

Care and Community – Session 2

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Caring Communities

Over the past few decades, many of us have experienced living in an accelerating social system of *organised loneliness*. We have been encouraged to feel and act like hyper-individualised, competitive subjects who primarily look out for ourselves. But in order to really thrive we need caring communities. We need localised environments in which we can flourish: in which we can support each other and generate networks of belonging. We need conditions that enable us to act collaboratively to create communities that both support our abilities and nurture our interdependencies.

This is because issues of care are not just bound up with the intimacy of very close relationships, such as family and kinship. They also take shape in the environments we inhabit and move through – in local communities, neighbourhoods, libraries, schools and parks, in our social networks, and the groups we belong to.

But how do we create the kind of caring communities that make our lives better, happier, and even, in some cases, possible? What kind of infrastructures are necessary to create communities that care?

We argue that there are four core features to the creation of caring communities: mutual support, public space, shared resources and local democracy. First, communities based on caregiving and caretaking provide members with a range of *mutual support*, from neighbourliness to, for instance, coronavirus mutual aid groups. As we showed in the previous chapter, such forms of support are often spontaneous and generated from down to up, but they also require

structural support to be consistent and survive over time. Second, caring communities need *public space*: space that is co-owned by everyone, is held *in common* and is not commandeered by private interests.¹ Expanding our common public space means reversing the neoliberal compulsion to privatise everything. Third, communities that care prioritise the sharing of resources – both material resources, such as tools, and ‘immaterial’ ones such as online information – *between* and *among* people, rather than the hoarding of resources by the few, or the planned obsolescence of disposable, single-use objects. Fourth, caring communities are democratic. They must extend localised engagement and governance through radical municipalism and co-operatives, and rebuild the public sector through expanding and ‘insourcing’ its caring and welfare activities, rather than the outsourcing that accompanies privatisation. We show how these features can and do work by referring to some tangible examples, past and present. Caring communities need to be strengthened, pluralised and diversified by building up these four features, which, brought together, form what we call a ‘sharing infrastructure’ at community level.

Mutual Support

Communities based on caregiving and caretaking provide each other with forms of mutual support. This is palpable in the idea of being a good neighbour, looking out for those who live nearby. Whether it involves checking in on those who are ill, running errands, keeping a spare set of keys, watering plants or feeding pets, ‘neighbourliness’ is a powerful and widely practised informal mode of localised and mutual community care. The development of local mutual aid groups in Europe and elsewhere during the Covid-19 pandemic has been an excellent example of how such neighbourly support networks can expand to provide what we term ‘promiscuous care’.² Caring for a wide range of people by offering forms of support beyond immediate kinship networks is one hallmark of a caring community.

At the same time, localised and neighbourly forms of mutual support also have the potential to help communities become more egalitarian, or less unequal and unjust. For instance, many of the informal shared childcare groups created by the Women's Liberation Movement in the 1970s around the Western world enabled women to spend time on other things than childcare, and hence to play a greater role in the public sphere alongside men.³

To extend these forms of localised mutual practice on a more expansive and consistent level, they need scaling up and structural support. Again, childcare is a good example, as many of those 1970s informal crèches grew into permanent day-care centres. Other important instances of mutual aid becoming extended and formalised are community co-operatives – collectively owned forms of provision that share their assets. These have multiple manifestations across different spheres, from housing to food, in a wide range of periods and countries. They include the Rochdale Pioneers of mid-nineteenth-century northern England: tradesmen who joined forces to sell wares at cost price, something they could not otherwise afford during the Industrial Revolution. We hear their echoes today in co-operative credit unions in the US and elsewhere, allowing people to save and borrow more easily while benefitting their communities, not the rich. They include the Mondragon federation of co-operatives in the Basque country of Spain, which emerged in the 1950s as a collective response to the fascist regime of General Franco. Another historical example is the Tredegar Workmen's Medical Aid Society, which brought together financial resources from across its Welsh community to provide medical care for all – a model later massively scaled up to create the NHS. The strength and historical popularity of the co-operative form is often underplayed, but it is a potent and crucial instance of mutual support in communities and, as we will see, of constructing caring economies.

Caring communities, then, need to facilitate diverse forms of *mutual support*. Some of these practices will inevitably remain informal. Those that directly affect social egalitarianism, life chances and public health need structural support, especially from local and

national government. Moreover, to create the conditions for such mutual forms of caring to genuinely flourish and expand, communities also need public space.

Space to Care

Public spaces are crucial for building caring communities because they are egalitarian and accessible to all, and can foster conviviality, interconnections and the emergence of communal life. We must create, take back and demand more public space.

The Greater London Council (GLC) between 1981 and 1986 was exemplary in showing how a municipal council could provide shared spaces for economic, social and cultural initiatives. Its efforts to expand and reinvigorate democratic cultural life were renowned for their radicalism, both in prioritising people who had traditionally been marginalised by UK arts policy (women, people of colour, gay and disabled people), and in making such events *popular*. It trimmed the subsidised funding for traditionally 'high culture' venues, like the Royal Opera House, and instead put money into community arts. Its initiatives ranged from supporting large, free music festivals to subsidising local arts centres, community radio and feminist magazines such as *Spare Rib* and organisations such as Southall Black Sisters. In this way, GLC policies helped to democratise intellectual and cultural activity across London.⁴

Crucially, the GLC made its larger sites more accessible, thereby extending the public commons. Hitherto, London's vast arts complex, the Southbank Centre, had been the exclusive and pricey preserve of the upper and upper middle classes, until the GLC created a new 'open foyer' policy in its flagship building, the Royal Festival Hall. This allowed anyone, with or without a ticket, to enter and hang out. Today it is still one of the relatively few covered public places in the British capital, besides libraries, churches and museums, where it's possible to spend time without spending money – which makes it a haven for many, especially those with young children.⁵ Reclaiming and

extending 'public placemaking', then, enables us to build communities that care.

Similarly, our architectural and environmental infrastructures also need to prioritise sharing. The reorganisation of space can foster the cultivation of genuinely collectivist, rather than atomised, logics – and improve our health and our surroundings in the process. Publicly owned parks, which need protecting and expanding, and should include areas where local communities can grow things, give people access to nature, to exercise, and to spaces in which to encounter 'others' in the everyday. Such encounters extend beyond the human. Green spaces are often carved up into individual gardens, while the fully fenced, totally sealed-off garden stops the movement of wildlife. Gardens which are shared, either fully or partially, enable us to travel through and socialise, via communal walks and 'playways': they nurture more community care and more life-in-common on every level.

This interconnection is also true of the built environment. We need policies enabling co-operative housing, collective housing and rent caps, as well as imaginative architects and planners who can facilitate forms of connective care and infrastructural sharing. This means prioritising green spaces and public transport over cars and roads, and creating the resources to cultivate caring communities based on a notion of the commons: owning and sharing together. Put differently, we need the 'right to the city', a slogan widely used to reclaim cities as co-produced spaces to be extended everywhere, for everyone – as well as the right to the suburbs and the countryside.

Communities, then, need a wide range of outdoor and indoor, online and offline public zones in order to flourish. These include spaces for those with specific needs, such as care homes, housing co-ops, youth clubs, hospitals, schools and nurseries, as well as those more general forms of provision for health and recreation, such as parks, community centres, libraries, galleries, and swimming pools. Creating communities that can care means amplifying the spaces that are public, that are held in common, that are shared and co-operative, rather than those designed for or hijacked in the

interests of private capital. To do this is to create what we term a *sharing infrastructure*, which involves mutual support and public community space. It also involves sharing community resources.

Sharing Stuff

Local libraries remain one of the most powerful examples of non-commodified local space and resource sharing. They enable us to read widely, and can also work as community hubs, providing internet access and meeting space for people to learn and connect. Crucially, libraries are places where there's no need to buy multiple copies of individual things or to contribute to overconsumption, because books can be *shared*. Sharing material and immaterial resources is a path to both environmental sustainability and community collaboration. But these facilities require time, infrastructure and support in order to function effectively, to be sustainable, and to expand, in contrast to the drastic cuts they have been subject to.⁶ Libraries can be experimental community spaces for the twenty-first century that can provide inventive activities and resources for local communities. But they should also have funded staff and actual books. We need both community spaces *and* shared resources.

The powerful community model of local libraries deserves to be both cherished and developed. Yet we can also move beyond books, to develop more 'libraries of things' and other forms of reuse and recirculation. In an era of imminent climate catastrophe, it is obscenely wasteful for people to buy hardware they might use only a few times a year, whether we are talking about power drills, expensive children's toys or waffle makers. It's possible to refuse the disastrous capitalist system of planned obsolescence and share objects within communities. As a result we would limit carbon emissions, save money, and develop our capacities to care not only for animate but also inanimate things.

Several 'libraries of things' already exist. In Athens, for instance, anti-consumerist collectives such as Skoros have been renting former retail premises and running them entirely on a volunteer basis

for over ten years, so that anyone can borrow, gift and/or take clothes, books, toys, kitchenware and other items, as well as participate in various DIY workshops for free.⁷ In the US, there are several successful tool libraries dating back to the 1970s, such as Rebuilding Together Central Ohio's and Seattle's Phinney Neighborhood Association tool libraries; and there is a repository of borrowable kitchenware in Oregon. In various London neighbourhoods, examples include a toy library, a local facility lending equipment from gardening tools and popcorn makers to gazebos, and a mobile 'Share Shed'. And today there is a new wave of interest in 'libraries of things', as well as in gifting bazaars, clothes swaps (or 'swishing'), freecycling and social media swap sites, alternative currency systems, and reuse workshops, indicating the enormous resourcefulness and creativity of local communities. These need to become embedded as part of the community, becoming the new normal, rather than a series of ad-hoc solutions.

We can also share *immaterial* resources to collectivise our skills and knowledge. One way is by creative use of 'time banks', which enable people to swap the time they spend on doing activities or jobs for each other, or via skillshare sessions, alongside the rich tradition of local activity clubs and DIY workshops. Just as we can share physical resources, so too do we need equal access to online resources. These should be maintained through digital infrastructures that we co-own: thus, instead of platform capitalism there would be platform co-operativism.⁸ As the coronavirus crisis has made painfully clear – and as the Labour Party proposed in its 2020 manifesto – broadband should be counted as an essential service and collectively owned. Sharing resources facilitates working and being together; without equal access, people become excluded and isolated. So, while we clearly need communities in order to share, what is perhaps less obvious is that sharing, in turn, helps to create community.

Caring Communities Are Democratic Communities

There are profound interconnections, then, between mutual support, public space, sharing resources and community life. Reinforcing all these areas makes localised forms of democracy both more possible and more obviously important. But how do we scale them up?

Over the last few years, one inspiring example is how Preston council in north-west England dealt with having its budget slashed by encouraging localism and workers' co-operatives.⁹ It switched its public sector priorities from spending money on corporate contractors hundreds of miles away to investing in local providers and worker-owned co-operatives. The hugely successful Preston Model echoes Ohio's Cleveland Model, in which the state actively intervened to build the capacity of local co-operatives. At a time when many baby-boomer business owners were retiring, the Cleveland Model encouraged existing companies to be sold to their workers through a combination of training and financial support.¹⁰ These collective projects empower local workers and give them a say over what happens in their communities. Such structural support for community wealth-building and control over production, as well as democratic ownership and governance, is what care for and by communities must involve.

