

Confucian Reciprocity and Feminist Ethics of Care

Maureen Sander-Staudt

Southwest Minnesota State University

In recent decades, a lively debate has developed around the question of whether a Confucian ethic shares enough similarities with a feminist ethics of care to warrant the conclusion that feminist care ethics is a kind of Confucianism. Various authors have answered this question differently, with some, such as Cheyeng Li arguing that Confucianism and feminist care ethics do share salient similarities making them compatible, while others, such as Daniel Star, Lijun Yuan and Ranjoo Herr, reject this hypothesis for distinct reasons (Li 1994, 1999, 2000; Star, 2002; Yuan, 2002; Herr; 2003). While Star objects that the Confucian focus on role based virtue is not compatible with the focus of care ethics, Yuan argues that neither Confucianism nor care ethics qualifies as a *feminist* ethic, and Herr finds Confucianism to be compatible with feminist ethics, but not care ethics.

In this paper I agree that Confucianism and care ethics share some likenesses, but maintain that they also exhibit serious differences which make their full compatibility untenable. However, both theories have something to offer to one another that make their collaboration as distinct theories desirable, especially when feminist ethics is added to the mix. Namely, I contend that a Confucian ideal of reciprocity infused with feminist considerations, can help care ethic surpass the problems of parochialism associated with Carol Gilligan's and Nel Noddings' feminine version of care ethics (Gilligan, 1982; Noddings, 1984). The establishment of a concept of reciprocity similar to that found within Confucianism can be a starting point for boosting political ideals of distributive justice that adjudicate fair allotments of care benefits and burdens. I say a starting point, because by itself, Confucianism is poorly qualified to deal with more specific issues of sex and gender based inequalities surrounding care and care work. That is, Confucianism, at least in a traditional formulation, does not care enough for those in subordinate relations of care, most especially women, who under a Confucian scheme fail to experience full reciprocity. For this reason, a feminist ethics of care also has something to offer Confucianism.

After reviewing some of the debate surrounding the possible affinities or lack thereof between Confucianism and feminist care ethics, I explain how a collaborative approach is a better meta-ethical model than one which seeks to assimilate one theory to another. This discussion illuminates the need for a more political principle of reciprocity in care ethics and the ways in which Confucianism might supply one. I explain why a Confucian concept of reciprocity is a fruitful, but currently inadequate starting point for such a principle for a feminist care ethic which strives to challenge sex related inequalities in care responsibilities, and how a feminist care ethic mutually supplements Confucianism in this way. I end the paper by considering some of the practical implications of this principle for family leave, early childhood care and education, and end of life care in the United States and China.

Confucianism and Feminist Care Ethics: A Collaborative Theoretical Model

The debate surrounding the relationship between care ethics and Confucianism is often framed around the question of whether the two theories are similar enough to allow for their

assimilation, or whether they are sufficiently different to render them incompatible. A review of this debate reveals why it is better to promote theoretical collaboration between Confucianism, care ethics, and feminist ethics, so as not to sacrifice their autonomy as moral theories with distinct emphases and points of view. In particular, it is helpful to highlight how Confucianism and care ethics have been equally consistent with the subordination of women and other people enmeshed in hierarchical care relations, such that neither theory in itself qualifies as an innately feminist ethic. It is also helpful to delineate how reciprocity as a moral ideal operates differently in each theory with various degrees of potential for the practical liberation of those burdened by social structures of care.

It is important not to oversimplify any of these moral traditions, given that feminist and care ethics have numerous strains and formulations, as certainly does the much more ancient tradition of Confucianism. At the same time, it is necessary to identify some of the main teachings and foundations of these three moral traditions in order to discuss their possible compatibilities. Confucianism, which is rooted in the teachings of Confucius (Kong-zi), Mencius, and others, is a moral tradition dating back to 500 BCE, when *The Analects* of Confucius were recorded. Today the ethic is considered to be a role based and hierarchical virtue ethic, which emphasizes love of humanity, filial piety (respect of children for their parents), cultivation of the self through the proper observance of social norms and rites, and a gradated measure of moral responsibility. The ontology of Confucianism is relational, resting on what is known as the “five fold relations”. These five relations originate from the most central relation of father/son, which gives rise to other key relations, including between ruler and citizen, older and younger sibling(s), husband and wife, and older and younger friend (sometimes teacher and student is also included).

Care ethics, as originally formulated Carol Gilligan and Nel Noddings, is similar to Confucian ethics in many ways (Gilligan, 1982; Noddings, 1984). To begin, care ethics construes the ontology of human identity as basically relational. It is typically through our having been cared for as children that we come to know who we are, and to have caring moral dispositions and values. In this way, care is an essential practice, moral ideal and social good, which also originates in the family, although these care ethicists originally placed central emphasis on the mother/child relation. Like Confucianism, care ethics also has a heavily embodied component, is flexible in its appeal to principles, and conceptualizes human life as interdependent. In both traditions, care is capable of having gender-neutral forms, although it has been traditionally associated with women.

Numerous authors have surmised that because of these similarities, there is no singular culturally based care ethic. However, the degree of overlap that can be said to exist between these moral traditions remains controversial. Li was one of the first scholars to highlight resemblances between feminist care ethics and Confucianism, in a series of articles and then later in two books. Li compares like aspects of the Confucian concept of *jen* and the concept of care found in Noddings and Gilligan (Li, 1994). Li observes that in Confucianism the concept of *jen/ren*, which translates variously as benevolence, love, altruism, kindness, humanity, human-heartedness, magnanimity, compassion, the best of men, etc., bears striking resemblances to the idea of care as developed by Noddings and Gilligan. He affirms that “to be a person of *jen*, one must be caring to others”. He further notes that these ethics similarly emphasize a flexibility of

general principles, a sense of reciprocity that demands that one care for others, and a system whereby the moral obligation to care is gradated so that we have a stronger obligation to care for those closer to us than those at a distance (Li, 1994, 74, 76). With regard to the question of whether Confucianism is harmful to women, Li argues that although women have suffered oppression under the name of Confucianism, Confucius and Mencius had no systemized prescription for the treatment of women. He posits that the oppression of women in Confucianism gained support during the later period of Neo-Confucianism (800-1500 A.D.). This period was influenced by the yin-yang philosophy of Chung Tung-su, whereby “yang” was associated with heaven, man, father, day, heat, and assertiveness, and was hierarchically distinguished from “yin” which was associated with earth, women, child, night, cold, and submissiveness. For Li, the fact that the subject of the Confucian text (“the superior human”, “the human of learning”, “the sage”) can be translated as one who is gender neutral, casts aspersions on the claim that Confucianism is incompatible with equality between women and men, and thus is an anti-feminist theory (79). Li concludes that care is not associated with a particular sex or culture, and he endorses a new and reconstructed form of feminist Confucianism that builds upon this compatibility (Li, 1994, 86; 1999).

Li’s proposal for collaboration between Confucianism and feminist care ethics is a promising one for rounding out a political ideal of caring reciprocity, an idea that I consider more in section two. However, other philosophers object that it is better to view care ethics as fully distinct from Confucian ethics. Such critics can be divided into two groups based on the substance of their objections. Critics in the first group disagree with Li’s argument for the compatibility between Confucianism and care ethics because they see the two ethics as significantly different in their orientation to virtue and care. Critics in the second group are more concerned with questions about the proper role of women and children in the family, and speculate that a synthesis of Confucianism and care ethics will only perpetuate patriarchal oppression and erode traditional Chinese family values.

As an example of a critic from the first group is Daniel Star (Star, 2002). Star categorizes Confucian ethics as a virtue ethic, and distinguishes virtue ethics and care ethics as involving different bases in moral perception. According to Star, care ethics differs from Confucian ethics in not needing to be bound with any particular tradition, in downgrading the importance of principles (versus merely noting that principles may be revised or suspended), and in rejecting hierarchical, role-based categories of relationship in favor of contextual and particular responses. In Star’s analysis, Confucians may fail to care in a specifically care ethical way because they base moral obligation on needs that follow from socially assigned role expectations, rather than paying attention to the diverse and particular needs of the people one cares for (Star, 2002, 97). While Star’s criticism is not explicitly a feminist one, it is relevant to feminists who are concerned about the ways in which women have traditionally been subjugated in their roles as care-givers and receivers, and in these roles have had their capacity for moral and political agency, and for reciprocal returns of care, curtailed. If a Confucian concept of reciprocity is to serve a feminist care ethic in challenging the ways in which care work has been distributed along arbitrary and unequal sexual lines, it follows from Star’s analysis that this concept has to be one in which care-giving roles and their subsequent moral burdens and benefits are dislodged from role based expectations rooted in sex and gender.

