

## Relational Autonomy, Paternalism, and Maternalism

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### Abstract

The concept of paternalism is intricately tied to the concept of autonomy. It is commonly assumed that when paternalistic interventions are wrong, they are wrong because they impede individuals' autonomy. Our aim in this paper is to show that the recent shift towards conceiving of autonomy relationally highlights a separate conceptual space for a nonpaternalistic kind of interpersonal intervention termed *maternalism*. We argue that maternalism makes a twofold contribution to the debate over the ethics of interpersonal action and decision-making. Descriptively, it captures common experiences that, while not unusual in everyday life, are largely absent from the present discussion. Normatively, it describes a type of intervention with justification conditions distinct from the standard framework of paternalism. We explicate these contributions by describing six key differences between maternalism and paternalism, and conclude by anticipating and responding to potential objections.

**Keywords:** autonomy; relational autonomy; paternalism; maternalism; care ethics

### I. Introduction

Paternalism is the most developed conceptual framework by which to consider ethical issues in interpersonal interventions.<sup>1</sup> It describes interferences with a person's liberty of action that take place against her will and which are motivated by the claim that she will be better off as a result (Dworkin 2017). Paternalism is frequently invoked in debates about the ethical justification of particular interventions, in which an allegation of paternalistic interference bears a preliminary presumption of wrongness. Individual autonomy is at the core of contemporary liberal ethics and politics, and any violation of it is *prima facie* unjustified, unless a strong argument can be made in its favor.

This habit of declaring interventions paternalistic to imply their wrongness is common in medicine, where the valorization of individual patient autonomy as a counter to physicians' paternalistic tendencies has been well documented (Katz 1984, Schneider 1998, Gaylin and Jennings 2003). Yet in recent years, many have objected to this conceptual framework in which paternalism is opposed to individual autonomy, with little to no room in between. Arguments have been proffered for interdependence over independence (Gaylin and Jennings 2003), meaningful medical relationships (Schneider 1998), shared decision-making (Charles et al. 1991), and family consent (Akabayashi, Fetters, and Elwyn 1999; Lindemann Nelson and Lindemann Nelson 1995). However, each of these arguments has been hampered by the limits of contemporary ethical theory; beyond paternalism and autonomy, assessing interpersonal interventions through interdependence and relationality appears imprecise and indeterminate. The primary

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<sup>1</sup> There are two main forms of paternalism, state paternalism and interpersonal paternalism. There has been much work recently relating to both kinds. In this paper, we focus on interpersonal interferences, leaving open the question of whether our arguments in later sections extend into state interference or not.

motivation for this paper is to begin to provide the precise language and determinate conceptual framework for discussing interpersonal interventions without necessarily engaging the language of paternalism and individual autonomy. We believe that one way to do this is through the language of maternalism and relational autonomy.

Recent ethical theory has explored how different forms of paternalism weigh and balance the values of well-being and personal autonomy in distinct ways. Despite this diversity, all theories of paternalism are based on broadly liberal assumptions about ethical relations between persons, according to which persons have the right to govern those dimensions of their lives that are within their legitimate control. This commonality is striking given that numerous theorists have critiqued liberal assumptions about persons in social contexts and relationships. These critiques, some of which have been put forward under theories of *relational autonomy*, have generally not affected accounts of paternalism.<sup>2</sup> Our aim in this paper is to show that relational autonomy carves out a hitherto neglected conceptual space: when we assume a relational conception of autonomy, we can see that there is a type of intervention that, while resembling a paternalistic intervention, is importantly distinct. We capture and analyze this previously overlooked space using the concept of *maternalism*.

We are not the first to use the language of maternalism, nor are we the first to explore alternative ethical justification for interventions that are declared impermissible under the framework of paternalism (Noddings 2010: 202; Tronto 1993: 170). Within the medical field, maternalistic interventions have been informally described for some time. For instance, over thirty years ago, Jenifer Wilson-Barnett observed that “acting for someone’s benefit, not necessarily against but without his or her consent seems to happen a great often in health care...Nursing paternalism (or maternalism) is very common” (Wilson-Barnett 1986: 124; see also Justin 1985: 111). More recently, clinicians have described maternalism as “something different and just what is needed sometimes – a place for the pendulum to rest when all options are not equal, and physicians want to communicate a recommendation while also taking the values of the patient into account” (Petrillo 2014; also see Horn 2015). Nonetheless, despite the medical interest in the term, maternalism has yet to be conceptualized as a viable complement to paternalism within ethical theory.

One of our first purposes is to provide a rigorous and detailed evaluation of maternalism as an ethical concept. We argue that maternalism offers two principal contributions to ethical theory. Descriptively, it captures common experiences that, while not unusual in everyday life, are currently absent from this discussion (such as the experiences of nurses described above, as well as many other kinds of interpersonal relationships). In the context of ongoing relationships that meet certain conditions, we propose that maternalistic decisions and acts are a part of what gives these relationships their caring and supportive character (Specker Sullivan and Niker 2017). Normatively, maternalism describes a type of intervention that is distinct from paternalism; this distinctive character means that it should be assessed according to different justification

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<sup>2</sup> In recent work, John Christman has begun the task of bringing together theories of paternalism with theories of relational autonomy. Although we share in the general thrust of Christman’s work, our analysis differs in its aim. Whereas Christman has used relational autonomy to question standards of antipaternalism, our goal is to harness these same relational resources to describe a non-paternalistic intervention.

conditions. In recent years, the debate over what, if anything, should count as permissible paternalism has expanded to include new paternalisms. This expansion captures something important, but we propose that these efforts are sometimes better served by embracing the concept of maternalism than by overstretching the concept of paternalism.

Our discussion is structured as follows. Section II explicates how relational autonomy might complicate the assessment of paternalism. In Section III we introduce the concept of maternalism as a helpful conceptual lens from which to recognize the relational aspects of a subset of interpersonal interventions. Section IV identifies six ways in which starting from a relational conception pulls in a different direction from the common assumptions about autonomy in paternalism, and shows that these differences can be captured by the concept of maternalism. We then explore the philosophical contribution made by maternalism in more detail by responding to potential objections in Section V, before concluding in Section VI.