Both the Cleveland and Preston models, like Co-operation Jackson in the US and Barcelona en Comú (Barcelona in Common), are examples of what has been called 'the new municipalism' or 'remunicipalism'. Municipalism is the practice of self-government by an area, town or city. While there are political complexities to these forms, the key feature of the new municipalism is that it breaks with the neoliberal system of siphoning off public money to feed remote multinational corporations.¹¹

The new municipalism mobilises local 'community wealth-building' to counteract the exploitation of global capitalist commodity chains. They can also enable what Keir Milburn and Bertie Russell describe as 'public-commons partnerships', in which co-operative institutions link up with public services and local citizens with an active stake in their organisation.¹² In its leftist and co-operative form, rather than its authoritarian, right-wing manifestation as practised by Viktor Orbán in

Hungary, municipalism offers a way forward for communities to care democratically. This is what Emma Dowling calls ‘municipal care’ – the opposite of the temporary ‘care fixes’ engineered by so-called compassionate capitalism.¹³

A crucial dimension of municipal, democratic care would come from its *insourcing*, once public provision is brought back ‘in-house’. With jobs returning to the public sector, workers gain job security, living wages and pensions, as well as sick and holiday pay. Insourcing is thus an act of caring for workers that also puts them into a position where *they can care more*. The failure of the privatised care home system, which has seen, in Bev Skeggs’s words, ‘the state being treated like an ATM machine’ while workers and clients suffer, has been highlighted by the coronavirus crisis. Thousands of people have died in care homes, staff have been left with inadequate or no protective equipment, and, most tragically, many old people were in the early days of the pandemic largely abandoned, their deaths from the coronavirus not even recorded. Care homes need to be run on a not-for-profit basis, by the local authority wherever possible. Positive examples here include the care homes being brought back into the public sector in British Columbia, Canada; and the Buurtzorg social care co-operative in the Netherlands, which works with the needs of the client, is rated extremely highly by users and employees, and moreover saves 40 per cent in costs to the national healthcare system by prioritising quality and need over profit.¹⁴

Such municipal projects are creating radically democratic social ecologies of care at the community level. Institutional forms and networks which can truly generate care are those that are based not on private profit but on socialised forms of provision which involve users in their planning and production. Providing the necessary sharing infrastructure, giving communities a greater role in planning their locality and its services, remaking the relations between the state and local levels to deepen collaborative decision-making (or ‘co-production’) are key for creating communities with the capacity to care. Crucially, as well, in the process they are doing something else: they are deepening democracy.

Caring in Common

As we have shown, the local communities we traverse need to be built upon the desire for mutual thriving. This means empowering communities by resourcing public space, facilitating mutual aid through structured forms of useful communal resources, and building the ability to engage meaningfully with decisions as to how communities are run. The possibilities for democratic involvement need to be expanded across an array of spheres and zones, whether in local government, political formations, public services, schools, unions or neighbourhood assemblies, a theme we will return to later.

Communities can, of course, be romanticised. We can all think of examples of 'non-care' in the community. From 'care homes' not worthy of the name, to the negative solidarity of mutual suspicion and scapegoating, the idea of care can be used to push controlling and reactionary agendas. To be clear, what 'caring communities' does *not* mean is using people's spare time to plug the caring gaps left wide open by neoliberalism. It means ending neoliberalism in order to expand people's capacities to care. To be truly democratic will involve forms of municipal care that put an end to corporate abuse, generate co-operatives and replace outsourcing with insourcing. Then, instead of corporate control over increasingly atomised, impoverished, endangered and divided communities, we can create co-operative communities: communities that are coproduced, that enable us to connect, to deliberate and to debate, to find joy and to flourish, and to support each other's needs amidst the complexities of our mutual dependencies.

2

The Political Economy of Love

There is so much work that goes into keeping us alive and healthy. Food needs to be prepared, houses cleaned, children looked after. We all need other people to care for us. Emotion cannot be understood in isolation from our other needs. We therefore have to situate emotional reproduction within the context of social reproduction more broadly. Otherwise, emotional labour comes to seem like a problem for a particular group of waged workers, and not something that happens across a range of sites and relationships in capitalist society. Through this broader understanding of emotional reproduction, we can view it not as something that emerged with the neoliberal service economy, but as an integral aspect of capitalist domination of our lives, needs, and desires.

The work that goes into meeting our needs has looked very different in various periods of history, as our needs are profoundly social and historical. While the need for food is a biological reality, how we satisfy our hunger looks very different in different epochs and among different classes within the same society. Moreover, different societies give rise to different types of needs. By needs, we should understand not only the things that we need to survive, but what we have come to expect as a decent standard of life. This could be something like access to public transport to get to work or being able to go out for a drink at the end of the week. All of our needs will have to be satisfied by specific forms of work, including our needs for social life and emotional comfort. Our needs, as we currently know them, are structured by capital's drive to accumulate value. The

majority of people do not have access to the things they need unless they can find waged work.

Capital is more than just the organisation of factories or the ownership of the means of production. It is a set of social relations that structure life and work. The separation of workers from the resources they need to live should be understood as a relation of power, rather than just the ownership of things. In capitalism, value is created through labour, and power is expressed through the domination of labour. A commodity's value is determined by the length of time it would take the average worker to produce that good or service. Workers produce goods and services that are worth more than what the capitalist has paid to produce them. This is because workers are not paid for the labour itself, but instead something called labour power – their capacity to perform labour. This is what workers sell when they sign a contract with their employer.

The value of labour power is measured according to the value of commodities that the worker needs to survive – to pay for a historically specific minimum standard of basics such as food, housing, transport, and clothes. This means that capitalists can extract surplus value, which is the difference between the value that the worker has produced and what the capitalist pays the worker. Surplus value forms the basis of capitalist profit. Capitalist accumulation is founded on workers producing more value than they are paid for.

Capital has dispossessed most people of what they need to survive. It is not a system driven by meeting people's needs; instead, its only drive is to accumulate value. But a majority of workers need to be kept alive in order to maintain the extraction of value, because it is the labour of workers that creates value in the first place. A thing or service becomes a valuable commodity because it takes a certain number of hours for a worker to produce it. Individual capitalists will place the drive to make profit above the wellbeing of their workers. But if capitalist society overall functioned in this way, the working class would not be able to keep itself alive. This would in turn jeopardise the capitalists' use of human labour to create value. In

capitalism, reproduction is generally subordinated to production and profit-making. But this primacy of production continually threatens the overall reproduction of capitalism as a system. There is a contradiction at the heart of the capitalist economy – workers are both individually disposable and collectively indispensable. This tension means that reproduction can become a central location of conflict and struggle, as its standards, resources, and labours are never simply given but are continually contested. The needs of capital, the state, and the workers themselves often come into contradiction. For example, it is in the interest of working-class people that sick pay and maternity pay are as generous and accessible as possible, but the interest of capital is usually to reduce all welfare benefits to the minimum level required for the working class to survive. Otherwise, the capitalists fear, it might become too easy for working class people to live without adhering to the discipline of wage labour.

In response to the bourgeois understanding of the private sphere as fully cut off from the public, and therefore non-political, it might be tempting to conclude that reproduction is fully capitalist, in the sense of responding to the demands of production. Capitalist production does dominate reproduction, but the two are also interdependent, as production could not exist without the work that goes into reproducing the labour force. Our needs are responsive to the demands of production, but can sometimes exceed them. The fact that reproduction has its own contradictions and antagonisms under capital means that it cannot be fully subordinated to the logic of production. Struggles on the site of reproduction can have an impact on the organisation of waged work, and have at times led the state to regulate the productive economy.

Certain types of labour are excluded from calculations of value, and such exclusions are themselves necessary for the production of value. Capitalist economies have to at least partly externalise the cost of reproduction. Instead of including unwaged reproductive labour in the value of labour power, capital posits reproduction as the individual responsibility of the worker. Unwaged reproductive work

functions as a constitutive outside of capitalist economies – it is external to the formal wage relation, but capitalism could not sustain itself without it. A large proportion of reproductive labour has to remain unpaid for the capitalist economy to function, otherwise the value of labour power would simply be too high and capitalists would not be able to extract surplus value. For example, we typically buy food that is not fully prepared, and some additional unwaged work has to go into cooking the food so that it lives up to the standards we are used to. If all that work was paid, food would become incredibly expensive, like having takeaway every day. This would in turn drive up the value of labour power, and reduce the difference between the value of labour power and the total value produced by labour. If reproduction was valued like any other work, therefore, capitalism would no longer be profitable. This connection between reproductive labour and the value of labour power means that reproductive work is generally poorly paid and regarded as unskilled, if it is seen as work at all.

Reproduction is labour-intensive and mostly carried out at a relatively low level of technological development. The domestic technology that was introduced during the twentieth century did not significantly reduce the time spent performing reproductive labour, partly because the introduction of new machines coincided with increased standards for cleanliness and food preparation, as well as increased expectations of how much time should be spent on childcare.¹ As Silvia Federici puts it, ‘The only true labor saving devices women have used in the ’70s have been contraceptives.’² Some forms of reproductive labour depend on the continual presence of the worker, which means that it is difficult to make them more efficient. For example, childcare depends on someone being around all the time, attending to the needs of the child. While reproduction has been increasingly commodified over the past decades, it is difficult to fully integrate within the capitalist organisation of production, because to fully recognise it as work and to pay it accordingly would threaten capitalist accumulation. Moreover, the labour-intensive nature of reproduction often makes it difficult to turn

it into a profitable service, and many companies in the care sector rely on state subsidies to make a profit.³

Unwaged reproductive labour is not accounted for in the value of labour power. The wage appears as a fair compensation for the hours spent doing waged work, not for the process of reproducing oneself or others as labour power. The employment contract itself conceals reproductive labour. The person with a primary responsibility for reproducing labour power is not constructed as the creator of that commodity but is alienated from it through a model of capitalist ownership of the self, which does not account for one's dependency on other people. Only the worker themselves can enter a contract with an employer.

Not everyone has someone else to perform reproductive work for them – many workers do this for themselves as best they can. But everyone has at some point been cared for by someone else. The employment contract, through which labour power is sold as a commodity, excludes these social relations within which labour power is produced. The worker's capacities become naturalised as inherent in the worker, rather than acquired and historically specific. These capacities are seen no longer as social but as the private property of the worker. Emotional capacities are always social, but tend to be seen as expressions of the worker's authentic and pre-social personality.

Capitalism is structurally dependent on reproductive labour, both waged and unwaged. Because labour power is the central commodity of capitalist economies, the production of labour power is necessary work. As Federici writes, 'If we were not at home doing housework, none of their factories, mines, schools and hospitals could run, none of their profits could flow.'⁴

In contemporary capitalism, there has been an increased reliance on commodified reproductive services, yet these are also not always recognised as necessary for the functioning of the economic system more broadly. The commodification of reproduction might have made these activities more visible *as work*. When an activity becomes waged and performed for strangers, it is often difficult to keep

pretending it is done purely out of love or as an expression of the personality of the worker. But this visibility has not always led to an acknowledgement of the dependency of value-producing labour on various forms of reproductive labour. Increased visibility does not necessarily change the material conditions of reproduction, which has been marginalised by the organisation of waged productive work. The commodification of reproductive services does not resolve the contradictory nature of reproduction under capitalism.

Today, many people rely on a combination of commodified and non-commodified reproductive labour. Commodification has been part of the restructuring of reproductive labour under the neoliberal regime, but much of the necessary work of reproducing labour power is still unwaged or provided by the state. Some of these tasks, especially the more physical forms of labour such as cooking and cleaning, can be outsourced to low-waged reproductive workers. But reproduction is more than the totality of discrete tasks. The patchwork of commodified and state-provided services has not fully replaced the labour traditionally done by women for their family members.

Reproductive work within the family often serves to create a more coherent form of care, which is better able to meet the specific needs of individuals. This type of care also addresses our emotional needs. Emotional bonds are central for ensuring the links between various types of reproductive work. In her 1975 pamphlet 'Wages against Housework', Federici writes:

It is precisely this peculiar combination of physical, emotional and sexual services that are involved in the role women must perform for capital that creates the specific character of that servant which is the housewife, that makes her work so burdensome and at the same time so invisible.⁵

While the role of the housewife has more or less disappeared, most people still rely on their family members to meet at least some of their needs. The reproduction of people depends on some stability over time, even when the exact type of care they need changes. As members of the New York Wages for Housework Committee write,

older women often take care of their grandchildren to allow their children to perform waged labour.⁶ We continue to rely on family members to care for us and our own dependants, even when we are adults and seemingly more independent. Reproduction is a complex network of relations and dependencies, even in a neoliberal era which seemingly privileges individualism.