It is no surprise that the feminist critics of Li found in the second group are more cognizant than Star that the traditional role based orientation of Confucianism has served to create sex based social divisions of care that subordinate women in familial and political rule. Two such critics include Lijuan Yuan and Ranjoo Herr, both of whom question the compatibility of Confucianism, care ethics, and feminist ethics, but for different reasons (Yuan, 2002, 2007; Herr, 2002, 2012). Responding directly to Li, Yuan disagrees with the proposal to develop a Confucian- feminist care ethic because she finds feminist ethics to be incompatible with the way Confucianism subordinates women, and she objects to Li's assumption that the care ethics of Noddings and Gilligan are indeed fully feminist ethics (2002). Yuan finds it implausible to conceptualize Confucianism as a feminist ethic because Confucius mentions women only three times, and even then, in a less than flattering light. In the first of these passages, Confucius mentioned his visit to the consort of Duke Ling of Wei, Nanzi, who was famous for her loose morals and beauty (6:28). In the second, he reported a visit to King Wu, stating, "With a woman amongst them [ten competent officials], there were, in fact, only nine" (17:25). Finally, the third place where Confucius mentions women, he states "Women and servants are the most difficult to deal with. If you are familiar with them, they cease to be humble. If you keep a distance from them, they resent it" (Chan, 1963, 43). Although there are several translations of this passage, Yuan finds they all express contempt for women that would have been readily accepted by students of Confucius, and mark a stark contrast to the more than 100 times that Confucius links *ren/jen* to the *junzi*, or gentleman (Yuan, 2002, 113). The upshot is that although Confucius thought that the gentleman, or superior *man* is capable of reaching *jen/ren*, a woman can never do so, and is by nature inferior. Thus, for Yuan, Confucian virtue eludes women in a way that makes it difficult to cast a Confucian ethic as a feminist ethic.

As further evidence that the Confucian tradition is inhospitable to feminist care ethics, Yuan cites numerous classic laws and norms that condoned double standards for women, comparatively curtailing their ability to divorce, own property, and find recourse in the law. One of these is the principle of Threefold Obedience—a specific virtue for women but not for men, found in one of the five classics of Confucianism, *Li Ji* (The Book of Rites) written during the Han dynasty (Western Han 206 B.C.E. -8 A.D. and Eastern Han 25-220 A.D.). It states: "Women following man is the beginning of the correct relation between husband and wife: obedience to the father before marriage, to the husband after marriage, and to the son after the husband's death" (Li Jun, 1980, 1003). Yuan notes that this is but one of many instances where the followers of Confucius endorsed special virtues for women, including the virtues of obedience, following others, and being silent to authorities (Yuan, 2002, 114). Considering how Confucian reciprocity could be a principle that endorses full and equal respect between husbands and wives, Yuan agrees that Neo-Confucianism did encourage mothers and fathers to treat each other with full respect, but that it was also the case that "mother should conduct herself with humility and obedience" (Yuan, 2002, 123). Her point is bolstered by the fact that under Confucianism, women could be divorced by their husbands for committing one of "seven sins", two of which directly relate to expectations of care responsibility-- not having a son, and failing to care for her in-laws. Women themselves internalized such patriarchal teachings, such that women in this period forced their own daughters to be foot bound, and expressed gladness when their husbands took concubines to keep the male family line strong (Yuan, 2002, 124). Yuan

thus sees a causal relationship between the rise of Neo-Confucianism in the 10th century, and the prevalence of sexually oppressive customs yet to this day.

Yuan goes on to state that this philosophical trend of feminine caring-submissive virtue is not unique to China. In the words of feminist Claudia Card, Yuan finds that “it is women’s moral luck to be expected by almost every culture to devote herself to the caring of her family, even at substantial personal cost to herself” (Card, 1990; Yuan, 2002, 118-9). Yuan also finds that the care ethics of Noddings and Gilligan fare little better than Confucianism in recognizing or countering the way that care work has served to burden women. Quoting feminist writer Marilyn Friedman, Yuan argues that care ethics, and the Confucian concept of *ren/jen* “does not yet constitute a sufficiently rich or fully liberatory *feminist* ethics” (Friedman, 1993, 151; Yuan, 2002, 119). For these reasons, Yuan doubts that Confucian ethics can ever be acceptable to contemporary feminists, despite its similarity to care ethics (Yuan, 2002). Alternatively, she endorses a revised feminist ethic of care that “enlarges care to a global scale... and does not exclude those powerless voices in their specific situations” (Yuan, 2002, 126).

Herr agrees with Yuan that Confucianism and care ethics are not compatible (Herr, 2003), but she moves in a significantly different direction from Yuan in proposing a free standing version of feminist Confucianism (Herr, 2012). She locates the incompatibility as between the Confucian significance of *li*, or formal standards of ritual, and care ethics’ resistance to hierarchical relations and role based rules (2003). She notes that care ethics and Confucianism have distinct, even contradictory moral injunctions. On the one hand, Confucianism demands respect for the natural hierarchy between parent and child, such that children are to be cared for, but not to be treated as equals. Confucianism furthermore admonishes parents to limit their emotional responses with children, and to be mindful of their authority over a child. On the other hand, care ethics promotes relations rooted in emotionality and a sense of equality. Departing from Li’s analysis, Herr finds that *jen/ren* is not the same kind of care as that is found in care ethics (2003, 481).

However, Herr agrees that a Confucian model of the family can be compatible with feminist commitments, once it is understood that reciprocity is also a central thread of Confucianism. Herr notes that the concept of *shu*, or reciprocity, is of equal importance to, and serves to constitute the concept of *jen/ren* in Confucianism. This principle of *shu* in Confucianism, sometimes called the “Silver Rule” because it is a negative formulation of the Golden Rule, proscribes against imposing on others what one does not want to be imposed upon oneself. The principle is found in the 15th book of The Analects: “Tsze-kung asked, saying, ‘Is there one word which may serve as a rule of practice for all one's life?’ The Master said, ‘Is not RECIPROCITY such a word? What you do not want done to yourself, do not do to others.’”(Confucius, 15:24, Legge trans.) Herr uses this proscription to argue against a universal sex based division of labor with man focusing on the outside of the home, and woman on the inside of the home, because human beings are invariably diverse in their dispositions. Men should be free to devote themselves to domestic work, and women to public work, because prohibiting such activities runs contrary to negative reciprocity, in that it encourages treatment of others in ways that cannot be self-condoned. Herr recognizes that this Confucian principle of reciprocity is one that can be

useful to feminists because it discourages men from treating women in ways that men themselves would not wish to be treated.

This concept of reciprocity is not the only compatibility that Herr finds between Confucian and feminist Ethics. Herr also sees compatibility because in Confucianism, women have an equal ability for self-cultivation (Herr, 2012, 341-2). She writes: “there is no justifiable reason why women should not be considered as moral persons capable of self-cultivation. The confinement of women in the domestic sphere by emphasizing functional distinction prevents their self-cultivation” (342). Herr does not think that the impetus for human cultivation means that women ought to abandon their role as mother/housewife and become nominal men. Rather she posits an interchange between the public and private spheres such that educating future generations to become active participants in the public sphere is understood as work that requires female caregivers to participate in public activities themselves. She further recommends that Confucianism be used to rethink the private/public distinction so that private work is understood as public work. Herr defends a division of labor that is flexibly decided, and endorses an interpretation of Confucianism wherein both men and women are equally free to focus on domestic or public work. She finds that this follows from a Confucian ethic because both private and public domains allow for self-cultivation, and because the Confucian principle of reciprocity conflicts with a strict sexual division of labor. Herr believes that in these ways, “the ideal Confucian family...is eminently compatible with the feminist ideal of gender equality”, and Herr thus builds on Li’s optimism regarding the possibility of a feminist rendition of Confucianism (343).

This debate shows that the very articulation and characterization of the central tenets of Confucianism, care ethics, and feminist ethics, is an enterprise fraught with diversity. For this reason there can be no clear consensus regarding the ideal relationship between these distinct moral traditions. As Yuan argues, the literature on this subject often identifies the work of Nel Noddings and Carol Gilligan as clear feminist ethics, and care ethics to be exhaustive of feminist ethics, when both views are simplistic (Yuan, 2002, Noddings, 1984; Gilligan, 1982). Feminist ethics is a complex and varied tradition which can be sub-divided into liberal, radical, Marxist, socialist, post-modern, and global, (just to name a few). Care ethics also has diverse formulations, although it was originally associated with cultural feminism. Cultural feminism views men and women as substantially different in their natural and socially constructed characteristics, and also treats the culturally based work of women as worthy of full moral consideration. The care ethics of Noddings and Gilligan are clear instances of cultural feminism because they build upon the idea that women more so than men exhibit a “perspective of care” distinct and equal to the more masculine “perspective of justice. But the care ethics of Gilligan and Noddings are less compatible with strains of feminism that view care as oppressive for women, or that emphasize how women differ from one another in relation to care.

Criticisms of care ethics, including many from feminists having to do with how care as a social practice and moral ideal continues to subordinate women, have prompted a slow but important evolution in care ethics. In response to complaints that both Noddings and Gilligan unreflectively valorized the association between women and care without asking how such associations came to pass, or who interests they serve, more contemporary versions of care ethics are more explicitly political. Theorists like Joan Tronto (1994), Eva Feder Kittay (1999), and

Virginia Held (2006) have developed more robustly feminist versions of care ethics that explore the moral significance of care without assuming that it is fitting for women to predominantly do the work of care. These and other theorists (Hamington, 2004; Engster, 2006) have developed political philosophies of care that are largely gender neutral, and which extend ideals of care to economic and political theory. Such theories of care thus challenge Noddings' dyadic, privatized conception of moral obligation, and diverge substantially from cultural feminism. These political theories of care differ from one another in certain respects, but share a relational ontology that assumes interdependency at every level of organized society. Even if direct applications of bodily care are not possible to give to distant or unknown strangers, it is a mistake for a care-giver to be oblivious about her relations with such persons because she is inherently enmeshed in webs of relations that shape her (and their) concrete realities. Moral obligations in care may be gradated, but are now understood to extend to all contextually, no matter how distant. In this way, care ethicists have sought to respond to feminist critiques by expanding the theoretical reach of care ethics in more explicitly political and gender neutral ways.

