The Relational Self in an Ethic of Care
—Another possibility of the self as distinct from the autonomous self—

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Abstract: *In modern normative ethics, we assume that a moral agent is an individual with autonomous and independent rational judgment. On that basis, there are many arguments centered on the subject of examining universal ethical standards such as the duties and consequences of such agents and the search for justification. Certainly, given the role of normative ethics in exploring universal and impartial principles, it is not surprising that this attitude is generally adopted in constructing a normative ethical theory. However, on the other hand, it is also a fact that there are some people who are not covered by this definition of an agent. In recent years, there has been a growing tendency to question the fact that such people are not given consideration as agents in theories other than an ethic of care. But at least in Japan, despite this growing debate, compared to the rise in practical research on care, the foundational arguments in ethics that should ground such discussions, in other words, the theoretical examination of an ethic of care are still inadequate and far from advanced. However, it is feared that continuing to disregard such theoretical research may ultimately prove to be a fatal flaw for the advancement of practical research.*

Therefore, in this paper, as a starting point for increasing the amount of theoretical research on an ethic of care in Japan, I will elucidate the ideal form of an agent called "care relations", which is the smallest unit of a moral agent. In particular, I will focus on Noddings' concept of the 'relational self' and clarify it by comparing the idea of agents in virtue ethics and in an ethic of care. For our discussion of virtue ethics, I will focus on Hursthouse's arguments. Through these arguments, it becomes clear that the human view of the relational self in an ethic of care can adopt a relational self image that focuses not only on the caring subject but also on the cared for.

1. Introduction

In modern normative ethics, we assume a moral agent who is an individual with autonomous and independent rationality, and on that basis, there are many arguments

centered on the subject of examining universal ethical standards such as the duties and consequences of such agents and the search for justification. Certainly, given the role of normative ethics in exploring universal and impartial principles, [1] it is not surprising that this attitude is generally adopted in constructing a normative ethical theory. However, on the other hand, it is also a fact that there are some people who are not covered by this definition of an agent, in other words, people who fall outside of the ethical considerations of these theories. In recent years, even other theories aside from an ethic of care have begun to question the fact that such people are not given consideration as moral agents. Okin, Nussbaum and Kittay are sensitive to these points, and based on the awareness of the above-mentioned problem, their arguments focus on 'cared-for people,' that is, people who necessarily have difficulty living in society.[2] But at least in Japan, despite this growing debate, compared to the rise in practical research on care, the foundational arguments in ethics that should ground such discussions, in other words, the theoretical examination of the ethic of care is still inadequate and far from advanced. However, if we intend to defend the adherence to an ethic of care, there is a risk that continuing to disregard such theoretical research may ultimately prove to be a fatal flaw for the advancement of practical research.

Therefore, in this paper, as a starting point for increasing the amount of theoretical research on an ethic of care in Japan, I will elucidate the ideal form of an agent called the 'relational self', which is the smallest unit of an agent in an ethic of care. In particular, I will focus on Noddings' concept of the "relational self" and clarify it by comparing the idea of agents in virtue ethics and in an ethic of care. For our discussion of virtue ethics, I will focus on Hursthouse's argument. I think Hursthouse's argument is a good reference when comparing an ethic of care and virtue ethics, because Hursthouse attempts to comprehensively distinguish the elusive characteristics of virtue ethics. Through these arguments, it becomes clear that the human view of the relational self in an ethic of care can adopt a relational self-image that focuses not only on the subject of the one caring but also on the one cared-for.

2. Background of the problem: Limitations of the agent image presented by traditional ethical theories

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[1] Kuhse (1997), chap.4.
[2] Okin (1989), Nussbaum (2006), Kittay (1999).