The Skills of Care

Because reproductive labour has to attend to a lot of different needs, it is a complex and skilled type of work. Being able to meet various needs requires a form of subjectivity that is attuned to the needs of others as well as the skills to perform reproductive tasks at a high standard. This work is not easily captured by the provision of commodified or state-provided reproductive services, because they are typically (though not exclusively) more standardised and impersonal. They therefore cannot perform the same role as the intimate work of care that takes place in people's homes and communities. As we saw in the last chapter, through the tailoring of care to suit the individual needs of the recipient, reproductive work helps people form a sense of being a unique and valued individual. This means that unwaged reproductive labour is often essential for fulfilling our emotional need for personal recognition. Unwaged reproductive work is infinitely complex, as it helps shape the difference between individuals through the satisfaction of individualised needs. Despite the complexity of care, it appears simple and unskilled. It is people's (and in particular women's) supposedly natural and spontaneous emotional and reproductive capacities that makes this work seem simple – in fact, it is not seen as work at all. This naturalisation of reproductive work operates despite or because of the fact that in capitalism, the subordination of reproduction to production continually threatens to disrupt the reproduction of labour power.

Under capitalism, workers become the carriers of labour power, a set of historically specific and produced skills and subjectivities that

can be sold for a wage. According to Karl Marx, labour power is constituted by 'the aggregate of those mental and physical capabilities existing in the physical form, the living personality of a human being'.⁷ Leopoldina Fortunati writes that these 'acquired and historically determined attributes ... are not homogeneous in all individuals'.⁸ This is because our mental and physical capabilities are deeply social and are constituted differently according to our position within social hierarchies.

Skills and capacities are often presented in bourgeois ideology as natural and inherent in the worker. But in fact, we can begin to see how labour power consists of acquired capacities bound to the construction of gender and race. For example, within racial capitalism, black women have often been regarded as naturally suited for menial domestic labour such as cleaning and other 'dirty work'. Gendering and racialisation can be understood as a set of skilling and deskilling processes, where various skills are learnt from childhood. This challenges the framework of the capitalist construction of particular capacities as natural.

The demands of the labour market and the commodification of our capacity to work both shape and are shaped by historically specific arrangements of reproductive labour. The capitalist mode of reproduction forces us to reproduce *as labour power* – that is, as mere carriers of our capacity for particular forms of labour. Federici writes that understanding reproductive work as the production of labour power highlights 'the fact that in capitalist society reproductive work is not the free reproduction of ourselves or others according to our and their desires'. It also emphasises 'the tension, the potential separation, and it suggests a world of conflicts, resistances, contradictions that have political significance'.⁹ Labour power is unique among commodities in that it is inseparable from the workers – people with needs, desires, and a capacity to struggle against the conditions of labour. It is the only commodity which has the capacity to resist its own conditions of production. But being reproduced as labour power also constrains those desires and capacities. The devaluation of workers takes place simultaneously with their

constitution as value-creating labour power – we have to be worth less, and have fewer and cheaper needs and desires, in order to produce more value.

We are never reproduced fully for capital, nor for ourselves as people. Reproduction is both a site of preservation of the status quo and a potential space for the radical remaking of the world. This tension enables a feminist struggle in the sphere of reproduction, a struggle which has the potential to disrupt the functioning of capitalist society. As members of Wages for Housework argue, struggles on the site of reproduction subvert ‘the image of social peace that has given capitalism the appearance of naturalness and viability’.¹⁰

But it is not easy to disentangle the different aspects of reproduction, and reproduction ‘for ourselves’ is not an uncomplicated matter. This is partly because we are currently forced to reproduce in ways that maintain social divisions and harm other people. The privatisation of reproduction means that one person’s comfort and wellbeing often implies another person’s depletion and unmet needs. The workers who can afford it may pay other workers starvation wages to look after their children or elderly relatives. These relations of exploitation are often drawn along lines of race and migration status. The working class is not a coherent unit with the same conditions of life. Some workers have a higher standard of life and more leisure time, while others live and work in degrading and harmful conditions. There is always a risk of romanticising the community or the domestic sphere, which appears as something totally distinct from capital and a space of freedom rather than exploitation. But hierarchies between workers stem not only from a stratified labour market but also from hierarchies within the sphere of reproduction.

The fact that we reproduce ourselves not only for capital but also for ourselves enables men to exploit the reproductive labour of women. To exploit the labour of other members of the class is also to reproduce for capital, since such exploitation reproduces the hierarchies of race and gender on which capital thrives. We are exploited when we are compelled to work for others, either by force or

because we have to work to meet our own needs, but we receive less back than what we put into that work. Women tend to be exploited insofar as they cannot satisfy their own needs other than by labouring for other people. Often the only way women can have the economic security they need is through entering romantic relationships with men – relationships that tend to involve doing a lot of reproductive work. Men, on the other hand, often benefit from this labour because they tend to be the beneficiaries of women's caring work, and because they are largely freed from performing caring work for others. They are often excused from fully reciprocating women's care and from the work of caring for children, the elderly, and other dependants. Workers who have the option of exploiting the labour of others have an advantage over those who do not, since that gives them more time for their waged work and more leisure time to restore their capacity for labour.

Feminists have often argued that reproduction must be made visible as work. But the point is not to make reproductive work visible for visibility's own sake, or to morally valorise it. We need to be careful not to valorise or glorify reproductive work as we currently know it. Rather, feminist struggle strives to highlight capital's structural yet disavowed dependence on reproductive labour in order to subvert both this work and capital itself. It is by highlighting relations of power in our daily lives that we can struggle against them. In this way, we can multiply the sites of anti-capitalist struggle – expanding it from the workplace to the supposedly private domestic sphere. We strive to expand the ways we can reproduce ourselves for ourselves rather than for capital. In this, we must also challenge the relations of exploitation that take place between members of the working class. This means learning to care for each other not just as workers and family members, but as people with the capacity to resist capitalism. A central reason for struggling within the sphere of reproduction is to challenge hierarchies between workers in order to create a more unified working class, on the basis of the needs and demands of the most exploited within the class.

Permanent Reproductive Crisis

In post-war European and North American society, a combination of state services and unwaged domestic work constituted the main forms of reproductive labour. But today, a majority of women are also waged workers, which means that there is less time for unwaged domestic work. Austerity measures and cuts to healthcare and education mean that people generally have less access to state-provided services. Commodified reproductive services, provided by private companies, have been introduced to compensate for the fact that non-commodified reproductive labour is less available. But the labour-intensive and often less profitable nature of reproductive work means that it has not been fully commodified, and some previously waged reproductive labour has in fact been pushed back into the sphere of unwaged work.¹¹ Many working-class people cannot afford commodified reproductive services but continue to rely on poorly resourced state-provided services and unwaged reproductive labour. Today, some reproductive labour happens through public–private partnerships, where the state funds private companies to provide reproductive services.

This lack of resources for reproductive labour has led to a diagnosed ‘crisis of care’ or ‘crisis of social reproduction’. In one account, the crisis emerged because of the combined decline of the welfare state and the family model in which men were breadwinners and women housewives. But this more recent crisis is only the open manifestation of the underlying contradiction of capitalist reproduction, which has always been a feature of capitalism. Federici calls this a permanent reproductive crisis.¹² Some accounts of the crisis of care tend to obscure the fact that some groups have always experienced reproductive crises, but that these crises are not expressed evenly. Instead, it has dramatically different effects on different groups. The idea that a crisis of care has emerged with neoliberalism conceals how the post-war, supposedly non-crisis organisation of reproduction never included everyone, even within North American and European countries. Rather, this model of

reproduction imposed differentiated and hierarchical reproductive standards. Some people's needs were met by the state and the breadwinner/housewife family model, while other people's needs were neglected. Reproduction under capitalism is always stratified along lines of class, race, and migration status. This corresponds to a stratification of wages, as those who have been forced to reproduce at a lower standard are also paid less for their labour power – their capacity to labour is worth less but produces more surplus value.

Those who are excluded from the labour market have to rely on the state, family members, community services, or criminalised activities to survive. These forms of reproduction are often stigmatised, for example through the images of 'welfare queens' and 'benefit cheats' – racialised stereotypes that also carry associations of stigmatised sexual behaviour and bad reproduction. Those who survive outside of the normative pattern of wage labour and family are seen as reproducing deviant forms of life.

Various kinds of reproductive work are also valued differently, depending on the nature of that labour, who is performing it, and for whom it is performed. Evelyn Nakano Glenn points to the racialised differentiation of reproductive work, in which emotional and customer-oriented labour has been more highly valued than the 'dirty', manual, and backroom forms that have often been reserved for women of colour and migrants.¹³ The reproduction and survival of stigmatised groups is seen as less important in capitalist societies. While white, middle-class, and bourgeois people can expect longer, healthier lives, others are, as Ruth Wilson Gilmore puts it, made vulnerable to premature death.¹⁴ The different valuation of various forms of reproduction therefore reflects and recreates deep splits and hierarchies within the working class.

Neoliberal capitalism is seemingly hostile to reproduction. Neoliberal states have typically cut state provision of reproductive services, and increased automation within the contemporary economy seemingly makes capitalism less dependent on human labour. This makes it appear that the state and capital are no longer interested in the reproduction of human life. But contemporary

capitalism is as dependent on reproductive work as previous forms of accumulation, and as dependent on living labour. Only human labour can produce new value, and workers cannot be fully replaced by machines. Even though core capitalist economies are increasingly producing surplus populations – people who are temporarily or permanently excluded from wage labour – the exclusion of these groups does not mean that their existence is superfluous to the functioning of the capitalist economy.

People belonging to surplus populations might be more aware of the permanent nature of the reproductive crisis, where their lives and deaths do not seem to matter much to capital or the state. But capital relies on the continued existence of vulnerable surplus populations. In her study of temporary women workers in China and Mexico, Melissa Wright shows how entire groups of people are produced as temporary and disposable resources in terms that also make individual workers vulnerable to violence and death.¹⁵ These groups can be employed and laid off as needed in the short-term expansion and contraction of the labour market, and they are produced as cheap labour power whose reproduction costs capital next to nothing. The state has often had a role in controlling the reproduction of these groups, simultaneously trying to reduce the cost of their reproduction through limiting access to welfare and ensuring that they are still reliant on capitalist regimes of work by criminalising and stigmatising non-wage-based forms of life. While they are partially excluded from waged labour, the state tries to prevent these groups from inventing ways of surviving fully outside of capitalist circuits of production and reproduction.

Organisations led by women of colour have long struggled against the stratification of reproduction, for example through broadening the question of reproductive rights to include not only access to abortion but also the struggle against forced sterilisations. Wilmette Brown, a co-founder of Black Women for Wages for Housework, writes that in the twentieth-century United States, sterilisation was often a condition for receiving a welfare check. She points to the long history of racial capital when she writes that the ‘population of black people

has always been a burning issue for international capital: ... it has never ceased to concern itself with the size, age, sex, availability, manageability, and when need be, extinction, of the black population as a labour force'.¹⁶

The purpose of capitalist reproduction, then, is to ensure not only the physical survival of the workers but also a disciplined workforce. It is not only the number of workers that is at stake but the availability and manageability of the labour force, as well as the discipline of reproductive workers. Capitalist states attempt to promote a specific type of reproduction – one that creates a stable, disciplined labour force where people have an affective investment in work and in preserving the current organisation of society, even when they are partially excluded from it. Only certain forms of reproduction are encouraged by state policies. The state disciplines supposedly bad reproductive subjects through welfare policies, lack of access to reproductive services, and incarceration. The state has had a central role in organising reproductive labour, which becomes especially clear in situations of heightened reproductive crisis, or as a manager for those who have been less willing to reproduce in a normative manner. Members of Wages Due Lesbians and Black Women for Wages for Housework struggled against the state's intervention into reproduction – forced sterilisations of black women and loss of custody rights for lesbians and other 'bad mothers'.¹⁷ Because the sphere of reproduction is characterised by contradiction and tension, the state intervenes to maintain normative reproductive standards. This has led the state to be invested in creating normative family values which also serve to discipline those who resist the current reproductive order.