A few caveats are in order. First, we adopt the term *maternalism* recognizing the arguments for and against the continued use of gendered terminology. We use the language of maternalism for the linguistic contrast it provides to paternalism, but in so doing we do not mean to imply that maternalism captures any essentially feminine or female way of acting (Justin 1985, Specker Sullivan 2016).<sup>3</sup> We also do not intend a relation to discussions of maternalism within political theory, in which the term has been used to capture a certain orientation to social reform and the welfare state (Skocpol 1995). Rather, our discussion is constrained to interpersonal interventions taking place within relational contexts.

Second, our main aim in this paper is conceptual, not normative. We offer maternalism as a concept that has normative implications; nonetheless, a full analysis of these implications is outside the scope of the present analysis. We do not intend to imply that maternalism carries a wider scope of justification conditions than paternalism; nor do we advocate replacing paternalism with maternalism. Rather, we propose that some interventions, which might presently tend to be described as instances of paternalism, are better described by the concept of maternalism. This is a point about the misapplication of the concept of paternalism and the need for an alternative conceptual framework with which to analyze these interventions, not about the preferability of maternalistic interventions overall.

## II. Relational Autonomy's Impact on Paternalism

One of the most powerful arguments against paternalism relies on the concept of personal autonomy. Paternalism is characterized as an intervention by one individual on another, either by decision or direct act, which from the paternalist's perspective is in the best interests of the subject of paternalism but is not necessarily what she would choose for herself.<sup>4</sup> A classic example is when a physician performs an unwanted medical procedure on an anaesthetized patient, such as giving a life-saving blood transfusion to a

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<sup>3</sup> This is also a separate project from Sara Ruddick's "Maternal Thinking" (1980, 1989), which describes the discipline or thought processes of mothers. The projects are similar in that both are interested in a kind of caring labor, but dissimilar in that Ruddick describes maternal thinking as the particular practice of mothering, while we identify maternalism as a general ethical concept.

<sup>4</sup> Paternalistic interventions need not be so simple, and recent work has described a rich variety of possible paternalisms (Begon 2016). These paternalisms step away from this classic version in many ways, as we discuss further in Section V.

Jehovah's Witness. Many people think that the wrongness of this act is found in the violation of the individual's autonomy. Deciding on behalf of a competent agent is deemed presumptively wrong, even when motivated by a desire to benefit that person, because it interferes in her life in a manner that fails to respect her autonomy.<sup>5</sup> This view is based on mainstream accounts of *individual autonomy*. Yet in recent years, there has been an important shift in our thinking about autonomy, marking a move towards conceptualizing it relationally. In this section, we explicate this development, ahead of then exploring its implications for theories of paternalism.

Most broadly, personal autonomy is an individual's capacity for self-government. To be an autonomous agent, it is generally agreed that one must meet certain authenticity and competency conditions (Christman and Anderson 2005: 3).<sup>6</sup> *Authenticity conditions* stipulate agents' capacities to reflect on and endorse their immediate desires in the context of a conception of self. *Competency conditions* refer to aspects of the agent's mental abilities that allow her to form and act on intentions and plans; they are based on agents' abilities to exercise and act on the results of authentic reflection. These capacities are often used to define autonomy *procedurally*, ensuring that the line between individual freedom and oppression or coercion is objectively drawn as independence of thought and action. Gerald Dworkin terms this feature, generally considered a core aspect of mainstream accounts, "procedural independence" (Dworkin 1988: 18). In contrast, substantive conceptions define not only the form of autonomy but also (some of) its content. For example, the idea that autonomy involves a sense of an equal and authoritative self, as well as the exercise of certain reflective capacities, defines autonomy *substantively*, not purely procedurally (Mackenzie 2008).

There is general agreement that to be autonomous is to have the internal capacity to reflect on and endorse one's motivations, desires, and choices, and to be free from undue external constraints on exercising this capacity (Friedman 2003: 87). However, disagreements arise over what should count as undue external constraints. The focus on paternalism within the debate over the ethics of interpersonal decision-making is

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<sup>5</sup> Some have argued that the wrongness of paternalism is found not in autonomy-violation, but in the uniquely insulting paternalist motive (Shiffrin 2000; Quong 2011). Such views identify paternalist acts as those motivated by a negative judgment about the person's ability to make decisions that promote her interests (Quong 2011: 80). This view has held some sway, but recently has been criticized on a number of grounds – many of which seek to show that it is not, in fact, distinct from the autonomy-based view of the wrongness of paternalism. For example, Chris Mills (2013) has objected that Quong's argument is successful only when it relies on the strength of its rival view, the argument from personal autonomy. Peter De Marneffe (2006) has called into question whether the paternalist motive is unique, or need be insulting, in the ways specified by the motivational view; this is especially the case, he argues, in light of empirical findings questioning our abilities to choose in line with our welfare and interests. Also, David Enoch has argued that the wrong of paternalism lies not in having a negative judgment or belief, but in the decision to act on this judgment: we have exclusionary reasons, based on personal autonomy, not to act on such judgments (2016: 26-30). Here, we accept a broad autonomy-based view without committing ourselves to any particular account.

<sup>6</sup> We can distinguish between autonomous choices, autonomous actions, and autonomous agency (Holroyd 2009). An autonomous choice is a mental act (dependent on an agent's mental capacities and content, such as beliefs), while an autonomous action is the execution of a choice (dependent on an agent's governance of her body and the physical possibility of carrying out specific actions). Autonomous agency, by contrast, refers to the agent's capacities, as developed and exercised over the course of his or her life – also referred to as *autonomy competencies* (Meyers 1989). Such agential competencies are a precondition for autonomous choices and acts. Our concern here is with autonomous agency, unless otherwise specified.

grounded in the liberal anxiety concerning this dimension of autonomy; mainstream accounts' focus on independence results in their individualistic conception of autonomous agency. As Christman highlights, within this tradition, the question of whether a person is autonomous is "considered as an individual state, a status the person has independently of the relations or interpersonal interactions she finds herself enmeshed in" (Christman 2014: 369).

Much recent work has sought to highlight the faulty view of the self employed by these mainstream theories. Relational autonomy proposes that autonomy is affected not only by overt, external actions, but is conditional on the cultivation of the types of relationships and interpersonal contexts that can support its realization (Friedman 2003: 95). Initially formulated in the context of feminist theory and care ethics, the twofold motivation of such theories is to show, on the one hand, that rational autonomous capacities are made possible by the support of numerous surrounding agents who enable careful reflection and judgment, and on the other, that individuals' autonomous capacities can be disabled or oppressed by the withholding of this contextual support. Relational theorists have sought to reclaim personal autonomy from more individualistic mainstream conceptions by showing that our conceptions of autonomy need to be made more sensitive to the relations of care, interdependence, and mutual support that define many aspects of our lives (Christman 2004: 143).