"Care" is a word that is heard in various situations in daily life, and its meaning also differs depending on the context. Among the various meanings of "care", even if we take up only the usage in medical, nursing, and long-term care contexts, care does not only refer to the physical contact involved in certain kinds of caring, nursing, and assistance, but also to mental caring and compassion. The implications of such a concept of care are hidden in the words that are often heard in everyday life, such as "mental care", "being close to the feelings of the other person", and "compassion for others". Similar trends can be seen not only in such daily usage, but also in the definition of care by care theorists. For example, nursing scholar Benner focuses on the "taking care" or "cherishing" involved in many aspects of the concept of care; Frankfurt emphasizes "interest"; and Noddings, influenced by care research pioneer Mayeroff, puts emphasis on "relationships". Thus, it is clear that the concept of care is ambiguous, whether used on a daily basis or in academic discourse. Therefore, it is hard to say that even among care theorists, a definition based on a certain common understanding of the concept of care has been established. Attempting to find a set definition is almost impossible due to the ambiguity of care. In any case, the ambiguity and individuality of these concepts of care can be pointed out as one of the main reasons why the theoretical examination of an ethic of care is difficult. This is because appropriate care may vary depending on the area in which the concept of care is being argued, the subject to be cared for, and the situation in which the care is taken.[3] And these characteristics that make it difficult to define care strictly are related not only to the above-mentioned range of everyday terminology but also to the difficulty of theoretical examination. In this way, when discussing an ethic of care and the theory of care, it is necessary to be sensitive to the context in which the concept of care is treated. So, in this section, as a call to argue for ethics based on care, which is an ambiguous concept, I shall proceed by presenting a certain distinction concerning the academic context for the discussion of care. So what exactly does the concept of care mean and in what context is it argued? Due to space limitations, I will mainly focus on the latter issue, which is directly related to the discussion in this article.

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[3] At this time, not only the meaning of the concept of care differs depending on the fields such as medical field and education field, but also the area where care is provided, such as whether the care is public or private. The meaning of the concept of care changes not only depending on these differences, but also on the individual objects and situations such as who the care relationship is established with. For example, is the care for patients on the verge of unavoidable death, is it aimed at elderly people with dementia who cannot escape from memory decline, or is it for a child who is expected to grow and develop in the future. There are a wide variety of individual considerations, such as whether the care is for children whose growth and development are different because of a disability.

2.1 Defining the context in which the concept of care is argued

Frankfurt presents philosophical questions in three areas: the epistemology of what to believe, the ethics of how to behave, and the area of care that asks "what to care for".[4] Each of these areas is considered independent. And while ethics focuses on self-other relationships and addresses their rightness or wrongness as well as the attendant moral responsibilities, the subject of the area of care is "what I am": it is regarded as an area related to the question of "is it important for us?".[5] In other words, "we distinguish between moral demands and what is most important to us".[6] For example, according to Frankfurt's explanation, those who always prioritize moral ethic of care are those who care most about moral considerations.[7] Similarly, the areas of epistemology and care are independent. Because what is true and whether that true fact is important enough for someone to care about it are separate issues. In this way, Frankfurt explains that matters related to the area of care, i.e. what to care for, are independent areas because they can be determined independently of the truth of things and the ethical norms of right and wrong.

But who will be cared for depends on our particular, contingent circumstances, so who will be cared for is also non-selective; it is determined by chance. Moreover, what motivates care at any times is not the value of the object to be cared for. For "care makes itself important to the person",[8] when you happen to meet them and start care, a unique connection arises in that relationship. For the relationship has irreplaceable value. Frankfurt calls this volitional necessity. Feeling that "the person must actually do what he or she does",[9] he is "forced not to betray"[10] what he cares for, that is, what he identifies with himself. And it's why the person's life is coherent and integrated. This is because we place the care that we cherish at the center of life and organize the priorities of life based on that.[11] In this way, the caregiver wants the healthy growth of what he or she cares for and envisions his or her life plan accordingly. Since it is not assumed that the object of care has an intrinsic value, the

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[4] Frankfurt 1982, p.257.
[5] ibid.
[6] Shinagawa 2007, pp.151–152.
[7] Frankfurt 1982, p.259.
[8] ibid., p.269.
[9] ibid., p.264.
[10] ibid., p.268.
[11] ibid., p.260.

significance of care must be found not in the value of the object but in the "importance of the activity itself of caring".[12] In this way, when discussing care, there is not only the level of care that is practiced in our daily lives, but also the level of discussion that is directly related to the action guidelines of the caregiver, in other words, their ethical standards. In addition, there may be a meta-level discussion that critically examines such care theory and asks more basic questions, however in this paper, I will proceed within the scope of care theory at the above-mentioned level.