The political and feminist turn in care ethics is one that could inform the ongoing evolution of Confucianism, in the sense that Confucianism, too, is not innately feminist. Although Herr is correct that a Confucian and feminist model of the family may be possible, Yuan's argument that Confucianism has a stained past in regards to the mistreatment and subordination of women should not be underestimated. It may be true that *ren/jen* is a virtue that can be interpreted in a gender neutral way, but the ambiguous gender reference of "man" (rather than "human") continues to be the preferred translation, with male connotations further evident in the selection of "he" and "him" as the nearly universal qualifying pronouns for "man". The "add women and stir" strategy for achieving a more equitable ethic (say by altering male and female pronouns) is compromised by the way in which role based activities around the world continue to be greatly sex and gender based, such that globally, women, "inferior men", and other disempowered people tend to perform the bulk of menial care labor without equal returns. This means that even if sex equality was achieved such that men and women equally had the choice to do care work or not, a gender based hierarchy could still persist whereby care-givers (male or female) were yet subservient to those who enjoy what Tronto terms "privileged irresponsibility" from the most arduous burdens of care (Tronto, 1994).

Thus, it is difficult to conclude with Li or Herr that Confucianism is capable of being a fully feminist ethic without drastic revisions to the male dominated origins and continued patterns of this tradition. Given that Confucianism is inherently a conservative ethic, such revisions will result in something entirely different from what Confucianism has been traditionally, and even different from what is known as Neo-Confucianism, a later strain of this ethic which both Li and Yuan agree treated women despicably.

Xiao Wei, in comparing Confucianism, care ethics, and Christian ethics, describes the dilemma that arises for a Confucian feminist care ethic. On the one hand, Confucianism is a hierarchical ethic that teaches that not all people deserve the same respect, love and caring as do higher-ranking people (Wei, 2008, 36). Confucianism instructs that people are born unequally, and that the superior man deserves the highest respect or love and caring, whereas women should always

play the role of people who care (36, 41). On the other hand, a feminist care ethic endorses more egalitarian care relations between men and women and seeks to dissolve sex and gender based hierarchies. Such an ethic asks “who is offering care and who is receiving care?”, in the hopes of detecting and subverting relations that are asymmetrically reciprocated. Wei finds that Confucianism on its own is lacking because it has no principle of justice for dealing with this problem. Moreover, even though feminist care ethics and Christian ethics do have such a principle, because both theories posit that to act with care implies acting justly, for all three theories, “the problem is to find a way to deal with conflicts of interest under the conditions of a market economy” (42). I suggest that one way to deal with this problem is to develop a principle of just reciprocity of care, a principle that is nascent in Confucianism and care ethics, but that is in need of reformulation if it is to be feminist.

What is needed then, in order to make Confucianism compatible with a feminist care ethic, is a Neo-Neo-Confucianism, or a feminist Reconstructionist Confucianism. Even if Li’s point is accurate that Confucianism may have coincided with historical eras where women were more equal to men than at other times, and even if Confucianism is compatible with a vision of a future society characterized by sex and gender equality, this does not change the fact that Confucianism has in practice often been compatible with gender subordination, much of which is linked to the work and relations of care. That the same thing may be said of Western traditions, including Kantianism, liberalism, and utilitarianism, is one of the original premises of care ethics. This is a strikingly feminist premise that recommends wariness toward any moral theory that has been compatible with patriarchal systems, including Confucianism, and even care ethics itself.

Acknowledging that both Confucianism and care ethics is not innately feminist recommends their collaboration with feminist ethics. But when we try to integrate or assimilate these diverse moral threads, we must be careful not to blur their differences, such that we produce an ethics that has lost key, mutually *justifiable* tenets of each original strain. In responding to a similar debate that has developed around the proposal to understand care ethics as a kind of virtue ethic, I have argued that it is better to adopt a collaborative meta-ethical approach, as opposed to an adversarial or assimilative approach (Sander-Staudt, 2000). That is, I believe that there is a dangerous tendency (or at least a legitimate fear of such a tendency) to subsume more marginal moral traditions under more dominant traditions with the effect of homogenizing and silencing unique and vulnerable moral points of view. To avoid the conflation of moral theories and the subsequent reduction of moral diversity, I recommend a collaborative strategy that situates the three theories discussed here such that they serve as supports and correctives to one another, without the need for categorical assimilation. In a collaborative model, moral theories retain their distinctiveness, thereby preserving autonomy while benefitting from theoretical insights outside of their own tradition.

Confucianism may be like care ethics, but it is distinct in being rooted in a more hierarchical and patriarchal tradition of “cultivation” that relies heavily on social roles. Care ethics is like Confucianism, but is distinct in making care *the* central moral ideal, and in being wary of unreflective role based hierarchies. It is also unique in conceptualizing care as foremost a practice, as work that must be done, and that should be done in a manner that is more just to

women and children. In this way, care ethics is feminist to a point. But, in fact, neither Confucianism nor care ethics can be said to be inherently feminist, and hence, it is important to retain feminism as an autonomous field of ethics because of how it serves as a critical partner in its own right.

However, as Li retorts, it is difficult to give an exhaustive list of what qualities an ethic must have for it to be adequately feminist. What makes an ethic more adequately feminist is a question that continues to be fleshed out, but philosopher Alison Jaggar offers three basic criteria that are essential to any feminist ethic (Jaggar, 1989). Jaggar argues that for an ethic to be feminist it must minimally be a) sensitive to social contexts where women continue to be systematically subordinated and seek to subvert rather than reinforce this subordination; b) equipped to handle moral issues in both the private and public domain, and c) inclined to treat the moral experience of women seriously, but not uncritically (91-2). The first criterion means that any moral theory seeking to be labeled feminist must be willing and able to distance itself from its more patriarchal versions. Care ethics may be in a better position to do this than Confucianism, given that Confucianism has more inherently idealized patriarchal components than care ethics. But with Jaggar's feminist criteria foremost in mind, I move next to examining how Confucianism and care ethics (understood as a set of theories that are distinct and at times incompatible), might benefit from synthesizing their understandings of reciprocity.

Confucian and care based reciprocity as a feminist principle of justice

One of the ways that an ethic of care can become more robustly feminist is to adopt a principle of reciprocity which serves to make the application of care more mutual between men and women, as well as between families and institutions. Reciprocity is not a concept that has been examined carefully by care ethicists, which is unfortunate given the centrality of reciprocity to healthy and equitable care relations. Reciprocity, understood as an ideal governing the giving and taking of care, may not be the singular principle of justice in care ethics, but it is prominent. Caring relations cannot and should not always be strictly reciprocal, but a relationship that is not reciprocal when it could be, is only questionably just. What counts as an adequately reciprocal relationship is greatly subjective, but becomes less subjective within certain theoretical ethical frameworks. Here, collaboration between Confucianism, care ethics, and feminism is promising because Confucius and Noddings already have explicit ideals of reciprocity, albeit somewhat different. Nonetheless, both conceptions benefit from the inclusion of feminist considerations because neither are able to deal with the problem identified by Wei—the need to deal with conflicts of interests under the conditions of a market economy, or what Nancy Fraser alternatively calls the problem of “needs assessment” (Fraser, 1987). In Confucianism, reciprocity is an ideal of interpersonal consideration that gradates empathetic love from private to public relations. In care ethics, reciprocity as developed by Noddings is a largely private exchange of care engrossment that motivates and inspires future care-giving. While the concepts of reciprocity as articulated by both Confucius and Noddings bring in qualities of reciprocity that are important for care ethics, an adequate principle of reciprocity for a feminist ethic of care is one that is concerned about eradicating and reforming unequal distributions of the burdens and benefits of care, for women (and others), in both public and private domains.

Just Confucianism and care ethics has been shown to have other compatibilities and differences, reciprocity is an ideal in both theories that is both similar and distinct. In Confucianism, *shu*, or reciprocity, is the principle that serves as the central principle of life. Many scholars argue that it is through *shu* that a human develops *ren*, because it is through the development of an empathetic disposition averse to harming others, that a human becomes *ren*, or virtuously benevolent to all humans. *Ren* begins in the family, as does *shu*, because it is here that we are first experience love and empathy for others. *Shu* is not owed to all people equally, thus, but is gradated such that we have strongest obligations to the parent/child relation of filial piety, which then extend to the other five-fold relations. However, it is through the display and cultivation of filial piety that care for more less intimate others can be established.

In a similar way, Noddings' account of reciprocity serves three functions. First, reciprocity features in an ethic of care that focuses on the exchange of care between particular and intimate others. Reciprocity is understood both as a response on the part of the care-giver that signifies the successful completion of care, and as a motivation that results from this response that makes a care-giver want to continue giving care. Second, as an ideal that brings in considerations of justice, reciprocity represents a goal of achieving mutual returns of care through interchangeable roles. Noddings' concept of reciprocity finally serves to keep care obligation manageable, in that a care-giver is not obligated to care for another with whom there is no hope of completion, or reciprocity. For this reason, like Confucius, Noddings casts moral obligation as gradated, in that we have much less moral obligation to care for unknown and/or distant others, because care cannot be completed, and care cannot be reciprocated.