The core insight of relational conceptions is that the capacities comprising autonomy do not arise and are not exercised within an ahistorical or asocial vacuum. Our autonomy competencies, while utilized internally (reflection, self-knowledge, etc.), are shaped by our relationships with others. This occurs in different ways, such that it has become common to distinguish between causal and constitutive senses of relational autonomy (Mackenzie and Stoljar 2000: 22). Causally, socialization and relationships can either impede or enhance the development and exercise of autonomy competencies. Constitutively, the concepts and values we use to identify our selves are shaped by our social context, such that reflection on our selves as authentic and inauthentic can never be independent of others' influence, e.g., through oppressive social norms, controlling relationships, or limited gender roles in the negative sense, and empowering social norms, nurturing relationships, and flexible gender (and other) roles in the positive sense.

Mainstream accounts are concerned with social and relational conditions, too (Friedman 2003: 87-91). The difference is that they have tended to recognize the importance of interpersonal and social relations in a negative, one-dimensional sense (i.e., a concern with freedom from undue external influence). Relational autonomy expands on this by incorporating the insight that relationships also provide the support and scaffolding necessary for the development of autonomy competencies, as well as the environments conducive to their proper exercise.<sup>7</sup>

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<sup>7</sup> Relational autonomy is not alone in this observation, and in this sense it is closely tied to the ethics of care. Building on the work of Carol Gilligan, Marian Verkerk has described how using care ethics as a lens on ethical theory leads to a critique of traditional conceptions of autonomy as premised on an ideal of independence. In the place of the free and independent autonomous self, a care ethical lens focuses less on self-sufficiency, the wrong of interference, and individual rights and more on reciprocity, the wrong of abandonment, and relational responsibility (Gilligan 1986; Verkerk 2001: 291). Thus, while our comments here are primarily offered using the language of relational autonomy, they should be understood as of a piece within the broader approach of an ethics of care (Little 1998).

This move towards conceiving of autonomy relationally is arguably the most significant development in recent theorizing about autonomy. It has not, however, been reflected substantially in work on paternalism. The central and neglected question that must be addressed is this: If autonomy is not an independent capacity but one that is supported by others, how might this affect common understandings of paternalism?

John Christman offers one of the only attempts to discuss relational autonomy and paternalism together.<sup>8</sup> In ‘Relational Autonomy and the Social Dynamics of Paternalism,’ he identifies three features of what he calls the “paternalistic situation”: the *motives* of the paternalist (for the subject’s good), the *nature* of the intervention (obstructing or replacing the subject’s choice or action), and the autonomous *status* of the subject (Christman 2014: 372). Christman observes that the reliance on individual autonomy influences these three features, such that the paternalist and the subject of paternalism are always considered separately (with respect to their motives and status, respectively); consequently, while the paternalist appraises the autonomy of the subject, he or she does not *affect* it directly. In response, Christman seeks to show how the potential paternalist’s attitudes, such as respect and recognition (or disrespect and dismissal) of the subject’s normative authority, can directly affect whether a person is considered autonomous, irrespective of the intervention itself (ibid.: 377). On this analysis, interpersonal and social dynamics have an impact on whether paternalism is permitted or not (given the standard understanding that paternalism is generally permitted in cases where the subject is non-autonomous); and it is this insight that grounds an antipaternalistic obligation to interact with others in autonomy-facilitating ways (ibid.: 370, 379).

Christman’s argument represents an important contribution to the literature. Yet we believe that the insights of relational autonomy can lead us even further away from traditional views on paternalism in ways that help to clarify the conceptual and normative landscape around the ethics of interpersonal interventions.

### III. From Paternalism to Maternalism

We propose that relational autonomy challenges ethical theory to account for interpersonal interventions that are motivated by another’s benefit and occur without that individual’s consent, but which may not be *wrong* (when they are) in precisely the way that paternalism is wrong (when it is), i.e., because individuals ought not to interfere with each others’ spheres of autonomous agency. Relational autonomy’s claim that our autonomy competencies are developed and nurtured within supportive social and interpersonal relationships can aid in dissolving the individualistic model of interaction presupposed by paternalism. This is because, on this view, there is no such independent sphere; our choices are already influenced by and dependent on the acts of others. If this is the case, the wrong of certain interpersonal interventions (when they are wrong) is not that they violate our autonomy, but that they fail or harm us in some other way. Within the context of certain types of relationships, intervening in another person’s decision or act can *preserve* or *support* their autonomy competencies, given a certain level of epistemic access to that person’s sense of who they are (i.e., their authenticity conditions) and an ability to judge which action or decision will be both authentic and beneficial. In such cases, a relational approach to the principle of respect for autonomy – a principle which is usually taken to require the circumscription of one’s actions in

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<sup>8</sup> The other is Holroyd 2009.

acknowledgement of autonomy's value (Christman 2014: 373) – can involve a more hands-on approach to protecting and promoting autonomy.

We contend that these types of interventions fall outside the bounds of paternalism, meaning that attempts to describe them using the conceptual framework of paternalism will misconstrue their ethically salient features and may misjudge their ethical justification. To describe these interventions, we propose using the conceptual framework of maternalism.<sup>9</sup>

*Maternalism:* If paternalism is acting in another person's best interests without due consideration of their autonomy, maternalism is acting for the benefit of another person in a way that takes that person's autonomous agency into account, despite no explicit expression of consent or assent being given by the person on whose behalf the decision is made.

Within the standard paternalistic framework, maternalistic actions are clearly wrong: without consent, they violate an individual's right to exercise his or her autonomous agency within his or her legitimate sphere of control. However, maternalism carries with it two conditions that, if met, justify the intervention. These are that the intervention must take place within a relationship of mutual trust (*the relational condition*), and that the maternalist must know the subject of maternalism well enough to judge that the intervention will support his or her autonomy and not hinder or violate it (*the epistemic condition*). Satisfying these conditions is not easy, and thus many attempted maternalistic interventions will not be ethically justified. But, in such cases, their wrong is not due simply to their violation of autonomy (as the paternalism framework would claim), but also to the harm they do to the relationship itself. Similarly, while a justified paternalistic intervention is justified by the benefits that flow from the intervention alone, justified maternalistic interventions must be justified *both* by the benefit to the individual and the relationship, *and* by the support of autonomy competencies.