2.2 Agents in virtue ethics

In this section, before clarifying the image of the agent as depicted by an ethic of care, I will briefly point out the reason why an ethic of care and virtue ethics are said to be similar. Utilitarianism and Kantian ethics are called justice ethics, and the rightness of actions is determined according to impartial and universal principles. Care ethicists have continued to criticize this attitude of judging and justifying. On the other hand, virtue ethics, which has been attracting attention as another option of normative ethical theory since the latter half of the 20th century, also criticized the conventional act-centered ethical theory and argued that instead of asking "What kind of action should be taken?", we should ask "what kind of person should I be?". However, it is not the purpose of this paper to fully consider this issue, so we will proceed on the premise that both are separate ethical positions with a certain degree of independence. In addition, by comparing both theories, I can show a concrete image of the moral agent of ethic of care.

  Now I will attempt to clarify the basic characteristics of virtue ethics according to Hursthouse's explanation. According to Hursthouse, virtue ethics is characterized by four main points [13]: Virtue ethics is (1) agent-centric, not act-centric. (2) It emphasizes the question of what kind of person someone should be, not what kind of action should be taken. (3) It is based on the concept of *arete* (good, virtuousness), not the concept of duty (rightness, duty, responsibility). (4) It rejects the codifiability of ethics, the principles that lead to individual course of action. In the following, I will briefly discuss the details of each of these points. Here, when introducing the characteristics of virtue ethics, for the sake of convenience, my explanation will start from the characteristic (2) without following the above order.

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[12] ibid., p.271.
[13] Hursthouse 1999, p.17.

First, I will focus on the second feature that Hursthouse mentions. In virtue ethics, it is the virtue that the agent possesses that guides the moral act, that is, "the character trait of a person, the state of the character. A moral agent in virtue ethics is evaluated for their character by the character traits formed by the accumulation of virtuous acts performed throughout life. Moreover, these virtues and vices are considered to be firmly acquired by daily habits and cannot be easily changed. The virtue referred to here is also the excellence of the character traits, which includes phronesis as the ability to reason about practical problems, which implies a correct grasp of things, and the concept of virtue makes the possessor good, so it does not lead the person to perform wrong actions. [14] Therefore, I can say that while deontological ethics emphasizes acts that obey duties and utilitarianism emphasizes the consequences of acts, virtue ethics emphasizes the virtue and moral character of moral agent.

Next, I will discuss the first feature of virtue ethics, namely that virtue ethics is not act-centered but agent-centered. Virtue ethics focuses on "virtuous agents" rather than "right acts". For example, consider the "remainder"[15] in moral dilemmas. Unlike virtue ethics, act-centered ethical theory tends to undervalue the importance of the remainder. That is, these theories focus only on the question of whether x or y is the right thing to do in a particular case and do not refer to the "remainder" on specific moral issues. This tendency to overlook "remainders" is encouraged in response to the demand for action guidelines that normative ethics should provide explanations for right action. However, virtue ethics is a theory that focuses on the agent, not the act. Therefore, because utilitarianism and deontology are act-centric theories, it is not possible to make decisions that are not acts that make us feel regret or recognize an apology, and as a result, the thoughts that produce remainder are excluded. On the other hand, the meaning of "what to do" in virtue ethics is a broader concept, so I can focus on "who does what and how" rather than "what we do".

The third feature is that virtue ethics is based on the concept of *arete* rather than the concept of obligation. This can be easily understood by focusing on a tragic and irresolvable dilemma while keeping in mind the right course of action. Suppose two truly virtuous agents face the same moral choice of x or y in the same situation, and in a virtuous way one does x and the other does y. Here, the "right act" is what

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[14] ibid., p12ff.