The Confucian concept of *shu* as reciprocity, is one that seems to have inherent affinities with care ethics. Such affinities are evident in the work of Qingjie James Wang, who explains how an account of the Confucian golden rule is distinct from a traditional Western account in being partial, particular, interpersonal, and embodied (Wang, 1999). Wang does not himself draw a parallel between these qualities and a feminist care ethic, but such parallels are evident in the fact that the description of *shu* offered by Wang is remarkably similar to the way such a principle might operate in a feminist care ethic. Like Tao, Wang traces the Confucian connection between *shu* and *zhong* (loyalty), and finds the former to be more central to this ethic, because "the concept of *zhong*, which focuses on the commitment of individuals to their community...is only possible on the basis of *shu*, or by way of *shu*" (Wang, 421). What Wang means by this is that it is only through appeals to direct and current relations of care and interpersonal love between people who relate together as intimates that loyalty to the larger community, and *li* (ritual based proprieties) can be adequately grasped and exercised (Wang, 422). *Li*, or the concrete expressions of what is demanded to cultivate and maintain caring relations, are subject to change, and attain their vitality from reciprocal *shu*.

Wang further emphasizes that Confucius' version of the Silver Rule differs from its Western Judeo-Christian formulation in having an inherent bodily and somatic character, and in being a humanistic rather than a divine rule (423). Wang sees an ontological advantage in this approach, in that the somatic aspect of reciprocity engages the whole body, unifies the heart/mind/ and body, and conceptualizes the whole world as a single body, with my embodied mind and those of others being "only different parts of this whole organic body" (424). This has the advantage of overcoming the Western problem of "other minds", and also illustrates the limited nature of

myself as an embodied caring person. Confucius's *shu* as my embodied mind means that I should not relate to others in a "one-directional" way, but must be "bi-directional" or even "multidirectional" (424), which also matches well with the care ethical ontology that conceptualizes the individual as embedded in relations and responsibilities that are not best understood as linear, but as web-like .

The Confucian concept of *shu*, or reciprocity, in Wang's analysis, resembles and expands upon care ethics in several other respects. The bodily aspect of *shu* further integrates "ordinary Chinese phrases" that expand upon bodily abilities as epistemological abilities, such as *ti hui* (bodily understanding), *ti xu* (bodily sympathizing), *ti liang* (bodily tolerating), and *ti tie* (bodily consideration) (Wang, 425). Some Western care ethicists, such as Hamington and Michael Slote, have also begun to consider the role of the body in caring empathy, and these Chinese concepts expand upon how the body can serve as a tool for knowing in care ethics that moves beyond more rationally and psychologically based moral epistemologies (Hamington, 2004; Slote, 2007). Moreover, *Shu*, understood as a "way" as opposed to being a mere "rule", "law", or "commandment", indicates that this "rule" is not something that is imparted to us, to be merely followed, but is something that human individuals and communities create. Wang quotes Confucius in saying that "It is human beings who make the way great, not the way that makes human beings great", explaining that in the process of "way-making", we as human beings become closer, and can build, preserve, and live in flourishing communities (Wang, 426).

The characterization of the concept of *shu*, or Confucian reciprocity, is thus one that fits well with care ethics. However, Wang's analysis of *shu* does not fully explore the feminist implications of this concept. The idea that the principle of reciprocity found in Confucian ethics might valuably serve a *feminist* ethic of care is the focus of Sin Yee Chan's aptly titled article "Can *Shu* be the one word that serves as the Guiding Principle of Caring Actions?" (Chan, 2000). Chun considers how the concept of *shu*, and its twin virtue *chung* (loyalty), helps to answer the question of whether when caring for another person, we should go by her perspective or our own in deciding what to do on her behalf. Chan's analysis of *shu* affirms going with both the perspective of the caring agent, and with the perspective of the cared-for, but gives priority to the former. To make this argument, Chun draws from Herbert Fingarette's interpretation of *shu* as "*identifying with another person while remaining her critic*" (Chun, 200, 507, original italics; Fingarette, 1980). In Chan's account, although *shu* is often understood as a negative prescription against inflicting harm, it also has positive formulations, as evident in this passage from the *Analects*: "A man of *jen*, wishing to establish himself, also establishes others, and wishing to be prominent himself, also helps others to be prominent." (*Analects*, 6:28).

Chan interprets *shu* as involving a kind of reversibility that involves both imagining one's own self in the position of the cared-for, but also empathetically discerning the perspective of the care-for, as it may differ from one's own (Chan, 509). Chan identifies three possible interpretations of what it might mean to "put oneself into another's shoes". First, it could mean taking into account the objective aspects of another's situation, such as the urgency of need, the social roles occupied by the cared-for, or the relevance of the rules of propriety inherent in *li*. Second, it may also mean being sensitive to the subjective differences between persons. What I prefer may not match the preferences of the person I seek to care-for, because he is different from me. Finally, a care-giver may apprehend the perspective of the cared-for, but also retain

personal autonomy in critically assessing his/her perspective. Chan endorses the third interpretation as best, because it requires a care-giver to take into account both objective and subjective features of the cared-for as a unique person, including the circumstances they find themselves in. It also carves out space for an autonomous critical reaction on the part of the would- be- care-giver.

For Chan, one of the great advantages of the third interpretation of *shu* is that we can avoid the loss of independence on the part of the caring agent, because *shu* requires the agent to make her own judgment, and to make it authoritative (518). Furthermore, *shu* helps to ensure the promotion of the interests of the other person, which may or may not be accurately self-perceived. Responding to John Stuart Mill's claim that an individual is always the best judge of his/her own interests, Chan points out that this presumption is generally valid, but not infallible (518). Thus, *shu* as a dual perspectival reversability gives a potential care-giver an epistemic advantage over the cared-for by offering two perspectives, her own, and that of the other person (518). This gives the caring person more data than the cared-for, who only considers her own position. However, a caring person cannot assume that her own perspective is always superior or accurate in its assessment of the interests of the cared-for, and for this reason "the caring person follows a much more stringent standard in evaluating the evidence grounding her judgments when she decides about the actions on the other person's behalf"...so that she should have "clear evidence for the wrongness of the other person's perspective if she decides to act contrary to it" (519).

Chan's analysis of Confucian reciprocity as involving critical empathy is an important tool that improves upon Noddings' account of caring reciprocity, which gives care-receivers the overall power to judge when care has been successfully applied. In an effort to avoid arrogant and one sided determinations regarding the completion of care, Noddings grants the power of assessing the success of care to care receivers (Noddings, 1984, 68). But as Chan points out, this opens the door to arbitrary, immature, and uninformed assessments about the completion of care, without allowing for critical recursive feed-back from care-givers. For example, some parents fail to care well for their children even though they perceive themselves as being very good parents. For this reason, it is important to solicit, receive, and adjust care in accordance with the cared-for's perspective about the success of care-giving (as well as the perspective of others). But at the same time, it is also true that children (and other care-receivers) sometimes inaccurately conclude that they have not been well cared for, for various reasons, including that they have immature or uninformed standards about what qualifies as "good care". Chan is thus correct that it is important to have a reciprocal exchange of critical assessment power, giving care-givers an opportunity to independently consider what is really the best interests for the person they seek to care-for, as well as themselves.

Chan's account of Confucian reciprocity also provides a necessary, but insufficient tool for dealing with the problem at hand, the unequal distribution of caring responsibilities based on sex. Under a reciprocal exchange of care, Confucian reciprocity provides an epistemological tool and strategy for motivating more equal distributions of care work. For example, a husband in a traditional marriage who expects his wife to perform the traditional bulk of care work, can be encouraged to empathetically consider her objections that this division of labor is arbitrarily and unjustly determined. At the same time, a wife who is expected to singularly perform care

services for her husband and children, when they are perfectly capable of caring for themselves and of reciprocating these services to her, has the opportunity to critique their perspectives that this lack of reciprocation of care is just. Building on the Confucian concept of gradated care, reciprocal *shu* as analyzed by Chan also can be extended also to allow care-givers the right to critically assess and resist the care responsibilities that are expected of them by larger social groups, including businesses, religious institutions, and governments.

This idea that Confucian reciprocity recommends more extended and publically dispersed responsibilities for care is highlighted in Julia Po-Wah Lai Tao's analysis of the differences between Confucianism and feminist care ethics. Tao agrees that there are "deep and important differences" underlying Confucianism and feminism, and finds that Confucianism does better in dealing with strangers than the care ethics of Noddings (Tao, 2000, 216, 225). Unlike Gilligan and Noddings, whose ethics are dyadic and particular, she argues that Confucianism addresses issues of social morality, and has a vision for the "Good Society", which is characterized by "good faith, friendly relations, caring for others, and the fulfillment of reciprocal obligations" (Tao, 226). The passage that Tao quotes from Confucius in the *datong* (Great Community) describes this vision more fully:

When the great Dao prevailed, the world belonged to the general public (*tianxia wei gong*). They chose the worthy and the capable, were trustworthy in what they said, and cultivated harmony. Therefore, the people did not love only their parents and did not treat only their children as children. Thus the aged could live out their lives, the grown-ups all had their function, the young could be reared, and the widowed, the lonely, the orphaned, the crippled and the sick all found their care. Men had their roles, and women kept their homes. They hated casting away goods, but not necessarily to keep them for themselves. They hated leaving their strengths unemployed, but not necessarily to employ it themselves. Therefore, scheming had no outlet, and theft, rebellion and robbery did not arise, so that the outer doors were left unlocked. This is called the Great Community (*datong*) (Analects 15:11, 2:23).

