepted for the Council:

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TRUST IN FAMILY RELATIONSHIPS: THE ELDERLY PERSON AND THE FEMALE FAMILY CAREGIVER

A Thesis
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Eileen Marie Amari-Vaught
December 1997

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DEDICATION

To Wayne

ACKNOWLEDGMENTS

Writing this dissertation while living in Pennsylvania proved to be challenging. I would like to thank my committee for their helpful correspondence during this time. I would especially like to thank Betsy Postow for her thorough, insightful and speedy responses to the drafts that I sent her over the past year. It is obvious to me that she put a great deal of time and energy into directing the progress of this dissertation and I am deeply grateful.

I would like to thank George Brenkert for reading and commenting on the dissertation in its final stages and for raising some of the objections I answered in chapter four.

Jim Nelson provided comments on several chapters of the dissertation and I am particularly grateful for his insights on chapters two and three. I am also appreciative of his support and encouragement.

Debra Wallace was very helpful in recommending resources dealing with elderly people and family caregivers and for providing helpful comments. Her comments on chapter one were particularly helpful.

I am appreciative to others who were not on the committee for their contributions. Hilde Nelson read and commented on several drafts of the case, "Don't I Count?"discussed in chapter five. I am grateful for her time, insights and enthusiasm.

My husband, Wayne, was a constant source of emotional and intellectual encouragement. I greatly appreciate his patience and understanding during the time I

spent writing this dissertation. I also appreciate his help in printing and editing the final copy.

Thanks to my parents for always encouraging me in my educational pursuits and for frequently asking me about the progress of my dissertation. Their inquiries and support kept me on task.

My grandmother and late grandfather have always been a source of inspiration and encouragement and I am deeply grateful for their active interest in my life.

I wish to acknowledge the University of Tennessee for providing me with a graduate assistantship. Without this financial support, I could not have completed the Doctoral program.

Thanks to the entire philosophy department faculty for their help and support over the years. I wish to extend a special thank you to Ann and Marie for their friendship, help and good humor.

The Philosophy Department at Villanova University has been supportive in providing me with an opportunity to teach classes while I write my dissertation. The interlibrary loan department at Villanova was an invaluable resource.

Thanks to Ron McKinney from the University of Scranton for initially suggesting that I pursue a career in Medical Ethics and for his continued friendship over the years.

I am deeply grateful for the wonderful friends I have made in the philosophy department at the University of Tennessee. Their friendship, understanding, collegiality and good humor have helped me during the writing of this dissertation. A special thanks

to those of you who helped me during the period before and during my defense by providing nutrition, lodging and a computer for making final changes.

ABSTRACT

Elderly people and their family caregivers lack a much needed ethical framework for working through moral conflicts. Often, moral conflicts that arise in the home care setting center around the tension between respecting the elderly person's autonomy and protecting the family caregiver from harm. The family caregiver, who is most often female, is vulnerable to harm due to the strains of trying to accomplish the tasks from competing responsibilities to her immediate family, her job and her dependent elderly relatives. Additionally, the female family caregiver often feels tension from the societal pressure to assume this role. There are currently no guidelines to offer family caregivers and their elderly relatives to help them think through these moral issues.

After reviewing the current demographic trends in the sixty-five year old and over population to show how widespread this situation has become, I propose that an ethical framework based on trust will provide moral guidance for family members. I define a trusting relationship and argue that people have a moral obligation not to betray the trust of others in a trusting relationship. I develop the idea of what it means to betray trust based on combining elements of Annette Baier's framework of trust with an understanding of vulnerability as a social phenomenon that is derived from outside the dyadic trusting relationship. I claim that both the elderly person and the family caregiver have an obligation not to betray each other's trust if they have developed such a trusting relationship. This model can serve to guide families and health care providers in

discussions about the moral responsibilities of the elderly person to her family caregiver and the family caregiver to her elderly relative.

PREFACE

Several factors played a role in cultivating the author's interest in this topic. Attending presentations at the "Violence, Neglect and the Elderly" conference held October 28-29, 1994 at the University of Tennessee, Knoxville sparked my interest in the subject. The session entitled "Elements Comprising the Autonomy of the Elderly" was of particular interest to the author. Observing the tension between elderly patients and their family caregivers during the Clinical Medical Ethics practicum at the University of Tennessee, Knoxville broadened my interest and allowed me to witness examples of the tensions first hand. This practicum, a requirement for earning the Ph.D. in philosophy with a concentration in medical ethics, took place during the fall semester of 1995. I am also aware of the trend towards more home health care delivery and more family caregiving due to the presence of both in my own family. These experiences, combined with an interest in feminist health care ethics and Annette Baier's work on the concept of "trust" led to the development of the idea for this dissertation.

Chapter One provides a discussion of the problem, focusing on demographic trends and the experiences many women face as family caregivers. It also explores the reasons why some feminist ethicists could add a valuable perspective to the discussion of this issue.

Chapter Two reviews the current writings of Mark Wicclair and George Agich who both write on the topic of respecting the elderly person's autonomy. Very little attention has been paid in these writings to some of the more difficult moral questions facing the family caregiver. The need for more attention to these questions is discussed.

Chapter Three sets up an ethical framework of trust as a modification of Annette Baier's framework of trust.

Chapter Four explores the moral obligation not to betray the trust of others within a trusting relationship. This chapter includes a discussion of other perspectives written on the morality of trust.

Chapter Five explores the practical applications for the trust framework within families and health care settings.

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CHAPTER I

DISCUSSION OF THE PROBLEM

Introduction

Stephen Post, in an article entitled "Women and Elderly Parents: Moral Controversy in an Aging Society" presents the view that feminists should seriously examine ethical issues that arise from elderly mother-adult daughter caregiving relationships. He notes that demographic trends indicate a growth in the elderly population during the latter part of this century and that with this growth has come increased pressure on women to act as caregivers to the dependent elderly (Post 1990, 83). The U.S. Census Bureau predicts the elderly population will continue to grow in the coming years. The demographic trends indicate that there are more elderly women than men and that most of the care delivered to elderly women is by their adult daughters and daughters-in-law (Walker et al. 1990, Pratt et al. 1989, Brody 1990, U.S. Bureau of the Census 1992). Adult daughters provide more care than either adult sons or nursing homes. Most elderly people over the age of sixty-five are widowed women who turn to their children for care (Walker et al. 1990, 52). Since women seem to be most dramatically affected by the changes in demographic trends, Post believes that feminists could offer valuable insight into the issues arising in this area of social concern. I will first

discuss the plausibility of Post's view and then I will return to a more extensive discussion of the demographic trends.

Feminist Ethics as a Framework to Address Family Caregiving

I agree with Post that further research and analysis by feminists is necessary to address the topic of family caregiving. There are additional reasons, not mentioned by Post, that this is a feminist issue. 1) The elderly person and her family caregiver need help locating moral boundaries. In other words, the elderly person and her family caregiver need normative guidance in deciding the appropriate limitations in caregiving. Feminist ethics is well suited for addressing issues in the private realm of family life where such decisions and limitations should be worked out. 2) Some of the reasons that caregivers, especially women, feel strains from caregiving have to do with unequal power structures in society which make it difficult for men to share the caregiving and difficult for women to have a career and care for elderly relatives. 3) Society sees caregiving work, traditionally performed by women, as less significant than work done in the public realm which is traditionally attended to by men. These factors define and influence the caregiver-elderly parent relationship and influence the well-being and dignity of women. An analysis using feminist ethics is helpful for addressing issues raised within these types of relationships.

Since different scholars take several positions on the meaning of feminism and feminist ethics (Tong 1993), I will use the broad definition of feminist ethics offered by Alison Jaggar. Jaggar, like Tong, points out that there is a lack of agreement as to what

actually constitutes a theory of feminist ethics (Jaggar 1991, 97); she nevertheless captures the basis of feminist ethics in one definition. She says,

> The unifying feminist commitment to eliminating male bias in ethics is grounded, however, on at least two assumptions shared by all feminist approaches to ethics. The first of these is that the subordination of women is morally wrong; the second is that the moral experience of women should be treated as respectfully as the moral experience of men. These assumptions generate a certain practical and theoretical agenda for feminist ethics. On the practical level, these are, first, to articulate moral critiques of actions and practices that perpetuate women's subordination; second, to prescribe morally justifiable ways of resisting such actions and practices; and, third, to envision morally desirable alternatives that will promote women's emancipation (Jaggar 1991, 97-98).

She believes that at the very least feminist ethics is a rethinking of what counts as a moral issue and of how to resolve such issues in light of a "feminine" moral sensibility (Jaggar 1991, 86). In the past, moral issues arising within the family were treated less respectfully than moral issues arising in the public realm: women were expected to naturally assume certain traditional roles and there was no question that the traditional roles were a woman's proper role. Jaggar says that feminist approaches to ethics should provide guidance in the issues of private life (Jaggar 1991, 96). Using Jaggar's standard I show that feminist ethics can help us at least reason that we should rethink family caregiving as an important moral issue. In chapter three, I show how male bias is manifested in the history of ethics and how it has contributed to devaluing and ignoring issues traditionally associated with women. Considering these issues in light of a feminist ethic does not imply that they concern only women; rather it places value on the work that society has traditionally assigned to women and finds it worthy of moral consideration regardless of who fills the role of caregiver. I show why, in the realm of medical ethics, issues

surrounding elderly people and their caregivers can be included as issues of concern to medical ethicists and how the points generally raised by feminist ethics support this inclusion. Finally, I show how such issues can be practically resolved.

In general, feminist ethicists have criticized traditional western ethics for devaluing or ignoring issues or spheres of life associated with women. "This devaluation or neglect has been deleterious to women's interests in a variety of ways: women's virtues have been seen as less significant than those associated with men; women's work has gone unrecognized or its creativity has been unappreciated . . ." (Jaggar 1991, 85). Labeling a sphere as a woman's sphere in no way denotes that this is a realm that is natural to a woman. It is more likely that the work in this sphere has been culturally assigned to women. Jaggar believes that there are no spheres exclusively male or exclusively female: both men and women are involved in all areas of life (Jaggar 1991, 85-86). She points out that men are involved in domestic, personal and sexual relations just as women are involved in the economy, science and the military. Such a point can be applied to the topic of family caregiving. For example, men are affected by the caregiving of the elderly whether they are the primary caregivers or their wives are the primary caregivers. Although the same relational issues arise regardless of the gender of the elderly person or the caregiver, women may have a special interest in this issue because currently the majority of elderly persons and their caregivers are women. Feminist ethics could do much to put this work of the private sphere on a par with socially valued work in the public sphere: encouraging men to help with the caregiving, encouraging policy makers to

support the multiple responsibilities of caregivers[1] and encouraging ethicists to provide moral guidance for justifying how much a caregiver should sacrifice of his or her life to the caregiving role. While I support the first two interventions, it is the third intervention to which I devote my efforts in this work. I will prescribe an ethical framework based on trust for balancing decision making between family caregivers and elderly persons. This guidance calls for the elderly person or the elderly person's health care providers to apply

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[1]The Family and Medical Leave Act of 1993 was written and signed for the purpose of helping women and men balance work responsibilities and care for family members but it does not adequately resolve the issues I raise. The Family and Medical Leave Act of 1993 provides leave for workers to take care of their newborn children, family members with serious health conditions or their own serious health conditions. A serious health condition means an illness, injury, impairment or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility; or continuing treatment by a health care provider. Employers must provide unpaid leave for up to 12 weeks and they must allow the employee to return to either the same position held before the leave or an equivalent position with equivalent pay and benefits. The leave may last no more than twelve weeks. Employers who employ 50 or more employees fall under this law (Family and Medical Leave Act of 1993, Pub.L. 103-3, Feb 5, 1993, 107 Stat. 6). While this act seems to help adult children balance a job with caregiving tasks, it really offers little help to such caregivers. First, there is no paid compensation for taking leave to care for a sick relative. Thus, the caregiver must take a financial loss to fulfill caregiving duties. Interestingly, other countries allow employees paid leaves for longer periods of time (Marks 1997 56). The Family and Medical Leave Act only applies to businesses employing over 50 employees and as a result, 45% of the workforce is uncovered (Marks 56). Women and minority workers of both sexes are often ineligible for coverage by this act because they work for small businesses. These concessions were necessary for Moderate Republicans, who favor small businesses, to accept the bill (Marks 56). The act, while it does allow some employees to leave work to care for family members without the risk of losing their job, does not cover many women. For those women who are covered, three months may not be enough time to care for a chronically ill elderly person. The act states that the ill person must need ongoing care by a health care provider and many elderly people who are merely frail and dependent may not need such ongoing care and thus their caregivers may not qualify for leave under the terms of the act.

more weight to the moral consideration given to family caregivers and as a result, protect the caregiver from excessive sacrifice.

Caregivers often experience great physical and emotional strains as a result of caring for elderly parents in addition to carrying out other responsibilities such as to career and immediate family (Brody 1990, 46).[2] The strains of caregiving correlate positively with daughters' distress about their conflicting responsibilities and their inability to fulfill unrealistic expectations that they set for themselves (Scharlach 1987). However, despite these strains, the literature indicates that many women simultaneously report feeling personal satisfaction from caring for their elderly parents (Walker et al. 1990), a sentiment that is often overlooked in the caregiving literature (Allen and Walker 1992). Daughters generally do not resent caregiving responsibilities, but they resent the lack of help from other sources to relieve some of their strain. The low level use of outside resources results from limited resources provided by society, a societal attitude that daughters should handle the "hands on care,"[3] and the elderly person refusing services due to her desires to remain independent.

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[2]Brody draws her conclusion from several studies such as Horowitz 1985, Cantor 1983, Cicirelli 1981. The studies also confirm that caregiving daughters experience more stress than caregiving sons. Sons, for example, involve their spouses in caregiving activities whereas female caregivers do not. Also, daughters were cited as being more emotionally affected by caregiving than sons. A more recent study, Mui 1995, reaches the same conclusion, that female caregivers experience more strain.

[3]Adult sons tend to have less experience with providing personal care for others. One study concluded that male sex socialization left men less willing to provide personal care to family members. The researchers recommended modifying gender role socialization so families would have equal expectations from sons and daughters in the caregiving arena (Mui 1995, 92).

The relationship between elderly people and their family caregivers gives rise to a unique set of ethical issues, particularly problems centering around resolving the tension between the autonomy and well-being of the elderly person, and the autonomy and well-being of the family caregiver. The fact that such tensions are commonplace and problematic is discussed in the literature (Green 1991, 19). Collopy et al. (1990) describe the unique ethical conflicts that arise in the home health care setting between elderly persons and their family caregivers as well as between elderly persons and paid home health care providers. They state,

> . . . home care offers a critical measure of the conditions of aging and the vicissitudes of health care policy in our society. But the home care sector has received little attention from bioethics. Conversely, behavioral and social science research into home care has generally by-passed ethical issues, as has policy analysis. There is a clear need, then, for a research agenda focused on ethical issues of home care. . . .
>
> In home care, family caregivers and home care aides play crucial roles that have no parallel in acute care. These roles and their distinctive ethical burdens deserve fuller description and analysis. A number of issues stand in the foreground: the basis of family obligation to provide direct care; the limits of this obligation; the relation between familial obligation and wider societal obligation to provide home care; and the nature of autonomy and beneficence, independence and paternalism within family caregiving (Collopy et al. 1990, 13)

Additionally, Judith Wilson Ross et al. draw attention to the unique nature of ethical issues which arise in the home health care setting. They say that members of ethics committees established in home health care services must dialogue about ethical issues that involve family members. They say,

> These community agencies tend to be more heavily involved in both the patient's medical care and the patient's and family's life than are committees in acute care facilities, and ethical issues tend to spill over into much broader areas. . . . Greater exposure to families tends to make family involvement in decision making for the patient more problematic (Ross et al. 1993, 8).

Analyses of such issues, from the standpoint of traditional medical ethics, generally favor respecting the autonomy of the elderly person, sometimes at a high cost to the health of the caregiver and ultimately of the elderly person herself. I point out the literature's emphasis on the autonomy of the elderly person in chapter two and show how the use of autonomy as a tool for moral decision making can harm the caregiver and ultimately the care receiver. I argue in chapter three that a feminist approach to analyzing ethical conflicts, and in particular, a modified form of Annette Baier's model of trust, should be used to address this unique social and interpersonal situation affecting elderly persons and their family caregivers. In chapter four, I discuss further the moral framework of trust and argue that family members have a moral obligation not to betray the trust that other family members place in them. Finally, in chapter five, I outline practical applications of this model that can be used by both families and health care providers working with families about these matters.

In this chapter, I emphasize the seriousness of these issues in our society. First, I describe the demographic trends of elderly people and their family caregivers in the United States. Second, I describe the stresses and strains that many family caregivers undergo while caring for elderly parents. Third, I show why the care of the elderly person is unique and cannot be assimilated to the care of other dependent family members. Finally, I review accounts of typical ethical conflicts that arise in relationships between the elderly person and her family caregiver.

Demographic Trends

Cynthia Tauber, author of Sixty-Five Plus in America, published by the U.S. Bureau of the Census, reports that growth in the population aged sixty-five and over is steady and growth in the eighty-five and over group is "stunning" (U.S. Bureau of the Census 1992, 1-1). While the total population during this century tripled, the number of people in the sixty-five and over range increased by ten times. The percentage of elderly people in the population is expected to continue to increase. While in 1990, one in eight Americans was over sixty-five years old, by 2030 one in five Americans could be over sixty-five years old (U.S. Bureau of the Census 1992, 2-1). The sixty-five and over population has grown by 89% since 1960 and the eighty-five and over group has grown by 232% since that time. This is compared to a growth of 39% for the total population. While the growth of the oldest old (the term commonly used to refer to those eighty-five years old and over) is very high, the group comprises 1% of the total population. The elderly in the sixty-five and over range comprise 12.5% of the population. As the baby boom generation reaches the sixty-five to eighty-four year old range, which will occur between 2010 and 2030, the population in this age range is expected to increase dramatically by 81%. The oldest old will expand at the greatest rate. In 1990, the eighty-five year old and over group contained approximately three million people and it is expected to reach seventeen million people by 2050, the time when the baby boom generation will reach its peak of great-grandparenthood. As David Thomasma points out,

the projections of the Census Bureau[4] are conservative because they do not account for increased success in transplantation, surgery or the possible future discovery of new longevity techniques (Thomasma 1984, 907).

While the elderly population grows, the fertility rate continues to decline, decreasing the number of adult children available to care for elderly people in family situations (U.S. Bureau of the Census 1992, 2-1) and thus causing increased strain on children whose parents need care. Fertility in this century has declined from an average of 7 births per woman to two births per woman (U.S. Bureau of the Census 1992, 2-1). Since there are fewer siblings, there are fewer people to participate in sharing the caregiving tasks. Additional reasons reported in the literature for a limited number of adult children available to care for their elderly parents are the high participation of women in the work force, the decline of the nuclear family and an increase in the number of "dysfunctional" families (Topinkova 1994, 20).

The Census Bureau reports that in 1950, relatively few people worried about caring for frail elderly people because people generally died younger and of more acute illnesses (U.S. Bureau of the Census 1992, 2-12). Technological advances in medicine have allowed many people to live longer. However, many of those who live longer die after extended bouts with chronic illnesses. Families provide most of the caregiving for elderly persons. "Families, especially adult daughters and daughters-in-law provide 80-90 percent of personal care and help with household tasks, transportation and shopping for

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[4]He reports on figures from the 1983 Census Report but his claim also applies to the 1992 census from which I report the data

the elderly" (U.S. Bureau of the Census 1992, 2-13). Elaine Brody characterizes some women as having "caregiving careers." Brody cites a Philadelphia Geriatric Center (PGC) study which indicated that 50% of the women surveyed who were caring for their mothers had cared for elderly fathers before they died and 1/3 had helped other relatives in the past. Many of these women will also care for dependent husbands later in life (Brody 1990, 38).

The care families must provide in recent years is more demanding physically and psychologically than in the past. Tauber, interpreting the data in the census bureau report, states,

> As medical technology provides more ways to save lives, we can expect to see the duration of chronic illness and consequently the need for help, to increase even more. The strain of caring for frail elderly could affect worker productivity. Women in particular, leave the work force or work part time to care for frail relatives at just the time when they want to work for retirement benefits in their own old age. Other women have responsibility for frail relatives while adjusting to their own retirement, widowhood, and reduced incomes (U.S. Bureau of the Census 1992, 2-13).

Most elderly people are not in nursing homes as popular myths suggest. A large portion of elderly people needing health care are cared for by family members either in their family member's home or in their own home. "It is fair to say that the graying of North America is shaping people's daily lives in a most profound way. As this century wears on, not only are the elderly becoming more vocal and visible, but also the ramifications of the changing demographics are being felt in family life, in the health-care industry, in architecture and city planning, and in social policy to name a few arenas" (Green 1991, 6). Tauber expects that the physical conditions of the young old will deteriorate as "they try to help frail

elderly move from beds to chairs to baths and toilets" (U.S. Bureau of the Census 1992, 2-4).

Green offers what she considers the job description of middle aged daughters who work in this capacity. In general caregivers assist the elderly parent in ways which help her maintain independence or meet her personal needs. Such activities include taking the parent to appointments, discussing problems with health care providers, cooking, cleaning, shopping, doing yard work, assisting with financial matters, doing household repairs, bathing, feeding and dressing. The job does not have a typical length: some elderly people may need up to 30 years of care. The number of tasks that each caregiver provides varies with the condition of the elderly person and her additional reliance on hired services (Lieberman 1995, 99). While many women maintain jobs outside the home in addition to their caregiving tasks, many women must quit their outside jobs to care for aging family members. In a PGC study, 12% of a group of working and nonworking caregivers had left their jobs to care for disabled mothers. This figure closely corresponds with a national study (Brody 1990, 219). An additional 13% of women in the PGC study were in the process of considering leaving their jobs or had already reduced their work schedule (Brody 1990, 219).

The type of work and amount of work involved in caring for a single individual is stressful in itself, but many caregivers assume responsibilities for the care of several family members simultaneously, exacerbating the feeling of stress. It is not uncommon for one to care for four or five family members and in addition, for elders in one's spouses family (Steinmetz and Amsden 1983, 174). There are no historical precedents to draw from for

dealing with issues that arise in these situations (Steinmetz and Amsden 1983, 174; U.S. Bureau of the Census 1992, 2-12).

Issues arising in the caregiving setting can be profoundly influenced by unresolved conflicts between the parent and the adult child (Steinmetz and Amsden 1983, 174). While some children may care for their parents out of love, others may care merely out of a feeling of obligation (Steinmetz and Amsden 1983, 174-175; Walker et al. 1990). Whatever the caregiving motive, the lack of time to fulfill personal needs may raise serious problems in the relationship. "The increased amount of personal time required to care for a dependent elder often absorbs any time available to fulfill the caregiver's own needs. Furthermore, attempts to reserve personal time are likely to be viewed by the elder as an indication of rejection" (Steinmetz and Amsden 1983, 175). Such tension can lead to conflict. Additional conflict may arise when an elderly person is moved to the daughter's or son's home and does not feel she can find a meaningful role in the new setting (Steinmetz and Amsden 1983, 175). The elder's frustrations mount higher when her health fails and her caregivers try to provide physical care. "Often the elder resists the physical care provided by the caregiver producing a power struggle that could even result in abuse" (Steinmetz and Amsden 1983, 176).

Caring for the Elderly Person: A Unique Caregiving Situation

While caregiving certainly produces stresses and strains on women or men involved in the process, these problems are not unique to elderly persons and thus it might be thought that the discussion of ethical issues in caregiving should revolve around general

caregiving activities. Caregivers, especially women, might also experience similar stresses in caring for a disabled child, a disabled adult child or other disabled relatives. Similar conflicts between the autonomy and well being of the disabled adult child or relative and the caregiver may arise. Why does caring for an elderly parent deserve attention in isolation of other caregiving conflicts?

Caring for the elderly person is unique because, unlike a child or a disabled relative (excluding those with degenerative diseases), the elderly person will continue to become more dependent and less of a participant in society as she grows older and frailer. "The emphasis in old age, then, is not on training for adulthood [as in the case of caring for a child] but on maintaining independence in the face of decreasing abilities" (Allen and Walker 1992, 287). Thomasma states,

> there is a difference between our responsibilities toward the dependency of the young and toward the dependency of the aged. In the former case, we must guide and protect; in the latter we must honor and respect. In the former case we protect the future; in the latter, the past. Because of this, we do know preferences of the aged, which we do not know as much with respect to the young (Thomasma 1992, 909).

A daughter, in her caregiving activities, may believe she is a successful caregiver as long as she can keep her mother and father from becoming too dependent thus honoring her parents (Allen and Walker 1992, 287). Striving to keep her parents from dependency may prove to require much sacrifice on the part of the family caregiver. For these reasons, the moral issues surrounding family caregivers and their elderly parents deserve focused attention. The demographic trends indicate how widespread family caregiver- elderly person relationships have become and provide a good reason to believe that this is a

serious social issue worthy of attention by ethicists as well as policy makers. As I stated previously, my analysis will contribute to the analysis and resolution of the ethical issues.

Typical Issues Faced by Family Caregivers

I will present some common scenarios as told from the perspective of caregiving daughters. Elaine Brody presents these scenarios in her book Women in the Middle. I will return to the first scenario throughout subsequent chapters in order to illustrate the problems with the autonomy model and the merits of a model of ethical decision making based on trust. The other scenarios included in this section emphasize typical variations on the theme found in the first scenario about Mrs. Hill.

Mrs. Hill

> Mrs. Hill does indeed try to "do for" her mother who is now 84 . . . [Mrs. Hill] works as a cashier in a restaurant. The elderly mother lives in senior housing located a 2 hour drive away. Until the manager threatened to put her out unless Mrs. Hill kept the place clean, the latter had been unaware of what was going on. The mother's apartment was like a "garbage dump"-full of stacks of newspapers, garbage, maggots, and roaches with spoiled food in the refrigerator. . . . Mrs. Hill now drives to see her mother every week on her day off. She cleans the apartment, bathes her mother, dresses her in clean clothes, changes the dressings on the older woman's legs and does the banking. Her mother refuses to have any paid help, has no idea how exhausted the daughter is, and complains that she doesn't come to see her on both of her days off. Mrs. Hill has a brother. She says to her mother, "Why can't he help and spell me once in a while?" The mother replies, "He's a man and you're a daughter. You should do it. You're supposed to do that stuff.". . . [Mrs. Hill] says, "I have no life of my own. It's work and go to Mother's. If I don't go, the dressings on her legs don't get changed, and I feel guilty.". . . Mrs. Hill discussed the situation with her mother's doctor and told him how her mother will not even permit Meals on Wheels or any other service. She refuses to allow anyone into the apartment. The doctor told the daughter, "Do not put her in a home. They don't last long when they go into a home." She went to a support group. The other participants said, "You have to change your feelings." They didn't give her support. They didn't understand what she goes through.

> "They just sit there and tell each other stories. They say you can't change old people. You have to change." . . . [Mrs. Hill] hates the long drives, feels guilty and nervous, and has been taking antidepressants. Her arthritis is painful. She won't do it when she's 65 or 70 years old, she says (Brody 1990, 165-166).

Mrs. Hill concludes her monologue by stating that overall, she is glad to make her mother[5] happy. The case shows a daughter who, though she feels overburdened, does feel satisfaction from caregiving. Though the specific details surrounding different families differ, the feeling of overburden coupled with satisfaction is typical. It does not seem Mrs. Hill wants to give up her role as caregiver, however she would like her mother to agree to accept services or help from her son so Mrs. Hill's health does not become compromised from overwork and competing responsibilities. Mrs. Hill and the doctor both honor the mother's autonomous choice. This occurs to the detriment of Mrs. Hill's health and well being. In addition, as Mrs. Hill's health continues to deteriorate, the care she is able to provide for her mother will diminish. The tension between the autonomy and well being of both women is in conflict in this scenario. Additionally, a justice issue arises in allocating the care responsibilities between the son and the daughter. While I believe that Mrs. Hill's brother has a moral obligation to share in the caregiving responsibilities and this position is discussed in the literature,[6] this issue is beyond the scope of this work.

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[5]I refer to Mrs. Hill's mother as Mrs. Green.

[6]Sarah-Vaughan Brakman uses a model of gratitude to support filial obligation, showing that both men and women have obligations to their elderly parents.

Other scenarios

In another scenario, a woman tells her son to leave the house so she can take care of her adoptive father and his brother. She never really knew the brother well until he came to live with her.

> Caregiving has made major changes in Mrs. Jackson's life. She told her 16-year-old son there was no room for him. Jokingly, she says, "I threw him out." On his own, the boy found a fine boarding school where he is doing extremely well. "It's really better for him," says Mrs. Jackson. The boy "had to accept it." At first he was disappointed, says his mother; then he understood. Mrs. Jackson told him, "I have to do it. It's the only thing I can do.". . . "My son said the other day that when he wants to see me he has to make an appointment. But I have to take care of my Dad. My son can do other things" (Brody 1991, 169).