[15] ibid., p.44. The "remainder" is one that a moral agent, faced with a moral dilemma, embraces primarily when making moral decisions against moral imperatives. Specific examples include the recognition of "distress and regret, remorse and guilt" and "need apology, compensation and compensation" (ibid.).

the "a virtuous agent" does, not the "the virtuous agent" (generally a virtuous agent). For example, suppose two virtuous agents are bothered by a situation where they can only give one gift, either a or b, on their daughters' birthday. And suppose that there is no moral basis for preferring one over the other and, in the end, both choose a and b respectively as their daughters' gifts. In such case, there is no code of conduct and neither option is considered to be the only morally right decision, so according to virtue ethics, both agents are right at this time.[16] Both of them "behave generously and therefore act well".[17] In this way, virtue ethics, unlike the theory based on obligatory concepts, has the characteristic of being able to describe everyday trivial moral decisions and moral acts. Some may think that such a trivial daily experience is not a moral decision. However, not all morally important things exist in extreme situations. In the case of the above gift, for example, if the daughter is fighting illness and seeing the flowers is very encouraging, I think that the choice of choosing flowers as a gift is morally important.

Fourth, virtue ethics rejects the idea that "ethics is encoded by the rules and principles that make it possible to give specific guidelines of action". So what is the "codeability" that virtue ethics criticizes? According to Hursthouse, virtue ethics criticizes a "strong codeability thesis" with two characteristics[18]: That is, (a) those rules / principles are, in essence, a decision procedure for deciding what is the right action to do in every individual case. (b) Those rules and principles are expressed in terms that even non-virtuous people can understand and use them correctly. [19] Therefore, a certain degree of virtue-consistent phronesis is needed both in interpreting the rules and in deciding which rule is most appropriate to apply to the individual case. In this way, virtue ethics, which recognizes the need for phronesis, is criticized for giving inadequate guidelines of conduct because it does not indicate the

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[16] ibid., pp.68–69.

[17] Ibid., pp.67–68.

[18] ibid., pp.39–40.

[19] The "strong codeability thesis" with the above two characteristics is criticized for at least the following two reasons. First, the attempt to find a set of rules and principles seems to continue to fail. Especially in applied ethics, it is increasingly required to draw different and diverse conclusions while using the same abstract principle. As a result, the gap between the abstract principle and the complex individuality of the concrete moral situation becomes more apparent, and the idea that the rule must have both of the above characteristics begins to lose its appeal. Second, phronesis as moral and practical wisdom is necessary to properly interpret the rules and principles and determine in what circumstances they apply. For example, simply asking them to act according to certain rules cannot guarantee that an arrogant, uncaring, dishonest and self-centered doctor will do what they should do.

priority of virtue. In order for virtue ethics to provide a guideline for such criticism, it needs to be complemented by the principle that "honesty takes precedence over kindness"[20]. As I will see later, an ethic of care basically agrees with this attitude of virtue ethics. However, while virtue ethics provides the reason for the act and explains the reason for the act, an ethic of care believes that the act need not be justified. This is due to the fact that an ethic of care is not "ethics" that appeals to universal principles to evaluate or make decisions on ethical action, but "ethic" that relies on individual experience. And Noddings explains the difference between the two as a distinction between "professional ethics" and "personal ethic" as follows: while "professional ethics" deals with the derivation of moral judgment based on principles, and is a "study of justified action" centered on moral judgment and moral reasoning, [21] "personal ethic" is a "study on how to treat others morally" that deals with ethical action in a particular person's specific situation. Here we can confirm that an ethic of care does not aim to justify the act, so therefore does not call it "ethics".[22]

3. Relational agent image in an ethic of care

In the previous section, we briefly explained the main features of traditional mainstream normative ethical theories and the image of the agents they present. I would like to emphasize here that the assertion of this paper holds that Kantian ethics, utilitarianism, and virtue ethics all define an individual as the smallest unit of a moral agent, but the assertion of this paper does not necessarily take such an individualistic agents negatively. What I would like to show in this paper is that in traditional ethics, as Baier points out, only some people with privileged qualifications are worthy of having justice applied to them[23]: that is, "a wealthy, at least professional white adult man".[24] So I argue that if such a problem is treated as out of range of justice and justice remains unapplied, an ethic of care is certainly more "decent"[25] than ethical theories that continue to present such unjust versions of justice. In this way, not only is the image of an individualist agent dominant in conventional ethical theory, but it is also excluded from the application of justice because it does not fully assume human

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[20] ibid., p.57.
[21] Noddings 1984, p.94.
[22] ibid., pp.26–27.
[23] Baier1994, pp.25–26.
[24] Benhabib 1992, p.153.
[25] Baier 1994, p.25.

relationships with asymmetrical power relationships. Here, one of the important issues criticized by an ethic of care is that there are people who will be excluded in conventional ethical theory, namely that there are people who stand outside of justice. Therefore, I am concerned that no matter how good the idea of justice is, when it is actually applied, if its original meaning is distorted and applied, then only some privileged people will be considered.