We discuss these differences in more detail below, where we expand upon our proposed conceptual framework of maternalism by offering comparisons with classic paternalism.

#### **IV. Maternalism and its Six Features**

We propose that the types of relationships highlighted by positive accounts of relational autonomy, especially close relationships of trust and support, can sometimes justify interventions that are commonly mislabeled as paternalistic yet are not in fact problematic in the way paternalism is. Models of paternalism assume that the paternalist either elevates their own autonomy or denigrates that of their subject in intervening in the subject's decision-making (for the subject's benefit); there is no consideration of

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<sup>9</sup> Marian Verkerk also describes a form of intervention which she terms "compassionate interference," in which medical professionals (she cites psychiatric professionals in particular) form caring relationships with their patients to help them to regain their self-respect and self-esteem after oppressive and damaging social experiences (Verkerk 2001: 293). This means, in some cases, proactively inquiring about the patients' activities and feelings and directing the patient to act in certain ways based on this knowledge. Likewise, Laura Specker Sullivan has proposed that Japanese professionals' nondisclosures of cancer diagnoses directly to certain patients are mischaracterized as paternalistic, a conceptual designation that misrepresents the purposes, methods, and relationships that form the context for these interventions (Specker Sullivan 2016).

relationships in which one person intervenes on another's behalf without an obstruction of either's autonomous agency.<sup>10</sup> Yet this is part of what it means to be in a supportive relationship, whether intimate (e.g., between romantic partners) or professional (e.g., between colleagues, or clinicians and their patients).

This, we suggest, is the space opened up by the concept of maternalism. In short, maternalism proposes that one individual can intervene in another individual's choice or action *without* the presumption that they know better or distrust the subject's ability to judge what is in that subject's own best interests. Rather, because their relationship is one of trust and care, they can make decisions for each other that support, rather than break down or override, the other's capacity for autonomous agency.

We expand on this proposal by delineating six differences between maternalism and paternalism. These relate to: (1) the significance of the relationship; (2) the character of the relationship; (3) the epistemic dynamics of the relationship; (4) the motivation for the intervention; (5) the method of intervention; and (6) the justification conditions for the intervention.

#### (1) *The significance of the relationship*

The characterization and normative assessment of paternalistic interventions is generally blind to the particular features of the relationship between the paternalist (P) and the subject of paternalism (SP). Paternalistic interventions may take place within the context of close relationships or they can occur between strangers. The concept of paternalism is silent on the character and tenor of these relationships, apart from the specific action being assessed. That is, the relation between P and SP is "considered only along the dimension of the possible interference that paternalism involves" (Christman 2014: 369), and the assessment of paternalism considers the two agents *separately* (i.e., it assesses P's motives and means, on the one hand, and SP's status and competency, on the other). For example, Barbara signs her good friend Anne up for a dance class that she herself has taken and enjoyed, thinking that Anne has been lonely lately, has a background in dance, and that Barbara herself has found the class to be a good way to meet new people. While such an action clearly speaks to the character of the relationship, this does not matter for the assessment of paternalism. The action would be assessed in the same way if it were Anne's psychiatrist who had signed her up for the class. What matters is that one person has made a decision in another person's best interests and has done so without seeking her consent.

By contrast, maternalistic interventions are premised on *historical and ongoing relationships*. If Barbara had the thought, "This class is really something Anne would love and she's been talking about trying something like this" as opposed to "This class is really something Anne needs to do and it would help her to feel better", then the action is premised on Barbara's beliefs about Anne's goals, character, values, priorities, and

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<sup>10</sup> These comparisons focus on classic paternalism, which is defined as an intervention that violates an individual's autonomy or fails to take it into account in some important way. As we discuss in section V, some new versions of paternalism will be more similar to maternalism across some of these comparisons, and these comparisons are not meant to draw stark borderlines between the two conceptual frameworks. However, as we argue in section V, there is a conceptual difference between paternalism and maternalism's approaches to autonomy, one which John Christman describes as the difference between respecting autonomy (through non-interference) and valuing autonomy (through supportive interaction) (Christman 2014: 373; also see Mackenzie 2008).



preferences (her pro-attitudes, for short). Barbara's decision to sign Anne up for the class is based on her knowledge of Anne, which is something that Barbara has gained over the course of their friendship (more is said about this in points two and three). Whether Barbara's decision *succeeds* in its assessment of Anne's pro-attitudes is a separate question, relating to the justifiability of the intervention – an issue we take up in point six. As we emphasize, there may be several reasons for thinking Barbara's action inappropriate. Importantly for the concept of maternalism, however, if her action is justified as a maternalistic action then it does not violate Anne's autonomy. For now, our aim is to recognize that certain relational dynamics make the assessment of interventions more ethically complex – a complexity that the paternalism framework is unable to capture in full.

## (2) *The character of the relationship*

Whereas paternalism is silent as to the specific nature of the relationship between P and SP, maternalism is premised on distinctive types of relationships. In particular, maternalistic interventions, if they are to be justified (as we discuss in points five and six), must take place in the context of relationships of trust and understanding. The understanding depends on the type of relationship described above – the longer the history between the two people and the greater the intimacy, the more opportunities for the kinds of meaningful interactions that enable mutual understanding. As Bonnie Talbert has proposed, there are four contextual features to knowing another person. These are, in brief: (1) recent, frequent face-to-face interaction; (2) thick contextual interactions that reveal important personal aspects; (3) lack of deception; and (4) successful perception without bias (Talbert 2015: 194).<sup>11</sup> Talbert notes that coming to know another person is a “tandem experience over time,” such that the developing knowledge is reciprocal and active. There is a “real-time reciprocal modification and alignment of individuals' mental states in second person interaction” (ibid.: 203). The knowledge that maternalism relies on is reciprocal in this way – it is based in a shared history of mutual interaction, but it is also itself an interaction, the basis of which may need to be modified if it misinterprets that shared history. The significance of this second-person knowledge is not accounted for within classic paternalism, as we describe above. What matters for paternalism is the violation of individual autonomy in the name of individual benefit – not the relational dynamics on which such an interpersonal intervention might be based. Yet within maternalism, it is just these relational dynamics that can serve to justify the intervention – if I know you well, I can support your autonomous agency while also acting for your benefit.