This scenario illustrates how women sometimes find they must put their immediate family second if they want to provide what they feel is adequate care for their elderly relatives. Caregiving can take up a significant portion of a person's time. In this case, both the uncle and the father are confused and forgetful. Mrs. Jackson cannot leave them alone for very long. She is on a waiting list for outside help. She claims that support services are not available and that "Senior citizens have paid their dues, and they don't get much in return" (Brody 1991, 170).

Brody presents several scenarios where women have had to leave their jobs to care for elderly parents.

> a. When my Mom fell and broke her hip, I had trouble coping. I considered quitting. Then she fell and broke her arm. The doctor said don't be shocked if she falls again. At that point, I realized I probably wouldn't be able to work again so I told my boss to find somebody else. But I loved the work and felt great there, and my boss and I had a wonderful relationship. I miss the interplay between people and the stimulation (Brody 1991, 222).

> b. My boss said I had to work full time if he promoted me, but I couldn't. I had to have the time to take care of Mom (Brody 1991, 222).
>
> c. Mom started being picked up by the police, and we had to move her in here with us. I went part-time in my job. I couldn't handle everything. If it hadn't been for Mom, I would have stayed full time. Before I thought of my work as a career. Now it's just a job (Brody 1991, 222).

Brody also indicates that the attitudes of the elderly mothers sometimes influenced a daughter's decision to leave her job or career (Brody 1991, 223):

> d. Mother resents paid help
>
> e. Having paid help would be an admission of dependency to Mother. She would have objected terribly.
>
> f. My mother wouldn't like paid help. She is used to being catered to and taken care of. When push comes to shove, it's not a thing she will be pleasant about.

Based on some elderly parents' attitudes about home care and their blatant rejection of paid home health care, caregiver daughters sometimes feel they must leave their jobs. They feel responsible for maintaining their parent's health and comfort and so when their parents reject certain services or treatments that could enhance their health and relieve the daughter's stress, daughters or other family members still feel obligated to continue to provide care for their parents. Thus, a consequence of respecting an elderly parent's autonomy is extra caregiving tasks for the family members, often to the detriment of their health and well-being. The consequences of respecting the parents' wishes have often led the caregivers to feelings of loneliness and depression. Balancing the autonomy and well being of the elderly person with that of the caregiver is an ethical issue that can be assessed only if the elderly person and the family caregiver both receive moral

consideration in ethical decision making. I explore the problems of respecting the autonomy of the elderly person in long term care settings in the next chapter.

CHAPTER II

AUTONOMY IN HOME HEALTH CARE

Autonomy

Some scholars[7] appeal to the principle of autonomy to justify an elderly person's right to make her own decisions without interference from others, even when it will most likely result in self-harm. The decision may cause others, such as caregivers, to feel responsible for the harm but such feelings are not weighty enough to justify overriding the elderly person's decision. I will present Mark Wicclair's argument for this position and explain why it is problematic.[8] Other scholars[9] argue that the concept of autonomy, as an absolute principle of non-interference, is inappropriate in long-term care settings because the dependent elderly person does not, in reality, experience the sense of independence associated with the traditional liberal concept of autonomy. Elderly people experience dependence on others. I will focus my discussion of this position on the work of George

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[7]Mark Wicclair, Arthur Shafer

[8]I choose to discuss the work of Mark Wicclair because he specifically addresses the right of elderly persons to self-determination when they are sufficiently autonomous. Other scholars, such as Beauchamp and Childress merely justify the right of all adult persons to autonomy and point out that patients (including elderly persons) who have decision making capacity have a right to autonomy, or self-determination. While Shafer also directly addresses the right of the elderly person to self-determination and takes a similar line of reasoning to Wicclair, Wicclair's position is more extensively developed.

[9]George Agich, Bart Collopy, Harry Moody, Ruud ter Muulen, Nancy Jecker

Agich[10], suggesting that he presents a more adequate model of ethical decision making than scholars who hold Wicclair's position. Agich reworks the concept of autonomy, proposing that dependency is necessary to develop the capacity to make meaningful decisions about one's life. However, I argue that Agich does not give adequate moral consideration to caregivers in his model of autonomy. I will present and evaluate the above positions, concluding that a model of decision making which also gives substantial moral weight to the well-being and self-determination of the caregivers should replace models which grant autonomy to elderly people almost exclusively. I proceed to develop this model in chapter three.

Before proceeding with my evaluation of Wicclair's and Agich's positions I will present the definitions of autonomy as used by both scholars. Agich says "autonomy involves a diffuse set of meanings" (Agich 1993, 7). Autonomy is considered equivalent to liberty, either positive or negative, self-rule, self-determination, freedom of will, dignity, integrity, individuality, independence, responsibility and self-knowledge. Since autonomy has such a wide range of uses, Agich believes it would be futile to develop an essential definition. The meaning of autonomy depends on the context in which it is used. The most predominant meanings of autonomy referred to in the context of elderly decision making are self-reliance, personal preference and self-assertion which are all derivatives of the notion of negative freedom, or the right to non-interference. Self-reliance is providing for one's own needs, personal preference is making one's own choices and self-assertion is

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[10] I choose to discuss George Agich's view because he offers the most comprehensive contribution to the limitation of the use of autonomy in the long term care setting.

the active pursuit of one's desires. Non-interference is vital to being able to pursue needs, choices and desires (Agich 1993, 9).

Wicclair bases his use of autonomy on non-interference also. Wicclair believes it is wrong for caregivers to interfere paternalistically with an elderly person's decisions because everyone has a right to autonomy. Following Dan Brock in "Paternalism and Autonomy," Wicclair uses the term autonomy to mean "the interest persons have in making significant choices about their lives for themselves and in pursuing the courses chosen without interference from others" (Brock 1988, 551). Wicclair points out that family caregivers often make paternalistic decisions for elderly people. They shield their elderly relatives from potentially upsetting information, and they interfere with their choices (Wicclair 1993, 121). Caregivers often stereotype the elderly person as senile and cognitively impaired, even if she is not. These caregivers then proceed to make decisions for the elderly person which she is actually capable of making herself.

Wicclair's Position

Wicclair argues, "from the perspective of the principle of respect for autonomy, then, when the targeted decision or action is sufficiently autonomous to fall within the principle's scope, paternalistic behavior in relation to the elderly person is prima facie wrong" (Wicclair 1993, 138). Three phrases need clarification: 'paternalism', 'respect for autonomy', and 'sufficiently (substantially) autonomous'. Act x by person A is paternalistic towards person S if A does x with the aim of protecting S's well being, and in deciding to do x, disregards S's concurrent preferences (Wicclair 1993, 126). Wicclair

explains four possibilities for the meaning of "disregards": 1) A believes x is contrary to S's concurrent preferences 2) A fails to consider whether x is contrary to S's concurrent preferences 3) A finds it unnecessary to consider whether doing x is contrary to S's concurrent preferences because A believes that S's preferences are unreliable or unstable 4) A believes that performing x is actually compatible with S's concurrent preferences but that her belief is based on false assumptions (Wicclair 1993, 126). When A acts out of respect for S's autonomy, this means A does not disregard S's preferences when seeking to promote S's well being. A is actually guided by S's preferences when striving to promote S's well being (Wicclair 1993, 135).[11]

Wicclair does not offer an extensive argument why it is wrong to disregard someone's choices. He says only that one should not inhibit the expression of someone's core values. When someone is permitted to exercise her autonomy, she is permitted to make choices which enhance the self-expression of her values. Wicclair argues that the strength of this reason not to interfere with a person's autonomy varies with the importance the subject places on her values or preferences. In other words, as preferences more closely reflect the core of a person's value system, it is more important to respect that person's preferences. Wicclair argues that an elderly person who risks harming herself by living alone is justified in choosing to remain at home, though a nursing home is a safer

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[11] Wicclair does not explicitly explain what he means by "respect for autonomy" but he uses the phrase in cases where one should not disregard the preferences and/or core values of another (Wicclair 1993, 135, 138). This is compatible with Dworkin's more explicit explanation of respect for a person's autonomy. Dworkin describes respecting a person's autonomy as giving weight to the way other people define and value the world when deciding how you act (Dworkin 1988, 32).

environment. The elderly person may certainly regard independence as closer to the core of her personality than freedom from harm. If this decision is voluntary, then those who override her decision act wrongly.

Wicclair adopts the concept of substantial autonomy from Joel Feinberg's use of autonomy as a variable concept. When Wicclair or Feinberg use the term 'substantially autonomous', he means a person's decision is voluntary enough, or free enough from controlling influences to justify allowing the person to exercise her decision. Determining factors for substantial autonomy include calculating the risk of harm and the irrevocability of harm to the person making the decision, for example. The more risky or irrevocable the harm, the more autonomous the person must be along a continuum (the more evidence that is needed that her decision is voluntary) to make a decision (Feinberg 1986, 117).[12]

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[12] Wicclair's usage of the terms 'autonomy' and 'autonomous' coincides with Jay Katz's criticisms that many scholars fail to make a concrete distinction between autonomy as a right to self-determination and autonomous as the psychological capacity a person has to make decisions. In other words, Wicclair uses the concept of autonomy in two ways: as a right and as a capacity. Katz states that encompassing a person's capacity and rights under one term, 'autonomy', can lead to confusion. He asserts that Beauchamp and Childress's definition of autonomy in terms of rights and capacities is confusing. Similarly, he points out that Robert Veatch uses autonomy both as a principle defining a person's rights and as a concept defining capacities such as when he uses the terms 'autonomous' and substantially non-autonomous to mean voluntary or essentially nonvoluntary respectively. Katz presents a way to integrate the two terms to eliminate the confusion that Beacuhamp and Childress and Veatch cause through their use of the term. Katz says, "psychological autonomy is a concept
that 'informs' the right to self-determination by explaining, refining, and pointing up human capacities and incapacities for the exercise of such a right" (Katz 1984, 106). His criticism can be applied to Wicclair's use of the definition as well since Wicclair switches his use of the terms between use of the term as a right and as a psychological capacity. Similarly, Collopy distinguishes between different uses of the word autonomy in the medical ethics literature. In his article, "Autonomy in Long Term Care: Some Crucial Distinctions" Collopy distinguishes between six polarities within the concept of autonomy, including a polarity dealing with capacity (competent vs. incompetent) and a polarity

Wicclair also appeals to other reasons which justify non-interference such as preventing increased mental impairment and diminished autonomy, providing a source of meaning and satisfaction for the elderly person and increasing the cognitively impaired elderly person's quality of life. He believes these are all strong reasons for not overriding the decisions of cognitively intact and moderately or even severely demented elders if those decisions are substantially autonomous.

Caregiver Harm

Wicclair gives minimal attention to the possibility that the elderly person's decisions to harm herself could actually also harm her caregivers. This is a shortcoming of Wicclair's position. He discusses a case, for example, where 72 year old Ms. J. who lives with her son Peter and his wife Selma has suffered memory loss. She likes to take long walks by herself but her son worries about her and tries to persuade her to stop. Peter is morally permitted to stop his mother, according to Wicclair, only if she is not substantially autonomous. Wicclair focuses the discussion of this case on the different ways to determine if Ms. J. is substantially autonomous. He never considers what I see to be a crucial factor in this case: that the harm to Ms. J is not the only potential harm that could result from her walks. Peter and Selma must worry about Ms. J. while she is on her walks, find her if she gets lost, feel guilty if she ends up injured or dead. However, Wicclair never mentions these harms to the caregivers. There are two possible

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dealing with the right to non-interference and a right to exercise one's preferences (negative vs. positive) (Collopy 1988, 11). An analysis of the soundness of these distinctions is beyond the scope of this dissertation.

explanations: 1) harm to caregivers is irrelevant to his conceptual analysis of paternalism since it does not involve interference to protect a person from self-harm; 2) The types of harms that could occur to Peter and Selma are not weighty enough to consider as an alternative justification for interference. They could not possibly outweigh an elderly person's claim to autonomy.

It is highly probable that Wicclair leaves the harm to Selma and Peter out of the discussion because he is not trying to argue conclusively what is right for Peter and Selma to do overall (beyond their obligation to interfere or not interfere with Mrs. J.'s actions) but is trying merely to further an understanding of the meaning of paternalism. A discussion of the harms to Peter and Selma is irrelevant to Wicclair's analysis of paternalism. In his chapter on paternalism, he offers other examples of interfering with another's choice to keep oneself from harm and then dismisses them, saying they are not cases of paternalism because they are not aimed at interfering with another's choice to benefit the other. However, in chapter six on caring for frail elderly parents, Wicclair acknowledges the great sacrifices that family caregivers must make in caring for the elderly person, but never provides an account or argument of how or when a caregiver can make a decision to protect herself from harms associated with caregiving. If Wicclair thought the harms to caregivers were important in family decision making, it would have been appropriate to include an account in this chapter. Wicclair ignores ethical issues surrounding balancing autonomy against caregiver harm.

In the context of introducing a justification for interfering with a person's choice of actions, Wicclair would have to show that Ms. J.'s choice poses a significant amount of

harm to others. It is possible that Wicclair does not believe the harms to Peter and Selma are weighty enough to warrant serious consideration as possibly overriding Ms. J.'s autonomy. Wicclair's criticism of paternalism coincides with Mill's belief that one should never interfere with the autonomous choice of a person unless that choice harms others in society. A person is permitted to cause various minor degrees of harm to others in the name of self-determination. An examination of some of Mill's views may help to illuminate Wicclair's position. Mill says

> I fully admit that the mischief which a person does to himself, may seriously affect, both through their sympathies and their interests, those nearly connected with him, and in a minor degree society at large. When, by conduct of this sort, a person is led to violate a distinct and assignable obligation to any other person or persons, the case is taken out of the self-regarding class, and becomes amenable to moral disapprobation in the proper sense of the term (Mill 1961, 328).

Wicclair does not attempt to make a case that elderly persons have any distinct obligation to their adult children. Ms. J. does not violate any distinct obligation to her son and daughter-in-law. There are no social norms by which Peter and Selma could expect Ms. J. to have an obligation to them nor did they ever make any such agreements between themselves. They could be angry with Ms. J. for subjecting them to worry, however this is not enough to posit that Ms. J. has an obligation to them in terms of her special relationship to them. The fact that Wicclair ignores such harms to the family's sympathies and interests is compatible with Mill's position. Mill continues,

> But with regard to the merely contingent, or, as it may be called, constructive injury which a person causes to society, by conduct which neither violates any specific duty to the public, nor occasions perceptible hurt to any assignable individual except himself; the inconvenience is one society can afford to bear, for the sake of the greater good of human freedom (Mill 1961, 329).

Wicclair, in keeping with Mill's philosophy, may believe that Ms. J.'s freedom to exercise substantial autonomy to take a walk, though it affects her family, outweighs the inconvenience to Peter and Selma.

Peter and Selma are only hurt insofar as their relationship with Ms. J. means something to them. It is not Ms. J.'s actions that harm them, but their feelings about her actions. According to Mill, if one's actions cause others to feel negatively, this is not enough to warrant interference with that person's actions. Mill says, "[w]e have a right, also, in various ways, to act upon our unfavourable opinion of any one, not to the oppression of his individuality, but in the exercise of ours. We are not bound, for example, to seek his society; we have a right to avoid it (though not to parade the avoidance), for we have a right to choose the society most acceptable to us" (Mill 1961, 324-325). Wicclair's treatment of elderly people is as independent, abstract individuals. They should be permitted to exercise their choices and if others, such as Peter and Selma are hurt emotionally by these decisions, they should avoid the company of the individual. This means an elderly person's decisions should reflect her true values and wishes irrespective of her situatedness in a network of relationships. I believe applying Mill's position to personal relationships which are based on a history and strong feelings of responsibility is an impoverished view of human affairs. According to Wicclair's abstract use of the concept of autonomy, a caregiver should not interfere with a competent elderly person's wishes even if that caregiver claims she has a special interest at stake.

I argue that autonomy, as the right to make and act out voluntary choices without interference from others even if those choices cause self-harm, should not be the sole

moral principle applied to issues in the home health care setting. Rather, it should be balanced against other moral principles and concerns. While it makes sense to focus on using the principle of autonomy to justify respecting patient choice in acute care settings where invasive procedures performed by professionals could potentially produce the most significant and direct harm as perceived by the patient, many daily activities performed in the home may have a more profound impact on the caregiver than on the elderly person. In cases where the family caregiver is not affected by the elderly person's decisions, the elder's autonomy should be respected, but in cases where the family caregiver is affected, another framework for decision making which balances patient choice and caregiver well being should be employed. Elderly people will tend not to feel the intense and direct physical consequences of care decisions in the home as much as they do of treatment decisions made within the hospital. The respect for autonomy in the home care setting serves less of a protective function than it does in the hospital. In fact, in the home, it may serve to harm the caregiver and then the elderly person indirectly. If the caregiver's health and well being are compromised or injured, eventually her declining health may affect the elderly person. Marshal Kapp states,

> placing too much reliance on empowerment of the elderly can lead, if we are not careful, to the implicit condoning of neglect of the elderly if they do not exercise their power sufficiently. Individualism and independence, if too rugged, may turn into health care nihilism (Kapp 1989, 6).

Physicians in the hospital setting are protected from becoming overburdened as a result of a patient's choice. If the patient asks for an excessive amount of care (beyond what is medically indicated, for example), the physician's code of ethics gives her authority to

refuse her excessive requests. The home health care provider, especially the family member, has no such code of ethics to justify refusing the overburdening requests of the elderly person.

Wicclair's model supports honoring Mrs. Hill's mother's decision in the example from chapter one. Her mother refuses home health care, yet does not wish to be placed in an institution. The mother's autonomous decision harms Mrs. Hill's health and well-being. Mrs. Hill is left with the decision whether to continue caring for her mother at home, abandon her to care for herself at home, or place her in a nursing home. Her mother may risk harming herself, but to her, the value of independence outweighs the value of living in a more risk free environment such as a nursing home or under the care of a home health care aide. However, it seems from the example that Mrs. Hill would continue caring for her mother anyway despite her multiple responsibilities. She is emotionally attached to her mother and feels responsible for her despite the fact that her mother does not calculate Mrs. Hill's feelings of responsibility into her decision.

Mrs. Hill is profoundly affected by any decision her mother makes. If her mother refuses home health care and Mrs. Hill continues to care for her mother, then she is overburdened with responsibilities that could ultimately destroy her health. If she refuses to care for her mother or cuts back on the amount of care she gives her mother, she might feel guilt if her mother hurts herself. If she places her mother in a nursing home, she could feel tremendous guilt from "abandoning" her. The interpretation of the principle of autonomy as non-interference can lead one to discount these seemingly insignificant types of harms as sufficient to override another's right to self-determination. These potential

harms are not directly brought about by the mother's actions, but by the way Mrs. Hill feels as a reaction to her mother's autonomous choice. A defender of the principle of autonomy can argue that one should not be responsible for the feelings of others when making decisions. If such indirect harms were a consideration, then no one would ever be permitted to exercise self-expression without interference.

I would reply that giving elderly people the absolute right to non-interference ignores the dependent reality of their care situation. Most elderly people, as I discuss in chapter one, are under the care of family members, and their autonomous decisions profoundly affect the lives of those upon whom they are dependent. Honoring the elderly person's refusal for help from outside services, a position that would be supported by Wicclair, could leave already overburdened family caregivers feeling compelled to continue care without assistance or a profound sense of guilt if they decide they cannot care for the elderly person on her terms. The principle of autonomy as non-interference permits people to ignore the complex relationships that develop between themselves and others as they interact in a social setting. Mill's belief that one should not interfere with the autonomous choice of another is more appropriate for the public realm than the private realm. Most of his essay, "On Liberty" discusses the obligation of society to refrain from interfering with an individual's decision, not family members refraining from interfering with other family members. I believe the principle of non-interference is certainly appropriate for the acute care setting which should be classified as the public realm: this use is compatible with Mill's intent. However, it does not seem appropriate for the family setting.

Agich's Position

George Agich is one of several philosophers who recognize some of the shortcomings of using the principle of autonomy characterized as the right to non-interference, in the long term care setting. Autonomy, as traditionally understood in the Western liberal tradition, emphasizes negative freedom or the individual's right to be left alone. Wicclair presents autonomy under this model. It is a concept that is deeply embedded in Western culture and stresses individuality. Agich sympathizes with the need to express individuality, however he believes self-expression need not require absolute non-interference. He believes one may express her values and desires meaningfully within a dependent relationship.

Agich argues that the principle of autonomy, as the liberal principle of non-interference, should be restricted to the legal and political realm. As an ethical principle, it is inadequate for use in issues arising during long term care of the elderly. He develops an ethical framework that supplements the liberal view of autonomy to reflect what he believes it actually means to be an autonomous agent in the world. The liberal theory of autonomy assumes the individual is an abstract individual being in that the concept does not include reference to an individual's relations and concrete situation. Agich argues that it represents an impoverished view of how we really live. Autonomy is far more complex than negative freedom. Humans do not develop autonomy in isolation from others, but through social interaction. Agich offers his own view of autonomy, called "actual" autonomy which I review below.

It is inappropriate to grant the right of non-interference to intimates if the application results in encouraging an adversarial relationship between the client and the caregiver (Agich 1993). I agree with Agich on this point. While an adversarial relationship is not encouraged in the acute care setting it is more acceptable to view oneself in an adversarial relationship under certain conditions in the acute care setting. The physician in the acute care setting has the potential to exercise more power over the patient than the family caregiver does in the home care setting and she sees the patient episodically rather than regularly (Agich 1993, 69). The right to autonomy protects the patient from the physician's power to make treatment decisions that do not reflect the patient's values or wishes. Such a relationship is often not characteristic of the relationship between the elderly person and her family caregiver. The family caregiver typically takes care of the elderly person for reasons other than a duty to carry out professional responsibilities. However, to completely rid ethical decision making of autonomy would be harmful, since some caregiver-elderly person relationships are less than ideal and even abusive. The elderly person does need the protection found in making autonomous decisions. Agich retains the concept of autonomy but modifies it to lessen the emphasis on the individual as an abstract being and to heighten the emphasis on the individual as interdependent with others in the real world.

Agich argues that to become autonomous, one must interact with others. He develops a model of autonomy he calls actual autonomy which incorporates the developmental aspects of human personhood. He does not explicitly define actual autonomy, he merely states what is at the core of actual autonomy. He says,

> Attention to human development forces the realization that dependence is an essential feature of human existence and that our understanding of autonomy must be reinterpreted to accommodate social arrangements such as family, friendship and community associations that make possible autonomous human existence in the first place. Dependence is therefore problematic not in itself but in juxtaposition to an abstract ideal of autonomy as negative freedom. Viewed positively, however, autonomy involves a dialectic of independence and dependence that is best described socially as involving interdependence (Agich 1993, 88).

The liberal view of autonomy emphasizes individuals as independent decision makers. But, this view does not accurately describe most people's real experience. People really experience the development of autonomy through a process of active engagement with particular agents in the world (Agich 1993, 90). Unless one engages with others in the world, one will never develop into a human person with all the components necessary for autonomous agency: a unified pattern and range of feelings, rationality and self-identity (Agich 1993, 94). Dependence on others to help foster these traits is a necessary prerequisite for enhancing autonomy. Agich states, "Autonomy is thus not simply a metaphysical given or an end state, but the complex process of interpretation or negotiation that is the hallmark of how individuals actually live their lives" (Agich 1993, 90). Agich says that being able to identify with one's choices is "a prerequisite for true autonomy" (Agich 1993, 108). Respecting autonomy in a meaningful way means paying attention to what means something to a person in a particular context (Agich 1993, 113). Individuals who have a strong sense of self, according to Agich, do not need absolute freedom to be autonomous. Dependence does not diminish freedom as long as the individual identifies with the person upon whom he is dependent. Self-identity is made in the course of living one's life in relationships with others.

The sick and frail are dependent on others for care of their health and daily activities. Agich notes that elderly people often have a hard time distinguishing themselves from the caregiver. This realization is evident when either the elderly person or the caregiver feels agitated as a result of her situation. "It is often very difficult for caregivers or even elders themselves to know whether their frustration is with the caregiver or with themselves or their situation" (Agich 1993, 98). If Ms. J. is frustrated that she cannot take a walk, it might be difficult for her to determine if she is upset with herself or Selma and Peter. It may also be difficult for Selma and Peter to determine if they are frustrated at their limitations as caregivers or if they are frustrated with Ms. J's actions if she does insist on taking a walk. Agich provides a very clear reason to show why the liberal concept of autonomy is out of place in the long term care setting. Both the elderly person and her caregivers really experience decision making and the effects of decisions in a context with their intimates. Agich would say that the liberal concept of autonomy as Wicclair applies it to the case of Ms. J. does not sufficiently recognize the network of relationships in which Ms. J. may be permitted to make her decision assuming she is substantially autonomous. He would probably criticize Wicclair for assuming that Selma and Peter's feelings of frustration are irrelevant in the consideration to grant Ms. J. the right to take her walk. He might argue that Ms. J should understand and factor in Selma and Peter's feelings because in doing so, she enhances her own self-identity by recognizing and carrying out responsibilities to others. The decision to care for Selma and Peter's feelings on this matter might be considered meaningful to her, even if she must give up some independence.

Ethics in the home care setting has special emphases, according to Agich. Home care involves aiding the elderly person with activities of daily living. The physician, who has power and authority, is absent from this setting (Agich 1993, 70). Agich says the elderly person in this setting is in a far better position to maintain independent decision making than she would be in the acute care setting (Agich 1993, 71). Agich says the balance of power in the home care setting often favors the elderly person and so negative freedom should be augmented by the positive responsibilities of elderly persons to their caregivers. Agich notes that elderly people often do assume responsibilities in the home health care setting (Agich 1993, 71). Responsibilities might be, for example, feeling gratitude, carrying out tasks around the home, respecting daily routines of an adult caregiver child in her home, taking care of oneself and maintaining contacts outside the home. Elders who seem powerless can be empowered with responsibilities. "To respect elders as moral agents, then requires that we acknowledge and support the virtues and character traits appropriate to being old" (Agich 1993, 72). Academics who concentrate on the virtues of the caregivers and not the care receivers show a lack of respect for the elderly person (Agich 1993, 72).

Many of the elderly person's responsibilities listed by Agich concern a striving towards more social interaction. Bertram Cohler reviews several studies on interdependence and the elderly and concludes that elderly persons often show increasing interiority and a desire to be left alone as they grow older.[13] Elderly people become more

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[13]Support for Agich's position does appear in the literature. See Walker, Alexis J. et al. and Pratt et al. for discussions of shared decision making and intimacy between elderly persons and their children.

absorbed in their own finitude and less interested in social bonds. They become less interested in the well-being of other members of their families. It seems from these studies that the elderly person may be less interested in interdependence than many assume (Cohler 1983, 37-38). Cohler's study provides evidence that the elderly person's most meaningful decisions may sometimes actually be in the form of a request for solitude and independence. Cohler concludes from his study that in particular, elderly people who live in multigenerational families, characterized by dense social networks and expectations of reciprocity, desire their independence and solitude. Cross cultural studies have shown this to be a universal phenomenon (Cohler 1983, 37). This is not to say, however, that the elderly person cannot act virtuously towards others. "[R]esponsibility implies relationship with others. . . how one carries out one's responsibilities contributes centrally to defining the kind of person one is" (Agich 1993, 71). It is the act of being responsible that gives the elderly person worth as a moral agent[14] and the way she carries out these responsibilities (in isolation, in a group etc.) that defines the kind of person she is (Agich 1993, 71) and what decisions will be meaningful to her.

I agree with Agich that elderly people are responsible for actions affecting their caregivers; but further consideration needs to be given to when, how and to what extent the elderly person should have responsibilities to caregivers and vice versa. More weight needs to be given to the moral consideration of caregivers. In addition, moral decision making used in such a context should give an account of when it is morally wrong to fail

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[14]Agich says her failure to carry out responsibilities shows a deficient sense of personal worth as a moral agent (Agich 1993, 72).

to carry out one's responsibilities. Agich's view of actual autonomy has these advantages over Wicclair's view: 1) recognizing the real concrete situations within which most elderly people make decisions rather than giving an illusion that elderly people are abstract independent entities 2) recognizing the meaningfulness of an elderly person's decisions within the context of her relationships 3) not excluding the interests and influences of caregivers from decisions regarding care for the elders 4) making the elderly person responsible for the effects of her decisions on caregivers. But, more work needs to be done to show why the caregiver deserves increased moral consideration, what the elderly person's responsibilities should be and why, and why it is wrong if the elderly person or the caregiver does not carry out her responsibilities. Additionally, more attention needs to be given to when a caregiver is justified in limiting care to the elderly person if the elderly person's autonomous choices, though they may be meaningful to her, harm the caregiver.