In addition, traditional ethical theories assume symmetry of ability, not only because individualistic agents dominate, but also because relationships with asymmetrical human beings are not fully envisioned. Thus, one of the important issues criticized by the ethics of care is that each ethical position makes insufficient assumptions about relationships, especially those with asymmetrical power relationships. After emphasizing the above points, I will elucidate the theoretical content of an ethic of care, using arguments of several ethic theorists as starting points.

3.1 Ethical self and relational self

Noddings is an advocate of ethic of care, aiming to theorize ethic of care, and continues to make proposals that contribute to the development of an ethic of care. Among Noddings's claims, her discussion of the "ethical self" and "relational self" are important concepts in understanding agency in an ethic of care. Therefore, in this section, I will briefly discuss these concepts as described by Noddings.

In an ethic of care, "ethical self" is attributed to the role of controlling the ethical aspect of the agent in the care relationship. An ethic of care considers self-generation in the relationship between the carer and the cared-for. Therefore, ethical self is described as the active relationship of the vision between the real self and the ideal self as one-caring and the cared-for that arises from a basic understanding of self-other relationships.[26] So, in an ethic of care, both self of the one-caring and the cared-for can only be established in a relationship with each other, and never exist in a completely independent form separated from others. Thus, in an ethic of care, the ethical self is the reciprocal relationship between the one-caring and the cared-for from the perspective of maintaining a balance between reality and the ethical ideal.

So how does Noddings describe the self? Noddings sees the self as an inconsistent entity that can change in the context of the moment, and points out that in this sense there is no firm "true self".[27] Furthermore, Noddings stipulates that the

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[26] Noddings 1984, p.49.
[27] Noddings 2002, p.107.

self occurs only in the interrelationship between the one caring and the cared-for, and presents this relational self through the following two aspects: the ethical self, which controls the ethical aspect of the self; and the "habitual self", which occurs when we follow the habits we always practice. The former has been mentioned above and will not be discussed here. The latter is "a subset of the various encounters that one has, which seems to be a product of everyday culture",[28] such as greeting a neighbor in the morning. Here, the habitual self is established by being loosely bound by social norms, but its binding force is not absolute. This is because people deal with accidental events with "creative improvisation" and live their daily lives while overcoming sudden troubles that occur every day. Therefore, the one caring and the cared-for cultivate their own selves while maintaining a care relationship by influencing each other, helping each other, and thinking things out when unexpected events and troubles occur. The ethical self and habitual self are self-images of "relational self" that occur and develop in the relationship of care and through the practice of care at the daily level, and are important elements that constitute the human view of an ethic of care.

The view of "relational self" posits that the self occurs only in the care relationship, and it rejects the individualistic agent image that independent individuals exist separately. The self depicted by an ethic of care is formed by chance encounters, events, and, in some cases, accidents. Therefore, unlike the self of virtue ethics, which is strongly characterized by daily habits, the self in an ethic of care has the flexibility of always responding to changes in the situation as well as the individuality of each other. The notion of an ethic of care is characterized by particularism, transformable flexibility, and relationalism, and this concept is considered to be an objection to the individualism underlying traditional ethical theory.