The state promotes what it deems to be good reproduction through welfare policies and normative family values. State policies are not just repressive but actively organise unwaged and waged reproductive labour. Mariarosa Dalla Costa writes:

In the era of mass production – not only in the material sense but its reproduction on the psychic level, including its discipline and socialization – in which the correlate production of a new labour power

required a specific relationship between the family and the labor market, the state needed to both regulate the labor market and strengthen the family.¹⁸

The family, she concludes, was at the centre of the New Deal in the US and post-war welfare states more broadly, setting the standard for the type of reproductive labour that could produce a disciplined and relatively healthy population.¹⁹ The welfare state, while seemingly replacing some of the labour of the family, actually operated in continuity with it, often intervening in the so-called private sphere. And while neoliberal regimes seem less reliant on traditional family forms, Melinda Cooper has shown that neoliberalism is based on normative family values, and operates on an often unspoken assumption of family support of the individual.²⁰ The family is an ideological and material supplement of the free individual assumed by neoliberalism. Our current political regime requires the continual management of reproductive labour and preserves some version of the family as a unit of reproduction and economic support. Inheriting assets such as a family home has become increasingly important for the economic stability of the middle class as waged work has become more precarious.

In times of open reproductive crisis, when the working class struggles to reproduce itself because of the harms created by waged work and poor living conditions, the state might intervene in the productive sphere. Fortunati shows how the modern, capitalist state was shaped by the open reproductive crisis caused by capitalist industrialisation in the nineteenth century, when workers, including children, were drawn into factory work to an extent that threatened the generational replacement of the working class. She cites Marx's comments on the 'unnatural estrangement' between mothers and infants that occurred in this phase of capitalist accumulation, which led to high rates of neglect and infanticide.²¹ Working-class people died very young, both because of the crushing conditions of factory work and because of dire housing conditions and lack of access to healthcare. While individual capitalists are not particularly interested

in the wellbeing of the working class, large-scale reproductive crises can become disruptive to the economy. In order to stave off this crisis, in which mothers lost their supposedly natural maternal instinct and young adults died or lost their ability to work, the state had to intervene in the productive sphere of waged work as well as the sphere of reproduction. It created limitations on the working day to ensure that the working class had the time and means to reproduce itself.²² The total subordination of reproduction to the short-term interest of production – the extraction of value through the extension of the working day – was found to undermine the long-term stability of capitalist accumulation. The state, seeking to ensure such stability, was forced to intervene and regulate the length of the working day as well as general working conditions. Bourgeois philanthropy and working-class struggle in time created more stable conditions of reproduction, increasing the availability of reproductive resources such as decent housing, healthcare, and education. After the world wars, in a time of greater prosperity, the welfare state was created to ‘solve’ the crisis in reproduction, at least for some people. This phase of capitalism, however, was an exception, and the working class has always lived in a state of reproductive crisis.

Naturalisation and Privatisation

Capitalist society depends on the labour of reproduction, both waged and unwaged. To obscure the contradictory nature of reproduction under capitalism, reproductive labour is simultaneously glorified and made invisible, valorised, and devalued. Bourgeois ideology celebrates a particular form of reproduction, both through the image of the self-sacrificing wife and mother and through the story that in order to have a good life, we must desire romance, a family, and a private family home. Emotional reproduction is intimately tied to the ideological notion that capitalist reproduction is overall good and desirable, as we come to associate good feelings with particular forms and relationships of reproduction. This valorisation of reproductive labour can reinforce the split between productive and

reproductive work. This was most clearly the case in the Victorian valorisation of white women's care for their families – the ideological figure of 'the angel in the house', constructed as the opposite of the world of productive work and driven by love and altruism rather than individualism and profit. This glorification of the white bourgeois wife and mother obscured the contributions of domestic servants and other working-class women.²³ This type of valorisation does not translate into women's autonomy over their labour, nor does it challenge the conditions under which they work. Instead, it serves to increase women's attachment to reproductive labour as the source of the good life.

According to bourgeois ideology, the community and the family are part of private life, separate from the logic of the market. Bourgeois ideology both reflects and conceals the material organisation of capitalist reproduction. It has obscured how we reproduce ourselves as labour power – as workers selling our capacity to work to capitalists. The ideological split of private and public has real consequences for how people live their lives, and also serves to shore up the separation between production and reproduction. There is no strict spatial boundary between the private and the public, but these terms do name a certain experience of capitalist life. For example, there is an assumption that care belongs in the private sphere, and many people experience care at home as preferable to institutional forms of care. The work of reproduction takes place across multiple sites, but the private domestic sphere is still seen as the proper place for reproduction.

While the state and capital have always sought to regulate the reproduction of the working class, this sphere of life has often appeared as an entirely private matter. Reproduction has come to appear as non-political in a way that conceals its contradictions and antagonisms. This privatisation obscures the historically specific character of reproduction under capitalism, making current reproductive forms seem natural and desirable. The reproductive arrangement of the nuclear family seems like a personal choice and yet something that everyone wants. Within the sphere of

reproduction, the capitalist primacy of production is inverted, and reproductive labour seems primary and natural. Fortunati writes that the limitation of the working day in the sphere of production coincided with the extension of the working day in the sphere of reproduction.²⁴ The reproductive crisis in the nineteenth century, when the working class was struggling to reproduce itself, in time led to improved conditions of reproduction for many sections of the population. This happened both through higher standards of housing and reproductive services and through an increase in the time that working-class women were expected to devote to taking care of their families. The new mode of capitalist accumulation that emerged towards the end of the nineteenth century, based on the intensification of labour rather than long working days, also required a more disciplined working class. Women had to train their children to become good and disciplined wage workers with an emotional attachment to the ideals of work and family. The reward for this increased discipline at the waged workplace was a supposedly more emotionally satisfying home life as well as increased access to consumer goods and commodified leisure activities.

This involved promoting ideologies of heterosexual romance and family as the ultimate goal of life. Heterosexual marriage has become synonymous with the good life, and everyone seemingly desires the normative reproductive arrangements of the nuclear family. Heterosexuality is the naturalisation of unwaged labour – through heterosexuality, the gendered division of labour becomes natural, desirable, and good. Romance ideology made emotional labour appear as a reward rather than work.

As Fortunati writes, the figure of the housewife functions as the inversion of the general logic of capital which subordinates reproduction to production.²⁵ She cannot appear as labour power on the waged labour market without simultaneously appearing to capital as a natural source of unwaged reproductive labour, and therefore as a person with responsibilities outside of waged work. The unwaged reproductive sphere continues to mark women as reproductive workers even as they enter the sphere of waged labour. Women's

reproductive capacities are perceived as primary even for those who are neither mothers nor housewives. This primacy of reproduction makes women workers appear as ideal part-time waged workers, as they are assumed to have caring commitments. Lack of access to full-time work in turn increases women's economic precarity, which often means they have to rely on a man's wage to have a decent standard of life.

A disciplined workforce is shaped through discourses of individualisation and choice within the sphere of reproduction. The terminology of 'choice' of part-time work appears central for maintaining women's continued responsibility for reproduction. In this discourse, mothers who are waged workers simply 'choose' to earn less and spend more time taking care of their children. The discourse of individual choice points to the continuing relegation of reproductive labour to the private sphere and personal responsibility. Even in the current organisation of reproduction, when much of this work takes place outside of the home, it is still common sense that reproduction is essentially a private matter. But this does not lead to more freedom in the sphere of reproduction, since the available choices are so limited. Especially for those responsible for the reproduction of others, there is little material support for choices other than the most normative. For instance, there are very few options in terms of affordable childcare, and many people do not have personal relationships that could support childcare arrangements outside of the nuclear family.

Reproductive labour is privatised and appears non-political, despite constant state intervention. As Fortunati writes, the family appears to be 'the least capitalist relations that exist'.²⁶ This creation of an 'outside' of capitalist relations is an essential aspect of unwaged emotional reproduction, which appears natural and desirable in contrast with the regulation of waged work. As we saw in the last chapter, this privatisation has an important function within emotional reproduction – to individualise the recipient of reproductive labour. All privatised, unwaged care comes to appear as an investment in their person, strengthening their sense of personal value as well as

satisfying some of their needs. Acts of physical labour can thus contribute to emotional reproduction because they give the recipient a sense of being cared for and therefore valued as a person. This care takes the person as an individual, especially if the acts of care are tailored to their supposedly unique and individual needs. This counteracts the de-individualising that many people experience at their waged workplaces, where they are fundamentally replaceable. Reproductive labour therefore appears to be outside the logic of capitalist markets, and provides people with a sense of individuality which compensates for their dehumanisation as labour power.

This individualisation is tied to ideologies of love and sexuality. Sex is supposedly the most private activity, which, according to bourgeois notions of propriety, is reserved for the bedroom. It is personal, natural, and supposedly stemming only from individual attraction – our sexual desires are frequently portrayed as pre-social. As Federici points out, it is presented as the opposite of work and a free expression of individuality and pleasure.²⁷ Sex work and queer sexualities challenge this privatisation, as they have long been excluded from the domestic sphere and seen as disturbingly public and improper. Queer sex is less privatised due to the historical exclusion of queer people from the domestic sphere of the nuclear family. The incorporation of homosexuality within the nuclear family has changed this, as same-sex sexual practices have become increasingly privatised and seen as a personal lifestyle choice. The decriminalisation of sodomy in the US, which took place through the 2003 Supreme Court case *Lawrence v. Texas*, stipulated that gay sex should be legalised because of the protection of sexual privacy in the home.²⁸ Like queer sex, sex work has often been marked as a moral issue, partly because it mostly takes place outside of domestic settings, and partly because it challenges the understanding of sexuality as a private matter and the opposite of work. The private sphere is not just a domestic setting but the space for heteronormative, unpaid sex.

Some sexual practices can therefore be understood as a form of resistance to the privatisation of reproduction. Sexual practices can

be mobilised as a form of reproduction for ourselves as politicised subjects. Sexuality is bound up with the practices of reproductive work (particularly for women in heterosexual relationships), but it can also create a space of subversive sociality. Especially for those whose sexual practices and identities are less closely tied to the intimate sphere of domestic heteronormativity, sexuality can become a way of reproducing differently. Queer sex can be understood as a form of refusal to reproduce within the bounds of capitalist reproduction. But this is only possible if we consider queer sex not merely as a personal choice or an individualised form of resistance, but as part of a wider struggle against the current arrangement of our intimate lives.

Reproductive Antagonisms

Heterosexuality is the naturalisation of reproductive labour, and reproductive work entails the naturalisation of capitalism. Feminists must challenge these forms of naturalisation. As members of the English Wages for Housework collective write, 'The routines of capitalist life have always given capital the appearance of naturalness (as if life couldn't be any other way) and the appearance of viability (as if nothing else could work as well).' They add that 'halting service work undermines this appearance of social peace'.²⁹ The work of Marxist feminist theory and organising, then, is to heighten antagonisms within the reproductive sphere, so that gendered work no longer appears as a natural fact.

Naming supposedly natural gendered capacities as work is one strategy for their denaturalisation. This is a form of separation and disentanglement – a way of saying that we could be more than our acquired capacities for labour. It paves the way for refusing to carry out reproductive labour, because that no longer seems like our natural destiny. It is a way of highlighting our dual existence as labour power and something more than labour power. In Kathi Weeks's terms, this naming constitutes a feminist subjectivity simultaneously created by and against the social relations of work.³⁰ As she puts it,

struggles within the sphere of reproduction depend on our ability to create a distance between what we have been made into and what we could become.³¹ Denaturalisation opens up possibilities for struggle, as it shows that the world could be completely different.