Based on actual autonomy as defined by Agich, Mrs. Hill's mother should make meaningful choices for herself on the basis of what is most important to her while accepting her dependency on others. In this respect, maybe she should accept home health care, knowing that she has the responsibility towards her family to keep them from harm. The agency and her daughter could both offer her the meaningful choice of selecting the home health care aide and selecting which activities the home care aide will assist her with. Thus, under actual autonomy, Mrs. Hill's burdens are alleviated, her mother is encouraged to make meaningful choices and her mother is also encouraged to accept her dependent state as a situation that is not unusual or shameful. While respecting actual autonomy may keep Mrs. Hill from physical and emotional harm and her mother does have an obligation

to keep her family from harm, I believe this framework of actual autonomy does not do enough to properly include Mrs. Hill as an agent deserving moral consideration. The reason this framework does not do enough to include Mrs. Hill as an agent deserving moral consideration is because the focus is more on the fact that the mother should have responsibilities and less on what those responsibilities might be or the limits Mrs. Hill can justify placing on herself if her mother doesn't agree to honor her responsibilties. What if Mrs. Hill feels her mother should have more responsibilities than her mother believes she should have? What if her mother's sense of a meaningful decision is to refuse home health care altogether? What are Mrs. Hill's responsibilities if this were the case? Collopy et al. recognize the need to give caregivers more moral consideration.

Collopy et al. describe the home care setting as a place where autonomy manifests itself at two extremes: emboldened autonomy and eroded autonomy. In the home, unlike in the acute care setting, the client is in familiar surroundings. Such a setting can "mute" caregiver authority and embolden client autonomy. Clients may feel overly secure and reject even the most minimal amounts of help. Or, they may demand care with no formal limits set.

In contrast, some elderly people experience eroded autonomy. Power lies with the caregivers and not the elderly care receivers. The caregivers may ignore an elderly person's decisions, confusing executional incapacity with decisional incapacity, thinking that since the elderly person cannot do things, she cannot decide things either. The elderly person is perceptive to the limits her caregiver places on her decision making and reacts by behaving more passively.

> At one extreme, then, home care confronts cases of fiercely autonomous, overly controlling clients, at the other, it deals with clients whose autonomy has been persistently depleted and eroded. Assertive and controlling clients tend to disrupt the caregiving system thereby drawing attention to the problem of autonomy and its limits. When autonomy is eroded, however, clients are liable to be reduced to silent passivity (Collopy et al. 1990, 9).

Collopy et al. recognize that the caregiver could experience the elderly person at two decision making extremes.

Collopy et al. propose that a model of decision making in the home care setting must encourage the elderly person to exercise decision making capacity somewhere between these two extremes. Balancing the elderly person's autonomy between these two extremes is necessary to develop a reciprocal and mutually accommodating relationship between the elderly person and her caregivers. In such a model, the elderly person and her caregiver would gauge the relative weight that should be granted to the elderly recipient and the family members. In order for an elderly person to respect the autonomy of her family caregivers, she should not be too controlling. In order for the family members to respect the elderly person's autonomy, they should strive to help her maintain her independence. Collopy et al. state,

> A major difference between autonomy in home and acute care arises from the moral claims of caregivers both formal and informal. In home care, the client's interest in self-determination must often be balanced against the collaborating or competing interests of family, friends and others whose lives may be altered by the presence of an elderly client receiving care in the midst (Collopy et al. 1990, 9).

Collopy et al. continue, noting the family's feeling of need to limit care in some respect, while continuing to offer services to the elderly family member. Collopy et al. state, "The extent of family caring indicate[s] widespread recognition that families have a serious duty

to provide care. On the other hand, families are often deeply perturbed by the inescapable needs to set limits to this care" (Collopy et al. 1990, 9).

Collopy et al. say that there is no formula to balance the interests of the elderly person and the family caregiver. They call for the establishment of a model of decision making which does the balancing. Collopy et al. do not provide a new model of decision making, but recommend the development of one. They are concerned both with family caregivers and paid caregivers. They state,

> Accommodation would of course have to transpire on both sides. If the elderly person does not simply set the terms and conditions of care, neither does the family. Again, the acute care model of autonomy would warn about the power of any caregiver and the risks of assuming that beneficence and good intentions will automatically curb that power (Collopy et al. 1990, 9).

I argue that an acceptable model will need to involve trust. In order to relinquish a bit of autonomy, the elderly person will need to trust that her caregivers will not harm her. In order to care without fearing the potential to be taken advantage of, the caregiver must trust her elderly relative. In chapter four I argue that it is wrong for either to breach this trust if it exists in the relationship. This model gives moral consideration to both the elderly person and her family caregiver. I believe that Collopy et al.'s proposal includes a necessary dimension within the ethics of long term care that is not emphasized enough in Agich's model of actual autonomy: acknowledging the need to give substantial recognition to the caregiver as a moral agent. Collopy et al., like Agich, recognize that the elderly person has a responsibility to her caregivers. However, Collopy et al. propose that the caregivers deserve the same amount of moral consideration as elderly people. For such a model as Collopy et al. propose to work, I submit that a model of trust must

structure the framework of decision making. I present a model of trust rooted in Annette Baier's work in the next chapter and present additional arguments supporting its appropriateness in the home health care setting, namely that it deals effectively with power differences in relationships and accommodates many different types of family relationships: from relationships characterized by bonds that range from weak to strong. It also answers feminist criticisms of traditional ethical theories concerning their inability to deal with and recognize ethical issues arising between intimates.

CHAPTER III

AN ETHICAL FRAMEWORK FOR FAMILY CAREGIVERS AND HEALTH CARE PROVIDERS: A MODEL OF TRUST

Introduction to Annette Baier's Framework of Trust

Annette Baier's work on trust provides a means of understanding the seriousness and complexity of ethical problems that occur between elderly persons and their family caregivers. Baier develops an ethical framework which accommodates the recognition of such issues as ethical problems and offers thoughtful, but incomplete solutions. Her insights, unlike those of most traditional ethicists, center on ethical issues within relationships, especially dealing with subjects' vulnerabilities. Baier explicitly supports addressing the ethical issues that arise in the care of the elderly (Baier 1985, 284; Baier 1995, 114; Baier 1995 30).

Baier's views grow out of her criticisms of traditional ethical theory. By traditional ethical theory I mean ethical theories which are universalizable, abstract and impartial.[15]

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[15]I use the terms "abstract", "universalizable," and "impartial" as Tong defines them. Traditional ethical theories are abstract insofar as the moral agent must ignore concrete, particular features in a situation and rely on a single, overarching theory to prescribe behavior. A theory which is universalizable prescribes the same moral obligations to all people. Finally, a theory which is impartial directs agents to treat all persons equally. Those with whom one has close relationships should not be treated with more interest than strangers (Tong 1993, 63-69).

Deontological and utilitarian theories are good examples.[16] (Tong 1993, 11). Baier has two main criticisms of traditional ethical theory. She believes that the structures of traditional theories fail to acknowledge that certain issues arising in personal relationships are ethical issues (Baier 1995, 114). These theories provide no resources for addressing those issues. I shall call this the non-recognition criticism. Second, traditional theories mask the unequal power distributions that exist within relationships (Baier 1995, 28-29). I shall call this the power-masking criticism. Baier's criticisms lead her to begin formulating an ethical framework based on trust. She believes that an ethical framework based on trust will accommodate the problems raised by these criticisms. Baier's assessment of the inability of ethical theories to accommodate certain issues arising in personal relationships is accurate and agreed upon by several other scholars (Friedman 1991; Gilligan 1992; Held 1993; Mahowald 1993; Nelson 1992, 1995; Young 1990). Baier explains why she

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[16]Wicclair's position is one based on traditional theory, specifically Mill's belief that it is wrong to interfere with the liberty of others, a view based on Mill's theory of Utilitarianism. Wicclair holds the position that others should not interfere with the voluntary or autonomous wishes of others. His position is universalizable to all humans insofar as all humans should respect the autonomy of all others in order to promote maximum utility. His position is impartial insofar as he regards all persons as equal: he does not make a case that those with whom one is in a close relationship deserve preferential treatment. Finally, he uses autonomy in an abstract manner, ignoring the concrete reality of a person's family situation. Agich's reformulation of autonomy as "actual autonomy" is not based on traditional theory on all three counts. Actual autonomy is not abstract, impartial or universalizable. Agich writes that actual autonomy is "not simply a metaphysical given or an end state, but the complex process of interpretation or negotiation that is the hallmark of how individuals actually live their lives . . .This self is never abstract but is a particular and determinate identity" (Agich 1993, 90). Agich's formulation of autonomy is derived from the way one is embedded in relationships and is much more suitable for use in the long term care setting. His concept of actual autonomy is not derived from the traditional theories that Baier criticizes but his formulation of autonomy is subject to the feminist criticism I raise in this chapter because it does, like traditional theory, mask many of the issues experienced by women in the private realm.

believes personal relationships are not accounted for in moral theories, but I shall argue she does not sufficiently justify why they belong to the realm of moral inquiry. I shall provide this justification. Her conclusion that many traditional moral philosophers (especially Kant) mask power differentials is also true, however Baier oversimplifies the power dynamic between people. I shall argue that a more complex view of power between persons requires a more complex account of trust than Baier provides.

Baier believes that a moral theory with a keystone of trust can avoid the criticisms she makes of traditional theories. The keystone of a theory is a concept which supports the rest of the theory. I will explicate the parts of Baier's work on trust that are relevant in formulating a beginning foundation for recognizing and assessing moral issues that arise in personal relationships, especially between the elderly and their family caregivers. I label it as a beginning foundation because Baier believes that much work needs to be done by others to complete the formulation of a theory of trust (Baier 1995, 17). I will point out several weaknesses in Baier's work and strengthen them to end up with a model of trust that can do moral work within the elderly-family caregiver relationship.

The Non-Recognition Criticism

Baier presents the non-recognition criticism of traditional ethical theory in "Trust and Antitrust" where she explains how traditional abstract theorists such as Kant assume the moral norm is properly exemplified by the relationships between non-intimates, and not relationships between family and friends. (Baier 1995, 114). These theorists not only fail to provide the theoretical tools to solve ethical problems arising between family and

friends, they do not even believe that such problems belong to the realm of morality. Wicclair and Agich are both subject to the non-recognition criticism in their use of the concept of autonomy. Wicclair bases his use of autonomy on Mill's argument for respecting the liberty of the individual. In doing so, he describes the use of autonomy in a way that is more suitable to non-intimates than intimates as I described in chapter two.

Agich's formulation of actual autonomy focuses on the formation of the autonomous individual in the context of their relationships with others. While under this formulation of autonomy the individual should accept dependence on family members and the family members should attend to what is significant and meaningful to the elderly person within the context of dependence, Agich's formulation does not leave room for giving guidance to the caregiver when the elderly person's wishes nonetheless harm the caregiver. Agich does point out that most caregivers are women with competing responsibilities, but Agich's use of autonomy seems to mask the issues that may occur in the work of these family caregivers. Agich's focus masks the moral consideration that I believe is due to both the caregiver and the elderly person and not just the elderly person. Agich points out that in respecting elderly persons, one must encourage them to act virtuously towards their caregivers in the home care setting, but stops short of defining what that means. How much responsibility does the elderly person have to her caregiver? What should the caregiver do if the elerly person does not live up to her responsibilities? While Agich's model of autonomy is not based on the traditional ethical theories that Baier criticizes, some of Baier's criticisms can be directed toward his process of thought. A review of Baier's criticisms of traditional theory will be helpful in elucidating my point.

Baier explains her beliefs about why traditional moral theorists do not provide such tools in "The Need For More than Justice." She says traditional theorists take out a loan on the maternal instinct to care for children. Both Agich and Wicclair are subject to this criticism. Traditional theorists take for granted that women will care for children and bring up new morally competent members of the community (Baier 1995, 7, 29). Since they assume that women will care for children anyway, they give minimal moral weight to the care of children (Baier 1995, 29). They do not concentrate much on the moral obligation of family members to care for children because they believe women will naturally assume the role of the caregiver. Their neglect to include care of children as a moral obligation also leads to the neglect to include a discussion of the ethics of other caregiving tasks in the private realm such as care of ill family members.[17] Baier criticizes the assumption of those philosophers who neglect such a discussion, saying any "decent morality will not depend for its stability on forces to which it gives no moral recognition" (Baier 1995, 8). She continues, "there should be no unpaid debts, no loans with no prospect of repayment" (Baier 1995, 8). This is a criticism that several philosophers labeled as feminist ethicists share.

Virginia Held offers a slightly different reason why traditional theorists do not believe the realm of intimates should be an object of moral inquiry. Held states, "[o]ne

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[17]There are some exceptions to the claim that traditional philosophers neglected to discuss the moral obligation to care for children. Plato for example includes such a discussion in the Republic, however he recommends that citizens consider children and women as common property. Both men and women should work as guardians in the public realm, however women should be considered weaker than men (Plato 1961, 313-316).

way moral theory based on impartial rationality has managed to overlook its unsuitability for much human moral experience has been through supposing that emotional ties and interactions between family members are not matters of *moral* import because they belong to the realm of 'nature' rather than to the realm of 'morality' " (Held 1993, 36). Held argues that traditional philosophers believe, for example, that a mother has a natural instinct to care for her child. The mother will not have to weigh one competing choice against another since she will always instinctually behave in the best interests of her children. Held explains that traditional philosophers believe instincts lie somewhere outside the realm of morality. She says traditional moral theorists assume the public domain is relevant to the foundations of morality, but not the private sphere where they believe women behave according to their natural instincts (Held 1993, 45). Thus, care of children and other family members is not considered to have moral import according to traditional philosophers. Held argues that this is a shortcoming of traditional moral theories. (Held 1993, 36). There is evidence for Held's claims about the exclusion of women from moral consideration in the philosophical literature, especially in the writings of Aristotle, Aquinas and Kant.

Aristotle, Aquinas and Kant believe that women lack the capacity for reasoning necessary for moral deliberation. Aristotle, for example, argues that men should rule over their family and women should obey their husbands in the household. He suggests men are more fit for command than women. Men and women have certain virtues which make each excellent rulers and excellent subjects, respectively. Their excellences differ in kind and source: the excellence of the husband as ruler comes from the rational part of the soul

and the excellence of the wife as subject comes from the irrational part of the soul. "[T]he excellence of character belongs to all of them; but the temperance of a man and of a woman, or the courage and justice of a man and of a woman, are not, as Socrates maintained, the same; the courage of a man is shown in commanding, of a woman in obeying" (Aristotle 1984, 1999). Held argues that Aristotle's views deeply influenced moral theory. Aquinas adopts a similar stance on this issue, arguing that a woman's purpose is for procreation. Alison Jaggar cites Thomas Aquinas as saying that God made women to help with procreation since a "woman's power of reasoning is less than man's" (Jaggar 1988, 36). Aquinas writes that women were created for the purpose of helping men in the "work of generation" (Mahowald 1978, 80).

Kant argues that women are incapable of moral reasoning since they are incapable of rationality. He argues, in Observations on the Feeling of the Beautiful and the Sublime, that women are moved to act by instincts, while men are moved to act by their intellect and rationality. Kant writes of women, "[d]eep meditation and a long sustained reflection are noble but difficult, and do not well befit a person in whom unconstrained charms should show nothing else than a beautiful nature. (Kant 1960, 78). He continues, "[h]er philosophy is not to reason but to sense . . . One will seek to broaden [her] total moral feeling and not [her] memory, and that of course not by universal rules but by some judgment upon the conduct that they see about [her]"(Kant 1960, 79-80). Kant continues to describe a woman's moral standards. He says,

> The virtue of woman is a *beautiful virtue*. That of the male sex should be a *noble virtue*. Women will avoid the wicked not because it is unright, but because it is ugly; and virtuous actions mean to them such as are morally beautiful. Nothing of

> duty, nothing of compulsion, nothing of obligation! Woman is intolerant of all commands and all morose constraint. They do something only because it pleases them, and the art consists in making only that please them which is good. I hardly believe that the fair sex is capable of principles (Kant 1960, 81).

According to Kant, the actions of women are motivated by pleasures and sense, not by universal rules. Thus, women's traditional tasks, such as raising children, are not and cannot be governed by the moral law according to Kant's overall moral theory.

Many traditional philosophers argued against pursuing formal ethical inquiry into the morality of raising children or the morality of other services women traditionally performed. This tradition influenced philosophers in recent times. A contemporary moral philosopher, J.O. Urmson, writes in his article "Saints and Heroes" in which he argues that saintly or heroic acts have moral worth, "[l]et us be clear that we are not now considering cases of natural affection, such as the sacrifice made by a mother for her child; such cases may be said with some justice not to fall under the concept of morality but to be admirable in some different way" (Urmson 1958, 202). A popular sentiment about women is that "[p]roper women, at least proper middle class women belonged at home, giving primary loyalty to their children. This belief that a mother had no self-interest incompatible with her duty to her children persisted into the 1960's" (Barber 1983, 32). David and Sheila Rothman state that this sentiment was part of the "cult of domesticity" that prevailed in Jacksonian America in the early nineteenth century. Such a concept implied that a woman acted in the best interests of her child because it was her instinct as a woman. (Rothman and Rothman 1980, 8). It was thought that a mother's only natural interest was in the care of her children. Care for the family was considered a natural endeavor and the extent of

care naturally given may have been thought to be limited only by constraints such as family income or family size and not moral duty.

The above examples show that there is a long tradition among philosophers of excluding moral issues occurring in the traditional woman's realm of private family life from moral consideration. There are even claims that women are incapable of moral reasoning and thus should not be subject to moral praise or blame. It is to this tradition that Baier and Held react in their criticism of traditional ethical theory. Wicclair is clearly reasoning in accordance with this tradition. He uses autonomy in accordance with the traditional use of ethical theory and he does not recognize any responsibility of the elderly person to keep her caregiver from harm in making decisions. Wicclair does not call attention to the fact that most caregivers are women, either. While Agich's use of autonomy departs from the tradition in certain ways previously mentioned, and he acknowledges that the caregiving realm is predominantly occupied by women, his use of autonomy neglects to set up a moral framework which gives enough moral consideration to the work of family caregivers in the home care setting.

Baier and Held both raise the important fact that a significant number of moral issues surrounding women's experiences have been left out of the philosophical dialogue. However, neither Baier nor Held sufficiently justifies why problems arising in the care between intimates should count as moral issues. They do say it is wrong to leave out women's experiences. This is a weighty reason for criticizing traditional theorists since it is discriminatory and belittling to neglect such experiences. And, as Carol Gilligan's studies have shown, traditional theories do not reflect the reported moral experiences of

women (Baier 1995, 19-25). However, as Held and Baier point out, many traditional philosophers would argue that women's moral experiences are not significant moral issues at all.

Some traditional theorists do not count such issues as moral issues. A Kantian, for example, might label the decision between the following options for an elder's care as merely a matter of efficiency and practicality: placing the elder in a nursing home, assigning the eldest daughter to the elder's care, splitting the care between more than one sibling or hiring a home health care aide. A Kantian would not label such a dilemma that occurs in the private realm a moral problem because the question of what to do in this case does not revolve around what Kant sees as moral obligations or duties one has to another. One might argue that Kant might believe that in such cases caregivers are treated as a means only but in light of Kant's statements about women in Observations on the Feeling of the Beautiful and the Sublime, women (the group society expects to serve as caregivers), insofar as Kant does not consider them capable of rationality, might not be wronged by being treated as a means only.

A utilitarian would recognize the problem as a moral problem, insofar as certain outcomes could produce more pain or pleasure than others, but she would deny that the actual relationships between the family members had any special moral significance over and beyond the significance given to strangers: the harms that could occur to the family as a result of being in a special relationship with the elderly person would weigh no more or no less than harms that could occur to strangers, such as nursing home personnel. I would like to supplement Baier's and Held's argument with the view that issues occurring in the

private realm between family members are indeed moral problems that need a moral framework which addresses elements of partiality and particularity.

Not all instances in life we label as problems or conflicts are moral in nature. Choosing between a station wagon and a Mazda Miata may be an agonizing decision for some families, but it is typically not a moral problem. It is a practical problem: would their preferences be met best by spending their extra money on a fun convertible car or a useful family car? Why isn't the choice of caregivers for an elderly person simply a practical problem? Why is the choice faced by Mrs. Hill concerning her mother not simply an agonizing emotional conflict? Why should Mrs. Hill need a moral framework to help her justify the choice between continuing care according to her mother's terms or placing her mother in a nursing home? The principle of autonomy (Beauchamp and Childress 1989, 72) justifies Mrs. Green's choice to refuse paid help. We could easily regard Mrs. Hill's choice, given her mother's autonomous decision, as a practical problem she must address or an emotional conflict she must come to terms with. Mrs. Green's doctor does not believe that Mrs. Hill's role as caregiver generates a controversial moral issue. He takes for granted that Mrs. Hill should care for her mother and that such behavior is naturally right. Traditional ethicists offer no theoretical tools to explore the morality of caregiving because they believe that no justification for this behavior is necessary. They take for granted that women naturally fill this role. Why should ethical theories address problems arising between interested, intimate family members and friends? An examination of the scope of ethical inquiry is a good place to begin for answering such questions. I argue

that the purpose of ethics as understood by many scholars is in accord with addressing certain problems arising between intimates. The definition of ethics, in its most general form, is not very controversial. Ethics deals with justifying voluntary decisions as good or bad conduct.[18] I argue that certain issues arising between intimates fall under this very general heading. Supplementing the purpose of ethical inquiry to justify including such issues, I also appeal to the experience of women such as Mrs. Hill who feel that their situations are moral problems. This is evident throughout the following discussion.

From Mrs. Hill's perspective, moral justification for making a judgment is necessary. She and others in similar positions question how to discern the right course of action. She believes that someone will be harmed through either choice and she questions who should receive the harms: her sick and frail mother or herself. Mrs. Hill has many responsibilities to tend to while trying to remain healthy herself. The burden of caring for a mother who does not take her daughter's needs into account can prove harmful to the daughter. Mrs. Hill wants help in discerning the right behavior in this case. Often, men who don't experience the female caregiver's multiple responsibilities and who assume it is the natural activity of women presume that issues involving caregiving are not of a moral nature or that these issues deserve very little attention. Wicclair and Agich can be said to presume this in their works in the field of medical ethics. They do not set up moral frameworks which deal with the multiple responsibilities of female family caregivers.

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[18]A.I. Melden says ethics is a field of inquiry concerned with good conduct (Melden 1967, 3). Louis Pojman defines ethics as a branch of philosophy which deals with "how we ought to live, the idea of the Good and with such concepts as right and wrong"(Pojman 1990, xiii).

However, one could argue that since there are women who view caregiving as their natural role and do not view their sacrifices as moral issues, these accounts validate the assumption that caregiving activities fall outside moral consideration. Women in caregiving roles might be said to have a privileged position from which to report their experiences. However, though many women feel these sentiments about caregiving, there are other women, such as Mrs. Hill, who feel that the role is not natural and there are no natural solutions to their caregiving conflicts. Brody states the sentiments of women who believe the role is naturally their own: "the caregiver's guilt is intensified if she tries in any way, no matter how small, to meet her own needs and in so doing perceives that she has failed to make the older person happy" (Brody 1990, 84). However, Brody believes girls are taught they should take on caregiving roles and as a result they assume the role of caregiver in adulthood. They continue to defend this role as their own, even though it may be a burdensome task. This alone cannot justify the position of women who feel that caregiving is a natural role. The fact that many women believe they should sacrifice their needs in the name of caregiving does not automatically support the position that they are naturally inclined to do so. They may come to believe that it is their natural role as a result of their upbringing and mother's teachings. This transfer of the view of the role between mother to daughter can be traced back many generations. The fact that this role is taught generation after generation does not imply that it is a woman's "natural" role. Women may be socialized to believe it is their role to care for others in the private realm rather than participate in the public realm.

In the general sense of ethical consideration, issues involving care of family members are moral issues, not in the sense that women can fail or not to follow their natural inclinations, but because the family or individuals within the family can be profoundly benefitted or harmed by the voluntary choices made by a particular family member. The method of punishment chosen by parents for their children, for example, can affect the child in a range of ways from making him feel he can get away with wrongdoings to causing his death. Surely, justifying a method of punishment is a moral issue in the parent-child relationship.

Health care decisions made by the family profoundly affect the entire family. For example, the decision make by Nancy Cruzan's family to pursue permission to remove artificial feeding deeply affected the entire family. While leaving Nancy on artificial feeding would compromise the quality of life of the family and leave them to feel as though Nancy's wishes were not respected if she remained on artificial feeding, removing the artificial feeding could be said by many as an act of inhumane killing. Either choice greatly affects the family. Similarly, making health care decisions about newborn children profoundly affects the entire family. John Hardwig points out that "[t]o save the life of a newborn with serious defects is often dramatically to affect the rest of the parent's lives and, if they have other children, may seriously compromise the quality of their lives as well" (Hardwig 1990, 5). Some assume that there is one naturally right decision: save the life at all costs to the family. For example, C. Everett Koop has held this position in several cases (Singer 1984). However, this case raises a moral issue. The decision involves justifying one choice over another knowing that saving the baby will produce a

certain type of hardship on the whole family while not saving the child will bring about its death. The decisions to be made in both examples clearly indicate moral issues, not decisions that are or that should be based on instinct.

Application of traditional impartial theories ignores the partiality that is real within family relationships. Many philosophers have shown the difficulty in applying such theories to issues arising within the family. For example, as John Cottingham argues, "[a] parent who leaves his child to burn, on the grounds that the building contains someone else whose future contribution to the general welfare promises to be greater, is not a hero; he is . . . an object of moral contempt, a moral leper" (Cottingham 1983, 357). Jane English argues against those theorists who believe that children should care for their parents on the basis of reciprocity. English argues that children do not owe their parents a repayment for past services. Children do not owe care in proportion to how difficult their mother's pregnancy was before their birth (English 1979, 354). She believes that children should care for their parents out of love and friendship. An obligation of reciprocity would involve a pre-agreed contract which is unobtainable between parents and small children. On a contract model, children should not accept their parent's services unless the children are willing to pay their parents back. Such a contract would be impossible to obtain. Children are not capable of making such an agreement when they are very young. James Nelson writes of abstract theories that "the methods through which we most commonly advance and assess ethical claims are clumsy at illuminating what's morally important about intimacy"(Nelson 1992, 7).

While Cottingham, English and Nelson argue that impartial, abstract theories ignore the moral dimensions in intimate relationships, Peter Railton tries to defend impartial, abstract theories as compatible with intimate relationships. He shows how relationships can be compatible with consequentialism but says that his arguments can be applied to deontology as well. Railton acknowledges that unsophisticated consequentialism can lead to alienation between intimates. He defines alienation as an estrangement, distancing or separateness which results in some type of loss (Railton 1988, 93). For example, if a husband helps his wife for utilitarian reasons, claiming he was in the best position to create a greater sum of benefits over burdens, then he shows alienation in the relationship. In this case, the act would be performed from an objective moral point of view rather than out of love or regards for the special, unique relationship he has with his wife and no one else. Railton claims that most would find adherence to utilitarianism at the cost of neglecting the special meaning in relationships unacceptable. He suggests that utilitarianism and non-alienation are compatible under a sophisticated model of objective consequentialism. A sophisticated objective consequentialist is committed to trying to bring about the best overall outcome but not trying in every act to bring about the best outcome. Living in a world with special relationships creates the greatest good, even if particular acts performed while maintaining special relationships do not bring about the greatest good in particular instances. Living one's life according to a consequentialist calculation is then compatible with maintaining personal relationships because the consequentialist calculations are not done for every act one performs. Rather, sturdy traits

are allowed to move a person to act out of love for another person, even if particular acts do not maximize the best outcome for that act (Railton 1988, 93-133).

> A sophisticated act-consequentialist should realize that certain goods are reliably attainable-or attainable at all-only if people have well-developed characters; that the human psyche is capable of only so much self-regulation and refinement; and that human perception and reasoning are liable to a host of biases and errors. Therefore, individuals may be more likely to act rightly if they possess certain enduring motivational patterns, character traits, or prima-facie commitments to rules in addition to whatever commitment they have to act for the best (Railton 1988, 120).

Railton states personal relationships, though they may lead someone not to bring about the best outcome in certain situations, will help individuals bring about the best outcome more often than if they weren't in those relationships. Having a relationship is also part of what it means to be happy (Railton 1988, 111). Railton shows how it is better for a man named Juan to have a character that sometimes leads him to forgo his act-consequentialist duty to send money to a drought-stricken village in order to afford a visit to his depressed wife. His relationship and character allow him to live an objectively consequentialist life. The compassion, love and value he finds in his relationship form his character in such a way that he contributes to the overall well-being of society. Railton describes this relationship as compatible with a consequentialist view insofar as the relationship is a means to Juan's contribution to the overall well-being of society: if he is happy in his relationship with Linda, then he will be a more productive contributor to society.