3.2 Differences between the relational self in an ethic of care and the agent in virtue ethics

In this section, based on the discussions so far, I will highlight some of the differences between virtue ethics and an ethic of care, and then show the characteristics of the agent in an ethic of care. As shown in the previous section, virtue ethics is characterized as agent-centered rather than act-centered. Regarding this attitude, the view of an ethic of care is in line with that of virtue ethics. However, there are

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[28] ibid., p.103.

differences between the two theories about the norms that agents should follow and the well-being that they bring. Let us consider the case of monks living alone in the mountains and living ascetic lives.[29] From the perspective of Hursthouse-style virtue ethics, these monks' practices are positively evaluated if they strive to cultivate virtue and contribute to their own flourishing. In contrast, when evaluated from the perspective of an ethic of care, a monk's ascetic practice is basically evaluated as a way of life that does not deserve praise. This is because in an ethic of care, the self is formed only in the relationship with others, and this is because it means that the self cannot be established as a self in the first place if one don't have a relationship with others.[30] In virtue ethics, the agent is regarded as an individual, whereas in an ethic of care, the agent is regarded as a relational existence. An ethic of care emphasizes not only the one-caring (i.e. the one that acts) but also the cared-for, who is the target of the act. Furthermore, an ethic of care tends to consider the interests of the cared-for over the one-caring more than in virtue ethics.

The second notable feature of virtue ethics is that it deals more with "how we should live" than "what we should do". Let us now refer to Hursthouse's account of the "tragic dilemma" to show how virtue ethics relates to the issues surrounding the way of life of agents. A tragic dilemma is a kind of dilemma that cannot be solved because it is a situation in which you will inevitably get your hands dirty no matter what you do to get out of it. For example, how should a virtuous agent act in the face of a moral dilemma where if one person out of 20 is not killed, then all will be killed? According to Hursthouse, in this case, one kind of virtuous agent must commit suicide when the time comes, no matter which option he chooses, because a decent person could not live after such a dire situation. On the other hand, Hursthouse says that another virtuous agent must live in sadness because committing suicide is cowardly. In other words, the former virtuous agent can never get over not saving 20 people (or killing one) because he is truly compassionate, while the latter as a virtuous agent cannot commit suicide because he is truly courageous. Neither agent, after doing what they should, can get over their actions, and their lives will be forever impaired. Thus, there is a dilemma that even a virtuous agent cannot navigate well.[31] This is not because the agent has done anything wrong or right, but simply because of the fact that the agent's life has forced her to make a decision

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[29] Hursthouse 1999, chap.8.
[30] Noddings 1984, p.97; Noddings 2002, chap.5.
[31] Ibid., p.72.

after which she will not be able to live an intact life.[32] Therefore, moral decisions in virtue ethics are guided by the virtues cultivated in the agent's life and have a great influence on the agent's subsequent life.

In an ethic of care, as in virtue ethics, moral decisions are regarded as being related to one's whole life. In the above cases, in an ethic of care, as in virtue ethics, no matter what decision is made, the decision itself cannot be evaluated positively.[33] However, since the image of the agent to be aimed at is different for an ethic of care and virtue ethics, it seems that the two have different ways of living with some kind of hurt. In Hursthouse's ethics of virtue, virtues and happiness are so closely related that, once you do something wrong, you cannot reach eudaimonia. On the other hand, even in an ethic of care, it is certain that the occurrence of pathological caring[34] itself is not positively evaluated, but even in life after being hurt by pathological caring, in some cases, the care relationship can be repaired, and this leaves the possibility of fostering an ethical self in the future. Because, according to Noddings, care itself is good and happy.[35] Thus, while virtue ethics aims at the search for goodness, an ethic of care affirms life itself full of care relationships as good. Therefore, even if an agent does an act that is not virtuous at that time or if care fails, it is possible to recover oneself, repair the relationship, and in some cases even strengthen it in the subsequent care relationships.

Third, virtue ethics is based on the concept of *arete* rather than the concept of duty. Therefore, virtue ethics, unlike theories based on obligatory concepts, can sufficiently account for trivial, everyday moral decisions and moral acts. This kind of description is also shared by an ethic of care. However, while virtue ethics has the underlying notions of virtue and goodness, an ethic of care theoretically defines the non-arete concepts of care itself and the relationships that are the one-caring and the cared-for, and there may be situations where the views of the two are somewhat different. For example, according to Hursthouse, agents who satisfy the "unity of virtues"[36] that is, that a person with one virtue has all virtues are the perfect virtuous person. In addition, a virtuous agent "acts for some reason", so it is thought that he or she can have an impartial perspective to some extent compared to the agent in an ethic