There are many sites of possible struggle within the varied field of reproduction. Fighting for the right to abortion, for example, has been a way of challenging the imperative to reproduce for capitalism. But some (mainly racialised and disabled) people are marked as undesirable reproductive subjects within racial-capitalist reproductive norms. Brown argues that for those who are typically excluded from normative forms of reproduction, having children might be a way of affirming the value of reproducing against the state and capital.³² Raising those children against the demand for a disciplined labour force might also be a way of resisting capital accumulation.³³ By raising children who are not trained to love and respect their boss, we can increase the possibilities of workplace resistance.

Feminist struggles against capitalist reproduction emphasise the possibility of struggle from different points within the capitalist circuit and the potential power of refusal that belongs not only to workers in key sectors of industry but to all those who participate in capitalist economies in some capacity. This includes students, the unemployed, unwaged peasants, and housewives.³⁴ It also includes those seemingly 'unorganisable' members of the class who have an antagonistic relation to the state, such as people who are criminalised in various ways. Reproductive struggles could expand to include those who have traditionally been dismissed as belonging to the lumpen-proletariat – those who survive outside of the formal and legal economy. Struggles of recipients of care create a potential for solidarity between reproductive workers and those they care for – including children, the elderly, and the mentally ill. From the perspective of reproduction, we can understand capitalism as a broader system which includes informal economies and unwaged workers, and therefore many possible points of struggle.

The naming of reproduction as work opens up the possibility of refusing that work. But refusing reproductive labour can be difficult.

The dual nature of reproduction – as reproduction of both labour power for capitalism and people for themselves – means that it is difficult to disrupt the reproduction of labour power without also harming people. Moreover, many types of struggles on the site of reproduction can become part of the expanded accumulation of capital. The paradigmatic case here is perhaps the nineteenth-century struggle for a shorter working day, which was at least partly based on a concern for reproduction, but which led to the intensification of work.³⁵ As the working day was shortened in the factory, workers were expected to speed up the pace of production to do an equal amount of work in a shorter period of time. Simultaneously, the length of the unwaged working day of housewives was extended through ever-increasing expectations of domestic standards and familial love. A more contemporary example is the use of low-waged migrant labour to ‘solve’ the current reproductive crisis, caused in part by white middle-class women’s refusal of full-time reproductive labour.³⁶ This has led to more exploitative working conditions and precarity for migrants and the expansion of commodified, for-profit forms of care.

Struggles against unwaged reproduction thus risk harming those who are recipients of care, or risk increasing the exploitation of other reproductive workers while not threatening capital or the state. We need reproductive struggles that can address the concerns of reproductive work without displacing the potential harm of such struggles onto more marginalised groups, either recipients or workers. The working class can only be unified on the terms of those most marginalised by the current organisation of capitalism.³⁷ Feminist struggle over reproduction must do more than just reshuffle the responsibility for reproductive labour.

Through unwaged work, expensive reproductive resources, and ‘individual responsibility’, capital has externalised much of the cost of reproducing the labour force. Capital accumulation depends not only on waged work but also on the circulation and consumption of commodities, as well as the availability of labour power. Rather than just focusing on the disruption at the point of production of value,

struggles over reproduction bring into view the full circuit of capitalist production. Interventions in reproduction and consumption can take various forms, including rent strikes, strategic withdrawals of unwaged labour, 'proletarian shopping' (collective and organised shoplifting), and the reappropriation of reproductive resources and services. These struggles can involve decommodifying reproductive resources, such as housing and healthcare. This can increase the cost of reproduction for capital and the state, and refuse individual responsibility for reproduction.

A way of struggling against the capitalist organisation of society is to create new social needs, such as free housing or childcare services, which continually increase the cost of reproducing the working class for capital and the state. For example, we can demand access to housing which facilitates and minimises domestic labour rather than making it more difficult and privatised. The point is not just to improve domestic working conditions but rather to undo the material and ideological lines between the domestic and the public, the reproductive and the productive, as these divisions currently serve to individualise responsibility and enable exploitation. Such undoing challenges the organisation of the totality of the capitalist circuit. Capital would not be able to fully internalise the cost of reproductive labour without becoming unprofitable. For the Wages for Housework activists, the aim is 'to be priceless, to price ourselves out of the market, for housework and factory work and office work to become "uneconomic"'.³⁸

A radical perspective on reproduction means the refusal to internalise the cost and effort of reproducing the working class. It is a refusal of the notion that some members of the class must necessarily be exploited by others in order for people to survive and have decent lives. The demands for more money, more free time, and better reproductive services are also a demand for an end to the inadequate remuneration of all the work that people perform, and an end for the wage relation based on the invisibility and devaluation of reproductive labour. In organising communal reproductive resources, this could also expand our social worlds, which are currently often

restricted to various labour relationships within waged and unwaged spheres. The current organisation of reproductive work tends to construct love as the reward for labour, yet love itself is part of the reproductive labour that people do for each other. Reproductive labourers try to produce the good life for other people in order to compensate for the damaged life of capitalist labour. We must demand more than this meagre reward. We do this by expanding the needs of the working class, creating collective forms of reproduction, and increasing the cost of reproduction for the capitalists. As Wages for Housework members put it: 'So far we have done it for love, not money. But the cost of loving is going up.'³⁹

Redefining Democracy as Settling Disputes about Care Responsibilities

A Tale of Two Deficits

Scholars have begun to talk about a “caring deficit” (Bennhold 2011; Llana 2006), using the same economic language that other scholars have borrowed to describe a “democratic deficit” (Borooah and Paldam 2007; Nye 2001; *New Statesman* 2000; Durant 1995). The care deficit refers to the incapacities in advanced countries to find enough care workers to meet the needs of people, their children, elderly parents and relatives, and infirm family members. The democratic deficit refers to the incapacities of governmental institutions to reflect the real values and ideas of citizens.

What no one seems to have recognized, however, is that these deficits are two sides of the same coin. This chapter aims to demonstrate how they arise out of the construction of a public/private split that is an outdated inheritance from Western political thought that misses important dimensions of both contemporary caring and democracy. The goal is not to abolish any separation between public and private life, but to reconfigure in a dramatic way what counts as public and what counts as private.¹ Only caring democracy, a democracy that emphasizes “caring with,” can address both of these problems.

Such a synthetic approach requires justification. Even if people agree that caring is an important value, and one that should be included in thinking about political life, why connect caring with democratic theory, life, and practice? Questions about care are widely discussed, but why would it be better to frame these questions in democratic terms? Questions about democracy are widely discussed, but how are these discussions enriched by framing them in terms of care?

A first answer to these questions turns them around and asks instead: Why does a connection between care and democracy seem strange? Throughout most of Western history, care seemed beyond the reach of political life because it was private, or necessarily about dependency, or non-political in some other way.² Both because democracy makes demands for the equality of all citizens and because the nature of care has changed, it is no longer possible to rely upon the myth of a public/private split as a way to assign responsibilities for care. This book makes the case for conceiving of care as a public value and as a set of public practices, at the same time recognizing that care is highly personal and in this regard, “private.” This is so not only because without more public care equality is impossible, though this is true, nor because without more public care some are not well cared for, which is also true. The larger case I want to make here is that without a more public conception of care, it is impossible to maintain democratic society.

This chapter explores what is at stake in the current understandings of the relationship between care and democracy. Although public life has required some way to account for the provision of care, the presumed “natural” or necessary splits between public and private life have functioned to simplify these choices. After exploring the nature of caring and of democratic caring, it will become easier to see why the current “neo-liberal” assumptions disguise the problematic relationship that already exists between care and democracy. After this explanation, it should be clear why the care deficit will only be solved when caring becomes more democratic, and the democracy deficit will only be solved when democracy becomes more caring.

The Meaning of Care and Caring

One of the larger problems for all theorists of care has been to define the term. “Care” is a complicated term, with many meanings and connotations in English. One can say “I care for you,” meaning something like “I

love you.” On the other hand, “cares and woes” makes care synonymous with a burden that weighs upon one’s soul. Care refers both to dispositions and to specific kinds of work. Care seems natural, and is often believed to be feminine. It bears a family resemblance to Emmanuel Levinas’s ethical notion of alterity, it was a central category in Martin Heidegger’s philosophy, and yet, in its most daily meanings, it is associated with aspects of life that Hannah Arendt linked with “animal laborans,” the least distinctively human of human activities.

Arising out of a long discussion about the nature of care and its possible relationship to moral theory, a large international body of scholarship has now emerged about the ethics of care.³ This literature concerns the moral implications of care from the most local—we might even say most minute—forms of care to the broader social and political institutional settings of care in the modern age, and from caring attitudes to caring behaviors and practices. The ethics-of-care framework has been adopted for use by sociologists, social workers, lawyers, psychologists, political scientists, political theorists, philosophers, geographers, anthropologists, and in such disciplines as business, communications, education, literary studies, bioethics, urban studies, postcolonial studies, social work, theology, and even engineering. What sort of concept can be so flexible and widely adapted and yet remain valuable?

In 1990, Berenice Fisher and I offered this broad definition of care: “On the most general level, we suggest that caring be viewed as *a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible*. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web” (see also Tronto 1993, 103; Fisher and Tronto 1990, 40). This broad concept of care is still the best one from which to begin this investigation. Even though this definition is often criticized for being too broad (Held 2006; Groenhout 2004), it contains within itself a response to this criticism. In arguing that care is an activity, a kind of practice, we left open the possibility that there might be other forms of care that are not on this “most general level.” Thus, it is possible to think about other ways to understand the meaning of care as more specific caring practices that are nested within this larger practice of care. By this account, some more narrow definitions of care are useful in more narrow contexts.

For example, many sociologists conceive of care as a “labor of love” in which private or intimate *activity* is performed in a particular *emotional* state. For example, Francesca Cancian (2000, 137) follows the pioneering

British sociologists Janet Finch and Dulcie Groves in offering this definition: “A combination of feelings of affection and responsibility, with actions that provide for an individual’s personal needs or well-being in a face-to-face interaction.” As a sociologist, Cancian is eager to situate caring as activity and feelings in a particular locus, and so presumes that care is always face-to-face. By Cancian’s definition, then, a social worker employed by a hospital to find placements for aged patients who cannot be sent home does not qualify as engaged in caring. For an economist who is trying to measure the costs of health care for society, though, such a worker would count within the calculus of care.

Every distinct account of care brings with it a particular focus, and it is desirable to have many such accounts. Tamara Metz’s (2010b) definition of “intimate caring,” for example, consists of three elements: (a) intimate caring is not monitored by outside parties; (b) the parties have worked out deep, diverse, particular terms, ties, and motivations; and (c) intimate caring is not characterized by relations of exchange. Intimate caring characterizes the care that members of a household provide to one another—both the unequal relations among parents and children and the more equal relationships that exist among adults. Her point in offering this definition is to allow scholars to distinguish the household from other kinds of caring institutions without having to resort to “marriage” to describe what constitutes the household.

Philosophers of care often stress that care is relational. Virginia Held points to several characteristics of care in her book *The Ethics of Care: Personal, Political, and Global*, including that “the focus of the ethics of care is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility” (2006, 10). Held also argues that care involves emotion as well as reason, shows concern for particular others, and entails a different ontology in which people are understood relationally. Held’s definition presumes that care duties are focused on particular others. This is useful for some purposes, but it leaves out a way to discuss self-care or public forms of care.

These more specific meanings of care achieve particular purposes and emphasize and highlight some of the attributes and problems in care. But they also miss some other dimensions of caring. Mignon Duffy (2011) distinguished “nurturant” and “nonnurturant” caring. Nurturant caring is directed at the relationship with a particular other person, whose well-being is improved through the caring. But, as Duffy observes, nonnurturant caring—that is, caring directed at the physical world, which is a

prerequisite for nurturant caring—is also care. Hospitals could not run without a cleaning staff and laundry. Furthermore, Duffy points out, in the United States, nonnurturant care is often performed by people of lower class, racial/ethnic, and gender standing. If one excludes “the dirty work” (Glenn 2010; Roberts 1997), from care, then there is a different view of who is doing care work than if such work is included. And if one only defines care as Held does, then one is not so likely to think about the philosophical qualities of nonnurturant care.