I would argue that Railton presents a framework that leads to an impoverished view of human relationships. Some relationships should be developed even if they do not

contribute to the overall good. For example, a single woman who has a child with a severe birth defect may not contribute to the overall good if she decides to raise that child. She will not have time to pursue other activities which lead to the overall good. In addition, raising the child might make her very unhappy. The child will need limited medical resources throughout his life and thus his care would detract from the overall good. It may be the case that the woman's parents even volunteer to care for the child so the woman can pursue other activities that might lead to the production of the overall good while giving the woman the opportunity to remain active in the upbringing of the child. A sophisticated objective consequentialist should accept the parent's offer: the relationship with the child would be maintained and the woman would be able to do things to contribute to the overall good. However, the mother and society might recognize a greater value in caring for the child. To be consistent with the moral framework of trust put forth in this dissertation, that greater value could be based on maintaining and promoting a climate of trust in which we trust certain people in special relationships not to abandon us. Thus, some may believe that personal relationships are valuable and should be pursued even if they contribute to a poor outcome for society, overall. An example such as this shows that Railton's framework does not allow for the meaningfulness of a sense of loyalty to a specific person that may actually contribute, throughout the relationship, to a worse personal and overall outcome. Such a sense of loyalty should not be confused with a sense of duty to care for the child, but a desire to raise the child because it is indeed one's child to whom one feels an emotional attachment and a duty not to let a person down.

I will further explore English's and Nelsons' arguments in the section labelled "Trust and Personal Relationships" since they both provide partialist frameworks which deal with the question of whether adult children owe their parents care. While I argue that both English and Nelson are correct in their belief that abstract theories ignore the special relationships that occur within families, I will argue later that trust attends to these special relationships while at the same time accommodating more types of family situations than Nelsons' and English's theories.

One might argue that traditional theories can certainly accommodate moral problems which arise within the family such as a mother abusing her child or a daughter murdering her elderly mother. An appeal to the categorical imperative or utilitarianism certainly illustrates the wrongness of both these acts. However, I argue that as wrong as murder and abuse are between all persons, there is something more morally repulsive about one committing these crimes against persons with whom one has built a trusting relationship. James and Hilde Nelson, reacting to a JAMA study on domestic violence (JAMA 267 no. 23 (17 June 1992)) state, "abuse of an intimate ruptures trust in a very deep and damaging way and studies indicate that the survivors of such abuse tend to suffer more deeply than do those who have been abused by strangers" (Nelson and Nelson 1995, 70). I maintain that abstract theories are inadequate for fully appreciating the moral complexities between intimates, so they should be supplemented.

One might argue in return that a utilitarian calculation would acknowledge that beating one's family member produces more psychological harm for the victim than beating a stranger and so the former act is more wrong than the latter. However, in a

utilitarian calculation, the sum of the pleasures and pains of all affected by the beating are measured. If the beating produces a higher degree of pain for the family of the stranger and the stranger together, than for the family of the intimate and the intimate, then the beating of the stranger is more wrong than the beating of the intimate even though the intimate's emotional scar is heavier than the stranger's emotional scar. Thus, utilitarianism fails to emphasize the greater tragedy of abusing one's family member over a stranger.

Another alternative would be to completely redefine the project of ethical inquiry. Some feminists want not merely to supplement traditional theory, but replace it altogether (Tong 1993, 24; Jaggar 1991, 87). Iris Marion Young wants this because she thinks that impartiality is impossible since no one can possibly develop a view that is completely impersonal and dispassionate. She wants an ethical theory that is completely partial and particular (Young 1990, 102-103). I do not wish to take this position because I agree with Baier that both impartialist and partialist considerations should be included in an ethical theory. Even if it is impossible to be completely impartial, in some situations it is important to strive for the ideal. Moral problems arise between both strangers and intimates. For example, we need theories which can deal with cases where one must decide whether to hire one's sister or the best qualified person for a particular position in the company for which one works. In such a case, an element of impartiality must weigh into the decision. I wish to show that our present understanding of ethics can accommodate issues that arise between family members as long as we include ethical frameworks defined in terms of partiality and collectivity in addition to the traditional impartial framework. I argue that the general notion of ethical inquiry should be

maintained but the universal, impartial, abstract characteristics of ethical theory should be supplemented to accommodate issues that occur within the family context.

Power

The second criticism of traditional ethical theory that I stated in the introduction is outlined in "The Need for More than Justice." Baier says that a theory of justice is, by itself, inadequate for addressing moral issues which arise between relationships of the weaker and the stronger, including the elderly and their family. It is this criticism and the attention to vulnerability that most strongly suggest that trust is the appropriate moral framework to use in issues revolving around care of the elderly.

Instead of recognizing that most relationships are between those who are unequal in power, ethicists often falsely promote the weaker to a position of greater power for the purposes of moral decision making to give the appearance of moral equality. "Citizens collectively become equals to states, children are treated as adults to be, the ill and dying are treated as continuers of their earlier more potent selves, so that their rights can be seen as the rights of equals" (Baier 1995, 28). This pretense to equality masks the real relationship in which one party is clearly inferior in power to the other. Masking the relationship has the consequence of ignoring what our relationships really are and neglecting the weaker person (Baier 1995, 28-29). An example of potential neglect occurs in the case of Mrs. Hill. Assume for the sake of argument that Mrs. Green is the weaker person. The respect the physician has for Mrs. Green's autonomy raises her to the status of a moral equal with the physician: as one who can weigh the risks and benefits and

make a true choice. However, such respect for Mrs. Green's autonomy actually threatens her well-being. If Mrs. Hill cannot live up to the terms her mother puts forth as a moral equal, she may end up abandoning her mother by leaving her at home without the paid help her mother refuses, or placing her in a nursing home. Placing her in a nursing home, strictly speaking, wouldn't be abandonment, but, it may not be the type of care that Mrs. Green really wants or that really benefits her. However, her actual state of dependency, which she tries hard to deny, precludes her from really making an autonomous decision.[19]

As I have said, traditional, abstract theories may mask the power differences between the vulnerable elderly person and the family caregiver she depends on for assistance. Wicclair's position is subject to this criticism.[20] Respecting a person as autonomous presupposes a belief that they are equal to others with regards to their right and ability to exercise self-determination. One might argue that traditional utilitarian

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[19]Mrs. Green is precluded from making an autonomous decision insofar as she is unable to make a voluntary choice. The opportunity given to her to choose as a moral equal with the physician pressures Mrs. Green to choose in such a way as to maintain her independence. She feels cultural and societal pressures to maintain independence in the face of illness and aging (Smith 1996, 2).

[20]Agich's formulation of autonomy remedies this problem. Agich recognizes the need for the elderly person herself as well as others to admit that the elderly person is really in a state of dependence and the caregiver has more power. This is fundamental to Agich's formulation of "actual" autonomy. Agich even recognizes, as I argue is sometimes the case, that the elderly person may be more powerful than the caregiver. Agich says, "Indeed, the concern for abuse and exploitation in the home care setting, though certainly present in some cases, needs to be directed as much to caregivers as elders because the balance of power frequently favors the elder. This fact alone is reason why philosophers should pay attention to home care" (Agich 1993, 71). However, Agich does not describe how this is the case in some settings, nor does he directly offer a way to balance this power. In this section, I offer an explanation of how the balance of power can be tipped in favor of the elderly person, the caregiver or both and recommend the trust model as a way to reconcile the power imbalances.

theories can solve this problem because they can be used to address issues between unequals. However, though utilitarianism can accommodate power differences, it threatens the patient in other ways. Under utilitarianism, the patient is vulnerable to manipulation. Bruce Miller states in "Autonomy and the Refusal of Lifesaving Treatment,"

> [c]ontemporary, normative ethics-both theoretical and applied-has recently reacted against utilitarianism because of its tendency to regard the individual as little more than a recipient of good and evil. To avoid the pernicious effect of this notion, many philosophers have insisted that the concept of a person as an autonomous agent must have a central and independent role in ethical theory. From this position there is firm ground to resist coercion and its less forceful, but more pervasive, cousins: manipulation and undue influence. It also provides a warrant for treating a person's choices, plans, and conception of self as generally dominant over what another believes to be in that person's best interest (Miller 1981, 22).

The dominant principle in ethics to guide patient decision making is the principle of autonomy which was meant to handle problems between equals. As a consequence, weaker individuals are raised falsely to an equal level of power with others. I believe traditional theorists have accommodated relationships to fit the theories, rather than accommodating the theories to reflect the relationships.

Baier's view that traditional theory often masks the real relationship is well illustrated by Mrs. Hill's case. A second example of a very blatant promotion of a person from a weaker position to an equal position is evident in the use of advance directives. Advance directives are justified on the basis of the principle of autonomy, (Brock and Buchanan 1989, 152-154) which gives persons the right to refuse treatment. An advance directive extends one's decision-making power from a time when one is competent to make decisions for oneself to a time when one is not competent to do so. A patient's

weakness due to incompetence to make health care decisions for herself is masked by the equality with others that the use of an advance directive gives her. Though advance directives help caregivers and physicians determine what treatment a patient would or would not have wanted were she able to make a decision, masking power differences is problematic.

Joanne Lynn underscores this inequality in "Why I Don't Have a Living Will." She explains that signers of advance directives have a conception that they are exercising their power to make their own decisions by stating their treatment preferences in a form. However, as Lynn points out, by treating the person who lacks decision making capacity as an equal, physicians ignore the special qualities implicit in relationships between sick and vulnerable patients and their family or friends. For example, patients are often primarily concerned with preventing physical, emotional and financial burdens on their family due to their illness. Lynn says this is the message that sick patients often want to express but these concerns are often lost in the use of advance directives. Rather, the advance directive merely underscores the patient's wish not to have certain treatments and their expectation that others will honor those wishes even if others do not agree with the patient's wishes (Lynn 1991, 104). The physician's attempt to glean a patient's future preferences and record them in an advance directive masks the real concerns the patient later has as a vulnerable, ill person.

One could argue that if people are concerned that advance directives will not capture their true concerns, then they could simply write these concerns into their living wills. They could state their wishes including a wish that their family take emotional,

physical and financial burdens into account when making decisions. However, this will only mask their true concerns as well. While these decision making factors may be expressed in an advance directive, the concern a patient has over the decision making process or the sentiments which accompany such decisions may be lost. They may want their families to pray about these decisions, for example. Or, they may hope their family is trustworthy. What concerns the ill may not be outcomes, but the sentiment with which their close relations make decisions. This is difficult to put in a living will which assumes that a patient's choices and outcomes are the most significant things for them to hold on to when ill. Lynn advocates that patients trust their families or proxies to make health care decisions.

Baier is right that traditional theories often mask the inequality within relationships. However, she oversimplifies the power differences within relationships. She writes of the more powerful and the less powerful person as if one exclusively occupied the weaker or stronger position in the relationship. For example, the adolescent is less powerful than the parent (Baier 1995, 147), patients are less powerful than physicians, and the ill are less powerful than the well (Baier 1995, 28). Upon closer examination, it is evident that power relationships are more complex than Baier describes. There may, in some relationships, be a sense in which each person is weaker than the other, depending on the perspective one takes on the relationship and the type of power discussed. As I explain below, Baier does not differentiate between two types of power: power-to and power-over, which would bring the complexity to light.

Wartenberg distinguishes power-to from power-over, arguing that the former is a non-relational type of power and the latter is a relational type of power. The power to accomplish something is not relational. Mrs. Hill has the power to accomplish certain tasks irrespective of her relationship with her mother. Her mother does not have the ability to perform certain tasks and her lack of ability is not a result of any relationship she has with another. However, one could view power-to as relational insofar as a person gains the ability to accomplish certain tasks through their relations with other helpful people. For example, I will have the power to get more tasks accomplished during the day insofar as my husband can be relied upon to run errands. Mrs. Hill's mother has power-over Mrs. Hill and Mrs. Hill will perform caregiving tasks as a direct result of the influential relationship she has with her mother and society: the influences of both may cause her to perform particular acts. While "the concept of power-over picks out a different aspect of reality than does the concept of power-to" (Wartenberg 1990, 19), the concepts are related. Power-over may be necessary to enable one to accomplish something. Political leaders may need power over another political leader in order to get him or her to sign a nuclear test ban treaty, for example. Power-over is thus sometimes needed to accomplish a task. In addition, any exercise of power-over another will involve someone's possession of power-to. In order for Mrs. Hill to carry out the tasks her mother requests of her, she must possess the ability to carry out these tasks. Baier needs

to recognize the complexity of the power differences in relationships in terms of power-to and power-over.[21]

An example of such a complex power relationship is again that of Mrs. Hill and her mother. At first glance, Mrs. Hill seems more powerful than her mother. She is well, self-sufficient, and capable of potentially harming her mother through abuse or neglect. She exercises power-to. In other words, she has the power to accomplish tasks she desires to accomplish. Her mother, who cannot exercise such tasks, lacks power-to. However, from another perspective, Mrs. Hill is the weaker person in the relationship. She has an existing dedication to care for her mother coupled with societal pressures to attend to multiple responsibilities, including care for her mother. From the perspective that Mrs. Hill falls victim to social pressures and psychological feelings of love and care, she

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[21]Wartenberg devotes a discussion to feminist perspectives on power-to and power-over. He points out that within feminism, there is a dispute over the power status of women in male dominated society. Some feminists state that women are powerless and should act against their assigned roles of motherhood. Others embrace the power-to and power-over distinction and state that women exercise power-to and not power-over. Some feminists are reluctant to use power-over to describe women because it would seem contradictory in a male dominated society to say that women both have and lack power-over. Wartenberg argues it is a mistake to neglect power-over in terms of its use to describe women because attributions of power are made towards a specific audience and predicate a particular type of power-over. Wartenberg cautions feminists not to neglect power-over because they believe all power-over is domination. There are several uses of power-over. He says power-over can also be used to benefit another. He refers to writers such as Jean Baker Miller and Nancy Harstock who address the positive uses of power-over that make it compatible with a feminist project. Miller says, for example, women use power to empower others, such as their children, friends and lovers. Wartenberg gives the label "transformative power" to the type of use of power which women exercise, for example, to raise their child to achieve independence. (Wartenberg 1992, 183-20).

occupies the weaker position. Mrs. Green and the doctor exercise power-over Mrs. Hill. They can constrain and affect Mrs. Hill's behavior. Wartenberg says that an ongoing social relationship between two agents can result in the constraining of one of their "action environments." An action- environment is the "space" within which an agent acts (Wartenberg 1990, 85). If Mrs. Hill is asked for help by Mrs. Green, she feels compelled to give it, even though the activity may harm her. Mrs. Green exercises power-over Mrs. Hill insofar as she knows Mrs. Hill will be compelled to help her if Mrs. Green refuses other services. I label a power-over relationship as hierarchical in virtue of one person's ability to constrain the other in the subordinate person. The subordinate person's possibilities for action are then limited by the dominant agent's actions within a certain social context.

Baier refers to the power differences between elderly persons and their caregivers, but she seems to focus predominantly on power-to, especially in the cases of trust between elderly persons and their caregivers. For example, in discussing the changes in power between the stages of infant, adult and elderly people, Baier focuses on the power of each to do or not do certain tasks. The infant is completely dependent on the parent because she is not able to perform tasks. Thus, the infant lacks power. The elderly person becomes dependent on his children because he is not able to perform certain tasks (Baier 1995, 106-109). Both the dependent elderly person and the infant lack power-to.

One may suggest that either the inequalities in elderly parent-family caregiver relationships either cancel each other out or the power of one person is stronger than the other person so that one person remains unequal in power and thus vulnerable in the

relationship. One could see this as analogous to two mechanical forces pulling on a box in opposite directions with the same force, but cancelling each other out so the box remains stationary. However, the inequalities in power are different in kind in this relationship and thus do not cancel each other out. It is as though electrical forces and mechanical forces are both acting on the box, and producing different kinds of effects. One force moves the box from point A to point B while the other force charges the box so that one feels a shock when one touches it. I agree with Wartenberg that power-over is a necessary type of power to recognize when dealing with social themes and power (Wartenberg 1990, 70). I argue that attention to power-over is necessary to form a more useful framework of trust. My later discussion will help elucidate Wartenberg's claim.

Trust

In this next section I explore how a theory of trust accommodates ethical issues arising in personal relationships more directly and inclusively than do moral frameworks of friendship and intimacy. Second, I examine how a reformulation of Baier's initial formulation of trust can more accurately portray the existing power differences within relationships and third, I offer a suggestion for accommodating the complexities of power in relationships.

I will define trust as Baier uses it. She offers both a definition of what it means to entrust goods to another and a characterization of a "good" trusting relationship. Trust, in the sense of entrusting goods to another, is "reliance on other's competence and willingness to look after, rather than harm, things one cares about which are entrusted to

their care" (Baier 1995, 128). Baier defines trusting in this way to discuss the notion of entrusting others with items one cares about. This is important to note in light of the fact that in caregiving relationships, elderly people should ideally entrust their caregivers with their health, physiological well being and psychological well-being.

Entrusting should not be equated with trusting. Karen Jones lists three characteristics of trust that are not met by Baier's model of entrusting: 1) Trusting and distrusting are not contradictories, but contraries. 2) Trusting, as an affective attitude cannot be done at will. 3) Trust gives rise to beliefs that are highly resistant to evidence. Entrusting another with the care of an item can be understood as contradictory to not entrusting the person with the item, rather than contrary to that fact. Additionally, one can entrust something to another at will, regardless of the belief one has in the goodwill of the other. ". . . [W]e can entrust where we don't, on my [(Jones')] account, trust (Jones 1996, 18). Jones says the entrusting model is "silent" on the third characteristic.

Jones' three characteristics are quite plausible. The disposition to trust is an attitude that is cultivated over time, rather than an action decided upon at will. Of course, people do find themselves in situations where they suddenly decide to trust a person that they do not know. Lost travelers often choose to trust cab drivers not to take advantage of them and they trust strangers to give them directions. While trust is commonly used as a term to describe choosing the acceptance of vulnerability in these situations, it is not what I mean by trust in this dissertation. On my account, it is taking a risk based on trusting one's own instincts; one cultivates an attitude of trust towards oneself over time. Also, trust and distrust are contraries: the absence of trust is not necessarily distrust (Just

because I don't trust my new neighbor does not mean I distrust her) whereas the absence of entrusting can be interpreted as not entrusting. Jones focuses too heavily on Baier's notion of entrusting and neglects Baier's recognition and discussion of trusting relationships. Jones characterizes trusting relationships as relationships that have a consistent pattern of seeing the other through a lens of trust (Jones 1996, 13-14).

It is not sufficient for dealing with caregiver-patient relationships to focus on Baier's definition of entrusting: not only should the elderly person entrust goods such as health and well being to the family caregiver, but the elderly person and the family caregiver should both be recognized as having a trusting relationship if one has indeed grown through the history of their relationship. Trusting relationships are characterized by one's acceptance of vulnerability to another's power to do harm (Baier 1995, 133). Trust in this sense involves feelings, beliefs and intentions: trust for the other in a relationship is felt; one believes in the trusted's goodwill and competence[22] and finally, one remains willing to stay in the trusted's power (Baier 1995, 132). One would presume that willingness to stay in the trusted's power would be due to a reinforcement of trust due to observing consistent patterns of trustworthy behavior throughout the development of the relationship. In addition, Baier says trust is a willingness to use discretion by postponing checking on the trusted's performance (Baier 1995, 187). Jones acknowledges agreement with Baier's inclusion of discretionary powers in trust, but believes Baier overstates the

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[22]Jones also defines trust as such, stating that trust is optimism about the goodwill and competence of another. Additionally, it is an expectation that the one trusted will be directly and favorably moved by the thought of another counting on her (Jones 1996, 11). Baier does not focus on the second part of this definition but I raise this characteristic of trust as one important to include in my discussion in chapter four.

case that trust always involves discretion. I disagree that Baier overstates such a case and I consistently assume that trust always involves the use of discretion. Additionally, trusting relationships involve the trusted acting because she knows the other in the relationship trusts her. Baier says that this only occurs in good trusting relationships but I hold this happens in all trusting relationships. Any relationship that is defined as a bad trusting relationship cannot really be a trusting relationship at all. Consider Baier's discussion of a corrupt trusting relationship.

Baier says certain types of trust relationships are morally corrupt. For example, a blackmailer who threatens to expose one's past wrongdoings is someone with whom Baier would say we have a morally corrupt trusting relationship. I will outline why she believes this is so but conclude that this is not a trust relationship at all. Baier says trust relationships which rely on threatening people into acting trustworthy are not morally sound. Baier says a trusting relationship is morally acceptable if it can survive awareness by each party of what the other relies on to ensure he or she continues to trust (Baier 1995, 128). It is trusting the other not only with a good, but with the knowledge of why one trusts him with that good. Suppose Lisa, a newspaper editor, trusts John, a newly elected public official, always to report his activities to her newspaper first. She demonstrates her trust by not checking up on him constantly to see if he is in the middle of an exciting story. John complies partly because he suspects she will investigate some of his past scandals. Baier says, "[w]here the truster relies on his threat advantage to keep the trust relations going or where the trusted relies on concealment, something is morally

rotten in the trust relationship" (Baier 1995, 123). This relationship would not survive awareness of each person's motives for maintaining the trust relationship. Baier says,

> Knowledge of the other's reliance on concealment . . . and knowledge of the other's partial reliance on one's fear of his revenge would tend, in a person of normal pride and self-assertiveness, to prompt her to look for ways of exploiting her discretionary powers so as to minimize her vulnerability to that threat (Baier 1995, 123).

Knowledge of either motive would tend to destabilize the relationship. While Baier is correct in asserting that such deceit is morally corrupt, maintaining the belief that it is a trust relationship at all is not consistent with her overall definition of trust. As I describe later, such a relationship is really one of reliance on the other. It is a case of reliance because it involves predicting what another will do on the basis that he wants to protect his self-interests and not on the basis of acting out of good will.

The trust relationship is also considered good, according to Baier, only if the "enterprise" in which both parties are involved is worthwhile *and* the jobs and benefits within the enterprise are distributed fairly (Baier 1995, 131). In addition, she says a trust relationship is good only if the trusted feels responsible for what she is trusted with and carries out that responsibility with "good grace," knowing the truster relies on her goodwill (Baier 1995, 132). (One is not acting with good grace if one performs an act because she calculates that the discovery of untrustworthy behavior would be costly to her, for example). Most would agree that family caregiving in general is a good enterprise. However, as Baier says, it is only a good enterprise if the jobs and benefits are distributed fairly. I will argue later that demanding or expecting too much work from the family caregiver is a betrayal of the trust relationship. Likewise, demanding that the

elderly person give up too much independence is a betrayal of trust as well. A balance between possibly sacrificing some independence (on the part of the elderly person) and not taking on too many responsibilities (on the part of the caregiver) will fairly distribute the jobs and benefits within this "good enterprise." Not all families build trusting relationships but for those who do so, a betrayal of trust is morally wrong.

Baier notes that what counts as offensive in trusting relationships will vary from context to context depending upon the goods entrusted to others, the nature of the relationship between the two people and their individual psychologies. For example, some people will be more tolerant of others who take advantage of their good nature (Baier 1995, 125). Baier says that trust "amounts to a sort of exchange of responses to the motives and state of mind of the other" (Baier 1995, 126). She recognizes that her test for the moral acceptability of trust has two limitations: it ignores the larger networks of trust relationships because it is limited to two party trust relationships and it is not applicable to brief trusting encounters.

Trust and Personal Relationships

The friendship/intimacy dimension has been suggested as a moral framework for family decision making. I will review these positions and argue that trust is also an appropriate framework for family decision making. I am not trying to argue that trust is the only moral framework that can address family relationships, but that it accommodates many more types of family relationships than intimacy or friendship. James and Hilde Nelson have suggested that intimacy should be the moral framework around which moral

problems are worked out within the family. Family intimacy is composed of several elements, each of which provides a moral reason for making certain decisions within the family. First, the family is a collective. In other words, the family has certain values and traditions that distinguish it from other families. One dimension along which actions should be morally assessed has to do with the impact of the action on the group's values, regardless of an individual's interest or disinterest in that tradition. Second, the love shared between family members justifies favoring family members over non-family members in situations where the interests of the two are in conflict. Third, the particularities of daily family life such as those caused by individuals' unique personalities within the family should be accounted for in moral decisions. Fourth, parents and children do not consent to be in the same family. Parents do not pick who their children are and vice-versa. However, parents have responsibilities to their children because they brought them into the world under extremely vulnerable conditions. They have an obligation to teach the children how to love.

> As for adult children's duty to care for their ailing parents, we'll suggest that this comes from the relationships the parents were obliged to establish when the children were young. It is up to parents to teach their children how to be social beings, which means, among other things, teaching them how to love. The parents do this by putting them-selves into a loving relationship with their children-a relationship which will be one-sided at first, but later as the child learns how to love back, will become mutual. In establishing this loving intimacy, the parents put themselves in the child's power, and if the child repudiates the parents in need, the parent's trust in the bond will have been betrayed (Nelson and Nelson 1995, 69-70).

Fifth, there are certain traditions of individuals feeling bonded and responsible to other members of their family that have existed since ancient times. We should expect that the

family will "display certain vestiges of earlier world views" when they encounter problems in the medical context. (Nelson and Nelson 1995, 63-72).

There are certain features of these elements specific to making ethical decisions regarding the care of elderly family members. From these elements, the Nelsons derive certain guidelines to aid families in discerning when and why they should care for the elderly. The most pertinent[23] guideline is that "the need for intimacy produces responsibilities"(Nelson and Nelson 1995, 76, 129). Children need to form intimate relationships with others in order to develop a healthy sense of self (Nelson and Nelson 1995, 129). They argue that the parents have a responsibility to help their children develop their identities. In order to do this they must love them and thus they have a duty to love their children. The Nelsons argue that "those in a loving relationship can't remain indifferent to the needs of others within it, or else, the relationship ceases to exist" (Nelson and Nelson 1995, 132). Parents are initially obligated to love their child because without love, the child could not develop a healthy sense of personal identity. Fostering a sense of personal identity necessary to engage in social life is part of the parent's obligation in raising children. In return, they argue that children will learn to love their parents. The love the child develops for their parents and the trust the parents place in their children when nurturing a loving relationship, together place a responsibility on the child to care for their parents. They state, "one of the goods we give our children--our love--creates a

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[23]The other guideline to aid families in caring for the elderly is "families are stuck with each other"(Nelson and Nelson 1995, 128). The Nelsons develop the guideline "the need for intimacy produces responsibilities" more fully than the former guideline and use it as their strongest support in arguing why children have a responsibility to care for their aging, dependent parents.

duty on their part to love us" (Nelson and Nelson 1995, 132). This is called intimate responsibility. "[T]he general form of intimate responsibility must be to guard intimates where the relationship itself leaves them vulnerable" (Nelson and Nelson 1995, 77). The parents, according to the Nelsons, have made themselves vulnerable by placing themselves in their child's power and this creates a responsibility on the part of the children to guard their parent's interests.

Adult children can discern how much they owe their parents, according to the Nelsons, by determining if the burdens of care are just or unjust. In particular, adult children can determine this by asking if the burdens compromise the family's core function or if the burdens compromise core projects of individuals. Adult children should consider if good faith efforts to reduce burdens have been made in their calculation of the justice of these burdens. In general, "[it] will be crucial to consider the relationship between the cost to the caregiver member in providing the care, and the cost to the sick member if the care is not provided" (Nelson and Nelson 1995, 203).

I agree that these qualities address what is special about families that cannot be addressed by traditional theories; however, I argue that intimate responsibility, as it is characterized above, demands more than is possible within some family relationships. Some family members do not experience these elements of intimacy, particularly those elements that center on love. In addition, the Nelsons focus on the responsibilities of the children to their parents. However, some people find themselves in caregiving situations in which in-laws, aunts, uncles and siblings need care. They must gauge how much care they should provide for these family members. The model of family responsibility based

on intimacy does not cover these unique family situations. I will argue for relying on trust as a moral basis for addressing issues between family members. This is not incompatible with the Nelson's overall project. They incorporate trust into their description of the elements of intimacy. They argue that letting ourselves be vulnerable to those we love is part of what it means to be in a loving relationship (Nelson and Nelson 1995, 65). As we have seen, relying on those to whom one is vulnerable is an essential feature of trust. The Nelsons also acknowledge that family members may have power over others in their family. As parents establish love within the parent-child relationship, the parents trust that the children will not in later years reject their parents in times of need. If the children do so, they betray the trust in this loving bond (Nelson and Nelson 1995, 70). Trust is a necessary component in forming a loving relationship. In order to freely love the other, one must trust the other not to abandon the relationship.