Tao acknowledges that the sexual division of labor described in this passage should be open to debate, (an understatement!) but finds this vision to be similar to the views of feminist care ethicists, such as Tronto, who agree with Confucius that a society cannot be morally admirable unless it provides adequate care for all of its members and territories. As modeled in the Great Community, care, as an emotion that ideally creates concern and loving sentiment between family members, can motivate negotiations aimed at distributing care justly on even a larger social scale. Building on this element of gradated care within Confucianism and feminist care ethics, Tao's concept of empathetic reciprocity takes on a more public and political character of needs assessment. In this way she finds it is superior to Noddings' private conception of reciprocity. Although Tao acknowledge similarities to Tronto's more political philosophy of care, Tao concludes that Confucianism:

provides a more positive answer for dealing strangers than either feminist care ethics or the popular liberal answer ...[where] we are perfectly justified to leave moral strangers where we find them on the doorstep of communities, because there is no such moral

requirement to extend caring and concern to strangers beyond chosen communities and voluntary relationships” (Tao, 225).

Tao is correct to question the way in which the responsibilities for care have been privatized and limited in scope, but as Jaggar’s criteria indicate, she errs when she attributes this same tendency to “feminist care ethics”.¹ A feminist care ethic can agree that it is wrong to care exclusively for one’s one family, and that a fully adequate principle of reciprocity must include both public and private relations.

Similar arguments for more reciprocal social relations of care, reminiscent of the Confucian “Great Community” have been developed by care ethicists Eva Fedar Kittay and Daniel Engster (Kittay, 1999; Engster, 2007). In her book, *Love’s Labor*, Kittay calls for an expansion of the concept of reciprocity found in John Rawls’ theory of justice of fairness, and in so doing opens “a conceptual space for dependency concerns within social cooperation in a just society” (106). For Kittay, the concept of reciprocity is rooted in the idea of nested dependencies “linking those who help and those who require help to give aid to those who cannot help themselves” (107). Kittay bases her principle of reciprocity on the concept of a doula—a post-partum nurse who cares for a newly delivered mother so that she can in turn is able to care for her child. “Doula” serves as a general metaphor for the social need to care for care-givers. Her principle of doulia states that “just as we have required care to survive and thrive, so we need to provide conditions that allow others---including those who do the work of caring—to receive the care they need to survive and thrive” (107). Later, Kittay uses this principle to establish an ideal of caring reciprocity that creates a broad social responsibility “for enabling dependency relations satisfactory to dependency worker and dependent alike”, as well as for “creating social institutions that enable care-givers to do the job of caretaking without becoming disadvantaged in the competition for social benefits”(109).

Similarly, in his book, *The Heart of Justice*, Engster develops a concept of caring obligation via his “principle of consistent dependency”(PCD)(Engster, 2007). This principle states:

Since all human beings depend upon the care of others for our survival, development, and basic functioning and at least implicitly claim that capable individuals should care for individuals in need when they can do so, we should consistently recognize as morally valid the claims that others make upon us for care when they need it , and should endeavor to provide care to them when we are capable of doing so without significant risk to ourselves, seriously compromising our long term functioning, or undermining our ability to care for others (ibid, 49).

Unlike Kittay, Engster consciously refrains from categorizing the PCD as a principle of reciprocity. He stipulates that the PCD grounds our duty to care for others “not in relations of reciprocity, but in our common human dependency” (50). This is in part due to the implications that a concept of reciprocity may have for those who are unable to reciprocate care. If care is premised on an ability to reciprocate to those who have cared for us, this implies that individuals who are unable to return care are undeserving of care, and that those who have not received (much, or adequate) care, are not obliged to care for others.

Kittay's analysis of reciprocity which incorporates a kind of *doulia* principle shows that this concern is unfounded. Individuals are owed care because they need it, and this includes individuals who are unable to make returns on this investment. Kittay avoids this problem by stipulating that the give and take of care be premised on an unequal vulnerability in dependency, on similarly unequal powers to respond to others in need, and the primacy of human relations to happiness and well-being (113). She adapts the Marxist principle of reciprocity to develop her own principle of social responsibility for care:

To each according to his or her need for care; from each according to his or her capacity to care, and such support from social institutions as to make available resources and opportunities to those providing care, so that all will be adequately attended in relations that are sustaining (Kittay, 1999, 114).

Such a principle establishes reciprocal obligations without entailing that all individuals have an equal entitlement to care, or an equal obligation to care. All who need care should receive it, and if you are able, you should reciprocate this care to others, to a reasonable extent. While it is morally appropriate to reciprocate care to those who have cared for you directly and in person, such as your parents, it is also important to reciprocate care by supporting basic social systems for care provision. This doesn't always mean that we are obligated for giving direct provisions of care to everyone, all of the time, but that we are minimally obliged to support social structures and schemes of care that are just and effective.

Once this concern is addressed, Engter's PCD seems very much to be a principle of reciprocity at heart. That is, because individuals have depended upon care themselves (they have received care), they should acknowledge as morally relevant the claims of care upon them (they should be poised to give care, and to facilitate the giving of care). Although this principle does not imply a strict return of care *only* to those who have cared for us, the idea that the need and receipt of care throughout a human lifetime obligates us to return care within a broad and flexible network of care obligations, is, at core, a reciprocal ideal. It grounds a political philosophy of care that seeks to establish public networks of care, and in this way is very similar to the Confucian "Great Community".

Thus, Chan's analysis of how reciprocity might be compatible with a care ethics is promising in that both Confucianism and care ethics endorse a society that is characterized by the give and take of care. But a problem with Chan's analysis of Confucian *shu*, is that she, to a much greater extent than Tronto or Engster, fails to address practical hierarchies of agency that are troubling to feminists. In her analysis Tao does not address power differentials that constrain the potential actions of women as caring agents, especially in relation to those who are deemed their "superiors" or natural "heads". For example, Chan observes that Confucius recommends remonstrance against superiors when they are acting immorally (Chan, 511). However, Confucius also makes clear that in some role relations, such as that between child and parent, remonstrance is to be limited:

The Master said, "In serving his parents, a son may remonstrate with them, but gently; when he sees that they do not incline to follow his advice, he shows an increased degree of reverence, but does not abandon his purpose; and should they punish him, he does not allow himself to murmur (The Analects, 15:23).

This advice seems to favor the virtue of filial piety and respect for parents over the personal integrity of a child, and carries within it a dangerous suggestion that even abuse and neglect is to be met with silent respect, although it stops short of requiring total conformity of perspective.

This advice, as is typical of Confucius, was given to sons, and in practice extends to girls and women even more strictly. It reflects common patriarchal admonitions that encourage girls and women to silence their complaints and to defer to the judgments of the men in their life. In many cultural traditions, including modern day Confucian societies, it is often not seen as fitting that a wife remonstrate with her husband as an equal. Still today, the remonstrance of women as mothers and wives is frequently dismissed and degraded as “nagging”, complaining, or “whining like a girl”, even when they are demanding more equitable and reciprocal exchanges of care. Women who argue that social responsibility for care should be more equitably distributed amongst places of employment, schools, and governments, may be dismissed as selfish, immature, naïve, and lazy.

Additionally, Chan’s account makes it equally possible that those who benefit from traditional, unequal schemes of care distribution, that is, those who enjoy what Tronto calls “privileged irresponsibility”, (the privilege of being cared for while being simultaneously free from caring for others in return) (Tronto, 1994, 146) can use reciprocal empathy to project what they think is “really best” in ways that protect their own self-interests and privileged statuses. For example, even if he empathizes, a traditional husband who perceives himself as the ultimate “head” of the family, can reject his wife’s request for more equitable distributions of care work as something that is not really in her or the family’s best interests, as well as a request that violates his personal integrity and values. A woman may internalize this belief system, such that she finds value in constructing her identity as a “good”, “caring”, and “submissive” wife. For this reason, recognition and concern for rectifying inequities of care burdens, as well as an awareness of the current sex based element of this distribution, need to serve as epistemological priorities in an adequately Confucian- feminist care ethic.

A more adequate concept of reciprocity in this respect could flow from Chan’s additional values of “integrity”, i.e., the Confucian warning against “serving rulers who do not follow the Tao”, and from “flexibility”, i.e. “being sensitive to the intricacies of situations” (Chan, 513). Following from these values, it can be argued that women (and other subordinated care givers/receivers) have a heightened moral license for remonstrance when they are in relation with others who enjoy socially “privileged irresponsibility”, because of the history of inequity and dismissal of the perspectives of those who occupy the caring underclass. A feminist collaboration of Confucian care ethics could adopt a kind of standpoint epistemology that privileges the perspectives of those within underpowered groups in virtue of the lack of reciprocity within the five-fold relations for caring returns, and the traditional lack of social power to remonstrate on the part of those who are more powerfully situated within the chains of care relations.

Finally, reciprocity as a feminist ideal, in a reciprocal theoretical exchange, could be used to highlight another problem with how the idea of Confucian reciprocity has failed to achieve full reciprocal to women and others. That is, in examining the hierarchy and dyadic model of the Confucian five-fold relations, whereby each person in a primary role is idealized as more authoritative, and each person in a secondary role is idealized as more submissive, one could

object that this model does not achieve full reciprocity for girls and women. If this objection is true, to the extent that the five-fold relations support patriarchy and non-reciprocal hierarchy, they are in need of reform from a feminist perspective. In its traditional version, the Confucian five-fold relation of filial piety, which demands that children be submissive and respectful to their parents, could be said to be less objectionable when two criteria are met: 1) the parent meets his/her end of the reciprocal bargain in really loving, protecting, and looking out for the best interests of their child (at least in part based upon the reasonable understanding of these interests as perceived by the child herself/himself), and 2) this enjoyment of power and authority is one that is reciprocated to the child when he or she becomes an adult. That is, it is less objectionable to require children to respect and submit to elders when elders are truly acting in the best interests of the youth, and when youth know that this respect will be reciprocated to them by the next generation. From a feminist perspective, a major failure of the traditional Confucian five-fold relations is that girls and women are not assured of a reciprocal return of respect and authority, to the same degree as are boys and men. A boy can be more confident that just as he has respected the authority of his father, so will he be respected in time as an authority figure by his own son and daughter. A girl, however, has less assurance that this will occur. As Yuan points out, according to traditional Confucianism, in youth a girl should submit to her father, in marriage to her husband, and in widowhood, to her sons. Thus, unlike a boy who will grow to have authority, and thereby to have respect reciprocated to him, a girl merely grows into continued submission.