Furthermore, maternalism might even *strengthen* relationships in ways that paternalism is unable to account for. George Tsai has recently discussed the virtue of being supportive, in which practices of support increase the unity, or what he terms the “relational solidarity” of relationships (Tsai 2016: 17-19). We suggest that maternalism, conceived of as an approach to actions and decisions that is based on trust and understanding, is self-reinforcing in a similar way (see Section V). Thus, maternalism

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<sup>11</sup> While a full analysis of Talbert's four contextual features warrants a paper in its own right (e.g., what is it to know another person without bias, or without deception?), we agree with her general description of what it means to know another person.

both depends on a certain character of relationship and itself contributes to this ongoing character.

The relationship also must be one of trust, which is to say that there must be a dynamic of interdependent care and concern. If we have a trusting relationship, then I trust you to care about me and *vice versa*. In other words, I believe that you will act in ways that support me and also nurture our relationship. Mutual trust ensures that you will not just seek to avoid harming me, but that you will care about and seek to support my development of autonomy competencies. This is not to say that trust must be symmetrical: indeed, if trust is a characteristic of relationships and not individuals' attitudes, then it cannot be symmetrical (Niker and Specker Sullivan 2018). Social living requires trusting other people not to harm us and depending upon them for certain social goods (Baier 1986), but personal relationships facilitate the kind of trust that enables recognition and exercise of autonomy competencies. Although these kinds of relationships tend to be interpersonal, they are also represented by certain types of professional relationships, such as those between nurses and patients.

In this way, understanding and trust are characteristics of relationships themselves; they are part of the "relational ecology," as we have described it elsewhere (Niker and Specker Sullivan 2018). It would be difficult to say that one comes before the other, as their functions are intertwined. We might say that trust emerges from understanding and care – the more we understand and care for each other, the more we trust the stability of our relationship. But as trust increases, so does understanding – trust in a relationship allows for actions and choices that reveal new dimensions of individuals.

### (3) *The epistemic dynamics of the relationship*

Most paternalistic decisions are made against, or irrespective of, SP's pro-attitudes.<sup>12</sup> Paternalistic acts prioritize an objective assessment of SP's best interests over SP's subjective expression of her pro-attitudes. A physician who performs an unwanted surgical procedure because she takes herself to *know better* than the patient what is in the patient's best interests offers a classic example. Acting on behalf of an understanding of the other person's pro-attitudes or will is not a necessary part of paternalism. Rather, it is often characterized by P substituting her own judgment for SP's (on the assumption that it is superior).

Maternalistic decisions are decisions made for or on behalf of another person grounded in what M reasonably understands to be SM's pro-attitudes.<sup>13</sup> Unlike the classic paternalist, M does not prioritize what she takes to be SM's objective best interests over SM's subjective will. Rather, M intervenes on the basis of an understanding of SM's (currently unexpressed) autonomous will. Due to the relationship between the maternalist and the individual, as discussed in points one and two, M has some epistemic access to SM's will – at least as it is relevant to the particular decision at hand – through his or her knowledge of the person's pro-attitudes. It is based on this relationally-garnered knowledge that the maternalist might be said adequately to understand the individual's

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<sup>12</sup> This is not necessarily the case for all forms of paternalism. Soft paternalistic interventions, for example, are aimed at confirming the voluntariness or rationality of the individual's will. We discuss this point in more detail in Section V.

<sup>13</sup> Kim Atkins has further described how intimate others can gain access to the subjective character of an individual's experience (Atkins 2000).

will, a claim that is not relevant within standard approaches to paternalism. In this sense, maternalism draws as substantially from care ethics as it does from theories of relational autonomy; part of what it is to care for another person in the types of relationships we are interested in here is to know them well and to seek to know them better. Vrinda Dalmiya has described how “care-based epistemologies focus on epistemic/intellectual virtues that enable strong objectivity along with non-paternalistic caring” (2016: 20). As her invocation of Sandra Harding’s notion of “strong objectivity” suggests (Harding 2004), knowing another person well enough to care for them – or in our case to make a decision for them based on care – is not an easy task. We discuss the challenges this poses for maternalism in Section V. For now, we emphasize that the types of relationships we describe in points one and two ground M’s epistemic warrant for his or her knowledge of SM’s pro-attitudes and subjective will.

#### (4) *The motivation for the intervention*

Paternalism is interested in two options for how decisions are made: either they are made by autonomous individuals, free from coercion or other forms of undue influence, or they are made by paternalists who intentionally disregard, devalue, or deprioritize another individual’s pro-attitudes (whether this is the paternalist’s motive or not). P may respect SP’s autonomous agency (or he or she may distrust it), but P is not sufficiently concerned about it. Because SP’s agency (or development thereof) is not a special concern to P, expression or satisfaction of SP’s pro-attitudes carries equal (or less) weight as SP’s well-being and interests. Arguments against paternalistic interventions propose that respect for autonomy requires that an outside person cannot justifiably make a decision about the interests of an individual without consulting, and gaining consent from, that individual.

Maternalism suggests that relationships of trust and understanding can allow M to make a decision for SM, not merely out of concern for SM’s interests, but out of a desire to support SM’s autonomy – out of care. This is a point on which paternalism is silent: relational trust and understanding play no role in the justification conditions for paternalistic interventions. Yet from the maternalist viewpoint, an external agent, M, can make a decision about the interests of SM without consulting SM, if M knows SM substantially well. Indeed, in some cases this is what it means to care for another person: to adopt that other person’s ends as one’s own in order to meet that person’s needs. The idea that there are two distinct wills – that of the paternalized and the paternalist – and that the will of the latter is assumed by the paternalist to be superior in some way is a central feature of diagnosing the normative significance of paternalism. Maternalism, by contrast, does not understand there to be two distinct wills relevant to the decision or action; rather, M seeks to decide on the basis of the pro-attitudes of SM, without bringing M’s own pro-attitudes into play – other than the will to be a supportive partner, or friend, or other person in a significant relationship with SM.<sup>14</sup>

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<sup>14</sup> This does not mean that M should be willing to make a decision for SM *just because* it is something that SM wills or wants. Rather, the decision must be in line with SM’s will and in her best interests, on M’s understanding of these. (An interesting question arises in cases where SM’s will and her best interests come apart. Should M refrain from acting in order not to paternalize? While this is not an issue we can resolve here, we propose it is just one of the interesting questions raised by maternalism.)