So the broad definition of care offered by Fisher and Tronto suits a particular general account of the place and meaning of care in human life. Care needs to be further specified in particular contexts. The Fisher/Tronto definition requires that care not be left on this most general level, but that the context of care be explored. How do we specify such contexts? As in Duffy’s example, one way to distinguish a particular type of care is by its *purpose*. And such purposes might be nested within one another; that is, laundering clothes in the hospital is part of the larger goal of helping patients to recover from illness. On the other hand, the contextual meaning of care might arise from the purpose of the individual engaged in any particular caring activity. Laundering clothes might have a different meaning when performed in a household—for example, if one’s partner has a big interview tomorrow and so an extra load of laundry is done to prepare a particular item of clothing—than in a large commercial laundry that provides clean uniforms to a hospital, and where the worker actually hates the work and does it only because it is a job.

Caring practices can be *nested* in several ways. First, drawing upon the way in which Aristotle described ends, we can imagine caring practices as nested within one another, from more specific to broader purposes. Thus, maintaining one’s medical equipment is a caring practice nested within the broader practice of using that equipment, which is nested within the broader practice of medicine, which is nested in the broader practice of pursuing health. Second, one can reverse this process in order to think about the ways in which different caring practices rely upon other caring practices in order to succeed: if one supplies a doctor but no medical equipment, then one has not adequately provided medical assistance. Thus, to understand the different directions in which caring practices “nest” is to see their complex interrelationships, and not to create the conditions to challenge hierarchies among caring ends.

Power constitutes another important dimension of the context of particular kinds of caring. For some, care is always a dyad between one

more powerful caregiver and a weaker care receiver (Noddings 1984). But the power dynamics are more complex in many other circumstances of care. Kari Waerness (1984a, 1984b) actually identified three forms of care: spontaneous care, necessary care, and personal service. Spontaneous care is a kind of good Samaritan act in which no ongoing relationship of care is established, but in which a person provides necessary care to another not expecting any reciprocal relationship to develop. Necessary care is care that the recipient could not provide for him or herself. As an example, doctors provide necessary care to patients. Not all of the care we call necessary care is highly skilled; young children need their diapers changed, but the skill level required is not very exalted. “Personal service,” Waerness’s third category, is the care that one could provide to oneself but someone else provides instead. One could wash one’s own car but one takes it to the carwash; one could do one’s own manicure but prefers to go to the nail parlor. Waerness’s example is that husbands who expect their wives to clean up the house receive personal service. Notice that the difference between care and service is *not* the act performed, nor the intimacy of the relationship of the work, nor the nature of the relationship established by the care work. Within the Fisher/Tronto definition, all of these forms of care count as care, but Waerness’s distinction between care and service captures an important element of caring. What is different is that in “service,” the actors who command the care work that is provided by care workers are the ones with greater power, whereas in “care,” the more powerful, actors provide the care work for less powerful or more vulnerable recipients. The care workers in both cases might have expertise, or they might be performing care work that is more routine and doable by everyone. The difference is in who appears to be in command.

Caring, as conceived by Fisher and myself, is also a complex process. We identified four steps in the processes of care:

1. *Caring about.* At this first phase of care, someone or some group notices unmet caring needs.
2. *Caring for.* Once needs are identified, someone or some group has to take responsibility to make certain that these needs are met.
3. *Care-giving.* The third phase of caring requires that the actual care-giving work be done.
4. *Care-receiving.* Once care work is done, there will be a response from the person, thing, group, animal, plant, or environment that has been cared for. Observing that response and making judgments about it (for

example, was the care given sufficient? successful? complete?) is the fourth phase of care. Note that while the care receiver may be the one who responds, it need not be so. Sometimes the care receiver cannot respond. Others in any particular care setting will also be in a position, potentially, to assess the effectiveness of the caring act(s). And, in having met previous caring needs, new needs will undoubtedly arise.

In order to think about democratic care, which is not on this level of generalization but a more particular kind of care, it now seems to me that there is a fifth phase of care:

5. *Caring with*. This final phase of care requires that caring needs and the ways in which they are met need to be consistent with democratic commitments to justice, equality, and freedom for all.

From this standpoint, the Fisher/Tronto definition is meant to provide a way to analyze when and how caring is done, and to be able to make assessments about care. It is not meant to be romantic or perfectionist. Sadly, within human existence and the larger global environment there are more needs for care than can be met. But some caring needs do get taken seriously and do get met, while others are ignored or met only in desultory fashion.

Adopting the broad Fisher/Tronto definition for the broadest possible discussions does not preclude the use of a more particular way of thinking of care in a particular setting. For example, the practice of caring for someone else's children requires some different competences than caring for one's own children. If a nanny sees her own child's first steps, she will be delighted. But if she sees her charge's first steps, she may not reveal it to the parents, who would be saddened to have missed this event. Knowing how to negotiate such issues is part of the caring practice of being a good nanny, which is different from the practice of being a good mother. Cancian's definition of care, which emphasizes these intimate emotional matters, might be a more useful definition to use in this situation. Nevertheless, there is a danger in adopting a narrower account of care before looking to the purposes and power relationships in a particular set of care practices. To do so might leave out some of the more important dimensions of care.

A criticism that is sometimes made against the Fisher/Tronto concept of care is that it does not provide an account of what constitutes good care

(Schwarzenbach 1996). While this is valid, it presumes that concepts necessarily denote their normative frameworks. Looking back at the various concepts we have already described, it is clear that Held's definition contains a normative dimension, but Cancian's does not. We might draw normative implications from Duffy's distinction between nurturant and non-nurturant care, or from Waerness's distinction between personal service and necessary care, but neither concept is normative in itself. And indeed, the Fisher/Tronto concept works as well to describe bad or dysfunctional care as to describe good care.

It is important, though, not to follow the philosophers' lead and to define all care as good care. For to do so is to allow ourselves to be misled by the ways in which care can function discursively to obscure injustices. Consider, for example, Uma Narayan's (1995) account of British colonialism in India, which points to a darker side of care discourse. Colonialism, Narayan observed, did not attempt to justify itself to the imperialist population by claiming to be a system of the exploitation of others' goods, property, and labor. Instead, the narrative of self-explanation was a discourse of care. The natives would be Christianized, civilized, made better by their encounter with British, Western, and Christian ideals. Women also were brought into the discursive spread of good colonialism in this way. Narayan's example does more than simply show that "care" can be deployed discursively to bad as well as to good purpose. It also points to the limits of relying upon a *concept*, like care, for making judgments about the world.

Care from Concept to Political Theory

Concepts are intellectual tools. They are designed for and serve particular purposes. Thus, to have a concept of care is not yet sufficient for discussing care's place in the world. For care, like any concept, can be situated in a number of theories, and depending upon the theory within which it is placed, it will have different meanings. The normative adequacy of care does not arise from its conceptual clarity, but from the larger political and social theory within which it is placed. Thus, it is possible to talk about care in a feudal society, in which case hierarchies of care will be prominent, and good care will, among other things, preserve the hierarchical relationships of lords and serfs. Or, it is proper to talk about care in a Confucian theory of the good, and there care will stress certain relationships as basic to human flourishing (Herr 2003). Or, as Narayan argued, care is

a discourse that provided a critical support to colonialism. Thus, simply to have a concept of care is useful, but we do not yet know to what ends this conceptual tool will be put.

Every political theory, explicitly or implicitly, contains an account of care. Sometimes—for example, in modern utopias—there are very explicit accounts of how caring work should be done. From Thomas More through Saint-Simon and Charles Fourier to B. F. Skinner and Ursula Le Guin, utopian writers have concerned themselves with the details of how, in reorganizing society, they needed as well to reorganize caring duties. These included not only nurturant caring duties (as when Plato and Aristotle described the education of citizens), but also, in some cases, the nonnurturant “dirty work.” Fourier, for example, left dealing with bodily waste to the toddlers who seem fascinated with it. More usually, modern political theorists have simply left working out the details of care work to households or to a general conception of police power (which is explored at great length in chapter 3). One of the ways in which Michel Foucault’s concept of “biopower” is a challenge to liberal theories of the state is that it suggests some ways in which, through state and non-state actors alike, the details of living—sanitation, health, and so forth—become controlled in the post-Enlightenment era without explicit forms of political intervention or consent. Leaving such matters beneath public regard, though, as if they are part of what is “natural,” is still a way to deal with them.

If care is a basic aspect of human life, and if all political theories have to pay attention to care, what has been the status of care in democratic theories? In the ancient world of democracy, care was theorized as belonging to the private sphere (Aristotle’s *Politics*). In the modern reconstructions of democracy, this aspect of the public/private split has persisted. The way that the franchise was conceived was to exclude those who were dependent. Over time, the franchise was expanded first to propertied men, then to working-class men, and, finally, to women. It is not surprising that women were the last to gain the right to vote since their association with dependency and care made them ineligible for public life. But this exclusion was not only about women; slaves, servants, and others, both men and women, who were viewed by their menial employment as too dependent were considered a threat to public life. The development of democratic practice in the past three centuries has increasingly been an attempt to include those previously excluded into the political realm: first working-class men, then women. But the process of this inclusion has been to presume that the previously excluded are simply the same as those

included, no longer dependent and no longer weighed down by the burden of dependency. The problem with this argument is that it constructs the citizens as somehow independent. In reality, all humans are interdependent, relying upon the care of others in differing degrees throughout the course of their lives. To pronounce those previously marked by dependence with a new independence distorts reality; it glosses over the need for care in a society and everyone's condition of interdependency.

Thus, when T. H. Marshall (1981) famously described citizenship in the mid-twentieth century to include social rights, it was clear that what it meant to be a citizen was no longer to be a soldier, but to be a *worker*. Even though Marshall argued for the importance of social rights, and the extension of equality through social rights to all citizens, he also had in mind the traditional division of labor into gendered realms, men working in public and women in the household, and he conceived of social citizenship as the concern of men. As a result, feminist-friendly strategies in both liberal and social democratic states have largely focused on inclusion in the paid workforce as a way to make women fully citizens. These efforts on behalf of women were, opportunely, coincident with a change in the political economy in many advanced postindustrial economies so that the support of a middle-class household required two incomes (Stacey 1990). So women's entry into the workforce seemed appropriate for both political and economic reasons.

Care and Democratic Political Theory

This move toward inclusion through paid work left unanswered one large question: Who does the care work? Contemporary democratic theory has virtually nothing to say, on the theoretical level, in answer to this question. Why should this lacuna be a concern for democratic theory? Because unless democratic theory deals substantively with the question of "who cares," it results in an account of politics that misconceives citizens and their lives, overvaluing their lives as workers, devaluing their lives as people engaged in relationships of care. No state can function without citizens who are produced and reproduced through care. If public discussions do not explicitly address this question, then the care dimensions of life remain hidden in the background.

Most democratic political theory has ignored this large change in living circumstances, of citizens, and as well as the changing place of dependency in their lives. Indeed, contemporary democratic political theory has

become increasingly concerned with procedures for democratic life, and with such matters as whether political life is better described as agonistic, deliberative, or communal. Very little attention is paid to how citizens live their lives. On the one hand, such a lacuna seems reasonable because, as Tamara Metz (2010a) has argued, intimate caring should be relatively free from monitoring by outside authorities. On the other hand, to ignore the ways that women, once left to the private sphere to “take care,” must now find themselves also in the public sphere of employment is to consign them to a “double shift” in which the old division of responsibilities no longer obtains but no one is willing to think systematically about how to reorder them.⁴

Bruce Ackerman, one of the most creative and concrete of contemporary political theorists, has proposed that one way to improve public life is through the creation of a “Deliberation Day.” Each year, everyone would receive pay from the government to attend a day-long discussion of important political topics. The goal is to reinvigorate citizens’ abilities and willingness to take political problems seriously by having them mix with neighbors and hear new perspectives.