While I agree that children who abandon their parents betray trust, and that as I will argue later this is morally wrong, I do not believe love is the only ground for the duty to care for one's parents. (However, if that love is present, then one may argue that the duty to care for one's parents does grow out of love.) First, the family may build bonds of trust without love.[24] If such trust is built, then the obligation not to betray trust formed within this relationship holds regardless of the presence of love. Second, it is not clear

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[24]A study by Walker et al. (1990) shows that while most daughters care for their parents because they love them or feel they have an intimate relationship, some daughters care purely out of a feeling of obligation or a mixture of feeling intimacy and obligation. This study shows family bonds that grow out of love and other bases. While the study does not explain what the feelings of obligation are based on, if not on love, I will claim that families may care and should care for each other out of an obligation not to betray trust.

that parents have a duty to love their children. The question over whether anyone has an actual duty to love another is controversial. I will explore this controversy and argue that no one has a duty to love others. It is unfortunate when parents do not love their children, but insofar as love is a feeling that one has for another, it is impossible to obligate someone to have this feeling.[25] Furthermore, whether or not parents are obligated to love their child, there are times when children are not obligated to return their parent's love. For example, if the parents love the child to the extent that they constrain the child's actions, making the child feel trapped, the child does not have the obligation to return the love. The Nelsons refer to love as an emotion that parents initially have an obligation to give. They state, "the good of love the parent gives the child isn't like food or clothing, or any other object; instead, it's an emotional and psychological bond that, like other kinds of love, is incipiently mutual" (Nelson and Nelson 1995, 132).

Positing a duty to love one's parents because the parents showed them love initially may prove too demanding for some children. Later, I shall argue that there is never a duty to love. Here my point is the more modest one that at least sometimes children have no duty to love their parents. They may not feel loved by their parents, even if their parents really did love them. In addition, some parents drive their children away by loving them too much: they end up being very controlling and actually stunting the individuality of their child that the love was supposed to enhance. However, such children may

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[25]While trust also involves feelings for another person, these feelings are not obligatory. I will not argue that people ever have an obligation to trust others or to accept the trust of others, merely that if one does accept the trust of another one is wrong to breach the trust. I return to this issue in chapter four.

nevertheless respond to the trust their parents place in them. If a child grows to accept the trust of his parents, he would be morally wrong to betray this trust. I argue this point in the next chapter.

Some family members do trust each other when love fails to develop between them or fails to survive between them. Divorced parents, for example, may not love each other, yet may trust each other with the care of the children. They trust each other with the perpetuation of a family relationship with the children. In other cases, parents try to love their children and hope their children love them back but fail to achieve this result. Many children may believe their parents do not actually love them (though the belief may be false). Or, as I said, the parents may try so hard to love their children that they drive the children away. If a child cannot believe he is loved, though the parents tried to love him, he should not have a duty to return the love. However, the parents may provide many opportunities and services for him as a child. The child may realize this and believe that his parents care about what happens to him as an individual. The child may also recognize his parents' vulnerability as they grow older and begin to trust him to care for them. As he realizes this trust and grows to accept it, I will argue he would be wrong to betray this trust (see chapter four).

Baier addresses a similar situation in "Trust and Antitrust." She says that a child can realize that she and her parents share a common good, the child, even if the child does not feel as loved as she would like. Baier states,

> The best reason for confidence in another's good care of what one cares about is that it is a common good, and the best reason for thinking that one's good is also a common good is being loved. This may not, usually will not, ensure agreement on

> what best should be done to take care of that good, but it rules out suspicion of ill will. However, even when the child does not feel as loved by a parent as she would like, or as she thinks her siblings and friends are, she may still have complete confidence that at least many of the goods she cares about can be entrusted to her parents' care (Baier 1995, 108).

She may believe her parents care for selfish reasons such as their own pride in having a successful family, but she can be assured that they are concerned with her well being. On that basis she can trust them. Baier says that the parent's care during the girl's childhood could be a moral reason to develop and continue a relationship of mutual trust and from there, mutually figure out how the adult child will manage the care of her parents (Baier 1995, 109). Baier makes the point that the care the child provides for the parents may be agreed upon through mutual trust. She wants to show that the care that parents provided their children when young does not obligate grown children to care for their parents. Children should not be obligated to exchange care they received during childhood for care they should provide to their parents in their parents' old age as two parties would in a contract. Parents and children are never in a position to create such a contract. The agreement that children will provide care for their parents could grow out of a mutual relationship of trust. The children trusted the parents during childhood and as time passes, the parents may grow to increasingly trust their children. This mutual trust in addition to gratitude for earlier care may be the moral reason that children should care for their elderly parents. Though Baier does not explicitly state this, I would infer that in mutual trust, the parents trust that the children will care for them and the children trust that the parents will not ask for more than the children can provide. The reason for having this expectation is reliance on what one knows about the other from the history of the relationship.

The second problematic feature I find with the Nelson's position is that it is controversial whether there is ever a duty to love another person. Edward Sankowski reviews this controversy in his article "Love and Moral Obligation." He cites Richard Taylor's view in Good and Evil, where Taylor takes the Kantian position that love is a passion and therefore cannot be subject to a command. However, a person can be commanded to treat his neighbor in the ways one would treat one's neighbor if he loved him. Sankowski cites Bernard Gert as arguing that morality does not command feelings, just actions. Sankowski believes morality does not need to be confined to actions. He argues, for example, that questions of virtue and vice do not just concern actions. They are concerned with actions, character and qualities of mind. He argues further that there is an obligation to love in some cases. First, he defines what he means by moral obligation. According to Sankowski, when A has a moral obligation to X this means that if A does not X, A would properly be subject to moral blame for not X-ing. He then goes on to show cases in which we should blame a person for not loving another to show that by his logic, he has a moral obligation to love another. Insofar as the Nelsons argue that a person has a duty to love their children, it can also be said that the person can be blamed for not fulfilling their moral duty, so Sankowski's argument might be used in their defense.

Sankowski argues there are some instances in which we could blame A for not loving. For example, where "A, on the verge of achieving a loving interpersonal relationship in one setting, chooses instead to pursue some ultimately shallow power over others in evaded love"(Sankowski 1978, 108). Sankowski says A may deserve some moral blame for this. A in this case has the freedom to regulate his emotions and insofar

as he can make a choice to stay in the setting in which his love for another will grow, he has an obligation to love.

We should not blame A for choosing a shallow power relationship over achieving a loving interpersonal relationship. Why does A have a duty to love the potential beloved? Is it because most readers would sympathize with a person whose relationship ends because the partner decides to enter politics instead? The sympathy Sankowski tries to build for the potential beloved is not enough to show that we should blame A for choosing to take steps to avoid a loving relationship. I maintain that a person should not be said to have a duty or an obligation to love another.

Friendship

English, specifically discussing what grown children owe their parents says family decision making should be modelled on friendship. English does not provide a definition of friendship but she says it is "characterized by mutuality rather than reciprocity: friends offer what they can give and accept what they need, without regard for the total amounts of benefits exchanged. And friends are motivated by love rather than the prospect of repayment. Hence, talk of 'owing' is singularly out of place in friendship" (English 1979, 353). A definition of friendship that accommodates these characteristics is "[loving another] as an essential part of one's system of ends and not solely or even primarily as a means to an independent end. . . . [i]n such love, one loves the friend for the person she is, that is for her essential rather than incidental features" (Kapur 1991, 483). On this definition, friends are motivated by love to interact and their interaction requires no

independent gain or benefit. English's model is that upon which she believes children and their parents should act. The children should offer their "mothers" what they are able to give, not the amount of care they owe in return for earlier services. English says the adult child's services should depend first on the child's needs, abilities and resources and secondly on the extent of their friendship. Friendship is the source of obligation according to English.

I argue that the friendship model is too weak for two reasons. First, friendship is not as stable as many family relationships are in reality. The trust one has in another may outlast the feeling of friendship. Love is an ingredient of friendship and as I pointed out earlier, trust may be present when love is absent. English says the amount of care owed depends on the extent of the friendship. What if no friendship exists between family members? Some family members are not friends yet a case could be made that they owe care. Some family members do not value their family members or love their family members for the person they are. Rather, they may value the person because they are in a certain relationship to a person. For example, a person may value his aunt *because* she is his aunt, even though he barely knows that relative and the relative does not provide goods for him. However, the aunt fits into a certain place in the family history. Also, children and parents may have conflicting interests and/or values to the extent that they would never choose to associate with one another if they had not been born into the family. In these cases, the children may value the parents in part because they played a special part in their history. The value children place on their upbringing may lead parents to trust their children to take on certain caregiving tasks in their old age.

I do not believe children owe care on the basis of friendship. The friendship model does not capture the unchosen nature of family relationships, nor does it capture the unequal power differences between parents and children. However, when friendship is present between parents and children, I do believe that friendship may ground an obligation for children to provide care for their adult parents. But, when friendship is not present, the immorality of betraying trust grounds the obligation of children to parents. Parents and children may have periods of time when they are friends or come closer to being friends, but as interests, dependency and lifestyles change, they may slip in and out of this type of relationship. They may choose to consider each other in their circle of friends as they go through different periods of their lives. English does not explicitly state that friendship means that the people have similar interests and enjoy each other's company in the popular use of the term, however she implies this in the use of an example. She says when the Jones family invites the Smith family to dinner out of friendship, it is not to return the favor to the Smiths for inviting them to dinner last month, "but because of the friendly contact presumably enjoyed by all on such occasions" (English 1979, 353). She also says that "friends should be motivated by affection" (English 1979, 354). I argue that trust can outlast the bonds of friendship between parents and children. A trusting relationship develops between parent and child and children may care for their parents so that they do not betray the trust the parents have that their children will care for them.

One might argue that there are cases where friendship will ultimately outlast the trust one has in family members. For example, a woman might consider her alcoholic father (assuming for the sake of argument that he could be a friend) as a friend in need of

her help and support. Yet she does not trust the father with anything: he lies, steals, breaks her china and sometimes hits family members. She does not trust him to tell the truth, care for her house or care for her children. In such a case, her feeling of friendship for him outlasts the trust she has in him and he in her. I argue that though it seems the friendship outlasts the trust, such a case does not weaken my claim that the ties of trust within a family can be stronger in many instances than friendship.[26]

The second reason the friendship model is too weak is that friendship is sometimes not possible between parents and children who do not see each other as equals, yet perceive themselves to have a relationship. Kapur addresses the inequality present in the parent-child relationship that is incompatible with friendship. She says

> Friendship also requires and fosters virtue--the 'other regarding' dispositions of benevolence and justice and the 'self-regarding' dispositions of autonomy and integrity. The interaction of intimate friends aids in that self-knowledge and perspective on oneself that is necessary for sustaining these dispositions, and demands that balance of empathy and distance-or objectivity-toward the other that calls upon these dispositions. Thus, friendship embodies the virtues to a greater extent than perhaps any other relationship or human excellence: for example, parental love qua parental love is inherently unequal and to a large extent independent of the character of the child . . . (Kapur 1991, 484).

English does not specify that friendship must have a basis of equality but she says friendship should be one of mutuality (English 1979, 354). English does not offer her own

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[26]At this point, it is important to differentiate between the two components of trustworthiness: competence and willingness (Baier 1995, 128) Her father may be willing to care for the things she cares for but incompetent to do so due to his illness. He has not chosen to betray her trust; he is unable to keep her trust due to factors beyond his control. His daughter, recognizing that he is still *willing* to care about the things with which she wishes to entrust to him, may still trust that he is interested in her well being. Her trust in him is not *completely* lost. The daughter recognizes that he is not competent to be trusted and believes he cannot be blamed for his incompetence.

definition of the term 'mutuality,' however. Mutuality is defined in Webster's New World Dictionary as "of or having the same relationship toward each other" (Guralnik 1980, 940). Such a definition coincides with her use of the term. While Kapur is referring to the parent-child relationship during the offspring's childhood, sometimes the inequality in the relationship persists throughout the lives of the parent and child. Parents and children sometimes cannot be thought of as friends since the inequality in their relationship may persist throughout adulthood. For example, one 22 year-old pregnant woman interviewed in a study felt even now that they were both adults, her mother still did not think anything she did was "good enough" (including this pregnancy) (Walzer 1995, 599). The belief that the child could not live up to the mother's expectations, a sentiment gathered from childhood experiences, is still a strong factor in the relationship. The adult woman does not feel that her mother loves her for her character, a requirement for friendship that Kapur raises. Another woman in the same study said that her mother gave so much of herself during the woman's growing years, that her mother was never able to share her "real self" with her daughter. In this case, the daughter loves her mother independent of her mother's character (which she doesn't think she knows) (Walzer 1995, 601) and from this perspective, they cannot share the qualities of friendship either. Other scholars find the friendship model inadequate as well. Mark Wicclair says there may be a special relationship between children and their parents, but it is often not one of friendship. He says memories can tie a parent and child, even if they are not friends (Wicclair 1993, 208-209).

Another possible merit that the trust model has over the intimacy or friendship model as justification for deciding how a family member fits into the framework of moral decision making is that friendship and intimacy are not applicable to the moral issues arising between strangers while trust may be used in both the private and public realm. This merit may seem surprising at first, however I will justify it below. Intimacy and friendship can only do moral work between those in close relationships. Trust encompasses more types of relationships. One can entrust something of personal value to one's doctor, lawyer, banker, or insurance agent as well as to one's parent or child. "Trust, the phenomenon we are so familiar with that we scarcely notice its presence and its variety is shown by us and responded to by us not only with intimates but with strangers and even with declared enemies" (Baier 98, 1995). Trust is implicit in the contracts we form with strangers as well as in the relationships with intimates. Intimacy and friendship can only be achieved and maintained in a climate of trust.

Trusting is the accepted vulnerability to another's power to harm (Baier 1995, 133). Trust can be considered the keystone of a theory which addresses issues in both the public and private realm. This is Baier's intention in formulating a theory of trust. Why is it important to have a keystone supporting the moral theory applied to both strangers and intimates? Why not use one set of moral tools for intimates and another set for strangers, less intimate neighbors etc.? The line between the two areas is fluid and thus a moral theory supporting the two types of relationships should accommodate those existing on the margins as well as those who gradually move into or out of intimacy. There is no stark line separating intimates, friends, family, business partners, employers etc. One

might argue that it would be easy enough to move gradually back and forth between theories as we move between assessing issues occurring in the public realm and issues occurring in the private realm. However, since some issues occur within relationships that exist on the margins between the two realms, the category of the relationships would be difficult to assess. They are not difficult to assess within a framework of trust which can assess both types of relationships.

Annette Baier points out the fluidity in relationships, noting the fluidity through time. This quote refers back to the example of the daughter who feels unloved that I cite above. "As the child approaches adulthood, and as the parents draw nearer to the likely dependency of old age, the trust may approximate much more closely to mutual trust and mutual vulnerability between equals and they may then make explicit or even formal agreements about what is to be done in return for what" (Baier 1995, 109). Trust is a concept that allows for changes to occur along other dimensions within the relationship without threatening the family bond. Intimacy also allows for changes in the strength of relationships, but in this particular type of case, trust remains where love has disappeared from the relationship. The parent and child who begin their relationship on unequal grounds may eventually develop mutual trust between equals. Thinking of the parent and child as in an evolving moral relationship of trust allows the parent and child to retain what is historically unique about their family relationship. Their final form of trust in each other as equals may rest upon the history between them: the parents raising the child from a completely vulnerable baby into an adult without causing the harm they were capable of causing. They may not experience mutual love, but they certainly experience a special

relationship which can be maintained through trust. If they were to model their relationship on a traditional deontological theory of promise keeping, for example, the history between them and thus the uniqueness would be irrelevant. Though the case Baier cites eventually leads to a contract, it is the history and trust between them that allows them to enter into such a contract. They are not making an agreement based on respect for the moral law, or respect for the other as another rational being.

Not only can relationships change over time from extremely personal to marginally personal and even estranged and vice-versa, but people can experience both impersonal and personal relationships with the same person simultaneously. For example, some intimates who marry sign prenuptial agreements. These married couples may live their daily lives making moral decisions together on the basis of partiality and particularity. Due to the formal contract, they trust each other simultaneously as intimates and strangers. Contracts and promises are "artificially contrived and secured case[s] of mutual trust" (Baier 1995, 111). They are both special cases in which we can voluntarily choose to trust. As Baier says, contracts are "designed for cooperation between mutually suspicious risk-averse strangers . . .Contracts distribute and redistribute risk so as to minimize it for both parties, but trusting those more powerful persons who purport to love one increases one's risks while increasing the good one can hope to secure" (Baier 1995, 118).

I have argued that models of intimacy are too demanding to do moral work for family relationships which try but fail to achieve intimacy. Trust, however, provides a viable moral framework for such cases. Models of friendship are too unstable to accommodate the lasting non-emotional ties that occur in some family relationships.

Friendship may never exist where trust nevertheless grounds duties. Ties of trust sometimes outlast feelings of friendship that family members may have for one another. Trust provides a viable moral framework for those cases as well.

Power and Trust

I have already shown why a framework of trust is more inclusive of family relationships than intimacy or friendship. My discussion of power will further show why trust is an excellent candidate for a moral framework for family decision making. No matter what degree of intimacy is achieved, people in personal relationships will typically have certain differences in power. Trust is disappointed when the less powerful person is harmed by the more powerful person in whom she cultivated an attitude of good will and competence. I will challenge this general conception of power in relationships, arguing that a more complex description of power is necessary to address the issues of concern to Baier and to address moral issues arising between the elderly person and her family caregiver. A discussion of power is vital because "[t]rust alters power positions, and both the position one is in without a given form of trust and the position one has within a relation of trust need to be considered before one can judge whether that form of trust is sensible and morally decent" (Baier 1995, 105). Baier believes that any discussion of the morality of trust must include a discussion of power positions. Baier says that different forms of trust emerge as we vary the power of the truster in relation to the trusted. She describes the different forms of trust as between the extremes of two equals voluntarily making contracts and an infant involuntarily trusting its parent(s) (Baier 1995, 106-120).

She does not explicitly label the forms of trust which fall at and in between the two extremes.

I will now elaborate upon my earlier discussion of 'power-over' and 'power-to.' Baier uses the term 'power' to refer to a thing able to be possessed by a person. However, power is much more complex. This complexity must be addressed to utilize trust as a moral tool. Wartenberg analyzes this problem in his article "Situated Social Power." He says "A central problem with many theories of power developed by theorists in both the Anglo-American and Continental traditions is that power is conceived in too static and objectivized a manner"(Wartenberg 1992, 79). It is seen as an agent's possession when it is really the result of a complex network of relationships. One of the most problematic features of such theories, according to Wartenberg, is that the theories are dyadic, where power is possessed by the dominant agent in a dyad. "The power that exists between them can then be understood by simply considering the relation without reference to their wider social context" (Wartenberg 1992, 79). Wartenberg labels his own conception of power the "situated conception of power." He means that the power relationship is actually defined through a wider network of social relationships.

Baier expresses the dyadic model of power in her work. She consistently constructs power relationships between two people where one possesses power-to achieve something while the other lacks it. Those who lack power to accomplish something must trust another to carry on what they cannot. She states in the beginning of "Trust and Antitrust" that "without trust, what matters to me would be unsafe, unless like a stoic I attach myself only to what can thrive or be safe from harm, *however* others act "(Baier

1995, 95). She implies correctly that we are not able to take care of everything we care about alone. After all, how would we take care of sick children, pets, houses and other valuables without the help of others? We must trust others who are better equipped for certain tasks. However, Baier does not explain power differences in terms of their situatedness in a broader context of social agents and she does not refer to the dichotomy between power-to and power-over. One may point out that Baier admits that neglecting social networks of trust is a shortcoming of her work (Baier 1995, 126). I raise this point to clarify any confusion about Baier's concern over her neglect of the social network of trust and my concern that she neglects to discuss the situatedness of power in a social network. Baier is mainly worried about neglecting this network when defining her moral test for trust. She points out that the trust one has in someone will be affected by the other trust relationships one experiences in one's life (Baier 1995, 126). However, this is not the same as saying that power relationships are situated in a social context. I interpret Baier as saying that when the network of trusting relationships affects the trust one has in others, it affects how much confidence one has in others not to harm something one cares about. If several people disappoint one's trust, then one might feel wary about trusting others. In addition, Baier means that when one deals with another's betrayal of trust, one may disappoint others in the social web.[27] Though Baier acknowledges that she needs to discuss trust within a larger social network, she does not acknowledge the more basic shortcoming: power is situated in a social network rather than a dyadic relationship. Such an analysis of power is vital to the development of her framework of trust.

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[27]See the example of the Irish Landlord in Moral Prejudices pp 142-143.

Wartenberg acknowledges that his view is controversial in the literature on power. Brian Fay argues for the opposite view, that power arises out of dyadic relationships. He argues that the disempowered, under this conception, are clearly visible to society. Fay says,

> Something as crucial in social life as power must involve the activity of those being led or commanded as much as those leading or commanding. Power must arise out of the interaction of the powerful and the powerless, with both sides contributing something necessary for its existence. Power must be dyadic (Fay 1987, 120).

Unless the roles of the disempowered are recognized, as they can be in a dyadic conception of power, the disempowered could not change the power relationships in society (Fay 1987, 129-131; Wartenberg 1992, 80). For example, knowing that a woman is vulnerable to harm in her work environment because she is less powerful than her male supervisor helps us recognize exactly who was wronged in cases of sexual harassment. Focusing on the dyadic relationship between the woman and her male boss helps society recognize one subject, the woman, as the wronged and the other subject, the male supervisor, as the one who committed the wrong action. Actions can be taken against the male supervisor accordingly. But Wartenberg underscores the need to recognize 'social others' in order to understand the true nature of power relationships. He believes paying attention to these social others will help society learn about the grand scheme of the power struggle. Society can then aid the disempowered by making social changes. For example, society should be more aware that the media need alteration too because they often send messages that men should expect sexual passivity from female employees and colleagues.

Wartenberg argues his point through an example of the teacher-student relationship. He says a dyadic notion of power would portray the teacher-student relationship as the teacher having power over the student because the teacher can make the student perform a certain way by threatening to lower the student's grade. However, Wartenberg believes to understand power, one must look at social agents outside the classroom. It is the actions of other social agents external to the dyad that form the power relationship. The student wants the higher grade for reasons defined by external social agents: she doesn't want her parents to punish her, she wants to avoid rejection by the honor society or she wants to have high enough grades to attend law school. The grade itself is not what threatens the student, it is the reactions of social agents to a low grade which harms the student. The teacher may be the dominant agent because she directly administers the bad grade, but the power the teacher has over the student has its roots beyond the teacher-student relationship. Society measures success in terms of grades in many contexts. Even if these outcomes will never occur from the low grade and the student merely feels hurt or disappointed by a low grade, the reasons she feels hurt emanate from social pressures (Wartenberg 1992, 81-85).

The argument does not just claim that power relies on the context of the situation, but on a particular social alignment. In other words, there must be a certain type of relative positioning of social others. Their actions must be oriented around the dominant agent and coordinated in a specific manner. For example, those controlling access to law school are part of a grading alignment. Many law schools maintain certain high standards for entrance and thus are in cooperation with one another. The social alignment may

spread across a heterogeneous field of agents but its exercise depends on the dominant agent who is situated in a network of power relations.

Applying this model to the case of Mrs. Hill helps elucidate the complexity of the power in her relationship with her mother. Once this complexity is brought to light, an altered model of trust can aid us in analyzing how to help Mrs. Hill in her moral dilemma. As I stated earlier, it is generally believed that a person like Mrs. Green lacks power. She is sick, elderly, dependent and vulnerable to harm at the whim of either Mrs. Hill, a potential home health aide or the potential nursing home staff. For this reason, the physician pressures Mrs. Hill to take care of her mother and recognize her mother's fear and dislike of both home care and nursing home care. Mrs. Hill, however, expresses a feeling of powerlessness. I believe she is in some sense powerless on the model that Wartenberg provides. By virtue of the social alignment, Mrs. Hill lacks power. First, she lives in a society in which there is a dominant feeling that daughters "abandon" their mothers by sending them to nursing homes (Wicclair 1993, 201). Though this is essentially a myth, Mrs. Hill feels the potential condemnation of others around her. This is brought most sharply to light when the physician urges her not to leave her mother in the nursing home because it will destroy her mother. The status that society gives physicians is also part of the social alignment which makes her feel she must listen to the physician because he knows what is right. Second, Mrs. Hill lives in a society which deprives caregivers of help with caregiving activities. Employers rarely cooperate with women who need time off for caregiving activities. Husbands and brothers rarely take on such responsibilities to help women caregivers. Women end up with too many competing

responsibilities and feel powerless to refuse them. Wartenberg believes one of the advantages of his theory is that it elucidates the subordination of women in society (Wartenberg 1992, 94-97). Certain social alignments do render women powerless.

Mrs. Hill and her mother both feel powerless. But, it is not actually the case that one possesses power and the other does not. The power difference making each feel vulnerable lies beyond the dyadic relationship. Mrs. Hill lacks power not only as a result of the decisions her mother makes that affect her but because there are social agents blaming those who "abandon" their parents, social agents encouraging women to take on caregiving tasks (Gilbert and Hanson 1983, 195) and social agents refusing to offer support for family caregivers. (Springer and Brubacker 1984, 17, 18). Mrs. Hill's mother and her mother's physician have power-over Mrs. Hill which is heavily influenced by social agents. "Government services are as reluctant as many brothers and husbands to join women in assuming responsibility for elder care" (Green 1991, 7). Mrs. Hill's mother also lacks power due to her inability to care for herself. She lacks power-to. Friends, family and the media pressure elders to remain autonomous and independent. They exercise power-over Mrs. Hill's mother. I will show how Baier's theory of trust is appropriate for accommodating the moral issues that occur in such relationships. However, it must be developed to do so, because as Baier has presented it, it lacks the complex model of power which should be assessed and recognized by subjects exercising good discretionary judgment.

Baier argues that powers of discretion are most effective in guiding people when to trust or distrust others. She claims that principles do not prove successful in providing

this guidance. Baier shows how Scanlon's moral principles fail to accommodate many examples of failed trust. Scanlon posits four principles which should guide the person who invites the trust of another. For example, Scanlon says that one should take due care not to lead others to form "reasonable but false" expectations about what one will do, especially where the truster would face significant loss if she relied on false expectations (Principle D). Also, Scanlon says the one who invites the trust of another should not manipulate the other by deliberately leading the other to form false expectations about what one will do for the truster (Principle M) (Baier 1995, 134).[28] Baier shows that principles do not work well. For example, Baier explains how a woman can be let down by her sexist male colleagues. This betrayal of trust is not captured by Scanlon's principles. There are neither explicit assurances by the colleagues, the chairperson or the institution that she will be treated as a "full colleague" nor did anyone directly raise false expectations that she would be treated as a full colleague. Nonetheless, a woman trusts that an invitation from her colleagues to accept a position is an indication that she is equal with everyone else in the workplace, even if her colleagues do nothing directly to lead her to believe this is so. The woman's colleagues and the institution betray her trust even though the situation does not occur in accordance with Scanlon's principles. Most of the time, as Baier states, one must rely on personal powers of discretion to decide whether to trust others or whether one should forgive another who betrayed trust. The woman in the

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[28]The other two principles are 1) that one should take steps to prevent any loss that others might face through their reliance on the expectations of one's future behavior and 2) the fidelity principle which states that one is not required to do more than one assured others that one would do (Baier 1995 133-134).

above example should use discretionary powers to decide whether or not to forgive the university. Scanlon's principles will not guide her. Baier describes having discretion as having the power of good judgment. Baier says there are

> no useful rules to tell us when to trust or even when we should have trusted. . . If our Kantian rational capacity to be law-abiders, to apply guiding rules, cannot give us much help here (in the absence of suitably trustworthy rules) and if even our spontaneous mistrust can prove fairly unreliable, then what capacity of ours can we trust to distinguish rash from appropriate trust? I have already appealed at many points to our powers of judgment (Baier 1995, 151).

But, Baier never fully formulates a solid position on what makes someone a person with good powers of judgment. She says that we should use our discretion to determine whether people try to equalize power and/or assist the less powerful. She says, "when the more powerful welcome and facilitate the growth of power of the less powerful, and delay and deplore the decline of other's nonthreatening power (say of the aged) then they usually can trust and be trusted by those less powerful ones"(Baier 1995, 179-180). I agree with Baier that often we must trust our discretionary powers to determine whom to trust.