(5) *The method of intervention*

Maternalism and opponents of paternalism agree on an important point: decisions ought not to be made for individuals without taking their autonomy into account. However, the *method* by which the antipaternalist and the maternalist take a subject's autonomy into account differs in a significant way.

Given assumptions about respect between individuals with their own legitimate spheres of agency, antipaternalism requires explicit communication; paternalistic actions occur in the absence of this communication (or when it is disregarded). It is for this reason that the practice of informed consent is closely tied to concerns about medical paternalism. Unless a person explicitly consents, there is a risk that a decision is being made for her without her awareness or in spite of her objection. On the antipaternalist picture, it is possible for people to use their normative control to explicitly *authorize* certain actions within their legitimate domains of control. An appointed legal representative, for instance, does not act paternalistically when making decisions for their client because the act of authorization extends the subject's own agency into the representative's decisions.

Maternalism suggests that certain kinds of relationships – those marked by trust and understanding – may remove this requirement for explicit communication by creating the grounds for adequate epistemic access to another person's pro-attitudes (see [point three](#)). Part of what it means to be close to – that is, to know and care about – another person is to be perceptive and attentive to them. What is important here is that while in the context of *any* relationship a maternalistic intervention carries the same risk of corruption as a paternalistic intervention (i.e., a decision can be made against an individual's will on the basis of assumed superiority of the paternalist, or on the basis of assumed proximity or knowledge of the agent by the maternalist), within ongoing relationships of trust and understanding there are unspoken agreements about mutual care and concern that are not captured by the paternalism framework.

This is not to say that maternalistic decisions and acts are easy; they demand a certain level of judiciousness. Complications can arise through the potential for misapplications, as is the case with any other morally valuable form of interpersonal practice, such as support, love, and tolerance (Tsai 2016: 16). But this risk of failure does not undermine the claim that well-practiced maternalism is both theoretically possible and empirically evidenced.

(6) *The justification conditions for the intervention*

Paternalism is justified, when it is, if the harm of intervention into an agent's legitimate sphere of control is greatly outweighed by the benefit to that agent. The onus of justification lies with those who wish to interfere, because the risk of unjustified paternalism is high – the violation of an individual's autonomy – and corresponds to some of the more egregious interpersonal trespasses, such as manipulation, coercion, and oppression.

Maternalism is justified if the decision or action corresponds to the agent's pro-attitudes and is performed by someone with the right standing to SM. This is to say that while paternalism assumes that paternalists are either aware of an individual's expressed pro-attitudes and do not take them into account, or do not seek to gain knowledge of them, maternalism suggests that in some cases M's concern or care for SM stipulates that

a choice be made for SM, not because their pro-attitudes are disregarded, but because their autonomous agency is relationally supported.

The burden of proof for maternalism may seem intuitively lower than for paternalism, but on closer examination, the risks are high as well – they are simply different kinds of risks. An unjustified paternalistic action impacts SP immediately by impeding his or her ability to exercise their autonomous agency, and this can have ramifications for their ability to make decisions for themselves in the future. Unjustified paternalism is generally unjustified, all things considered, because of the small amount of benefit that will flow to SP or the failure of P accurately to estimate benefit. In this case, SP's autonomy may not only be compromised, but s/he could be harmed as well.

An unjustified maternalistic decision or action also has effects that are both proximal and distal. Proximally, SM's autonomy is compromised (as in the case of paternalism), due to M's failure accurately to understand SM's pro-attitudes – a failure of epistemic warrant. Distally, an unjustified maternalistic action may also compromise M's autonomy and cause harm. Further, such an intervention can affect the relationship itself, introducing doubt into the epistemic dimension of the relationship and impairing the trust that SM previously had in M. For this reason, while the justification conditions for maternalism may seem less stringent than those for paternalism, they are in fact rather strict. But the potential benefits of maternalistic interventions are high as well. As we argue elsewhere (Niker and Specker Sullivan 2018), in cases where a maternalistic intervention correctly appraises the level of epistemic understanding and trust within a relationship, that intervention not only benefits SM but also strengthens the relationship by *confirming* the mutual understanding between the two parties and *evidencing* M's care for SM. In other words, an unjustified maternalistic intervention can damage a relationship, sometimes irreparably, while a justified maternalistic intervention can reinforce the trust, understanding, and care within the relationship.

## V. Potential Objections

Paternalism is an expansive and expanding conceptual framework for the ethics of interpersonal decision-making. It would not be surprising, then, if theorists of paternalism objected to maternalism on the basis that many, or even all of the features of maternalism outlined above are accounted for within the framework of paternalism. In this section, we anticipate and respond to a number of potential objections of this sort.

The first objection is that maternalism is an unnecessary concept. Paternalism already captures the dimensions of concern with situations in which one agent intervenes on another agent with the goal of benefitting the latter agent. For example, the advocate for paternalism as a complete conceptual framework might argue that in the types of cases we discuss in the introduction – where a clinician directs a patient to act in a certain way or intervenes on them directly – maternalism offers nothing new in aiding the analysis of this case.

In evaluating this potential objection, let us examine this type of case in more detail, as it is the one most often raised in the brief references to maternalism in the literature thus far. Let us say that Bob is Dave's primary care physician, and Bob has just received news that Dave's cancer has returned. Bob calls Dave and asks him to come in for an appointment, and then calls Dave's partner Anne and asks her to come in as well. He has known Dave and Anne for many years, and has found that they prefer to make

medical decisions together. When Dave first arrives at the office he is surprised to see Anne, but not mad; in fact, he feels relieved. After receiving the news and while on their way home together, Dave says to Anne that he was relieved to see her at the office and that he appreciates Bob's care as a physician because "I feel like he really knows me and I can trust him."

According to the paternalism framework, Bob's intervention is impermissible – he invited Anne to his office without consulting Dave, because he thought it would be good for Dave to have Anne there. If Dave is upset with Bob's intervention, we would think that is rightfully so. After all, Bob could have just asked Dave to bring Anne with him, or told Dave that he would be calling Anne as well. Yet according to the maternalism framework, it is ethically significant that Bob knows Dave well and that they have been part of a mutually trusting medical relationship for several years. This helps to bolster Bob's judgment that he could intervene in a way that would both benefit Dave and support his autonomy. Importantly, within the conceptual space of paternalism there is no avenue to consider the scope and tenor of Bob's relationship with Dave (and Anne); yet, surely this has some bearing on the permissibility of Bob's intervention.