Deliberation Day is a nostalgic idea in many ways. Not only does it evoke the lost experience of the Town Meeting, it also requires face-to-face engagement of citizens, thereby ignoring the many clamoring voices whose chant “Let them use the internet!” is now the rage in discussions about democratic participation. But it is also nostalgic in another way, relying upon some subtly exclusionary assumptions about the citizens. Despite the hope that everyone will participate is this reality, not everyone will be able to participate. How will the people get to their gathering spaces? If they drive, will the gas stations be open? Who will watch the kids while the adults deliberate? Who will make sure that the lights are turned on, that there are enough chairs, and that the microphones work? Who will make lunch? Who will haul away the trash? Irreducibly, behind all human activities are care workers doing the barely regarded but essential work of caring.

Once we recognize the extent of caring as a part of human life, it becomes impossible to think politically about freedom, equality, and justice for all unless we also make provisions for all of the types of caring—from the intimate care of our kin to clearing away our waste. To pursue democracy while at the same time taking seriously how central care is for all human life requires a fundamental rethinking of questions about how we organize our lives, individually and collectively. Democratic theory has

not yet finished its work if everyone is expected both to work and to be citizens, but some are left with disproportionate caring duties.

Furthermore, if everyone (that is, all able-bodied and able-minded adults) now counts as a citizen, what becomes of those who are not so “able,” that is, those for whom prejudice and structural barriers continue to bar their complete acceptance as citizens, and what becomes of those who spend a disproportionate amount of their time caring for those others (Kittay 1999)? The solution to this problem lies in how we define the elements of democratic life that make citizens equal.

Several recent accounts of democratic theory do address the question of equality in more substantive terms. Nancy Fraser’s (1997, 2009) distinction between “redistribution” and “recognition” draws attention to substantive concerns about equality, and her addition of a third “r,” representation, furthers the connection of substantive equality with democratic modes of thinking. Iris M. Young (2000) understood the substantive concerns of democratic equality, and even the phenomenology of unequal relations, in her work. Carol Gould (2004) has argued that, thinking both within the nation state and on the global level, democratic equality requires the provision of equal human rights. Indeed, Gould considers care as one of the areas of concern for governments, and as a source of inequality for women. For Gould, the concept of “solidarity” better captures the need for citizens to work together than does the term “care,” but perhaps the term used broadly, as “caring with,” comes close to her conception of solidarity. Joseph Schwartz (2009) also relies upon solidarity to try to overcome the substantive disparities between supporters of “equality” and “difference” and ties such solidarity with care; he writes that “unless societies make a universal commitment to the particular needs of ‘care’ for those dependent upon others, a democratic society will not be characterized by the equal respect of social solidarity” (42). The current analysis builds upon these insights.

Equally Needy Citizens

Every political theory contains an implicit or explicit account of caring. Since we live in a democratic society, it makes sense to try to determine the meaning of care in that type of society. There are two reasons why this is so. The first justification for thinking about democratic care is its theoretical necessity to make care intelligible within a democratic society. The

second justification, one addressed in chapter 6, is that democratic caring improves the quality of life for people living in a democracy.

Democratic life rests upon the presumption that citizens are equal. What equality means, however, varies among accounts of democratic theory. Equality can mean equality of opportunity or equality of outcome. It can refer to a basic starting point of equal human rights, or to a conception of equal respect toward human autonomy. Political theorists frequently explore these competing meanings. What is distinctive about democratic caring, though, is that it presumes equality rests upon a very different ground. It presumes that we are equal as democratic citizens in being *care receivers*. In being “care receivers all,” citizens’ needs for care and their interdependent reliance on others to help them to meet their caring needs become the basis for equality. Of course, the assumption that all humans are equally receivers of care is not the same thing as saying that all humans have equal, the same, or even necessarily similar needs. But it is to say that meeting needs is a feature of the life of each and every human, and that each of us is thus engaged in caring from the standpoint of the recipient of care. These needs vary not only from individual to individual at one moment in time, but for each individual, and for groups within the society, over time. People may be more needy as infants, when they are infirm, or when they approach frailty as they age. Nevertheless, this quality of being *needy* is shared equally by all humans.

Even if all citizens are needy, they are not needy in the same ways. It would be absurd to try to equalize the neediness of citizens; after all, being needy varies from one to another and within one’s own life from day to day. From the standpoint of democratic life, however, it does make sense to think of an equal capacity to voice needs. This point is pursued at greater length in chapter 4.

A Feminist Democratic Ethic of Care

This book thus defends a particular view of care, of democracy, and the relationship between them. It requires that caring practices be carried out in a democratic way and that caring become a central value for democracies. These political conclusions follow from an account of a feminist democratic ethic of care. What is a feminist democratic ethic of care? How does it differ from more familiar accounts of justice, such as those described by John Rawls, or even from other feminist and non-feminist accounts of an

ethic of care, such as those offered, respectively, by Eva Kittay and Daniel Engster? Most importantly, rather than being a set of principles from which one deduces proper action, a feminist democratic ethic of care begins by envisioning series of caring practices, nested within one another. The broadest of these nested practices are those that pertain to society as a whole (I leave aside for another book questions of international practices). The goal of such practices is to ensure that all of the members of the society can live as well as possible by making the society as democratic as possible. This is the essence of “caring with.” While living in a democratic manner is not the only goal of care, or of human life, in a democratic society it *is* the goal of democratic caring practices. Thus, *democratic politics should center upon assigning responsibilities for care, and for ensuring that democratic citizens are as capable as possible of participating in this assignment of responsibilities.* The task of a democratic politics is to affix responsibility, and as we come to recognize the centrality of care for living a decent human life, then the task of democratic politics needs to be much more fully focused upon care responsibilities: their nature, their allocation, and their fulfillment.⁵ Since this kind of caring practice has largely been excluded from political discourse by deeply gendered assumptions about human nature and about how to arrive at political and ethical judgments, to include this set of caring practices requires the interrogation of the gendered, as well as racially and class-biased assumptions that have been taken for granted in limiting the scope of questions addressed by democratic politics. It is from the insights of feminist theories and practices that these biases—and the means to overcome them—become visible. Much of this book will be an account about these hidden biases in how care is organized in contemporary (primarily American) society. But at the outset, a few points are clear. To recognize the centrality of care in human life requires a conversation about human nature, about politics and ethics, and about how to make philosophical and political arguments about all of these matters. Let me describe each of these alternative views in some more detail.

In terms of human nature (or, as philosophers might prefer to put it, *ontologically*), as many scholars have argued (see, e.g., M. Robinson 2007; Groenhout 2004; F. Robinson 1999, 2008; Koggel 1998, 2006), a feminist ethic of care has a different starting point. First, from the standpoint of a feminist ethic of care, individuals are conceived of as being *in relationships*. While individuals, and their liberty, can still matter greatly, it makes little sense to think of individuals as if they were Robinson Crusoe,

all alone, making decisions. Instead, all individuals constantly work in, through, or away from, relationships with others, who, in turn, are in differing states of providing or needing care from them. Second, all humans are vulnerable and fragile. While it is true that some are more vulnerable than others, all humans are extremely vulnerable at some points in their lives, especially when they are young, elderly, or ill. Human life is fragile; people are constantly vulnerable to changes in their bodily conditions that may require that they rely on others for care and support. Third, all humans are at once both recipients and givers of care. While the typical images of care are that those who are able-bodied and adult give care to children, the elderly, and the infirm, it is also the case that all able-bodied adults receive care from others, and from themselves, every day. With very few exceptions, humans engage in caring behavior toward those around them. Children as young as ten months old imitate the activity of feeding; they try to feed their caregivers, and they open their mouths as the spoon nears the other person's mouth (Bråten 2003). Children describe their activities as caring for parents (Mullin 2005). People are both givers and receivers of care all the time, though each person's capacities and needs shift throughout life. At any moment in a society, there are those who are the most needy and those who are the most capable of helping themselves and others. This shifting in needs and capacities for care is an important way to think about how our human lives change through time.

Given these qualities of human life, a feminist democratic ethic of care has to be able to explain how individuals can balance autonomy and dependency in their lives. Most democratic political theories simply *assume the existence of autonomous actors* as the starting point for democracy. From this assumption, such thinkers then see human dependency as a flawed condition or problem. But this assumption leaves unanswered the question of how infants go from being children to adults, from dependency to autonomy. Ignoring this question is not just a philosophical or psychological problem, though, because it reiterates well-worn patterns of discriminatory attitudes. Why, in white-dominated societies such as the United States, do people of color seem disproportionately unable to qualify as "autonomous" actors, or disproportionately beset by "pathologies" that make them dependent? The assumption of autonomy also leaves outside of its scope the human reality of varying degrees of autonomy and dependency throughout one's own life, and among the members of a political community. When all of these elements of human life are left "in the background," political theorists and moral philosophers end up

producing a distorted starting point for their thinking about the nature of people. We will see how and why this assumption is harmful to living fully human lives in subsequent chapters. But a feminist democratic ethic of care can allow and account for these differences in a way that respects both the desires for autonomy and the realities of human dependency by thinking of this practical problem as part of the central concerns of a democratic society.

Careful readers will notice that I have referred to this alternative way of thinking about human nature as being *relational*, not as being altruistic. This is an important difference. One can make arguments for more robust public support for care by describing people as altruistic. Deborah Stone has brilliantly made such an argument in her book *The Samaritan's Dilemma* (2008). But in this account of care as caring with, I think it is important that we realize the limits of an account of altruism. Altruism has, as Stone argues, many fine characteristics, and she documents a wide variety of practices that she calls “everyday altruism,” demonstrating that they are a fundamental part of people’s lives. Among other things, she points out that altruism is deeply empowering: helping others makes one better able to accomplish many kinds of goals. Surely, in a participatory democracy this is an important thing to remember about the nature of caring, altruistic action.

The problem with altruism is that it is presumed to start from the non-selfish motives of a self, rather than to be, as I have described caring, a natural (if untrained) impulse among all humans to connect to one another by thinking about, and helping meet, the other’s needs. From the standpoint of the various moral doctrines of selfishness, that some people act in an altruistic manner is their “choice” and should have no bearing on others. From the standpoint of the relational nature of humans, doctrines of selfishness are themselves inadequate accounts of what it means to be human; that some people “choose” to be selfish is not an acceptable account of how humans should act. In this way, altruism can be reduced to an “identity”—some have it and some do not. But this view is not in fact accurate. Instead, an elaborate set of social and political institutions are in place that support the selfishness of some and the altruism of others. Until those conditions are unpacked, focusing on altruism alone is not a sufficiently deep challenge to the inequitable and unfree ways in which care responsibilities are distributed.

Politically, the feminist democratic ethic of care seeks to expose how social and political institutions permit some to bear the burdens (and

joys) of care and allow others to escape them. To simplify the argument, which will be elaborated in the next chapter, I will use this metaphor: some people have to take up their caring responsibilities, while others are given “passes” out of such responsibilities. They are given these passes because they are engaged in other activities that they (and, presumably, society) deem are simply more important than caring. I will, over the course of this book, elaborate on a number of these passes: the protection pass, the production pass, the taking-care-of-my-own pass, the bootstrap pass, and the charity pass. Conversely, those who are given a disproportionate amount of responsibility for care are presumed to have less interest and concern with such matters as protection, production, self-aggrandizement, or wealth. In a democratic society, all of these issues would be concern everyone.

The position of democratic care originated in several feminist concerns about power. First, the initial separations of life into public and private spheres, which will be a recurring theme in this book, have the effect of removing some political questions from public consideration. Especially since these relationships are often tainted with being somehow “natural,” they seem pre-political. Once feminists raise the question about the public/private split, their position is then easily caricatured as wanting to abolish all aspects of private life. Feminists have offered many analyses about how to rethink the public and private spheres so that meaningful forms of “privacy” are preserved for all citizens⁶ (Allen 2003; Yuval-Davis 1997). Second, since all relationships of care inevitably involve power, and often involve deep power differentials, all care relations are, in an important way, political. Insofar as a central requirement of democratic political life is some relative equality of power, this view seems to doom care relationships to be anti-democratic, and therefore excluded from public life. Even theorists who try to be inclusive, such as recent advocates for “active citizenship,” still make assumptions about who needs what, so that they exclude as “active citizens” those who are aged, for example (Barnes 2007). Such asymmetrical care, however, can be mitigated against in a number of ways. A feminist democratic set of caring practices, as we shall explore throughout this book, is aimed in part at reducing both these power differentials and their effects on people.