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[32] ibid., p.75.
[33] Noddings 1984, p.104.
[34] Pathrogical caring is paternalism between the one-caring and the cared-for based on an overwhelming power relationship, or excessive dependence such as codependence. Noddings considers these relationships to be inappropriate (Noddings 2002).
[35] Noddings 2003, pp.31–32.
[36] Hursthouse 1999, chap.4.

of care.[37] On the other hand, in an ethic of care, it is believed that the one caring and the cared-for as moral agents are both finite and vulnerable beings, and whether or not care is exerted changes depending on the situation and circumstances. And Noddings states that human beings ultimately "stand on my side" and that in extreme situations, humans can only judge things from a subjective standpoint.[38] The above idea comes from the ethical claim of care that puts personality formation based on human relationships, and because the two-way relationship of the one caring and the cared-for is set as the smallest unit of the agent.

The fourth feature is that virtue ethics rejects the strong codeability thesis. An ethic of care also criticizes the ethical theory of the codeability thesis in line with these virtue ethical claims. This is because one of the most important criticisms from an ethic of care against conventional ethical theories is the denial of universal principles and rules, as well as their distorted interpretations.[39]

4. Conclusion

Based on the discussions so far, in order to identify the differences between agents in an ethic of care and virtue ethics, I have discussed the characteristics of both theories and their differences. The following three characteristics are common to both an ethic of care and virtue ethics concerning their attitudes toward action-centered ethical theories. First, both ethic of care and virtue ethics share the characteristic of being able to effectively deal with the "remainder" inherent in moral dilemmas and the trivial moral situations of everyday life. Second, both theories agree that they deal with the problem of life. However, an ethic of care is more particularistic than virtue ethics in approaching moral issues. Third, both reject ethical theories that favor a strong codeability thesis. Whereas traditional act-centered ethical theories justify morality only by moral reasoning and rationality, an ethic of care and virtue ethics do not approach morality in that way.

Next, an ethic of care has three main differences from virtue ethics. First, both ethical theories focus on agents rather than actions, however their "agent" implications are different. That is, while the agent in virtue ethics is a virtuous individual, the "agent" in an ethic of care is a relationship that includes both the one

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[37] ibid., p.69.
[38] Noddings 2010, pp.135–136.
[39] Noddings, 1984, pp.5–6; pp.100–102.

caring and the cared-for. Therefore, as mentioned above, in virtue ethics, arguments are conducted assuming a virtuous individual, whereas in an ethic of care, oneself is only in the care relationship with the one caring and the cared-for, adopting the image of "relational self". Second, the perspectives that agents take when making moral decisions or doing moral acts are different. In other words, in virtue ethics, the interests and concerns of individual agents are a problem, whereas in an ethic of care, the one caring and the cared-for are evaluated and make decisions from the perspective of their respective interests and concerns. Thus, an ethic of care can focus on the voice of those who for some reason cannot express their needs and desires, which traditional ethical theories have overlooked, or who do not have such abilities. Third, there are differences in both theories as to what an agent should be. In virtue ethics, the purpose is for the agent to be an individual with outstanding virtues, whereas in an ethic of care, the moral agents—the one caring and the cared-for—are finite and vulnerable. We admit that we are, so we are not necessarily aiming to be a morally respectable and virtuous agent. Thus, the image of human beings depicted in an ethic of care is neither one of an outstanding being as suggested in virtue ethics, nor that of a perfect being with virtues that cannot be achieved in reality. The relational self in an ethic of care is the self formed by influencing each other in the relationship between the one caring and the cared-for, and it is the smallest unit of the agent in an ethic of care. And, in the face of unexpected events in daily life, we often make mistakes and use our imagination and creativity to deal with the situations and to overcome our daily troubles. This kind of self is both finite and fragile, as well as flexible and indomitable. Therefore, the self in an ethic of care has the characteristic that it occurs in the relationship, it can be transformed according to individual situations, and it is based on the human view assuming a finite human being who makes mistakes and failures. It is a theory that has the potential to scoop out the voices of those who cannot fulfill their obligations or follow the universal principles represented by Kant's moral law and the principles of utilitarianism, either because of their plight or because they have been deprived of the opportunity to know ethical norms.

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