To see this more clearly, it is helpful to consider a more everyday case. Consider Peggy and Barbara, a couple who have been together for ten years. Peggy is preparing for a big job interview the next day, so Barbara prepares Peggy's favorite dinner the night before. She knows that it will help Peggy to relax and to concentrate. Discussions of paternalism rarely consider this type of case, perhaps because the stakes seem too low – there doesn't seem to be any reason to be concerned in such cases. If Peggy is pleased, then Barbara has succeeded in helping her feel better and to prepare for the interview. If Peggy is upset (maybe she wanted to cook dinner herself in order to relax, or she preferred to eat dinner out), then Barbara has misjudged the situation, but she has not necessarily compromised Barbara's autonomy. But we propose that this simple situation highlights another contribution that maternalism offers beyond the conceptual framework of paternalism: it takes into consideration the effect of the intervention on the *relationship*, not just on the subject of maternalism. In this case, Peggy's pleasure will strengthen her relationship with Barbara – Peggy will feel that Barbara knows her well, and that she can trust Barbara to take care of her when stress runs high. Likewise, Peggy's displeasure would highlight cracks in their relationship, and could have ramifications for their mutual understanding and trust. Importantly, Barbara cannot know *for certain* which effect her intervention will have, and this is what makes these types of actions risky – they reveal the dimensions of the relationship as much as their justification depends on those same dimensions (Niker and Specker Sullivan 2018).

We propose that these simple cases highlight the conceptual resources that maternalism can offer beyond paternalism: a consideration of how relational dynamics play into the ethics of interpersonal decision-making. Indeed, there seems to be no clear dividing line between the case of Peggy and Barbara and the case of Bob, Dave, and Anne – both cases involve ongoing relationships, both describe interventions made without consent yet in another person's best interest, and both depend on the level of mutual understanding and trust within the relationship for their potential ethical justification. If the former case seems intuitively more objectionable than the latter case, then we offer that this may be due to different cultural norms governing professional as opposed to intimate relationships in some societies.

A second objection is that the criterion that M knows SM “substantially well” required to justify the maternalistic intervention is an impossible or incoherent requirement. What does it mean for M to know SM substantially well, and how is this knowledge confirmed? As we mentioned in Section IV, this is a large part of what makes maternalistic interventions difficult – there is no confirmation before M’s intervention that M knows SM substantially well to be able justifiably to intervene in the way that she plans. In other words, prior to the intervention there is no means of explicitly establishing that there is sufficient mutual understanding and trust in the relationship to justify the intervention. Rather, the sufficiency of M’s knowledge of SM is established *post hoc* – if SM’s interests are furthered and her autonomy capacities supported, then M was justified in acting the way she did.

Of course, maternalism’s epistemic criterion renders its justification difficult and opens the door to what we might call “toxic” maternalism. Especially within close interpersonal relationships that have continued for a long period of time, there may be an assumption of epistemic access to another person. For instance, I may assume that because my sister and I grew up together, that I know her well enough to make decisions on her behalf. Yet the justification of my maternalistic intervention depends on whether or not this knowledge is up-to-date, and also upon whether there is sufficient trust in the relationship such that my sister knows that I care for her and *vice versa*. If I have not spent time with my sister in several years, then my assumption that I know her well is likely to be false, and hence my intervention is unlikely to be justified. The more significant the intervention, the less likely it is to be justified, as it will rely on deeper and more comprehensive interpersonal knowledge and trust. Nonetheless, this does not mean that maternalism is not a viable concept – just that it is quite normatively strict.

Up until now, we have primarily been considering maternalism in contrast to classic paternalism. Yet paternalism can take a number of forms, with new forms having been offered in recent years (Begon 2016). Our responses thus far do not therefore provide a complete response likely to satisfy the advocate for paternalism as a complete conceptual framework. For this reason, we anticipate and address two further specifications of the initial objection: that maternalism offers nothing conceptually new. In particular, we respond to objections that maternalism collapses into one of these more contemporary versions of paternalism.

The first is the claim that maternalism is a variant of soft paternalism. We defined maternalism as acting for the benefit of another person, without his or her explicit consent, but nonetheless in a way that takes his or her autonomous agency into account. This is superficially similar to soft paternalistic interventions. Soft paternalism proposes that it is justifiable paternalistically to intervene with another person if the reason for doing so is to confirm that he or she is choosing or acting autonomously, i.e., in a sufficiently voluntary and knowledgeable manner (Feinberg 1986). Take John Stuart Mill’s classic example in which P prevents a stranger, SP, from crossing a rotten bridge because P assumes that SP is unaware of the danger involved in doing so (Mill 2005: 117). Here, P clearly acts for the benefit of SP, and does so in a way that might be thought to be based on SP’s putative pro-attitudes when deciding how to act. P also acts on SP’s behalf without gaining SP’s explicit consent, but on the assumption that SP *would* consent once he or she has the relevant information. Thus, there appears to be a structural similarity between maternalism and soft paternalism, namely, that the

intervening agent is concerned not simply for the individual's best interests, but for the expression of his or her autonomy.

Yet there are important points of departure. Soft paternalism claims that it is only permissible to interfere with a person's *involuntary* choices or, more precisely, "only when [a person's] conduct is substantially nonvoluntary, or when temporary intervention is necessary to establish whether it is voluntary or not" (Feinberg 1986: 126). In negative terms, soft paternalism is a modified version of antipaternalism, since it contends that we should never interfere with a person's voluntary decisions. The central claim is that a person may be temporarily impaired from acting voluntarily or knowledgeably due to, e.g., lack of relevant information, and that the soft paternalistic intervention ensures that whatever action is taken is done with a full (or at least, an adequate) understanding of the situation.

Although maternalism also prevents SM from acting against his or her own will, the informational aspect of soft paternalism and maternalism differs. Soft paternalistic interventions seek to confirm an *unknown will* within the context of a potentially harmful action, and this can be done by a wide range of potential intervening actors. What justifies soft paternalism is a suspicion of involuntariness, in particular the judgment that SP would not take the given action if he or she were adequately informed. Its informational dimension is thus purely confirmatory and is met after – or, more precisely, *as a result of* – the intervention. Maternalism, by contrast, is focused on facilitating (in action) what M *already knows about SM's will*. Its informational condition is met *prior to* – and is what enables – the maternalistic action; this is based on M's understanding, calibrated over time, of SM's pro-attitudes. Maternalism requires not a suspicion that the subject's autonomy is impaired, but a commitment to acting in line with and supporting SM's autonomy based on accurate knowledge of SM's pro-attitudes and the current status of his or her autonomy competencies.