A revised concept of Confucian reciprocity could address both the problem of violence that occurs within families, and the lack of familial and social reciprocity for women, by underscoring the responsibility of parents and rulers to care adequately for their wards, and to equalize relations among capable peers so that caring exchanges become more reciprocal. For example, it is desirable to reconfigure the original Confucian hierarchical relations of husband-wife to “spouse-spouse”. Likewise, although it may not be desirable to jettison respect for one’s elders altogether, the relations of “older friend-younger friend” and “older brother-younger brother”, could also be fruitfully equalized and expanded to deal with a larger range of social contexts. Even if we wish to retain the idea that children are expected to reciprocate the care that they received as children to their aging parents, this is not incompatible with creating rites of *li* that govern this expectation more equally between men and women. *Li*, revised to include this goal, could also diffuse patriarchal hierarchies in the family and state, and serve to reciprocate care in multi directions. Businesses and governments can share in the work of care by reciprocating support for these responsibilities. Employed adults who take time from work to care for children or parents can have their jobs secured and their time subsidized. Social expectations in family and work can become more reciprocal if girls as well as boys are assured that they will be cared for as much they give care, by not suffering care-based wage gaps and lesser social welfare provisions.

In this way, the Confucian “Great Society” and the care ethics’ principle of consistent dependency both posit an ideal of reciprocity that could be feminist in its orientation by distributing the burdens of care between men and women more equitably. What the practical implications might be of this more explicitly feminist and political ideal of caring reciprocity is the focus of my final section.

The practical implications of a feminist-Confucian-care ethical principle of reciprocity, as applied to federal family care policy in the United States and China.

It is instructive to examine how the principle of reciprocity that emerges from a collaboration between Confucianism and feminist care ethics can be used to evaluate the caring practices of actual communities and nations. Within a *feminist* ethic of care, a principle of reciprocity is one that, in addition to orchestrating exchanges of care that are adequate to meet actual needs, is also concerned about eradicating and reforming unequal and unjust distributions of the burdens and benefits of care for women, via policy changes in the private and public realm. Such a principle, then, would not only investigate how reciprocity can be achieved both within the interpersonal relations of the family, as well as local communities, but also how federal state policies can serve to establish caring reciprocity on a larger public scale. Such an ethic endorses a flexible and dynamic approach to this goal, and is open to any number of social reforms, including education, marketplace solutions measures to reduce care based wage gaps and other unjust care practices, and reconfiguration of time and space management. However, such an ethic does also favor state subsidies for care work (Bubeck, 1995; Sevenhuijsen, 1998; Kittay, 1999; Held, 2006). A full evaluation is well beyond the scope of this paper, but a cursory look at federal family policies governing maternity, early child education and care (ECCE), and elder care in the United States and China, shows that neither nation currently achieves fair reciprocity of care between men or women, or the family and the state.

In the United States, family policies of care are largely based on liberal democratic understanding of equality premised as equal opportunity in the public sphere, including equal opportunity between the sexes. However, this understanding operates along a parallel belief that care is a largely a private responsibility, and practice which is disproportionately allotted to women within the family. In 1995, 75% of all informal caregivers in the United States were women (Ettner, 1995), and while this number has decreased slightly, in 2009, 66% of informal care-givers were still women, one third of which were taking care of two or more people at the same time (AARP, 2009). Among younger care-givers (under the age of 50), men and women are more likely to more equally be responsible for care work, but women still outperform men on average by 4.3 hours per week. Women also spend more time than men performing unpaid housework, especially when they become mothers (Barrah, Schultz, Bartes, and Stolz, 2004). Yet the number of unemployed women available to perform housework or provide care is on the decline. As women increase their participation in the paid work force, there is a lack of parity in sex based expectations regarding domestic care, so the number of female caregivers balancing work and family responsibilities has greatly increased. Not only have businesses been slow and reluctant to reform workplace norms based on the expectation that workers have “a wife at home”, the passage of federal legislation that might alleviate these responsibilities has also been slow, at least in comparison to other nations.

This is evident at the federal level both in regard to what is and what is not offered in terms of family policy. When it comes to family leave, the U.S. stands nearly alone in the world in not offering a federal provision for paid maternity leave for pregnancy and early stage child care. Although the newly enacted Affordable Healthcare Act requires that health care companies cover the medical costs of pregnancy, there is currently no stipend for mothers or newborns to help affray the costs associated with pregnancy leave or childcare. The United States does have a

federally mandated family leave policy. The Family Medical Leave Act (FMLA) was passed into legislation in 1993 by President Bill Clinton, and permits individuals employed by companies with over fifty workers to take up to three months of unpaid leave after the birth or adoption of a child, or to care for themselves or an immediate family member (spouse, child, or parent), in times of serious illness. This policy is an entitlement to all workers equally, regardless of sex or income level, but is not offered to part time workers. As Kittay argues, however, there are at least three problems with the current FMLA within a feminist care ethic: it is unpaid, it applies only to full time employees working at larger companies, and it construes family relations in traditional terms (Kittay, 1995). To this we might add a fourth and fifth problem--it leaves employers responsible for replacing workers on care leave without any governmental support, creating a disincentive to hire individuals who are, or may become, care-givers; and its three month limit ignores how dependency responsibilities are often of a longer duration.

As a policy that guarantees that a worker cannot be fired for meeting caring needs, the FMLA represents an important step toward more reciprocal care relations in the U.S., but much like federal legislation regarding welfare benefits, it is flawed in how it construes paid work as the benchmark for reciprocal entitlements to care support. This construal is evident in guidelines governing the current federal provisions for welfare entitlements in the United States, which are implemented under the policy called "Temporary Aid to Needy Families" (TANF). Established in 1994, TANF is a program that provides vouchers for food and housing, and other services that support the work of care. Known commonly as "welfare", the program marked a policy shift away from the more generous entitlements of "Aid to Families with Dependent Children", in imposing a 60 month total lifetime limit, and a requirement that recipients secure paid work within any given 24 month time. Since its implementation, the number of families receiving welfare benefits have dropped, but this has not resulted in a drop of overall national poverty or unemployment rates, which have increased over pre-TANF rates since 2009 (US Census, 2010). Moreover, the association between welfare and the stigma of poverty is correlated to increased levels of depression and low self-esteem for recipients, who are largely women. While women who leave welfare for paid work report higher levels of self-satisfaction and empowerment, they also report feelings of being exhausted and overwhelmed at having to balance the responsibilities of work and home (Lichter and Rukamalie, 2007). For this reason, this federal policy for governing care based subsidies seems to fall short of adequate reciprocity because not only is it restricted to families in poverty with care-givers who are unemployed, but also because it fails to adequately address the burdens of work-life balance facing care-givers who are required to be employed full time in the labor market.

Similar observations can be made about the U.S. federal policies that govern early childhood care and education (ECCE). Currently, the United States government does offer some state subsidies for ECCE, but like the FMLA and TANF, they are only for families who can document that they meet federal guidelines for poverty status (as well as other requirements, such as citizenship). The federal components of ECCE are Head Start and the Child Care Development Fund, (CCDF) which offer child development services from 3-5 years, and birth to 6 years, respectively. Head start is a pre-K program that prepares disadvantaged four year olds for kindergarten, and the CCDF is a voucher program that offers a state subsidy for low income parents to purchase child care from licensed providers. As a proportion of the Gross Domestic Product, these public expenditures are extremely low--below 0.4% of GDP (UNESCO, 2003).

Families also receive income tax deductions per child, and may qualify for reimbursements on child care costs. However, there is typically only a small return of overall expenses (about 10%), and the credit is offered only once a year.

Taken together, the federal family and ECCE policies of the United States take only a marginal step toward alleviating caring burdens for women, and are based upon a flawed model of reciprocity. As Elizabeth Anderson argues in “Welfare, Work Requirements and Dependent-Care”, policies like TANF misattribute recipients’ nonparticipation in the paid work force as moral deviance, and fail to explain why unpaid dependent care should not count as satisfying citizens’ obligations to reciprocate (Anderson, 2004, 244). Accepting a “General Reciprocity Principle” as sound, that able-bodied citizens are “morally obligated to bear their share of burdens in contributing to the system of cooperation”, Anderson objects that U.S. federal family policy arbitrarily penalizes care workers when they perform socially valuable work that is outside of the domain of paid labor (246). She notes that no comparable penalties are leveled against the idle rich, or recipients of farm subsidies, unemployment or social security benefits, even though all of these support people who are similarly not fully participating in paid labor. Anderson points out that most welfare recipients are parents, mostly mothers and grandmothers who devote considerable time and effort to the care of dependents who are unable to care for themselves. Given that this is socially necessary labor, Anderson concludes that there is “no normative basis for refusing to count it as fulfilling citizens’ obligations to reciprocate” (247).