Baier states that one can know to trust another if she is open to raising the less powerful to more powerful positions. And, one can work to be seen as trustworthy by demonstrating that one genuinely welcomes raising the power of the weaker. This does not mean that those who are locked into positions of subordination should not trust the more powerful, only that they should find the more powerful who have an attitude towards welcoming raising the subordinate to a higher level of power trustworthy. For example, one may never have the skills to move to the next level of promotion in their career but a sign that they can trust those presently occupying that level is that those

people don't intentionally do things to thwart the possibility of promotion and they have a welcoming attitude towards that possibility. This account of knowing when to trust someone only accommodates encounters with others with whom one has some history. It does not accommodate brief encounters. However, though it is difficult to apply discretionary powers to new encounters, this is of no consequence to my argument since families generally have a sense of the character of other family members through the history they share together, even if this character is sometimes known through the testimony of others they trust.[29]

On Baier's view, an elderly person should discern whether she can trust a person based on whether that person welcomes or even tries to raise her to a state of equality. This is not the same as masking a person's inequality by making her appear more equal, a criticism that Baier has of traditional ethical theories. However, one might perceive the failure to make one appear equal as a failure to be concerned with her actual equality as I show below in the case of Mrs. Hill. A person who is genuinely concerned with actually bringing the elderly person closer to an ideal state of equality is one who could earn the elderly person's trust. For example, a person who tries to enhance the elderly person's power to accomplish tasks is potentially trustworthy. Ironically, Mrs. Green might decide not to trust her daughter if Mrs. Hill does not honor her autonomy and her wish to forgo paid help. Both ignoring her wish and placing her in a more vulnerable situation such as a

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[29]For example, a niece may not know an aunt very well because she lives quite far away and does not have the finances to visit. A niece may trust the aunt when she finally meets her because of the accounts and stories she hears about the aunt from other members of the family whom she trusts.

nursing home would be seen by the mother as moving her further from equality. Mrs. Green could look at other events in the history of their relationship to discern whether her daughter can be trusted with her care, however, on this view there is a danger that if Mrs. Hill does not honor her mother's autonomy she could risk negating her mother's impression of her past actions. Of course, this creates an interesting situation in that Mrs. Hill would like to be trusted to choose a good home health aide and arrange care for her mother, yet her mother may not trust her unless she shows evidence that she is interested in raising her to a more powerful position by honoring her autonomy. From Mrs. Green's perspective, honoring autonomy is necessary to show evidence that Mrs. Hill is concerned with raising her closer to equality. However, this would completely thwart Mrs. Hill's efforts to convince her mother to trust her to use her discretion in caring for her and thus hiring home help. Mrs. Hill's efforts to raise Mrs. Green out of a state of inequality would be mistakenly taken by Mrs. Green as an attempt to thwart her autonomy.

One could argue that raising Mrs.Green to a more powerful position threatens Mrs. Hill. Baier states that one should trust those who show concern for raising the power of the more vulnerable to less vulnerable positions. But, it is difficult for Mrs.Green, her physician and other members of society to see a case like this as a threat to Mrs. Hill. Baier's tool of discretion for determining whom to trust and when to trust does not accommodate the complexities of power in a relationship such as the elderly-family caregiver. If Mrs. Green acquiesced to Mrs. Hill's needs, Mrs. Hill could then begin to trust her mother, but Baier's framework would not recognize that both Mrs. Hill and her mother are powerless in certain respects. Mrs. Hill is still trapped in a situation where she

has too many responsibilities and is actually left powerless herself by trying to build trust between herself and her mother.

Baier needs to emphasize that power is not exclusively possessed by one or another person at a specific time. The power dynamic is not just implicit within the dyadic relationship, but is present in a complex social relationship where cultural and social pressures affect each woman. When one exercises discretionary powers, one should try to examine power structures within society and the effects that different social agents have on individuals in different roles. Knowing when to trust and when not to trust an individual requires heightening one's awareness to the societal forces that affect the power dynamic in a relationship. One should trust another who acts to minimize these forces on the whole relationship. Thus, Mrs. Hill should not just try to show her mother that she is concerned with raising her closer to a state of equality, but Mrs. Hill *and* her mother should work together to bring about a solution which recognizes the societal forces as a significant source of *each* of their vulnerabilities. This means that each woman has a responsibility to examine what may be the actual cause of the vulnerability of the other and take this into consideration when making decisions that will affect each other. Mrs. Hill should recognize the needs and fears of an elderly person, possibly by talking to her mother and others in this age group, realizing it is not her mother as an individual who is trying to harm her. Social agents who are part of a complex web of power that includes Mrs. Hill's mother contribute to the potential harm. Mrs. Hill probably realizes this to some degree but it may be helpful to hear about these concerns from the perspective of an elderly person. It could help Mrs. Green trust her to know her daughter is aware of these

pressures and how she feels about them. Mrs. Green should also recognize the pressures that her daughter is faced with that ultimately make her vulnerable to harm. Since caregiving of the elderly for such extended periods of time in a climate where women in families also work is such a new social situation, Mrs. Green may not recognize how difficult it is for a daughter to manage multiple responsibilities. It is likely that Mrs. Green never experienced a situation like her daughter' present role. Requesting Mrs. Green's cooperation with home health is not an act of Mrs. Hill, the more powerful agent in a dyadic relationship trying to thwart her mother's autonomy or belittle her. She is an agent coping with a complex network of social pressures. When discretion is based on such a broad scope of analysis, then individuals can discern whom to trust and to what extent.

However, this solution may be problematic because recognition of social power cannot negate or change the effects of the social power. Mere understanding cannot lessen the sources of burden and responsibility placed on Mrs. Hill by society. And, even if one tries to mitigate the effects of social power on the relationship, this effort could prove fruitless due to the complexity and force of the power. The trust that each party places in the other may lessen the effects of the societal forces on each, but the source will still remain. For example, Mrs. Hill might trust that Mrs. Green will sacrifice some of her need for independence because she recognizes her daughter has several society based pressures. While Mrs. Hill trusts her mother to sacrifice some of her needs and accept vulnerability to Mrs. Hill's power in order to keep her daughter from harm, Mrs. Green trusts her daughter to keep her from harm at the hands of incompetent nurses and aides

and not require her to sacrifice more independence than necessary. Trust, on the model I develop is relational and interdependent. A model based on trust, as I have described, will prescribe what each party should do in light of the other's vulnerabilities. In order to activate such a course of action, dialogue on the part of the involved parties is necessary.

Though I am suggesting that the agents in question take the broader scope of social agent power into account when exercising discretionary powers, this does not imply that I accept the status quo. It would be ideal from a feminist perspective to alter societal structures to accommodate the stresses of the women in the middle and lessen the emphasis on remaining so independent in later stages of life (e.g. by encouraging men to aid with caregiving tasks, employers to extend help to caregiver, and elderly people to accept dependence as not a sign of lessening social worth). However, until the efforts of those trying to break the status quo are completely fulfilled, people should exercise discretionary powers by accounting for the existence of social alignments. A theory with a feminist approach such as Baier's which aims at including issues arising between intimates as ethical problems and dealing with power differentials is a good start to analyzing such issues.

As I have shown, Baier's framework of trust needs supplementing to capture adequately the moral complexities of private relationships such as the elderly-caregiver relationship. Part of Baier's definition of trusting is accepting vulnerability to another's power to harm (Baier 1995,133) by relying on the other's competence and willingness to look after, rather than harm, the things one cares about. I wish to emphasize that the truster relies on the trusted not to use her power to coerce the truster to act in potentially

harmful ways, an emphasis which involves recognition of the influence of the power of social agents which Baier does not address. The truster should use her discretion to determine if the other "welcomes the equalization of power" (Baier 1995, 180), taking into consideration that her desires to equalize power may be tempered by the power of social agents. In such a framework, more than one party in the relationship can be vulnerable to harm and more than one party in the relationship can trust another party.

How can this ethical framework help Mrs. Green and Mrs. Hill normatively? Can it be applied in a professional setting by the physician? The model of trust gives moral consideration to both Mrs. Green and Mrs. Hill, rather than predominantly to Mrs. Green as the autonomy model of medical decision-making does. On the trust model, moral wrong can occur from demanding too much of the caregiver through the use of autonomy. Under the current social, professional and moral understanding of the physician-patient relationship as evidenced by current writings and codes of ethics, the physician should respect Mrs. Green's autonomy. The framework of trust allows for physicians to respect autonomy while at the same time holding people like Mrs. Green morally accountable for her choice. The physician should make an effort to challenge her choice if he perceives that it harms Mrs. Hill. The physician should remind both Mrs. Hill and Mrs. Green that each is vulnerable to harm and that the harm they can potentially do to one another is structured and exacerbated by circumstances beyond their control: e.g. by social agents who wish to foster an ideology that 'youth is independence' and 'youth is desirable', and therefore independence is desirable. Additionally, social agents also send the message that women should be responsible for most of the domestic tasks. A

framework of trust prescribes that the physician should try to call into question reasons why one does not trust the other's judgement in making these decisions. The physician should try to help the caregivers discern whether they perceive themselves to be in a trusting relationship with one another and if so, that it would be wrong to betray that trust. While neither person has a moral obligation to trust the other, the doctor might help both women think through the relationship and discover reasons why both women should trust each other make good decisions in this case. But most importantly, both parties should accept that a breach of this trust is morally wrong. In the health care setting, the physician is legally and morally required to respect a patient's refusal of health care treatments or services or to honor a patient's treatment choices if they are medically indicated. However, this model of trust can inform physicians on ways to discuss the effects of the refusal of treatments or requests for treatments on the caregiver when they meet with the patient and/or the caregiver. It can also serve to aid the physician in helping his patients realize what is morally significant about their decisions. I will return to a discussion of the practical application of the trust model in professional settings in chapter five. In the private setting of home care where there is no standard code of ethics and no professional obligation for the caregiver to respect patient autonomy, the trust model should play a major role in ethical decision making. If the caregiver and the elderly patient have built a trusting relationship, they should take care not to breach this trust. Why and how a breach of trust is morally wrong is a topic of the next chapter.

CHAPTER IV

BETRAYING TRUST: A MORAL WRONG

The Difference Between Trust and Reliance

In chapter three I showed why a model of trust is an appropriate ethical framework in which to assess moral decisions made in a family context, particularly between elderly persons and their family caregivers. I explained that a model of trust, extended to account for power relationships that are derived at least in part from social alignments, can account for the moral complexities in the relationships between family caregivers and their elderly relatives. In such a relationship, both parties, as vulnerable individuals, put their trust in the other. By using this model, those involved in moral decision making can realize the wrongness of breaching the trust that one family member places in another. In this chapter, I argue that trust is more than mere reliance on another and that trust is a valid normative notion. From these conclusions, I draw a further conclusion that it is wrong to betray the trust that one has placed in another. In order to reach my conclusion, I must first answer the charge by Russell Hardin that trust is neither "extrarational" nor normative.

Russell Hardin, in his article "Trusting Persons, Trusting Institutions" characterizes most of the views held on trust as espousing the notion that the attitude of the truster towards the trusted is *beyond* a mere expectation that the trusted will

carry out certain acts. In addition, he says most writers who define trust state that trusters rely on others to act for reasons other than self-interest. Hardin means that most writers believe that trust involves more than just relying on statistically probable or habitual events to occur. For example, depending on a pilot to fly an airplane to the stated destination because she always does so and it is in her best interest to do so is not considered trust. For many writers[30] the example would be considered a case of reliance. Baier writes, for example, that trust involves having confidence in another's good will. It involves making oneself vulnerable to another's possible but not expected ill will. We would not be said to trust the airline pilot unless we had such an attitude towards her, including a positive attitude about her ability to use her discretionary powers.

Hardin says that those who write about trust generally fall into two categories 1) those who believe that trust is something beyond mere expectation, or "extrarational." He says this is the view held by Baier and Hertzberg.[31] 2) those who believe trust is a normative notion. He says this is the view held by Jon Elster[32] (Hardin 1991, 186). Elster says "Altruism, trust and solidarity are genuine phenomena that cannot be dissolved into ultra-subtle forms of self-interest" (Elster 1979, 146). These categories do not always

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[30]See Baier, Hertzberg, Petit

[31]This view is also held by others such as Trudy Govier, Lawrence Thomas, Philip Petit.

[32]HJN Hornsburgh also believes there is a normative dimension to trust insofar as he believes there is an obligation to trust when trusting will help another develop morally (Hornsburgh 1960, 352-354) Trudy Govier supports Hornsburgh's position (Govier 1993, 169). Baier can also be said to treat trust as a normative notion. This will become apparent later in this chapter.

appear in the same depictions of trust in the literature, but they are not necessarily mutually exclusive. For example, Baier holds that trust is extrarational and normative. Luhman, however holds that trust is rational, but not normative. Hardin argues that trust really involves neither of these notions; rather trust is a rational expectation that the person who is trusted will be motivated by self-interest.[33]

Hardin refers to trust as rational, meaning that when we put our trust in another person we rely on her on the basis of empirical evidence: we note trends and tendencies in her behaviors (Hardin 1979, 188). We can be sure that those in whom we have noted trends will continue to carry out their behaviors if doing so is in their self-interest. He goes on to say "A fully rational analysis of trust would not depend solely on the rational expectation of the truster, but also on the commitments, not merely the recognition of the trusted...You can more confidently trust me if you know that my own interest will induce me to live up to your expectations. Your trust then encapsulates my own interest" (Hardin 1991, 189). Hardin would say we know we can trust the airline pilot to fly us to our destination because we know she always does so on account of the fact that she is disposed to act in ways that insure she will keep her job. If, for example, her employer ceases to pay her we should be less inclined to trust her to fly the plane. She would no longer have an incentive to do so. We can be most confident in placing our trust in the airline pilot if we know that she has a self-interested reason to fly the airplane.

When Hardin speaks of trust, he is really referring to reliance and he fails to make a proper distinction between the two terms. We rely on the airline pilot; we do not trust

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[33]Luhman and Barber share Hardin's belief that trust is rational.

her. I will show a) Hardin's view does not describe what people really mean by trust but does describe reliance. Other philosophers such as Thomas, Petit and Jones make the distinction between trust and reliance and I will show support for their distinctions. Showing there are instances in which people put confidence in others to perform for reasons beyond rationality and self-interest will illustrate this point. b)There is a normative component to trust, meaning there is an element of moral obligation involved in trust relationships. I will argue that there is a moral obligation not to betray the trust of others. It is necessary to reject Hardin's position in order to use trust as a moral framework for relationships between intimates. Hardin's views on trust cannot do moral work nor can they support decision making between intimates.

My findings must be compatible with Baier's model of trust in order to retain her work as a foundation for trust between intimates. I have already noted that on her view trust is extrarational; now I will show it is compatible with a normative notion. While Baier does not explicitly explain the obligations of the trusted or truster,[34] she provides evidence supporting the view that she desires a theory of trust that is characterized by obligation. She says, "Granted, that the men's theories of obligation need supplementation, to have much chance of integrity and coherence, and that the women's

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[34]Baier recognizes why betrayals of trust are so harmful, but does not build a case for when and why betraying trust is morally wrong. She says that "[b]ad enough betrayals of trust lead not just to loss of a particular entrusted good but to a lasting inability to partake of that sort of trust-dependent good. And if the trust-dependent goods are the most precious, then this is a severe disability"(Baier 199, 146). Betraying trust can only be considered prima facie wrong in a morally decent relationship where the knowledge of each party's reasons for trusting the other could in
principle also be disclosed to the other since such mutual knowledge would be itself a good and would not threaten the relationship.

hypothetical theories will want to cover obligation as well as love, then what concepts bring them together? My tentative answer is - the concept of appropriate trust" (Baier 1995, 10). She goes on to say, "I am reasonably sure that trust does generalize some central moral features of the recognition of binding obligations and moral virtues. . ." (Baier 1995, 11). I will argue in this chapter that people have a moral obligation not to betray trust. I explain what it would mean to betray someone's trust and why we are justified in blaming another for betraying trust. The support for an obligation not to betray trust provides a plausible foundation for assessing moral issues within a family. I present an account of the types of trusting relationships in which one party should be subject to blame for betraying the trust of another.

In chapter three, I outlined my modification of Baier's model of trust which is based on her general model of trust and extends to include power relationships reflecting power-to and power-over. I chose Baier's model of trust as a basis for exploring an ethics of trust because it is a) the most well developed account of trust in the present literature and b) it is the most well suited for addressing ethical issues between intimates. My extended model emphasizes that power is derived from beyond the dyadic relationship of the truster and the trusted. Thus, a decision about labeling a betrayal of trust as immoral should always be made in terms of the social alignment's impact on the power dynamics of the dyadic relationship. Before elaborating on the obligation not to betray trust, though, I must review and reject Hardin's definition of trust to show that trust should be regarded as "extrarational" and normative.

Trust is Extrarational

Hardin says we can better explain what trust is after examining moral behavior such as promise keeping, honesty, and fidelity to others. People keep promises out of self-interest: hoping the act of keeping the promise will maintain an ongoing relationship. Likewise, he says people will trust others when they know others are motivated by self-interest. Trusting and promising both must take place between people who believe they might have future interactions. People who expect to deal with others in the future will not want to risk straining the relationship by breaking a promise or breaching trust If Hardin is right, that people keep promises out of self-interest and we accept his analogy between trust and promising, he thinks we must conclude that trust is merely relying on another person's self-interested motivations, and this would not provide any moral basis for the trusted to act trustworthy, and thus refrain from betraying trust. If, for example, I decide to trust John to water my plants while I am away on vacation because I offer to pay him $50 for helping but he does not follow through, he is not morally wrong for betraying my trust since on Hardin's account, I simply made a poor prediction about what types of incentives appeal to his self-interest.

Hardin is presupposing that there is indeed no obligation to keep promises if one is psychologically disposed to keep promises out of self-interest. Hardin makes a very bold assumption in this case. He needs to show positively that there is no obligation to keep promises and he fails to do so in his argument. The fact that one is motivated to do something out of self-interest does not imply that there is no moral obligation derived from another source to do that act. Therefore, if one refrains from betraying another's

trust out of self-interest it does not imply that she has no obligation not to betray trust. She may have had an obligation and felt moved by self-interest simultaneously.

Promise keeping and maintaining trust are different on other accounts. In the case of promising, I may do exactly what I agreed to do because I fear ruining the relationship. I may refrain from betraying trust for the same reason, but acting trustworthy is much broader than keeping promises. Promised actions are well defined: John might say "I promise to water your plants" or, "I promise to water your plants if you promise to pay me." Actions which one is trusted to do, however, are less well defined and sometimes undefined, and the trusted is expected to make judgments as novel occasions arise. Sometimes it is the rationale behind the trusted's judgment that makes the trusted trustworthy and not the actual performance of an agreed upon act For example, suppose a babysitter is watching a child, the child falls but does not appear to be hurt and the babysitter knows the parents are at a dinner with a group of important clients they need to impress. She wonders if she should call and interrupt the dinner to inform the parents of the unusual occurrence. Even if the parents would have preferred the opposite of whatever action she chooses, they may nonetheless credit her with displaying evidence of trustworthiness by being conscientious about caring for the baby and their business transactions: she weighed seriously her options for acting. It is the babysitter's process of deliberation that renders her trustworthy and not the final outcome of her act. Baier would agree with this characterization of trusting insofar as she believes that a trusted person will be responsible in her use of discretionary powers. She says, "normal people can pick up the cues that indicate the limits of what is entrusted "(Baier 1995, 101).

These limits are not easily defined, however. She says, "[t]he more extensive the discretionary powers of the trusted, the less clear-cut will be the answer to the question of when trust is disappointed" (Baier 1995, 103). If the babysitter shows both competence and good will towards all involved, this is evidence that she is trustworthy. I will show how such a view of trust can be described as normative later in this chapter.

Hardin directly criticizes Baier for saying that trust is not mere reliance on another's habits; it is reliance on her good will. Hardin says that one can believe the trusted displays good will because it is in her best interest to do so. Thus even the babysitter's deliberations would be for the purpose of acting in a way so as to appear concerned with others so she will be hired again or paid a large tip. Hardin provides an example. He says, "Perhaps you are an official in some organization or you have an ongoing relationship with me, either directly or indirectly through others. You benefit from that role or that relationship and you will want to maintain it through appropriate good will toward me. Your good will is probably quite restricted - there are many things you could not be expected to do on my behalf. My trust in you will probably also be restricted" (Hardin 1990, 193). People may display good will towards another but that is only because it is in their own interest to display good will.

But, is this really trust? While we may be more assured that a person will perform for us when it is in her best interest, trust seems like a more demanding concept. Trust involves confidence in another's competence to exercise discretionary powers with good intentions towards the truster. In addition, as Baier argues, some cases of acting out of self-interest are considered immoral forms of trust. Those cases involve instances where a

person relies on the other to act "trustworthy" partly in response to a perceived threat by the "truster." Baier maintains that this is labelled trust up until the time when the truster shrinks the discretionary powers of the trusted to zero, at which point "the situation will have deteriorated from trust to a mere threat advantage" (Baier 1995, 122).

Trust and reliance are different concepts, according to Hertzberg. He says reliance is characterized by judging or depending on another to fulfill a particular purpose, function or task. "A number of situations involving a trustful attitude to others are ones in which that grammar [of reliance] does not apply" (Hertzberg 1988, 318). In trust, there are no advance limits of how far or in what respects one should depend on the other (Hertzberg 1988, 314). "The contrast between reliance and trust could be summed up as follows. In relying on someone I as it were look down at him from above. I exercise my command of the world. I remain the judge of his actions. In trusting someone I look up from below. I learn from the other what the world is about. I let him be the judge of my actions" (Hertzberg 1988, 315). Hertzberg means that when one trusts another, he may accept another's discretion because he has a particular attitude towards that person. He accepts the person's decision or conveyance of information as good because it came from that person and he trusts that person's discretion. In contrast, when one relies on another, one has a preconceived notion of what a good outcome is and one makes a judgment about the success or failure in the production of that outcome.

But, what about cases where one believes the other is motivated to perform actions that are not particularly defined yet are done purely out of self-interest? For example, a teacher does not have tasks that are well defined, yet she may teach the

children purely out of self-interest in getting a pay check. Is this example a case of trust or reliance? Hertzberg would call it a case of trust because we are not expecting a particular outcome. However, I raised the point above that cases in which the so called "truster" is motivated by self-interest are not cases of what we mean by trusting another. Since such a case is not an example of trust, can we call it reliance or would a third term be more appropriate? Hertzberg does not evaluate the normative notion of trust so we cannot look to his discussion of trust for this answer. Such cases should be considered cases of reliance. We can call such cases reliance if we acknowledge that acting on Hertzberg's conditions are necessary but not sufficient conditions for trust. Trust must also involve acting out of an expectation of good will. Thus, Hertzberg only partially differentiates between trust and reliance.

Two examples will help to illustrate this point. Suppose a woman takes care of her parents because she has good reason to believe that her parents will leave her a larger sum of money in their will than if she did not care for them. The tasks she must perform for her parents are undefined: some days she must shop and clean for them and on other days she must bathe and dress one or both of them, depending on how they feel that day. She does not have a particular defined set of tasks to perform. Under Hertzberg's definition, the woman is trustworthy. But, wouldn't it make more sense to say that this woman is reliable? What will she do for her parents if they cut her out of the will? She may stop caring for them. What will she do for her parents if they suffer from dementia to the point at which they are not capable of making changes in their will? She may take advantage of the situation and do as little as possible for them. The existence of undefined duties or

choices is not sufficient to call someone trustworthy. Certainly the woman in the above example cannot be trusted. The attitude of good will towards the truster is necessary too.

Consider a second example: the babysitting example. We would say the babysitter acted reliably if the parents had explicitly told her they would be quite angry (the babysitter assumes this means they would not hire her again and the parents assume that their threats of anger will motivate her to follow their instructions) if she did not call them if anything unusual happened. The parents, using their judgment, would have set parameters on their expectations of the babysitter. They could say to their friends "our babysitter is reliable: she follows all the rules we set." In areas they do not provide such parameters their trust extends to believing in her judgment and consideration of the interests of the family and allowing her to decide what to do in unusual situations. This is an attitude of trust towards the babysitter. Of course the two concepts are not mutually exclusive and the parents can consider the babysitter both reliable and trustworthy.

If the only reason the parents can rely on her is because they think she will exercise good judgment in order to be hired again, they might wonder what types of judgments she would really make. She might be motivated to act in accordance with what the parents might find to be the most impressive outcome rather than attending to what is important in making the actual judgment. She may even fail to disclose that a fall took place if it was not very serious. Weighing such options from the point of self-interest may cloud her judgment from using good discretion in such circumstances. And, this is not what we mean by trust. The babysitter, in acting trustworthily, would use her discretion, irrespective of how the parents would react. The parents in judging if she was indeed

trustworthy could assess and learn from her rationale for action. If they could discern she had good intentions in mind when weighing her options, they might continue to trust her on subsequent occasions, even if they would have preferred her to carry out an action different from the one she chose.

Laurence Thomas's discussion also puts force behind the distinction between reliance and trust. He says, "with trust comes reliability but not conversely." Reliability involves prediction. The laws of nature are reliable but not trustworthy. The subway driver who pulls into the station on time is reliable but not trustworthy. "Reliability has to do with consistency in performance over time, and that consistency can be assumed in ways that have nothing to do with trust (Thomas 1988, 239). Thomas shows that we rely on actions that we can predict in the way we rely on events that we predict in nature. Prediction, however, does not entail trust (Thomas 1988, 242). He says, "a moral theory according to which persons can predict that persons will act morally is not, on that account alone, one according to which persons can trust that persons will act morally" (Thomas 1988, 242). Thomas's account of the distinction between trust and prediction adds insight to the notion that trust is a normative concept and reliance is not.

There is one type of trusting relationship described in the literature that is based on predicting the trusted will perform an action because it is in her interest to do so: trust based on threat advantages. Baier labels trusting relationships based on threat advantages as immoral cases of trust. Baier considers such occurrences immoral trusting relationships rather than just cases of reliance, saying that trusting relationships involve having confidence in the trusted's use of discretionary powers. This is not the case with incidents

of reliance which predict specific behavior on the basis that the behavior serves the reliable person's best interest. Immoral trust, according to Baier, involves the truster expecting the trusted to use discretionary powers to safeguard a mutual interest but the truster simultaneously threatens the trusted in order to keep the relationship going. Baier should not call this a case of trust, however. The one who threatens the so called trusted most likely merely relies on this person through issuing a threat to use discretion to protect the subject of mutual interest. Protecting the interest of the subject would involve making the sorts of decisions that the person issuing threats would expect the threatened person to make as a result of the threats. Thus, the person issuing threats would rely on the threatened to use discretionary powers. Karen Jones agrees, saying "If I believe that you will be directly moved by fear and only indirectly moved by the thought that I am counting on you, our relationship is not, on my analysis, one of trust (Jones 1996, 9). She says, "I would suggest that in a situation such as this you haven't a morally rotten trust relationship, you haven't a trust relationship at all; instead, you have a case of mere reliance" (Jones 1996, 19).

The scope of discretionary powers would be constrained by the threats. The threats would be such that they would constrain the person in question to act for the good of the subject of mutual interest. Consider Baier's discussion of the "trusted wife" (Baier 1995, 122). Baier uses this example to show that if, for example, a wife tries to keep her husband's trust by raising her children as her husband demands, fearing that her husband will send the children to boarding school if she raises them her way, then this is an immoral trust relationship. The wife a) cares about the children's best interest and b) does not

want to lose the children. The husband ensures the wife stays in the relationship by threatening to send the children away. The husband's threats correspond with what he knows are in his wife's interests and what she believes are in the kid's best interests: keeping mother and children together. His extension of discretionary powers corresponds with the trust he has in his wife to do what is in the children' best interest. It is the extension of discretionary powers that leads Baier to believe that she can still call this a trusting relationship. However, the range of what the wife can do in the children' best interest extends only as far as the wife can make a decision without the husband subjecting her to the punishment from the threat. The threats limit what defines the best interests of the children.

Hardin continues to discuss Baier's account of trusting noting that Baier believes trust is an extension of the infant's relation to its parent. Our experience of trusting begins as infants trusting our parents (Baier 1996, 110) and thus our assessments of trustworthiness are developed early on. Hardin says the general inclination to trust can be built on the basis of inductive knowledge. We learn to start out with tentative trust and continue to trust if our experiences support trust or discontinue as trust proves unwarranted: "we build our cognition from patterns and from society, and in many cases we could no more justify them than we could prove basic laws of physics" (Hardin 1990, 196). Hardin says the reason we may associate trust with moral qualities, such as altruism, is that in early life where we formed our early trusting relationships, people cared for us out of altruism and love (Hardin 1990, 194). But, he seems to indicate that this

assumption is not true, it is just an association we make. I will return to the controversy surrounding whether trust is normative in the next sections.

Very few writers hold Hardin's position. Trudy Govier, like Hardin, writes on the epistemology of trust. But while Hardin does so with the assumption that trust is rational, Govier treats trust as extrarational: as an attitude. Trust, according to Govier, is not a predominantly rational matter; it is an attitude founded upon beliefs and it also involves feelings and emotions (Govier 1993, 157). In this regard, she agrees with Baier who says "to trust is neither quite to believe something about the trusted nor necessarily to feel any emotion toward them - but to have a belief informed and action influencing attitude" (Baier 1995, 10). There is always risk involved in trusting another person, but when we trust we expect that the trusted will act in neutral or beneficial ways. Trust is an accepted vulnerability to harm.