A second difference is that, because soft paternalism adopts the individual conception of autonomy, it is justified partly via the notion of hypothetical *consent*. One may contend that maternalism also fits within this conceptual framework: the relationship between M and SM – particularly the trust that SM has in M, based in part on SM's belief that M understands his or her will sufficiently well – grounds a kind of tacit consent from SM for maternalistic action. We remain neutral about whether this might be acceptable within the standard liberal framework. Instead, we reject this characterization of maternalism because our focus on relational autonomy problematizes the valorization of consent within standard ethical analyses of interpersonal action (see, e.g., Stoljar 2011). When we define maternalism as acting for SM's benefit without SM's explicit consent, we do not mean that the maternalistic action is *not* consented to, nor that it has been *tacitly* consented to; rather, we seek to move away from the consent paradigm by claiming that relationship goods can, under specific conditions, waive the need for the act of consent as part of the justificatory process. Consent is a mechanism for protecting individual autonomy; this protective stance is replaced by a supportive one in relational autonomy. We tend not to think that we need to consent to receiving support from others, and particularly from those whom we trust in the way that maternalism specifies.

It may be argued that, even if maternalism and soft paternalism are indeed different, there are good reasons to prefer soft paternalistic interventions to maternalistic ones. This is because, in the case of soft paternalism, P does not assume knowledge of SP



but rather acts with epistemic humility to confirm their intuition about SP's will. By contrast, maternalism proposes that M can intervene on SM based on knowledge about SM – their likely benefit and the support of their autonomous agency. Some may suspect that one person can never know another well enough to justify a maternalistic intervention. While we agree that the epistemic requirements of maternalism are high, we do not think that a maternalistic intervention is impossible to justify – indeed, as we raise in the introduction, many people find these interventions intuitively acceptable. We also believe that its stringency does not take away from its distinctiveness as a conceptual framework. The fact we wish to highlight here is that maternalistic interventions are distinct from paternalistic ones, that they occur in the real world, and that their justification is theoretically possible. Whether or not they are more difficult to justify is a normative problem, not a conceptual one. Here we simply highlight their conceptual necessity.

The second of this type of objection is that maternalism is a variant of means paternalism. The core insight of means paternalism is that it is possible to distinguish between paternalistic interventions that interfere with or override a person's goals from those that seek only to influence positively her choice of the means by which (more) successfully to achieve her self-selected goals (Le Grand and New 2015: 101-104). In virtue of this, the latter are thought to be less morally troubling. In recent years, means paternalism has played a role in recent developments in the debate over permissible state paternalism: justifications of both coercive (Conly 2013) and noncoercive (Sunstein 2014) forms of paternalism have relied on the claim that they recommend only means paternalistic actions. In its interpersonal form, some might contend that maternalism is a form of means paternalism because M uses the epistemic access he or she has gained relationally of SM's will to make decisions that align with that will. The similarity between the two is that neither means paternalists nor maternalists seek to direct the subject towards ends that she does not accept as her own; instead of substituting the subject's goals with others that are deemed superior in some relevant sense, the intervening party in both cases seeks to aid the subject in meeting their own self-selected ends. Means paternalism has an informational condition much like that of maternalism: P needs to have a good idea, before the intervention takes place, of what SP's will would be in the given situation. This might occur in different ways: sometimes via ongoing relationships, but also impersonally via self-report surveys, algorithms or statistical analysis. When this informational condition is met through relational interactions, we agree that maternalism and means paternalism look very similar.

An important difference remains, however: without the empirical framework behind maternalism, means paternalism encounters the problem of how P can reliably know SP's pro-attitudes and/or have the relational basis to justifiably act on SP's behalf.<sup>15</sup> Thus we contend that, in an interpersonal context in which SP's will *can* be

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<sup>15</sup> This is clearly seen within the institutional context, where it is questionable whether P – a choice architect (on Sunstein's account of noncoercive means paternalism) or another state actor (on Conly's coercive version) – can know SP's relevant pro-attitudes beyond probabilistic judgments based on, e.g., demographics. This means that means paternalism will often collapse into ends paternalism, absent any further empirical grounding for its claim about supporting SP's own ends (Rebonato 2012: 195-196; Mills 2017).

adequately known, this so-called means paternalism is in fact an instance of maternalism. This turns the objection being pressed on its head.

Outlining and responding to these potential objections has served to clarify maternalism's distinctiveness relative to the framework of paternalism. The concept of maternalism requires further clarification and explanation beyond these points; nonetheless, we believe that this explication of the differences between maternalism and classic paternalism, as well as two non-classic paternalisms, sufficiently introduces the concept into the normative ethical discourse.

## **VI. Conclusion**

We have argued that there is an omission in the current ethical discussion surrounding decisions made for others: the relational aspects of autonomy are missing. We have shown that this gap can be filled, at least in part, by the concept of *maternalism*. We contend that maternalism is a necessary concept because the paternalism framework is unable adequately to capture the complexities of the conceptual and normative issues relating to the relational dynamics of interpersonal decision-making and action. Specifically, maternalism describes interpersonal interventions that superficially resemble paternalistic interventions, with their proposed goal of best interests and their lack of consent, yet exhibit six differences that set them apart from the paternalism framework. If conceptualized as paternalistic these interventions are likely to be ethically unjustified, but these six ethically salient dimensions of the intervention may enable their justification on maternalistic grounds. Theoretically, maternalism offers a more comprehensive and accurate way to conceptualize and evaluate the ethical justification of interpersonal interventions that occur within thick relationships of trust and support.

What is at stake is not just comprehensive ethical theory, but our practical understanding of which interventions are ethically permissible, and why. Maternalism is a practice empirically evidenced in real life. The types of experiences it is meant to capture begin in routine interactions but extend to interventions that have greater significance, such as in the medical field. Indeed, it is a concept that has been informally discussed for several decades, especially in the field of nursing, where clinicians have wondered how to account for interventions that seem intuitively permissible, yet are often described as paternalistic. Using the concept of maternalism, we suggest that when these interventions occur in certain types of relationships, describing them as paternalistic is inaccurate. This is the benefit of maternalism: a conceptualization of interpersonal interventions that captures the ethically salient features of decisions made in the best interests of others, based not on a disregard of their autonomous agency but on a relationally acquired understanding of how best to support it.

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