I agree with Anderson that the model for these state based policies that support care work in the United States are based upon a flawed conception of reciprocal equality, and hence fail to achieve reciprocity between men or women, or between citizens and the state. All of them reflect the liberal belief that such care activities are generally the proper purview of the family, unless the family is impoverished. Such policies make such services seem an entitlement only of the poor, and fail to consider how unpaid care work ought to figure into calculations of fair reciprocity. And while the FMLA improves upon these policies in offering family leave to anyone, regardless of income, it has other shortcomings in light of a principle of caring reciprocity.

However, the analysis that women inherit a “second shift” of non-reciprocated care in the U.S. may be criticized for failing to take into account that men work as much as women in total number of hours, and often more, even though women on average perform more than 15 hours of unpaid work a week than do men (Sayer, et al, 2008). If correct, the claim that women’s care-work is not reciprocated is flawed because women are not expected to work total longer hours than men, just at different types of activity, all of which (male and female work) could be construed as “care” one way or another. Additionally, women are found to multi-task more often while performing domestic chores, and combine domestic work with leisure more than men, making difficult to draw a neat comparative measure of overall domestic care work as performed by women in comparison to men (Sayer, et. al, 2008).

But the distinction between “caring-for” and “caring-about”, first made by Tronto, reveals the problem with this argument (Tronto, 1995, 102-5). Even as government, business, and other male dominated institutions may claim to care-for individuals by providing structural and economic resources that support the hands on practice of giving care, the actual and direct giving of care (“caring-for”) continues to be predominantly women’s work. Moreover, the informal

work associated with “caring-for”, as opposed to “caring-about”, is paid little, if at all. Such a distinction is sometimes lost in studies that claim to find near equitable distributions of care work between men and women, because in these studies, “work hours” are measured in terms of both paid and unpaid labor (Sayer, et al, 2008). When this distinction is sorted out, women are shown to be responsible for a hefty share of unpaid care labor that increases when children enter the picture, and, ironically, also when both husband and wife are employed full time in the paid workforce (ibid, 533). The fact that women often perform the work of “caring-for” in tandem with other tasks, or with leisure, may just represent a coping mechanism for women who take on multiple responsibilities associated with paid and unpaid work.

Economists, like Ann Crittenden, have labeled this a “mommy tax”, arguing that women’s unpaid labor as mothers translates into huge financial losses and the feminization of poverty in the United States (Crittenden, 2001, 94-98). Crittenden finds maternity to be a main causal factor responsible for the wage gap that exists in the U.S. between men and women across all occupations and professional levels. Maternity may not be the only causal factor for the U.S. wage gap, as all women suffer a basic 10 cent wage gap even if they opt not to have children, and race is also shown to have a grave impact on earning power, but women who are mothers on average earn nearly 25 cents less than their male peers, whether fathers or not (U.S. Census, 2012). When this wage gap is combined with other economic factors related to motherhood, like loss of opportunities for promotion, child care costs, and losses in Social Security benefits, Crittenden estimates the typical “cost of maternity” to be over one million dollars for a college educated mother over a lifetime (Crittenden, 2001, 88). Such costs, combined with a relative lack of federal policies that would lend more support to women in their care-giving roles, show a lack of reciprocity of care between sovereign and citizen in the United States.

When it comes to federal provisions for care at the end of life, women fare a little better in the United States. Both men and women in the U.S. are entitled to Medicare health coverage in old age. They also receive Social Security benefits, provided that they have paid into the system by working in the paid work force for the majority of their lives. However, Social Security benefits for women are often smaller than men’s because of the wage gap and loss of promotion opportunities, as well as the fact that women are more likely to take leave from paid work, or to work part time in order to meet their care responsibilities. Women are also burdened more at the end of life because they live longer than men on average, and are only entitled to a small amount of their husband’s pensions and social security income when they are widowed. For older women, who are more likely to have been unpaid homemakers for a good part of their lives, this can lead to serious poverty risks in old age. Add to this the burdens that women experience as informal care-givers to husbands, children, and grand-children, and we find that elderly women in the United States cannot always expect a reciprocal return of the care that they provided in their younger years.

Compared to the United States, a more substantial level of reciprocity of care between sovereign and citizen has been established historically in China, in large part due to China’s Communist leanings. However, a similar turn toward disproportionately relying upon individuals, especially women, to perform hands on care work, is also evident in modern times. In traditional Confucian Chinese society, old age support was characterized by several types of reciprocity between parents and adult children, according to a dual based sex role system. Under this

system, boys were responsible for caring for their aging parents, and girls were expected to care for their parents while young, and then their future husbands, children and in-laws. The erosion of the Confucian model of the family during the Cultural Revolution and Maoist rule led to shifting understandings of who was responsible for care at the start and end of life. Communist based understanding of equality under Mao made it easier to argue that the state bears some responsibility for care, and Mao made explicit attempts to render the work of care more gender neutral. In contemporary times, the notion of these responsibilities as reciprocal between individual and state has become complicated by shifting demographics and understandings of sex equality, as well a rise in the free market Chinese economy. These shifts have led to more care being performed by institutions, which has motivated some scholars to call for a resurgence of the Confucian model of family (Fan, 2007; 2010). Currently there is uncertainty in China about how best to establish reciprocal relations of care between men and women, but the notion of reciprocal obligations as existing between state and the citizen, and between parents and children, is more prevalent in China than the U.S., as evident by federal family policies.

In terms of family leave, China offers more substantial subsidies than the U.S., but these subsidies are premised upon compliance with the One Child Policy (OCP), which was enacted in 1979. Currently, the federal state has established extensive subsidies for family leave under the provided labor insurance scheme. This scheme allows working mothers who are compliant with OCP full salary for 15 leave days before, and 75 days after, pregnancy confinement (Lin and Ratalaiho, 2003). China also provides a child grant for families with only one child until the child turns 16 (18 in Beijing). The amount varies by locality, but it is generally small. The true value of the child grant lies in how it allows a child access to publically funded nurseries, kindergartens, and public education. If parents break with the OCP, the amount of these benefits must be repaid, and health care costs for the mother and child, as well as the child's education, becomes the responsibility of the family rather than the state. Parents who violate the OCP may also be fined for up to three times the average annual income, and/or be laid off.

In terms of ECCE, state responsibility is divided such that kindergartens for children aged 3-6 are the responsibility of the Ministry of Education and nurseries for children under age 3 are the responsibility of the Ministry of Health (Belfield, 2006). The national Ministry of Education is responsible for the broad development and implementation of policy and regulations of kindergartens and early education. However, ECCE is administered, organized, and funded primarily within local settings. ECCE provisions are not full government subsidies, however, in that parents are expected to contribute significantly to ECCE, with tax exemptions to encourage such investments. Private funding from international aid agencies has been targeted at disadvantaged, rural areas, as well as areas with minority populations. Although ECCE is made available to pre-school children whose parents are compliant with OCP, many parents opt to not enroll their children. Recent data indicate that fewer than 1 in 5 children aged 3-6 attend kindergarten, with double the rate in urban areas over rural areas (UNESCO, 2003). In comparison to the U.S., then, China seems to be doing better in terms of striking a more reciprocal balance of care responsibility between the state and the citizen when it comes to maternity leave, but not as much in terms of ECCE.

Unfortunately, these Chinese policies, much like their U.S. counter-parts, have not fully eradicated the inequality between men and women, as Yuan shows in her more recent book, *Reconceiving Women's Equality in China* (Yuan, 2005). According to Yuan, women enjoyed a relative rise in power and opportunity under Mao, who enacted a number of policies aimed at decreasing the double burden of care and work, and at increasing their status in the family and public life, including an equal pay policy (54-55, 61). However, Mao's policies did not fully succeed in reducing the double burden for women, and in more recent times the status of women in China has declined, which Yuan attributes in part to the resurgent nostalgia for traditional Confucianism. Other causal factors that Yuan cites include the persistent second shift of care work for women, and a lack of investment in women's education that makes them seem more suited for care and agricultural work. This has led to a feminization of both primary care and agriculture. Furthermore, the numbers of women occupying political office in China are on the decline, making it more difficult for women to enact women and family friendly policies. Finally, because of the low status associated with domestic service, ambitious young women eschew such work, leaving it to be filled by female migrant workers, who are doubly subordinated (81). Female migrant workers, unlike female urban workers, often lose their job if they are married or get pregnant, and are discriminated against by employers who may avoid hiring them in the first place, because employers are required by the state to provide nursing and housing to women complicit with the OCP (83).

At the same time, Yuan finds that a turn toward an "equality of opportunity" and "merit based" model of equality has taken hold in present day China, and is one that ignores how the social positioning of women puts them at a disadvantage in competing for goods and benefits (77). Just as women in the U.S. report a boost in confidence when they are no longer supported by state provided welfare, Yuan acknowledges that a kind of self-confidence develops for Chinese women when they are able to work and not be dependent on the state. At the same time she wonders how women can invest themselves successfully in both work and home, and still be self-fulfilled (85). For this reason she encourages Chinese feminist theory to present multidimensional challenges to existing norms within a democratic forum, including challenges to the traditional Confucianism. Despite her aversion to Confucianism, Yuan concludes that "women as a less privileged group do need state support for their self-improvement in their current situation" (78), thus reiterating the feminist based principle of caring reciprocity that seeks to make the state a partner in ending the care based subordination of women, and that could be drawn from a reformed Confucianism.