Govier addresses the question "when is trust warranted?" She asks"[W]hen, why and to what extent trust-or distrust- [is] reasonable and right" (Govier 1993, 156). Govier says people usually trust unconsciously but sometimes make a conscious choice to trust. She develops a set of principles for people to go by which can cover either of the following: whether a person should consciously choose to trust another person or whether a person should critically reflect upon unconscious trust which has been challenged (Govier 1993, 156). Such principles include that we should examine the types of information we have about the person (do we have direct personal knowledge of the

other,[35] indirect personal knowledge of the other, book knowledge, knowledge acquired from the mass media or knowledge based on the person's role in society?), assess the person's previous actions and statements, assess her character and examine the circumstances at hand. But, for Govier, we do more than accumulate evidence for whether or not to trust; we develop an attitude based on feelings and beliefs. Govier's position is more plausible than Hardin's position. Hardin's definition of trust is really one of reliance, not trust. Govier notes certain extrarational notions that define trust. Hardin, in leaving these out, describes what people generally mean when they say they will rely on others.

Trust as Normative

Hardin says trust is not normative. He writes

> Many writers and perhaps most people in ordinary life seem . . . to have some vague sense of a distinctively moral character to trust . . . For trust to have normative bite, however it must entail some degree of obligation. That is, it must depend on something specifically relational as, for example, a contract does. The trusted must do something that morally motivates the claim of obligation. I trust you because we have some kind of relationship or because, at least, you typically have some kind of relationship toward those in a relevant class . . . our role relationship may generate mutually reinforcing expectations that each of us sees as obligatory to some extent and that each of us may have reason to think the other sees as an obligation. This is a view held by Hertzberg (Hardin 1991, 198).

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[35]Govier believes knowing a person directly provides the best evidence for determining whether or not to trust a person. When we learn about a person directly, we hear their voice, see and sense their gestures, see their eye movement, detect sincerity and in general experience the whole person more fully than through the other types of knowledge. We also think our own observations are more reliable than another's. Direct personal knowledge is not infallible, however. Through personal observation we can use evidence in conjunction with intuition to make a determination whether or not trust in a person is warranted.

Hardin argues that if we accept Hertzberg's view, we put an unfair burden on the trusted. Sometimes we feel wronged when our trust is misplaced. We say, "But I trusted her." We say this even when she did not make a commitment. According to Hardin this view is very one-sided and it places an undue burden on the trusted who did not agree to the commitment and might not even be aware that another trusts her. Hertzberg thinks the trusted has certain assumed moral obligations, however. "Our trust depends on actions of the other but it is commonly not authorized by those actions as it might be in the case of a contract or a promise" (Hertzberg 1988, 198).

But in trust relationships, a person would know she was being trusted and would honor the attitude and expectations the truster places in her. I discuss this in chapter three. Additionally, Petit says of trust that it is indeed interactive. In trusting, the truster is actually moved by knowing another trusts her. In a "trusting reliance" a person relies on another to do A, lets the other know she is relying on her to do A and expects the trusted to attach greater utility to doing A because that will prove she is reliable (Petit 1995, 206).[36] The problem with Petit's view is that it may bring us back to self-interested reasons for doing A and may reinforce Hardin.

If the trusted performs the action because she desires to be seen as reliable, then we are back to Hardin's claim that we can only trust people to perform actions out of self-interest. In this case, it would be in one's self-interest to impress the truster in order that

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[36]Karen Jones holds a similar position, saying that the trustworthy person gives significant weight to the fact that the other is counting on her. This does not mean that the trustworthy person must always perform an action because the truster expects it. The trustworthy person uses her discretionary powers to weigh whether other considerations are weighty enough to prevail over the fact that the truster is counting on her.

the truster praise the trusted. However, in a relationship of genuine trust, the trusted may desire to be trustworthy for the benefit of the truster. The truster has chosen to put her faith in the trusted or she has developed an attitude over time that the other is trustworthy and finds no reason to doubt this well entrenched attitude. If the other proves the truster wrong, this can damage the truster's confidence in her judgment and make her wary to trust others. Thus the trusted might wish to be trustworthy in order to save the truster from losing confidence in herself. In such a case, she has the good of the truster in mind, not her own good. Insofar as a true trusting relationship would entail knowledge on the part of the trusted that she was indeed trusted by the truster she can be said to know when she betrays trust. Unless she explicitly refuses the trust, she knows that another has evidence to trust and an attitude of trust towards her. My response to Hardin is that the trusted should know she is trusted in a true trusting relationship and so a lack of knowledge would not be a problem in establishing an obligation not to betray trust. Additionally, one can have obligations towards others that are not grounded in firm commitments. For example, a parent does not make a firm commitment to a child that she will provide food and clothing for the child but she has an obligation by the nature of the relationship to do so. Before continuing with the argument for why it is wrong to betray trust, I will present the only argument in the literature for an obligation to trust.

Hornsburgh and Govier are two philosophers who say explicitly that trust carries a degree of moral obligation. They believe one may actually have an obligation to trust another. While I do believe one has an obligation not to betray trust, which I will elaborate on in the next section, I do not believe anyone ever has an obligation to trust.

Govier, however, sees plausibility in HJN Hornsburgh's notion that one may have a moral obligation to trust if trust will help develop the trusted's moral character (Govier 1993, 109). I do not agree with their position.

Hornsburgh argues that we have a moral duty to trust based on the negative repercussions that could come about if we didn't trust others: people will not be able to develop morally (Hornsburgh 1960, 253). He believes that those who lose their self-respect need others to trust them in order for them to gain back their self-respect. Hornsburgh is arguing from the premise that people have an obligation to give others moral support and that "trust is one of the most important ways in which one individual can give moral support to another . . . it is often one's duty to trust others, including those whose past conduct makes it seem probable that one's trust will be abused" (Hornsburgh 1960, 354). He calls this therapeutic trust.

I reply that if one seemingly trusts such a person it is not really an act of trusting. Trusting is an attitude according to many including Baier, Govier and Hornsburgh: it cannot be willed. No attitude can be willed; only the actions that normally accompany such attitudes can be willed. One might argue that he can will himself to be compassionate towards another, for example, but by doing so the person will only be able to exercise the acts of a compassionate person and not sustain the actual attitude of feeling compassion. Only the actions can be willed and I argue actions alone do not constitute trust. Otherwise, we could make the case that acting out of self-interest could be considered trust. Govier even says, concerning this matter of therapeutic trust that "we cannot believe by mental fiat [but] we can deliberate, direct our attention and select our

activities so as to favor one belief rather than another. The same might be said of trust. To say that we 'should' trust, due to a special position or role in which we find ourselves, is to say that we should reflect and deliberate in such a way as to cultivate trust rather than distrust" (Govier 1993, 169).

Though acts of people who trust therapeutically mirror acts of people who really trust, the person exercising therapeutic trust is certainly not trusting and should not be confused with a person who really trusts. In real cases of trust, though one is vulnerable to harm from the trusted, one is fairly confident based on certain evidence (such as the evidence Govier reviews) that the trusted will not harm one. However, in therapeutic 'trust' one is not so confident; one merely hopes to foster a character in which at a future time one can be fairly confident that the other will exercise good will and competence. Since the attitude of trust is not present in therapeutic trust, it is not truly trust. One may, nonetheless have a duty to try to cultivate trustworthiness in another, but if one 'trusts' the other in order to make her trustworthy, this is not trust at all.[37] One might have a duty to help someone become trustworthy, (which is an issue that is beyond the scope of this paper) but this is not the same as having a moral obligation to trust.

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[37]I do not wish to defend the position that a person ever has a moral duty to trust another or foster her own capacity to trust. A person might live a more comfortable life if she trusts others: she may make more friends, travel to more foreign cities and learn more through discourse with others. However, I do not believe a person has a moral obligation to make herself more comfortable.

Does Mrs. Green have an obligation to trust Mrs. Hill? No. In the case of Mrs. Green and Mrs. Hill, neither person has a duty to trust the other. Rather, they have established a trusting relationship through the course of their lives and on that basis, they each have a duty not to betray the trust of the other. I will return to this position later in this chapter.

Many people use the term 'trust' in different ways. It is important to differentiate between trusting, reliance and therapeutic trust. Trust is an attitude towards the other's ability and willingness to use discretionary powers for the good of the truster. The trusted is motivated to be trustworthy on the basis that she knows others trust her. A sister may take extra special care of her little sister once she is given the title babysitter, for example. Reliance is confidence that someone will perform a specific duty based on past evidence and therapeutic trust is acting as if one trusted another in order to develop the other into a trustworthy person.

Moral Obligations

The trusted's awareness that someone trusts her is essential to a trusting relationship. Without this awareness, one can only be said to be relying on the other.[38] A person who is relied upon can also be said to be aware that others are relying on her but unless she is moved to act by knowing another is relying on her and she has a attitude of good will towards that person, it is not a case of trust. Karen Jones distinguishes between

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[38] There are a few cases where I may trust a person but that person remains unaware of my personal trust in him. We may be said to have a trusting relationship, however. We might take the case of an elected public official, for example. He knows there are people like me (with similar interests to mine) in the world who do trust him. In such a case, I don't have a personal relationship of trust with him; he is unaware that I personally trust him. In such a case there is a trusting relationship between him and the people who elected him and whom he represents. The legislator in this case may have a desire to do good for individuals even if he can't name the individuals who have placed their trust in him.

the two cases. She says that one who is trustworthy is directly and favorably moved by the thought that someone else is counting on her. She states,

> The qualification 'directly' in "directly and favorably moved by the thought that someone is counting on her" is required to distinguish trusting from certain cases of mere reliance. I might, for example, know that you will be directly moved by the thought that I am counting on you because you fear my retaliation if you let me down. If I believe that you will be directly moved by fear and only indirectly moved by the thought that I am counting on you, our relationship is not, on my analysis, one of trust (Jones 1996, 9).

I agree with Jones' distinction but I do not believe that fear is the only motivating factor for one to be reliable. I maintain that if one acts from self-interest yet knows another is counting on her this is still reliance.[39] I argue that the trusted's awareness that another is counting on her in a trusting relationship is a necessary ingredient in forming the obligation not to betray trust.[40] Petit provides a clear example which will help illustrate and support my point. If I am driving through a new city and would like to find my way to the center of that city and I believe that following a particular bus will get me there because the sign on the bus says so then if I follow the bus I am merely relying on the bus driver (Petit 1995). However, if I tell the busdriver I am following the bus to get to center city and this gives the busdriver an added desire to get there, he acts trustworthy in desiring what is good for me (Petit 1995). It is the desire on his part to arrive at his destination because he

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[39]It should also be noted that Baier would call this case of reliance motivated partly by fear, a case of immoral trust.

[40]There is no obligation not to disappoint one who relies on another because the person who relies on another is just gambling on whether or not the one she relies on will act out of self-interest. The one who is relied upon has no obligation to insure that the one doing the relying is successful in her gamble. As I have shown and will show in the next few pages, trust involves more than taking a gamble that a person will act in her own self-interest.

knows I trust him that separates trust from reliance. If the busdriver knew I trusted him yet followed his schedule anyway, without the added to desire to do so to help me, he would be said to be merely reliable.[41] While this example shows the difference between relying and trusting, I will also use it as a springboard for a discussion on the wrongness of betraying trust.

If the busdriver suddenly decides, knowing that I am following him, to stop for lunch without a good reason he has betrayed the trust I have placed in him. The busdriver's actions are disappointing and wrong. However, since I did not invest much into the trusting relationship nor did I have much of a relationship built between the busdriver and myself, his actions were not seriously wrong. I argue that there is a prima facie wrongness of betraying trust which rests on four factors: a) the genuineness of the trust relationship b) the presence or absence of exploitation in the relationship (Baier 1995, 120-129) c) the weight of the harm or potential harm that could come to the other from the betrayal and d) how let down the truster would feel, knowing that her perception of their relationship is wrong, if the trusted did not prove trustworthy.[42] The first factor

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[41]A person can be either trustworthy or reliable based on the relationship with a collective too. Knowing the collective trusts a person may move a person to act trustworthy. For example, if the president of a company is ordered by the government to participate in the cleanup of the environment the public can say they rely on him to do things to contribute to the cleanup of the environment. However, if the president knows that many people in society have put faith in the company to help clean up the environment and this is the reason he participates in this and other environmental cleanups (even if such actions slightly harm profits) then he is trustworthy. He knows a collective want him to clean up the environment and he is moved to act accordingly.

[42]Rodger Lane Jackson in his dissertation "A Philosophical Exploration of Trust" also holds the position that betrayal can only take place within a trusting relationship and that betrayals are more serious in closer relationships. However, it should be noted that he

rests on whether or not the relationship is a trust relationship or another type such as one of reliance or even threats. The second factor is explored in another part of this paper. The third factor is the direct harm that could come to me from an act of betrayal and the fourth factor is the harm to my perception of the strength of our relationship. It is the emotional harm that could come to me as a result of wrongly believing that a particular person or group in a certain type or strength of relationship would not mislead me. This is a complicated factor insofar as that belief can be based on the particular nature of the relationship and its unique history as well as the social expectations that people generally have about the obligations that people in that "type" of relationship have towards one another. The more harmful the consequence and the more devastating the realization of my wrongness in investing trust, the worse the betrayal. Betrayal of trust can be said to be assessed along a continuum. For example, if that busdriver had turned out to be my Uncle Ray with whom I had built a longstanding relationship based on what I thought was mutual trust, the seriousness of the betrayal would have been worse (had he decided to stop for lunch), given that I told Uncle Ray that I needed to get to the center of the city and he did not object. And, if Uncle Ray had not only stopped for lunch, but had driven to a dangerous area of town to do so, the wrongness of the betrayal would have been magnified since he put my life in danger. The perception I would have had of whom I could trust would have been more severely shattered now that I realized my judgment that

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does not ground an obligation not to betray trust on the trusted's awareness that another is counting on her in a trusting relationship that I argue is a necessary ingredient in forming the obligation not to betray trust nor does he factor in the magnitude of harm caused to the truster by the trusted as an element in evaluating the seriousness of the betrayal.

Uncle Ray cared about my interests was and maybe had always been wrong. If Uncle Ray didn't know I was following the bus and he had stopped for lunch in a dangerous part of town, I could merely say that Uncle Ray was an unreliable busdriver: he did not pursue the announced route. (Or, the company who assigned Uncle Ray to that bus, told him to follow route A yet left up the sign for route B and is thus an unreliable company). He could not have been said to betray my trust. But, if he knew I was behind him and counting on him, his betrayal of trust is severe.[43]

The assessment of the wrongness of betraying trust raises several types of questions. How do we weigh the consequences of betraying trust in conjunction with the seriousness of shattering one's perception of the relationship? Suppose the perception of the strength of the relationship was not shared equally by both parties? Is one factor weightier than the other? How do we judge that a truster perceives the relationship as being so strong that the trusted's betrayal is morally problematic? Suppose the trusted decides to weigh her own interests as weightier than those who trust her so people do not take advantage of her? The trust that one places in another might be too demanding for

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[43]Karen Jones states that the truster's expectation should not require a performance of an act in every case. She says, "Someone doesn't show herself untrustworthy simply because there are occasions on which the thought that someone is counting on her is not a consideration that she can let prevail. Further, when the attitude and expectation lead the truster to willingly rely on the one trusted, there may be (though there does not have to be) some vagueness about what it the truster is counting on her for. There may be a number of ways of adequately responding to the thought that you are being counted on, which is why trusting is associated with discretionary powers" (Jones 1996, 8). I agree with Jones on this statement. Suppose Uncle Ray heard over the radio that a suspected terrorist was seen in the center of the city. His concern for himself, his passengers and my well being should prevail in this case and I would not call him untrustworthy for using his discretionary powers to ensure the safety of everyone involved.

the trusted. For example, the parents in the babysitting example might believe that since the unarmed babysitter did not fight off the three armed burglars who broke in and kidnapped the baby, she is not trustworthy. They may not believe she used her discretion wisely. Can it mean anything to say that the betrayal of unreasonable trust cannot be blamed? Finally, how do social alignments affect the wrongness of betraying trust?

First, there is no precise way to determine the magnitude of harm that can come about through a betrayal of trust and there is no precise way to measure the seriousness of shattering one's perception of the strength of the relationship. The severity of the consequences depends on the truster's interests and the trusted's knowledge of those interests. If, in following a busdriver or Uncle Ray, I am interested in being on time for a job interview then the seriousness of the consequences for our relationship are worse than if I wanted to wander around the art museum for a few hours because it sounded like an interesting activity for the day. This comparison can only be made if we assume that the busdriver knew how much arriving at the center of the city meant to me. If I did not announce my intentions, we might still say it is a serious breach of trust if Uncle Ray is driving the bus because, for example, Uncle Ray should know I wouldn't ask him a favor unless it was very important. Another busdriver would not know this about me.

How does one measure the strength of a relationship? Uncle Ray may have known me since birth, but my good friend Linda might know more about me. How does one assess that the expectations from one relationship should be more or less than from another? It may be difficult to compare the strengths of different relationships and thus difficult to assign a weight to the perceived strength of some relationships. In the case of

comparing the busdriver to Uncle Ray, surely it is obvious that one would expect Uncle Ray to have my best interests in mind more than one would expect this from an unknown busdriver.

One can certainly group people roughly in terms of relationship strength. J. Baird Callicot grouped people, animals and the environment together in such a way in his work discussing Aldo Leopold's Land Ethic. He says

> Being citizens of the United States, or the United Kingdom, or the Soviet Union, or Venezuela, or some other nation-state and therefore having national obligations and patriotic duties, does not mean that we are not also members of smaller communities or social groups - cities or townships, neighborhoods, and families-or that we are relieved of the peculiar moral responsibilities attendant upon and correlative to these memberships as well. Similarly, our recognitions of the biotic community and our immersion in it does not imply that we do not also remain members of the human community- "the family of man" or the "global village" or that we are relieved of the attendant and correlative moral responsibilities of that membership among them to respect universal human rights and uphold the principle of individual human worth and dignity. The biosocial development of morality does not grow in extent like an expanding balloon, leaving no tract of its previous boundaries, so much as like the circumference of a tree. Each emergent, and larger social unit is layered over a more primitive intimate one (Callicott 1989, 93).

He believed that people and animals could be grouped together in rings of concentric circles in which we have responsibilities to all, but more responsibilities to those occupying the closer circles. Such a model illustrates my general ideas about grouping people in terms of their closeness to us, and their wrongness in betraying our trust. The people in the closest circles might be those whom we perceive to be in the strongest relationship with us and those in the more distant circles might be considered to be in the weaker relationships with us. While it would be wrong for all to betray our trust, it would be more wrong for those occupying the closer circles.

But, suppose those occupying any of these concentric circles of relationships rejected the trust once they knew that another was trying to place this trust in them. Would it be immoral to reject this trust? Should a woman be permitted, for example, to say to her child "I do not accept the trust you are placing in me to keep you from harm?" Should the same mother be morally permitted to say to the same child, "I do not accept the trust you are placing in me to protect your baseball card collection?" Should a friend be permitted to say, "I do not accept the trust you are placing in me to be honest?" Should the same friend be morally permitted to say, "I do not accept the trust you place in me to watch your children while you are on vacation.?" In each relationship, the person is not morally permitted to reject the trust in the first statement yet she is in the second statement.

The first statement uttered by the person in each relationship is a defining characteristic of the relationship such that if it is rejected, the relationship ceases to be. A person who does not seek to keep a child from harm is not morally fit to be the child's mother and a person who does not accept the responsibility to remain honest to her friend is not a friend. In order to maintain the given relationship, neither the friend nor the mother can reject the trust that is implicit within the type of relationship they each wish to maintain. If they embark upon cultivating that type of relationship, they have a moral obligation to accept the other party's trust. There are certain circumstances when each is morally permitted to end the relationship but this is beyond the scope of this paper. If each is under the understanding that the relationship is of a particular nature, then they each have moral obligations not to reject the trust of the other. The second two

statements are rejections of the truster's attempt to entrust something that is not part of the defining feature of the relationship and neither person has a moral obligation to accept this trust. If they do accept this trust, they have a moral obligation not to betray this trust. One way to distinguish between what types of trust a person is morally obligated to accept would be to note the position of that person in the model of concentric circles.

Uncle Ray and Linda both might be in the same circle, though my relationship with each is qualitatively different. So, betrayals of trust by both would be roughly equal in seriousness. Within each circle, actions that betray trust would be more wrongful as the consequences or potential consequences to me increase in harm. In the case of Mrs. Hill and Mrs. Green, both Mrs. Green's decision to forgo home health care and Mrs. Hill's insistence on home health care without acknowledging or working around Mrs. Green's vulnerabilities would be serious betrayals of trust, since Mrs. Hill and Mrs. Green carry on their relationship within the most closely intimate circle. They have known each other since birth, they have kept in touch, Mrs. Hill does care deeply for Mrs. Green and Mrs. Green knows this. Mrs. Green is also aware that Mrs. Hill has put her trust in Mrs.Green not to harm her. Mrs. Green knows how difficult a time Mrs. Hill has caring for her without help. Mrs. Hill knows how much Mrs. Green values her independence.

If the babysitter in the other example had used poor discretion, her actions would be quite serious since there is a potential to do serious harm to the baby but the betrayal of trust would have been worse if the baby's grandmother (assuming that the family has a good relationship with the grandmother) had acted as the babysitter that night.

One factor cannot be said to be weightier than the other. Otherwise, if closeness, for example were the weightier factor, we would have to admit that Uncle Ray's betrayal of trust by stopping for lunch is worse than the baby sitter's betrayal of trust if she exercises poor discretion resulting in a harm to the baby. But that should not be the case; the babysitter's betrayal of trust was worse since the baby is so vulnerable. The same action done by people within two different circles constitutes a more serious betrayal of trust by the person in the closer circle of relationships. Within that circle, if one person's betrayal involves the production of more detrimental consequences than another person's then the former's betrayal is worse. If we compare the betrayals of two people from two different circles of relationships and the magnitude or potential of harm done by the one in the more distant circle is higher, it is quite possible that the betrayal of trust done by the latter is worse, depending on the degree of harm and meaningfulness of harm to the truster.

It is quite possible that one person in the relationship might misunderstand how close or distant the other party really is to her or how strong or weak their relationship really is and thus how serious a betrayal of trust might be. For example, Mrs. Hill might take it upon herself to believe that she and Mrs. Green have a strong foundation to their relationship and she might put a great deal of trust in Mrs. Green not to harm her if she takes on caregiving duties. Mrs. Green, on the other hand might not really care about the good of Mrs. Hill. She may just want to take advantage of her willingness to take care of her. Or, Mrs. Green might realize that Mrs. Hill trusts her but may believe the harm to her independence outweighs the wrongness of betraying trust.

If Mrs. Hill misunderstands the strength of the relationship then should anyone really blame Mrs. Green for taking advantage of Mrs. Hill's vulnerability? Even if she does understand that their relationship is strong, yet she misunderstands the amount of harm she is doing, should she be blamed? She can be blamed if she knows about Mrs. Hill's perceptions but does not try to correct them. But, what if she doesn't know? In this case, Mrs. Green cannot be said to be as morally blameworthy for betraying Mrs. Hill's trust. But those who have the power to do so, such as the physician or other health care professionals have an obligation to inform her of the harm she could do. At this point, she could be said to be morally blameworthy for betraying the trust of Mrs. Hill. Mrs. Green's betrayal of her daughter's trust is exacerbated by her knowledge of social alignments and their negative effects on her daughter: little aid from public policies, no expectation of aid from Mrs. Hill's brother, societal pressures on daughters to sacrifice so much in their lives to care for elderly parents, and the common social perception that Mrs.Green, as a mother, should keep her daughter from harm. The social alignments produce power differences between the two intimates that are beyond the control and boundary of the dyadic relationship. There is an alignment in which people generally expect their adult children to care for them out of good will and to make decisions in accordance with that feeling. Because most of the people in this society hold this to be true, their belief affects the perceptions within individual dyadic relationships. In the case of Mrs. Hill and Mrs. Green, the inability of Mrs. Green to compromise in order to help her daughter harms Mrs. Hill because Mrs. Hill would expect her mother, or most mothers, to care about their daughter's vulnerability to harm.

It is also common knowledge that a social alignment exists which pressures elderly people and sick people to try to maintain their independence. This also cannot be hidden from the dyadic relationship. While both Mrs. Green and Mrs. Hill may be mistaken about the strength of their relationship, they should at least be aware of the effects of the social alignments on their relationship and on the perceptions the other might have of the relationship in light of the social alignments. This awareness can affect the seriousness of the betrayal of their trust. Not only is a betrayal of trust wrong if the trusted knows the truster trusts him, but a betrayal of trust is wrong if the trusted knows how the social alignments affect the vulnerability of the truster. In the next chapter I will discuss a few other common scenarios and discuss how the potential betrayal of trust in the relationships can guide family members and physicians in making moral decisions within intimate relationships.

CHAPTER V

APPLICATIONS OF THE TRUST FRAMEWORK

Use of the Framework in Established Trusting Relationships

In this chapter I shall focus on utilizing and applying the model of trust that I have elaborated.[44] to actual cases. I shall demonstrate how effectively the model of trust can be used by both families and physicians to help identify in what circumstances someone has an obligation not to betray the trust of another. I break the chapter into two parts: the family members' potential use of the model and the physician's (or other health care provider's) potential use of the model. While I have already shown how the trust model can be used to address the case of Mrs. Hill and Mrs. Green at various stages of this work, in this chapter I bring all the elements of the case and the trust model together to demonstrate systematically how the model can benefit elderly persons, caregivers and physicians.

The model of trust is not applicable to all relationships. It works only in already established trusting relationships. Trusting relationships, as I defined them in chapter three, "are characterized by one's acceptance of vulnerability to another's power to do harm. Trust in this sense involves feelings, beliefs, intentions; trust for the other in a

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[44]This is a model centered around Baier's definition of a trusting relationship, but modified to include the power of social alignments. Including the power of social alignments aids in more accurately understanding the vulnerability of the truster to harm.

relationship is felt: one believes in the trusted's good will and competence and finally one remains willing to stay in the trusted's power. . . [it] is a willingness to use discretion by postponing checking on the trusted's performance." As I pointed out in chapter three, trusting relationships extend to fit a wide variety of family relationships including those in which a feeling of love is absent as well as those in which family members love each other very much.

Families

Those who are in trusting relationships have moral responsibilities to one another, as argued in chapter four, not to betray the trust of the other. If Mrs. Hill and Mrs. Green are in a trusting relationship, as I have argued, then they should not betray each other's trust; if they do, they are morally culpable for their actions. But, it is not entirely clear from the case whether or not they have indeed established a trusting relationship. The case, as it is portrayed in chapter one, does not describe the history of their relationship. It is possible that Mrs. Hill and Mrs. Green have not established a trusting relationship; Mrs. Green, for example, may not believe that Mrs. Hill is motivated to act out of good will or she may believe that Mrs. Hill is not competent to act for the sake of doing good for Mrs. Green. Her doubts may make her unwilling to extend the use of discretionary powers to Mrs. Hill. Maybe, for example, Mrs. Green expects care and Mrs. Hill delivers care based on the belief that daughters have an obligation to provide care for their mothers. While she may hope Mrs. Hill wants to promote and preserve her well being and it is possible that Mrs. Hill does indeed wish to promote her well being, it is not a trusting

relationship unless Mrs. Green actually believes in the good will and the competency of Mrs. Hill not to harm her and she extends discretionary powers on this basis. Mrs. Green does not necessarily attribute good will to Mrs. Hill: she expects Mrs. Hill to carry out her moral obligations for the sake of carrying out her obligations. Mrs. Hill would not be motivated to act on the basis of doing good for Mrs. Green, but out of her interest in acting rightly which she can achieve irrespective of her hopes and wishes for Mrs. Green's welfare. In a case where Mrs. Green expects Mrs. Hill to act out of obligation, she expects Mrs. Hill, at the very least, to follow her explicit instructions; she would not need to extend the use of discretionary powers to Mrs. Hill. For example, if Mrs. Green tells Mrs. Hill not to call meals-on-wheels, rather than allowing Mrs.Hill (who would presumably make a decision that would not harm Mrs. Green or take advantage of her vulnerability, if Mrs. Hill were trustworthy) to participate in the decision making process. If this is the case, it raises wider ethical and social issues of justice, especially about the assumptions people have in our society that women have an obligation to assume self-sacrificial roles. But this issue is beyond the scope of this paper.

Since it is impossible, with the given information, to determine definitively if Mrs. Hill and Mrs. Green do indeed have a trusting relationship, I assume for the sake of argument that they do to show how one should use the model to analyze the case. Assuming this, one could interpret the current actions of both women to indicate a betrayal of trust: Mrs. Green feels let down because she always counted on her daughter to help her remain independent and Mrs. Hill feels let down because she always counted on her mother to keep her from harm.

The trust model guides a person to discern if the relationship is or is not one of trust. Secondly, it guides a person to determine whether or not one or more of the parties in the trusting relationship actually betrayed the trust of the other(s). Thirdly, the model guides a person to take social alignments into account in determining both the severity of the betrayal and also the means to educate the betrayer about why his or her actions constitute letting the truster down. Within these considerations, disagreements about what is actually harmful to a person can be worked out. In general, people who have developed a trusting relationship know what the other values and thus know what the other will consider harmful. They will work out methods to avoid that harm through the cultivation of a trusting relationship. Without such an understanding of the other, a trusting relationship would not develop. On those occasions where disagreement does arise, an appeal to social alignments might help work out the disagreement as I suggest Mrs. Hill and Mrs. Green's examinations of social alignments might do. I have assumed for the sake of illustration that Mrs. Hill and Mrs. Green have a trusting relationship and that they are close. I illustrate the relationship between what I assume is their level of closeness and the degree of their obligation to trust in chapter four. Insofar as they can be said to be in a trusting relationship, they expect protection from the other by virtue of the quality of their relationship. Either could feel let down if the other harms her by taking advantage of her vulnerability, especially if the trusted achieves that harm through an action that the truster would not expect from the trusted due to the nature of their relationship. (For example, while one might not feel severely betrayed if a politician lies to her, one would most likely feel severely betrayed if one's parent or spouse lies to her. The

nature of the relationship dictates the degree of betrayal). The truster's feelings of let down are worse if she knows the trusted caused harm knowingly. Each person can discern from the social alignment the potential causes of harm and then inform the other of the effects of the social alignment in contributing to her own powerlessness and harm. Additionally, if the trusted is aware that the truster trusts her (and in a real trusting relationship she would be aware of this attitude) then the trusted's betrayal of trust is morally wrong (chapter four).

The social alignment is comprised of at least two factors in this case. First, the physician, who holds a position of authority, agrees with Mrs.Green. Mrs. Green and others may use the physician's position to reinforce their own beliefs, making it difficult for Mrs. Hill to provide good justification for her position. Second, the support group that Mrs. Hill attends believes that "old people" can't change their beliefs and habits. Those who have had difficulty caring for an elderly person hold a position that their caregiving activities were the right thing to do. At first, these factors seem to make Mrs. Green's demands understandable. How can one expect her to act differently if others in authority and other female family caregivers condone her actions? I answer that the trust model could direct her to understand that these social alignments contribute to her daughter's feeling of powerlessness and that they are the result of cultural and societal influences and not objective truths about correct or incorrect behavior. If, after Mrs. Hill informs Mrs. Green of the harm her wishes actually cause her, Mrs. Green continues to require Mrs. Hill to sacrifice her health to take care of her by refusing to ask her son for help or accepting home health care, then Mrs. Hill can blame Mrs. Green for betraying her trust.

Mrs. Green is not excused from responsibility on the basis of her age. The relationship between Mrs. Green and Mrs. Hill is reciprocal: each person has a moral responsibility not to betray the trust of the other person. What is interesting is that the support group's belief actually insults the dignity of elderly people such as Mrs. Green. Their opinion, that elderly people should have their way despite the consequences to others, belittles elderly people.[45] I will address the reason for this assertion below. The trust model is valuable for use in acknowledging and supporting that both Mrs. Green and Mrs. Hill deserve moral consideration and both Mrs. Green and Mrs. Hill have moral obligations within a family setting. If both women understand the nature of their relationship and follow the guidelines of the model for a trusting relationship, they should find it a helpful tool for facilitating a resolution to their moral issue.

Mrs. Hill may use the model as a guide for explaining the moral issue to her mother, conveying to Mrs. Green that she, as her daughter, needs protection from harm and she expects her mother, by virtue of the nature of their relationship, to offer her that protection if possible. She is vulnerable to harm as a result of overexerting herself as a caregiver. Her mother's decision to reject outside help exacerbates or even causes harm.[46]

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[45]This point is also discussed in chapter two, page 19.

[46]One might object that the trust model is not necessary to demonstrate Mrs. Green's wrongdoings because an appeal to a prima facie duty not to harm others is simpler and more direct. However, such a duty doesn't capture the reason why Mrs. Green's actions can be considered harmful to Mrs. Hill. Mrs. Green, by refusing home health care is not directly harming Mrs. Hill. Mrs. Hill will only be harmed if, in the event Mrs. Green refuses home health care, she continues to care for Mrs. Green in addition to fulfilling her other responsibilities. The trust model shows how Mrs. Green has let down the confidence Mrs. Hill had in Mrs. Green's good will towards her as a result of a development of their relationship over time. A direct duty not to harm others would not

Her mother may reply that she also needs protection from outside harms, such as abuse by a home health care aide, loss of independence, and feeling rejected by her own daughter. However, Mrs. Hill could point out that it is possible to screen for trustworthy aides. Second, she could point out that those who claim old people can't change and thus daughters should just care for dependent elderly people without limitation are perpetuating a myth that actually insults the dignity of elderly people: the myth that they are just "stuck in their ways" and can't recognize the harms they may do to others. Failing to recognize that an elderly person also has responsibilities to others belittles and demeans the person, showing little respect for her dignity and ability to make choices for herself. Third, she can explain that her wish to find help is not a sign of rejection, showing evidence in her actions that support this claim. Recognizing power alignments can open up channels for effective communication and in turn strengthen the trust between two people rather than weakening it through one or both people morally wronging the other. The trust model can also resolve confusion in the mind of the overworked caregiver as to the moral limits of her obligation to care for the elderly parent. If Mrs. Hill works through this model with her mother and Mrs. Green still adamantly opposes home health care, or outside help from her son, then Mrs. Hill can feel morally justified in saying that she can no longer provide care. This may be emotionally difficult for her to do but the model can help her discern the amount of care she is morally obligated to provide in this particular relationship.

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capture the wrongness of Mrs. Green refusing home health care.

Sometimes moral issues involve conflicts between several caregivers. One family member may know that a parent, who presently cannot make decisions for herself, would want to remain as independent as possible. Another family member may disagree and may believe additionally that helping the elderly person maintain independence would be too burdensome on the caregiver(s). The family can use the trust model to analyze the issue and determine a moral outcome. Consider the following case:

[S]onya and her sister, Miriam, live in the same city as their mother, Rose. Their brother, David, lives in a neighboring state. All through the years, it's been Sonya, the take-charge sister, who has orchestrated most of the family's special events. . . . when their mother became frail and forgetful, Sonya forged ahead, doing everything possible to enable the older woman's continued residence in her own apartment. [Sonya's mother told her she was adamant about wanting to stay in her own apartment and instructed Sonya clearly to do what she could to help her stay at home.][47] . . . Sonya was dismayed to learn that her efforts were not appreciated by her siblings. . . .

"I thought we would all agree that staying in her home was best for Mom," says Sonya, "but my sister, Miriam, did not see it that way. She believed that it was not good for our mother to be isolated in her apartment, that she needed to be around other people. She felt that Mom should be living in a nursing home geared to caring for patients with dementia. I was adamantly opposed to having Mom go to live in any sort of group residence. I accused Miriam of being indifferent; she accused me of being dogmatic. The difference in our points of view caused a lot of conflict between my sister and me. That was painful for us both. . . ."I then got in touch with my brother, David, and asked for his feelings on the matter. It turned out that he, too, favored a geriatric residence, and for many of the same reasons as Miriam. Plus, he said, he wasn't able or willing to use his vacation and any other spare time to help share the caregiving duties. 'It isn't possible for us all to be Mom's company keepers,' David said, 'and yet she needs people'" (Berman 1996, 82).

Sonya, the primary caregiver, feels it is her mother's wish and in her mother's best interest to stay at home while her less involved siblings would like to place their mother in a nursing home. Her two siblings believe a) it is in their mother's best interest to be in a nursing home with other people and b) it is in their best interest for her to be in a residence

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[47]This statement is not part of the original case.

home because they do not wish to devote the time to caregiving. This situation is more complicated than in the case of Mrs. Hill and Mrs. Green because a) more people are involved in decision making; b) more people will be directly affected by the decision; c) Rose's wishes are merely represented by Sonya, and not explicitly known. Rose made her decision to remain in her own home at an earlier date without the foreknowledge to assess the present situation. Sonya presently interprets what she thinks Rose would have wished. One may question whether Sonya's interpretation of Rose's wishes are accurate. It is also questionable whether or not Rose really betrays the trust of her children by expecting them to take on more caregiving tasks than they would be capable of handling; d) the social alignments causing vulnerability are numerous and more deeply entrenched in accepted cultural behaviors and beliefs. Again, in reality, to use the trust model, more information would have to be known about the family in order to conclude that the relationships are indeed trusting relationships. We should assume for the sake of analysis that this family has an existing trusting relationship. Thus, there is a possibility that certain actions by any party in the relationship could be said to breach the trust of the other(s).

Sonya, the primary caregiver, is vulnerable to harm resulting from a) knowledge that she let her mother down through betraying the trust Rose placed in Sonya to keep her in her own apartment. If Sonya's siblings make it difficult for her to leave Rose in her own apartment, then they harm her by forcing her to betray her mother's trust. The knowledge that one has committed a wrongdoing is harmful to the person who strives to act morally just; b) knowledge of letting her siblings down by betraying the trust they put in her to cooperate, compromise and realize that they will be harmed if they are asked to help care

for their mother or c) destroying her health due to overwork. She indicates that her siblings let her down by not cooperating with her. The siblings betray Sonya and Rose's trust. Sonya thought they would have wanted to do for their mother what their mother requested. But, one could also argue that Rose, who should protect Sonya from harm, betrayed Sonya's trust because she did not think about Sonya's and Sonya's siblings' future situation. Surely she could be said to have asked too much of Sonya by expecting so much work from her (she should have guessed that Sonya, as usual, would bear the most responsibility). But, suppose Sonya does not feel let down or betrayed by such high expectations. Suppose she feels honored that her mother discussed her future with her. If Sonya does not feel let down or betrayed by her mother's demands, as Mrs. Hill does, we cannot say that Rose betrayed Sonya's trust.

Rose is vulnerable to harm from a) feeling abandoned and let down by Sonya; b) feeling abandoned and let down by her other children (Depending on the degree of her dementia, she may not fully comprehend the reason behind why her children have put her in a residence) or c) further losing her independence. The other siblings, David and Miriam, are vulnerable to harm from a) losing control over the power of decision making and thus feeling estranged from the family; b) through their knowledge that they unfairly

burden Sonya by not providing care for Rose if Rose indeed resides in her own home[48] and/or c) feeling overworked if they do try to care for their mother in her own residence .

The possibility of one or more parties betraying trust or feeling betrayed is more complex in such a case. The social alignments are less pronounced in this case, with society and culture probably having an influence on the patient's desire to maintain independence and Sonya's desire to assume responsibility as the selfless daughter caregiver. It is less clear how social alignments might influence the other two siblings in this case, but it is likely that their employers and friends have little understanding of the needs of adult children to take time off to care for their elderly parents. The siblings also may feel, as a result of an egalitarian cultural upbringing in the United States, that all the siblings should have equal say in the decision making (Galanti 1997, 66). This upbringing could cause Miriam and David to feel powerless and vulnerable when Sonya appears to try to take over the decision making.

Sonya and her siblings together should discuss the morally appropriate action. If Rose is not competent to participate in the discussion, then her children should discuss the issue amongst themselves. If Rose is competent to do so, she should participate in the family discussion. Miriam and David may conclude that their mother betrayed their trust

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[48]This knowledge is psychologically harmful. If Miriam and David are placed in a situation in which the choice they will make will be unjust and they are aware of the unjust nature of the choice (leaving the burdens of care for Rose to Sonya alone), the awareness of wrongdoing might cause psychological or emotional harm. One might argue that Miriam and David deserve to feel this sort of harm if they indeed commit a wrongdoing. However, this is not the issue. If this knowledge will indeed cause psychological or emotional harm then it should be factored into the types of things that will leave Miriam and David vulnerable to harm

by making such a decision with Sonya without regard for their feelings about the matter. They must discern if their mother lacked goodwill towards the siblings and/or competence when discussing the matter with Sonya or if Sonya lacked goodwill towards them and/or competence to bear the responsibility of evaluating the plausibility of carrying out Rose's wishes when she promised to grant her mother's request. If the terms of this decision were established with malicious intent or with no regard for the siblings' interests then the siblings may discover that their mother and/or Sonya betrayed their trust, weakened the family relationship and thus they could be said to be less morally blameworthy for placing her in a nursing home. They may ask why they should have a responsibility to refrain from betraying Rose's trust if Rose betrayed their trust in the first place? David and Miriam could interpret the morality of their decision making in a second way. They could assume that Rose entrusted them with less than she trusted Sonya with and therefore they have less responsibility to see to it that Rose's wishes are met. However, entrusting is distinct from fostering or being in a trusting relationship as described in chapter three. But, if the relationship in question exists as a trusting relationship, Miriam and David could say Rose betrayed their trust because she did not entrust them with more. This situation is analogous to one parent, out of a set of parents who consider themselves to have a trusting relationship, refusing to entrust the care of their child to the other parent. For example, one parent might refuse to entrust the other parent with information concerning the child's performance in school. The second parent would feel the first parent betrayed her trust by denying her the opportunity to have the necessary information needed to care for the child.

If, as seems more likely in this case, the mother and Sonya had no malicious intent in discussing these arrangements and accepted that Sonya would have to make arrangements to care for Rose on her own, then the siblings would betray their mother's trust that her children would honor her wishes. If Sonya and Rose trusted that Sonya's siblings would help (and the siblings knew they trusted them), then they would be betraying Rose's and Sonya's trust by forcing her to put her mother in a residence. Of course, not doing what one is trusted to do should not always be considered a betrayal of trust, especially if the demands are cumbersome. Sonya's siblings could argue that Rose's requests are too demanding. Just because one knows that one is in a trusting relationship with another does not mean one can expect the other to do everything possible to keep the truster from harm. However, in this case, one could argue that the requests are not unreasonable. Families, by nature, often go further to keep their members from harm.

The siblings may need to be made aware of why they feel as though they must decide as a team. The recognition that the social alignment, or cultural conditioning, has influenced them to feel this way, may lessen or eliminate the feeling that Sonya is directly betraying their trust by overriding their initial wishes.

Of course, one might also point out that the social alignment has influenced all of their decisions and wishes. But in this case, due to Rose's dementia, the social alignment which made Rose need independence and Sonya assume responsibility as the female family caregiver cannot be discussed by Sonya and Rose, the parties who initially made the agreement to keep Rose in her own apartment. As it stands, all Rose may understand at this point is Sonya's promise to keep her as independent as possible. To avoid any

betrayal of trust, the siblings should at least permit Sonya to honor Rose's request and ideally should go so far as to offer Sonya support; especially because it seems as though the siblings' reasons for putting Rose in a nursing home have more to do with merely avoiding a bothersome situation, which wouldn't necessarily harm them, than actually avoiding a situation that would bring them harm.

The trust model is useful for families. It is more useful than models which use friendship or love as the reason one person has an obligation to the other. It is possible that Miriam and David do not actually love their mother or Sonya or consider them friends. But, the history of their relationship may provide a reason for why they have an obligation to keep Rose in her own apartment. They have an obligation not to betray Rose's or Sonya's trust. While the objectively right action may be difficult to discern from the trust model because some elements of the model are subject to the error of interpretation (such as the strength of family bonds and the magnitude of the effect of social alignments on the vulnerability of the truster), the trust model is useful for allowing family members to assess why and how their actions may be morally right or wrong based on their interpretations. As families dialogue more about the nature of their relationship, the expectations members of the family have due to the nature of the relationship and the effects of social alignments on the vulnerability of members of the relationship, families can come closer to an understanding of what it would mean to violate trust in their family and the model could help them understand why their actions might be said to be right or wrong. It may be impossible to act without someone feeling as though their trust is betrayed as in the case of Sonya and her family. In such a case it is useful to think about

which betrayals of trust are more serious or which betrayals can best be explained by undue pressure from social alignments. Family members who find that the history of their relationship is based on mutual trust and trustworthiness will find that a betrayal of the trust of other family members is wrong. They will be able to acknowledge that actions towards each other are not beyond the scope of moral judgment or moral consideration and will have some satisfaction that they are able to figure out which actions are morally right or wrong to do towards their family members.

Physicians and other Health Care Providers

We have seen that the trust model can be an effective tool for helping family members think through their moral responsibilities, especially when those moral responsibilities are vague. The model can also aid physicians and other health care providers such as nurses and social workers to guide families to think about their moral responsibilities to each other. I begin by considering how a physician can use the trust model to help families work through moral conflicts and then I consider how a nurse might use this model. I do not hold the position that physicians should always intervene or help families mediate their moral conflicts. Such a role could lead to physician and caregivers coercing patients or acting paternalistic.

Physicians should only mediate when a family caregiver is involved and the decision at hand could potentially harm the caregiver or the patient. In cases where the physician mediates between the caregiver and the patient, the physician should know the patient and caregiver well. These factors cannot guarantee the protection of the patient

against coercion by the physician or family members. Ensuring these factors are met can help minimize that possibility. It is important for family caregivers, who provide a substantial amount of health care, to be included in decision making since they will often be directly responsible for the care that comes about as a result of the patient's decision. They should be given moral consideration and should help participate in the decision making process.

In summary, the direct reason why family caregivers deserve moral consideration and the opportunity to participate in decisions that directly affect their well being is that contrary to the writings of many traditional ethicists, moral issues do arise within families: especially previously neglected moral issues directly affecting women. Denying women (or men) in caregiving roles moral consideration, devalues their work in the private sphere. The physician should show respect for both elderly persons and their family caregivers by suggesting that they work out their problems through the model of trust, which, as shown in chapters three and four can accommodate moral issues and moral decision making related to the private sphere.

As we have seen, the three practical lessons that families should glean from the trust model are 1) Recognize the type of relationship you and your family relations have. Is it a trusting relationship? 2) If it is a trusting relationship, recognize that it is immoral for any member to betray the trust of the other(s). 3) Use the model of social alignments to pinpoint and discuss the source(s) of vulnerability of each member of the relationship. Discuss how these social alignments contribute to the trusted's obligation not to betray

trust. The physician should keep these elements in mind when discussing issues of family caregiving with family caregivers and patients.

Physicians

The physician should use this model, recognizing that family relationships are quite different from the physician-patient relationship and may be strained by the physician-patient relationship.

> In any case, family values are not well understood. It's easy not to notice that they differ from the values of medicine. Yet when families adopt the ethics of a rival system of care at times of greatest stress - at birth, death, disability, or illness- their members may unwittingly trample on the intricate web of relationships of which families are woven (Nelson and Nelson 1995, 3).

One popular way to describe the physician-patient relationship is as a contractual model (McConnell 1997, 32, Brody 1997, 79). This model differs significantly from typical descriptions of family relationships. Under the contractual model 1) physicians respect patient autonomy. 2) patients choose their physicians (though under managed care this becomes increasingly difficult). 3) the patient makes all significant decisions (such as refusing medication, therapy or other services) the physician makes technical decisions and 4) grounds may exist for choosing to end the relationship: if a patient is not comfortable with the physician, the patient may choose to find another physician. If the physician is not comfortable with the patient's request (for a therapeutic abortion, for example) the physician may turn the care of the patient over to another physician.

These qualities of the patient-physician relationship are quite different from the qualities of family relationships. When a physician encourages a patient to make a

decision on the basis of respect for autonomy, the nature of the physician-patient relationship is not threatened. On the other hand, the family relationship could be threatened by the physician's respect solely for patient autonomy. Families have characteristics that are quite different from the patient-physician relationship: 1) When decisions must be made that will affect the whole family, all family members discuss the decision and how it will affect them individually and as a collective. This, of course, is not always the case. Some families do rely on a dominant family decision maker. However, in many U.S. families, all members or more than one member participate equally (Galanti 1997, 66). 2) Family relationships are often unchosen (Nelson and Nelson 1995, 68-70). 3) Family members do not enter a contract in order to start a relationship (except in the case of marriage). Mrs. Green and Mrs. Hill did not choose to become mother and daughter; they found themselves in this relationship. Sonya, Miriam and David did not choose to become brother and sisters. 4) Family members cannot end relationships easily. When family members move away or lose touch for a period of time they often feel as though they are still in a relationship. If Mrs. Hill stops caring for Mrs. Green, this will not end the sense that she still feels they have a mother-daughter relationship.

The physician must be sensitive to the consequences on the family relationship of the decision making process within the patient-physician relationship. Otherwise, she may contribute to the harm of family members, the harm of the family relationship and ultimately to the harm of the patient. Patients should be persuaded to consider family relationships in decisions in which the accepted decision making process in one relationship condones and causes an unethical act in another relationship. The physician as

a member of the first relationship should guide the patient towards acting ethically in both relationships. The existence of many overlapping relationships[49] encourages refraining from behavior considered moral or acceptable in one relationship that is considered immoral or unacceptable in an overlapping relationship. I will call this the case of overlapping relationships. For example, it may be moral within families to offer minors beer or wine with dinner. However, parents, recognizing that children are part of other overlapping relationships, such as with friends or friends' parents, send their children to their children's friend's houses with brownies and milk, rather than beer and pretzels. It is often considered wrong for a person to encourage behavior considered moral in one relationship if it directly leads to behavior considered immoral within a second, overlapping relationship. And, as I have argued, the physician, in always respecting a patient's wishes, may encourage the patient to betray the trust of a family caregiver which, as I have argued is considered an immoral act within that relationship. One could argue, however, that members of one relationship have no responsibility to others in the second relationship who consider certain acts immoral. For example, suppose certain punishments are considered morally permissible in a particular family and the police, who are in an overlapping relationship with the members of the family by virtue of their obligations to all citizens, consider it to be child abuse and consequently immoral and illegal. They wish to put a stop to the family's practice of abuse. According to my above argument, one might say the police should not impose their beliefs on the family.

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[49]By "overlapping relationship" I mean one in which someone's influence on people in one relationship affects the nature of the relationship the influenced people have with others.

However, such an example is different from my initial example. Models of moral decision making for both intimates and strangers morally forbid child abuse. For example, the model of trust[50] forbids child abuse because it is a betrayal of the trust the child has in his or her family members by virtue of the nature of their relationship. The model of trust does not forbid permitting a child to drink beer in the privacy of her own home, under her parent's supervision, as long as the parents do not neglect the child or hurt the child through permitting these actions. Cases of overlapping relationships must use moral frameworks appropriate for the relationships in question to justify or condemn morally right or wrong actions. Actions found permissible by one moral framework must also be found permissible by the moral framework of the overlapping relationship to be considered moral actions.

One could also argue that it is the patient who is responsible for insuring that her autonomous decisions in the sphere of the patient-physician relationship do not harm the family caregiver. But, the power of the physician to condone any action that the patient might want, regardless of the harm to family caregivers can make it difficult for a patient to notice the wrongness of her actions. Consider an excerpt from the following case, "Don't I Count," in which a granddaughter caregiver is having difficulty convincing her grandmother that she should consent to home health care:

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[50]Trust is not the only model upon which one could base the wrongness of child abuse. One could also say there is a prima facie duty not to cause harm. However, for the purposes of showing the moral permissibility or impermissibility of actions in overlapping relationships, I appeal to the framework of trust as justification for the wrongness of child abuse.

> Alice is a seventy-year-old woman . . . undergoing monthly chemotherapy treatments. Although she lives alone, her granddaughter, Louise, visits her several times a week and helps her do things she can no longer do for herself. . . . As Alice's treatments continue, Louise finds that Alice requires more frequent help of every kind. Louise discusses with Alice the possibility of hiring someone to look after her and stay with her during the day and some evenings while Louise goes to work. [Louise is worried about losing her job if she takes off too many days from work.] Alice refuses to entertain the suggestion, insisting she is capable of taking care of herself. . . .
>
> [Louise] explain[s] the predicament to Dr. Ramsey, the oncologist caring for Alice, when he walks into the examining room. [She] ask[s] him to order a consult for a home health nurse and/or meals-on-wheels. Alice immediately protests, "No, absolutely not. I feel well enough to take care of myself. Louise should go to [work] and not worry about me. If I fall, it's my problem, not Louise's." Dr. Ramsey asks Alice if she feels positive that she can manage by herself. Alice replies, "I certainly can. I don't want to hear another word about it." Continuing to address Alice, Dr. Ramsey states, "Well, if you say no to home health the answer is no. My patients have the right to make their own decisions.". . . Louise urges Dr. Ramsey to reconsider, emphasizing that Alice could easily fall and break her hip if left alone, which would set her health back tremendously and force Louise to leave her job to take over Alice's care full time. Dr. Ramsey replies, "I am sorry about your situation but I cannot, in good conscience, try to persuade a patient to accept a service she clearly does not want." (Amari-Vaught 1997, 23)

The physician's insistence that his patients "have the right to make their own decisions" is a powerful reinforcement for Louise to insist she does not want home health care. The physician morally condones her decision, leaving it difficult for Alice to recognize that her behavior could be immoral. She may believe it is just an instance of herself and her granddaughter having a disagreement. A situation such as this requires the aid of the physician in pointing out that though her decision may be moral in one relationship, it is not necessarily moral in the context of family decision making. The physician's input could bring Alice to rethink her position.

A physician could use the trust model to

a. Assess if the patient-family caregiver relationship is a trusting relationship.

b. Recognize that if the patient and the family caregiver have a trusting relationship one party in the relationship could be morally blamed for betraying the trust of the other if she lets the other down.

c. Recognize that she, as part of a social alignment, could contribute to the betrayal of trust by reinforcing the vulnerability of one party, possibly the caregiver in the case of Mrs. Green and Mrs. Hill.

d. Motivate herself to help understand and mediate a compromise between the family members so that

i. Neither the family caregiver nor the physician coerces the elderly person into making a decision. If the elderly person was coerced, this would violate the morality of the decision making process within the physician-patient relationship. The physician should, by the nature of her professional code, guard against coercion.

ii. The elderly person and the family caregivers are guided away from betraying the trust of the other within their family relationship.

While one might argue that family mediation is beyond the scope of the physician-patient relationship and outside the boundaries of a physician's expertise, it may be argued that the role and expertise of physicians must broaden as they are increasingly assisted by family caregivers in delivering optimum health care for their patients. If family caregivers are to play such a large part in delivering health care in the future, and present trends indicate

they will, they deserve moral consideration in family decision making and professional decision making that an ethical framework such as the model of trust can provide.

Nurses

Martin Benjamin and Joy Curtis in Ethics in Nursing characterize the moral problems that arise between nurses and patients (clients) differently than the characterization of the physician-patient relationship above. They say, for example, that some nurses look at the family as the client rather than the patient solely (Benjamin and Curtis 1992, 83). On this basis, a nurse might not have the same kinds of conflicts in using the trust model as the physician. The nurse might not have to think about the problems of mediating between overlapping types of relationships. The nurse, in seeking to preserve the family relationship might find the model of trust for ethical decision making a model which could enhance his or her goals. A nurse could review the four points in using the trust model (a-d) to help the patient and family locate if they have a trusting relationship and whether they have an obligation to refrain from betraying the trust of another person in the family.

A conflict may arise, however, when the nurse seeks to use the trust model but the physician refuses. The case of Alice and Louise involves such a potential conflict:

> Louise tells the nurse, Rebecca, that Alice appears increasingly weak . . . [Louise] worries constantly that Alice will fall and injure herself. . . . Rebecca agrees that Louise must have help taking care of Alice. . . . She suggests they approach the doctor about their concerns. . .
>
> Later, after Alice and Louise leave the office, Rebecca tells Dr. Ramsey how frustrated she felt when he would not listen to their concerns about Alice (Amari-Vaught 1997, 23).

Rebecca, due to the physician's power, had no opportunity to discuss the issue with Alice and Louise and mediate between them. If she had the opportunity, she could use the trust model in the same way outlined for physicians in previous pages.

a. assess if the relationship is a trust relationship

b. Recognize that one or more parties could be blamed for betraying the trust of the other(s).

c. Recognize that one could betray the trust of the other(s) as a result of particular social alignments.

d. Use the model to motivate oneself to mediate between the family members, taking care to make sure that

i. no one coerces the elderly person into making a particular decision.

ii. all parties are guided away from betraying the trust of the other(s).

However, Rebecca's efforts to offer any help are all thwarted. In the actual home health care setting, where doctors are generally absent, a nurse has a greater opportunity to use such a model and may have more occasions than a physician to use the model. However, potential conflicts may arise when the nurse and the physician are working together in the same setting and they disagree about the importance of giving family members moral consideration in ethical decision making. Nurses are urged by the ANA code of ethics to "safeguard the client . . . when health care and safety are affected by the incompetent, unethical or illegal practice of any person" (Benjamin and Curtis 1992, 220). While by my argument in this dissertation, the physician could be said to act unethically by not

mediating the ethical issues that has arisen between Alice and Louise,[51] by standard accepted beliefs and practice he is acting ethically by safeguarding the patient's autonomy. One goal of this dissertation is to demonstrate when and why considerations beyond autonomy are needed for ethical decision making. One way to start public dialogue about this need is for Rebecca or others in her situation to take such a case to an ethics committee. In this way, Rebecca can be said to take action towards safeguarding the patient's and family's health and encouraging ethical behavior.

[51]He could also be said to act unethically by not keeping the patient free from harm. Alice may harm herself without the care of a home health care aide.

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