Another factor in China's current lack of sex equality and care related reciprocity may be due to the demographic inequality resulting from the OCP. This policy has had the unintended consequence throughout the last three decades of causing a disproportionately high number of boys to be born in comparison to girls. According to the 2005 census study, males in China under the age of 20 exceeded females by more than 32 million, with more than 1.1 million excess births of boys occurring in 2005 alone (Zhu, et. Al, 2005). The imbalance in the birth rate between boys and girls not only reflects a preference for male children stemming from the sex based distribution of care responsibility, but also has had serious and deep implications for the traditional *li* governing care responsibilities. While male children are traditionally expected to care for their parents by continuing the family line, taking over family businesses, and

providing economic support for their aging parents, female children are expected to live with their husbands and care for their in-laws. A female child thus becomes a caring liability for aging parents unless they also have a male child, who could bring forth a daughter-in-law to provide for their care. For this reason, male children are preferred under the OCP, but the resulting lower numbers of women in society has led to a “crisis of care”, especially for the elderly, because the numbers of both daughters and daughters-in-law are diminished. The authors of a 2005 study predict that China will see very high and steadily worsening sex ratios in the reproductive age group over the next two decades, but also surmise that enforcing the existing ban on sex selective abortion could lead to normalization of the ratio (Zhu, et al, 2005). That in some areas the OCP has been relaxed to allow for a second child if the first is a girl, reflects the view that male births are more desirable, but also shows that the opportunity for a second chance to give birth to a boy serves as a legitimate negotiation point in family-state reciprocity. However, this policy revision has not normalized sex ratios, as the highest sex ratios are seen in provinces that allow rural inhabitants to have a second child if the first is a girl, and sex selective abortion accounts for almost all the excess males, meaning that rural mothers are more likely to abort second children if they are girls (ibid).

Finally, in this way the relevance of sex based roles for care is also evident in China in questions about what constitutes appropriate reciprocity at the end of life. As sociologist Lei Lei reports, because of the erosion of state pension plans offered by collective state planning in the 1960s and 70s, China currently lacks a universal social security system (Lei, 2013). As a result, the elderly in China, especially rural China, depend heavily upon their families for financial support and personal care. As required by Confucian norms of filial piety, adult children, especially sons, are traditionally obligated to provide support to parents facing health problems or economic difficulties. Lei finds that expectations for emotional and financial support of aging parents now also extends to female children, especially in urban areas (Lei, 2013). This means is that although girls in the past were freed from obligations to care for their aging parents because it was expected that upon marriage that they would become part of their husband’s family, women in contemporary China, (at least in urban areas), have taken on the additional responsibility of caring for their own parents, as well as their children and in-laws if they marry. The increased family responsibility for care, combined with the disproportionate lack of unemployed female children, a reduction in the population of young to the old as a result of the OCP, and a move toward more Western models of care, have all been attributed as the cause of a “crisis in care” for the elderly in China.

The crisis of care for the elderly in China in part revolves around the increasing trend toward housing the elderly in institutions rather than in the family, and the decreasing ability of children to care for aging parents directly, due to relocation and long work hours. This crisis has been heightened to the point that in 2013 a Chinese law was passed requiring children to care for their parents by visiting them often and occasionally sending them greetings (Da and Zuo, 2013). The law is called the “Protection of the Rights and Interests of Elderly People”, and has nine ordinances that delineate the duties of children to tend to the “spiritual needs of the elderly”. It permits a disgruntled parent to sue her child for financial and temporal reparations. The law also encourages businesses and employers to give employees enough time off so they can make parental visits, although it creates no avenue for the formal enforcement of this recommendation.

This type of law reflects not only a feeling that it is appropriate for the state to enforce parent-child reciprocity, but also that this obligation is one that is largely gender neutral. Such neutrality is also evident in arguments forwarded by authors such as Ruiping Fan, who interprets the increased institutionalization of the elderly as a decline in Confucian filial piety that has led to a heightened suicide rate among the elderly, and that would be reversed through a return to Confucian reciprocity (Fan, 2007, 2010). Feminists like Yuan are right to be skeptical that a resurgence of Confucianism alone is adequate to end this crisis in care in a manner that is fair and equal in its treatment of women.

This short comparison of family and care related federal policies shows the United States and China is governed by vastly different histories and political philosophies, such that China, with its Communist and Confucian traditions, is more open to substantive state support for care work. Alternatively, the United States is governed by a democratic, liberal perspective that places high value on personal liberties, and that makes citizens less willing to accept trade-offs between personal liberties and care based state subsidies. The cultural differences in expectations about reciprocity means that the substance of this ideal must take on different cultural manifestations. Policies aimed at supporting the work of care while simultaneously acting to alleviating disparate care burdens for women must take into account differing cultural understandings of reciprocity, while still retaining some critical distance from these traditional beliefs.

For instance, in the U.S. family relations are more likely to be conceptualized as ideally equal, than in China. However, some scholars, such as Herr, exaggerate American norms when they claim that total equality is the ideal for parent and child relations in the United States (Herr, 2007). Certainly in comparison to Chinese Confucian norms, Americans place high value on instilling independence and freedom of choice in children as they grow, but this does not negate a common belief that parents are substantially responsible for children, and that children ought to respect their elders. Likewise, in discussing the obligations that children have to aging parents, Chinese Confucian understandings are prone to differ from American understandings, in that moving parents to an elder care facility is more likely to be viewed as a failure of filial piety in a Confucian context, while it could be seen as a sign of relative prestige in the U.S. privatized system, or an opportunity for mutual independence. For most Americans, male or female, it is unfathomable to see state subsidies as a fair trade-off for a one child only policy that coercively restricts family size. Indeed, many Americans are opposed to broader state care subsidies on principle because of how such subsidies violate a merit based conception of formal equality. A law that penalizes children for neglecting their parents would not only be seen by most Americans as futile, but as an unacceptable government infringement on personal liberty. However, it may seem equally unfathomable to the Chinese that American women do not receive paid maternity benefits, or that parents are free to have as many children as their whims dictate, regardless of their own ability to care for the children they produce. As China becomes more begun to infiltrate the consciousness of younger generations, opening both nations to similar problems of work-life balance and intergenerational reciprocity.

Despite the difficulties associated with making cross-cultural generalizations about the adequacy of family policy, the principle of reciprocity that I have developed here does allow some cross-cultural assessment of these issues. Ultimately, while women in both U.S. and China have their caring burdens reciprocated by state subsidies under certain conditions, these conditions in both

cases are coercive and exploitative, and thus not adequately reciprocal. In the United States, a woman now has a federally guaranteed provision for health care for pregnancy and birth when she complies with the federal mandated Affordable Care Act, but there are ongoing objections to this universal pregnancy coverage clause, as well as to coverage for birth control (Franke-Ruta, 2013; Pear, 2013). Like all parents, women can only access state subsidies for care if their children are disabled, and/or if they are very poor and are able to successfully secure a paid position within a given time frame. Within the paid workforce, employers are required by the FMLA to offer twelve weeks of family leave to both male and female workers, but this leave is unpaid, making it impractical for most individuals to use. This problem is exacerbated for women, who ubiquitously earn less than men, and even less when they need it most—when they become mothers (Porter, 2012). Thus, state subsidies for care are premised on the willingness to forgo such subsidies in favor of participation in paid labor that is largely governed by norms that privatize care responsibilities and costs, and render invisible their sex role configuration.

Similarly in China, more women are participating in paid labor, and at least an urban areas, have inherited the expectation of financial support of children and parents. On a whole, however, women in China are being less educated and more channeled into agricultural work and traditional sex based care roles. In order to access China's more extensive public subsidies for health care and early child care, parents must comply with the OCP, which limits reproductive liberty and reinforces patriarchy through preferences for sons, and sex selected abortion. This leads me to conclude that neither country has achieved a fully balanced reciprocity of care between men and women, or between women and the state. To this end, both countries would benefit from considering how they may implement family policies that do better in this regard.

Conclusion

Confucianism and care ethics disagree about the suitability of role based and hierarchical distributions of moral obligation. However, they are not thoroughly incompatible, and can benefit from being considered together under a collaborative model, along with feminist ethics. Such collaboration yields a principle of reciprocity that can be used to critique current policies governing care provision at the start and end of life. This principle takes different forms, but the addition of feminist ethics emphasizes the need to establish more equitable relations between men and women, citizens and states, and others, in providing more substantial and reciprocal support for the work of care. Confucianism and care ethics mutually benefit from distancing themselves from patriarchal traditions. Taken together with feminist ethics, they show the need for an ethic that can: a) take seriously the current sex and gender disparities that accrue to the work of care, b) be sensitive to the natural and artificial differences between men and women, and c) think expansively about variations in personal identity and need. Collaboration between these ethics provides a principle of reciprocity that seeks to achieve more equitable and mutual distributions of the burdens and benefits of care amongst all people. Ultimately, these ethics can be allies, and form a strong alternative to the type of liberal individualism that privatizes care responsibility, even while discounting it as a valid contribution to public schemes of reciprocity.

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ⁱ Tao's analysis is useful for thinking about how a care-based ideal of reciprocity in Confucianism might serve a feminist care ethics, but the conclusion of her argument is flawed because she limits her analysis to the work of Noddings (and sometimes Gilligan) without acknowledging the movement to more global, political, and feminist care ethics in the work of Tronto, Held, and others. Due to these developments, Tao is not entitled to her conclusion that Confucianism is distinct from feminist care ethics in a) not having a separate morality for each gender, b) relying on moral principles, c) sometimes embracing an impartial perspective, or d) moving beyond individual and dyadic relations (Tao, 2000, 237). However, her discussion of the Confucian vision of the Great Society is one that shows compatibilities with the budding political philosophy of feminist ethics of care, and highlights the potential of a principle of reciprocity within it.