Caring democracy thus requires a commitment to genuine equality of voice, and of reducing power differentials as much as possible, in order to create the conditions for a meaningful democratic discussion of the nature of responsibility in society. But often in contemporary discussions of democratic theory, such ends as equal voice are simply posited, without

the theorist providing an account of how society can arrive at a place of greater equality. Political theorists often seek procedural rather than substantive ways to address such challenges. Indeed, one of the major ways in which contemporary democratic theory is framed—deliberation versus “agonism”—is mainly a difference about the nature of democratic dispute. Within each camp, there are further discussions of procedure, but little engagement occurs between these approaches, or within them, about the substance of democratic discussion. Other democratic theorists, such as Harry Boyte (2004; see also Mirafteb 2004), pay more attention to actual practices of individuals that we might describe as democratic in that they aim at balancing power, at improving public goods, and at caring.

Ethically, a feminist democratic ethic of care begins from a sensitivity to the traditional boundary drawn between politics and ethics. While much of contemporary political theory presumes that we first create a set of moral principles from which we derive political practices, many contemporary feminist and non-feminist thinkers have challenged this order (Tronto 1993). Often following Aristotle, they point out that the political values embodied in a given political community will often determine how ethical or moral qualities are valued in that community. In a society that has systematically devalued care, then, the kinds of moral qualities and capacities associated with care often are not seen among the most important ethical values, either. Thus, thinkers concerned with a feminist ethic of care began to provide accounts of other values that should be seen as important moral qualities. These values grow out of the complex processes of care itself, as well as out of the needs for citizens in democratic societies to be able to express their needs. In *Moral Boundaries* (1993) I identified four moral qualities that align with the four phases of care that Berenice Fisher and I had identified, and which were discussed earlier in this chapter. These ethical qualities are:

1. *Attentiveness—caring about*. At this first phase of care, someone or some group notices unmet caring needs. It calls for the moral quality of *attentiveness*, of a suspension of one’s self-interest, and a capacity genuinely to look from the perspective of the one in need. (In fact, we might also be attentive or inattentive to our own needs.)
2. *Responsibility—caring for*. Once needs are identified, someone or some group has to take on the burden of meeting those needs. This is responsibility, and that is the key moral quality of this second phase.

3. *Competence—care giving.* Assuming responsibility is not yet the same as doing the actual work of care; doing such work is the third phase of caring and requires the moral quality of *competence*. To be competent to care, given one's caring responsibilities, is not simply a technical issue, but a moral one.
4. *Responsiveness—care receiving.* Once care work is done, there will be a response from the person, group, animal, plant, environment, or thing that has been cared for. Observing that response, and making judgments about it (for example, whether the care given was sufficient, successful, or complete?) requires the moral quality of *responsiveness*. The person cared for need not be the one who completes the process of responding, but some response is necessary. And the response will often involve noting that new needs emerge as the past ones are met, thus the process continues.

Selma Sevenhuijsen (1998) identified an additional set of qualities necessary for caring in a democratic society. They include, first, making care a priority, so that one has a commitment to handle the moral complexities of “dependency, vulnerability and otherness” in order to make life livable and worth living. Furthermore, Sevenhuijsen argues, care also requires commitments to “plurality, communication, trust and respect.” These qualities identified by Sevenhuijsen help to explain what the critical moral qualities are that will make it possible for people to take collective responsibility, to think of citizens as both receivers and givers of care, and to think seriously about the nature of caring needs in society.

Thus, as a parallel to the fifth phase of care, we might add:

5. *Plurality, communication, trust and respect; solidarity—caring with.*

It would surely be possible to recognize other moral qualities as important to an ethic of care. For example, Margaret Walker (2006) writes about the importance of hope, and Sara Ruddick (1989) describes a key for “maternal thinking” as cheerfulness. We might add other values to this set, for example, gratitude. But no list of these moral qualities is meant here to be comprehensive. It is important to note, though, that while such standard virtues as self-control and courage remain relevant, they may be less central here, or may change their usual meanings in order to be more connected to the needs for care.

While moral qualities are an important part of an ethic of care, it is also possible to overemphasize this dimension of caring. Some philosophers argue that care ethics is a kind of “virtue ethics” (Slote 2008). Indeed, different virtue ethicists emphasize different qualities and points of intersection with care. Some emphasize care’s capacity to explain moral motivation, while others focus on moral consequences (Sander-Staudt 2006). But the problem with all theories of care-as-virtue is that they are not relational. They do not begin from the premise that the important ethical issues concern relationships and meeting needs, not the perfection of the virtuous individual. Starting from an ethic of care-as-virtue returns the focus to the caregiver’s performance; this preoccupation makes too remote the political concerns of unequal power among caregivers and care receivers. Hence, Maureen Sander-Staudt concludes:

[F]or many individuals, especially those with social privilege, a flourishing life precludes caring responsibilities that are burdensome, dirty, or tedious, whereas care ethics is committed to the practice of care on all levels. The flourishing of some individuals, including many women, is purchased by the caring servitude or employment of others, most of whom are comparatively disadvantaged women, but all of whom may nonetheless be judged virtuous by some community standards. (2006, 35)

This point about the limits of understanding care as a virtue also allows us to make a more general observation. An theory of care that does not include all of these elements—care as an alternative relational account of human nature, as a way to conceive of politics, and as a way to conceive of ethics—is not complete or adequate. Yet there is one more dimension to the ways in which a feminist democratic ethic of care differs from standard ways of discussing values and ethics in contemporary politics. This is what philosophers call the metaethical dimension, which will be considered at length in the next chapter.

On a theoretical level, feminist democratic care ethics differ from many other accounts of politics and ethics. On the broadest theoretical level, feminist democratic care ethics is *relational*. By this view, the world consists not of individuals who are the starting point for intellectual reflection, but of humans who are always in relations with others. To make sense of human life requires a relational perspective. This point will be

extended in chapter 2. What is important to keep in mind is that claims made about individuals that do not place them in a relational setting will be incomplete.

Democratic Caring and Neoliberalism

This chapter began with the assertion that the caring deficit and the democracy deficit were two sides of the same coin. Now that the basic concepts of care and democratic caring have been presented, it is possible to explain that claim. It rests upon noting something else: that neoliberalism has minted this coin of the realm. This section spells out the meaning of neoliberalism and how it affects the prospects for recognizing problems of caring and of democracy.

Personal Responsibility and Neoliberalism

Care needs a home in democratic political theory, and democratic political theory remains incomplete without a way to explain where and how care gets done in a democratic society. Nevertheless, these concerns may only be the concerns of political theorists or philosophers. A much more serious reason to rethink the relationship between democratic political theory and care is clear if one glances at the contemporary political world, where a clear and anti-democratic account of how to solve the care problem has become a cornerstone of neoliberal political ideology. By neoliberalism, I refer to the economic system in which government expenditures are limited, the market is viewed as the preferred method for allocating all social resources, the protection of private property is taken to be the first principle of government, and social programs are limited to being a “safety net.”⁷ This economic system is supported by a political form of limited liberal democracy and an ideology of limited government involvement.

As an ideological position, neoliberalism has several tenets. The first is the assumption that the market is the institution that is most able to resolve disputes, allocate resources, and permit individuals “choice.” Second, freedom comes to be defined solely as the capacity to exercise choice. From these two premises follows a third, that societies work best when they allow rational actors to make choices in the market; anything that interferes with such choice reduces people’s freedom and is harmful to

them and to society. Thus, under the banner of “choice,” neoliberals seek to restrict all forms of *government* activity that might interfere with the “free market.” We live in an age in which capitalism has not only taken a new form, neoliberalism, but in which this form of economic existence has come to function as an all-encompassing ideology. Neoliberal capital believes itself to be definitive of all forms of human relationships and of all ways of properly understanding human life. Neoliberalism is not only a description of economic life, it is also an ethical system that posits that only personal responsibility matters.

Wendy Brown (2005, 41) makes the important point that the neoliberal “market” is not, despite the claims of some of its adherents, a “natural” institution. Markets need protection, too. For example, if workers can organize too effectively, they can, through work stoppages, disrupt economic production, thereby (from the standpoint of producers) distorting the market. If states decide to tax corporations to provide welfare benefits for citizens, then the capacity of those in “the market” to act as freely as possible is constrained. Thus, neoliberalism requires that the state be enlisted into its political-economic project of constructing and maintaining the “free market,” often at deep costs to the people. Naomi Klein (2007) has explored in detail the costs of this “shock doctrine”: that the return to the free market will require dislocations among people who have become used to some modicum of social support. Once the state is involved in organizing and promoting the market, of course, it is no longer separable from “politics” (cf. Wolin 2008). But the logic of neoliberalism also directs the appropriate concerns of politics to be only those that support economic activity.

From the standpoint of an ethic of care, neoliberalism is a disastrous worldview. The neoliberal’s political desire is to support the economy, but the economy requires “improvement”—that is, increasing efficiency—over time. One of the difficulties of care is that it is labor-intensive; it is difficult to make care more profitable (Razavi 2007). Thus, the logic of neoliberalism is to reduce the state’s care costs, but they are resistant to being lowered.

From the point of view of a market, individual humans appear primarily as buyers and sellers, and since what most people have to sell on the market is their labor, the neoliberal world view thus sees people primarily as workers and consumers, who already have autonomy and clear ideas about their “preferences.” People should therefore calculate about their expenses in taking care of themselves; if they end up, for example, with

children or elderly relatives who need support, they need to accept the consequences of their own decisions and these costs for themselves.

Of course, the view that as buyers and sellers we act autonomously is largely a myth. As consumers, the incapacity to discern “true” “information” in the marketplace of ideas is difficult, given the extraordinary efforts made to affect our perceptions of the world and of products through advertising and public relations (Ewen 1996). The logic of consumption is relentlessly individualistic; Juliet Schor (2004) reports how marketing and advertisers have always sought to peel off more and more members of families from traditional loyalties to create loyalties to their products and brands. In the 1920s, women were the targets of advertising to attract them to “unfeminine” activities such as smoking. In the present, researchers study the importance of children in making families’ purchasing decisions. Children can identify brands at the age of two and influence parents’ buying between two and three years of age. Schor argues that advertisers spend a great deal of time and money to attach young children to their brands in order to develop customer loyalty. Despite the discursive presumption that consuming is all a matter of individual “choice,” advertisers seek to attach infants to their products. This reality seems to undermine the model of the individual consumer as making only “rational” or “autonomous” decisions. On the contrary, it suggests the ways in which even consumption is relational. For an economist, a preference to consume what one’s toddler seems to prefer is a just another preference. But when we realize that many parents say that they work harder than they would like in order to provide things that their children would like (Schor 1998, 2000), it becomes clear that “the market” has exerted pressure on parents through their children. The image of the autonomous chooser is, in this regard also, a myth.

Neoliberalism has also had a profound effect in changing the shape of people’s lives as workers. “The market” is taken to be neutral in its effects on people. The reality is that “the market” has a bias of its own, toward “its own.” Support for the market is actually a bias in favor of those who are most skilled at manipulating the market to their own advantage, since when they are able to do that, the market “grows,” and since the assumption is that “a rising tide lifts all boats,” growth in the market is taken as a universal human good.

We should stop, however, and examine these effects more closely. Martha McCluskey (2003) argues that the market is not neutral. Examining arguments that welfare is redistributive and reduces efficiency, she also

notes that forcing welfare recipients to work may make more workers who will accept very low wages available. Thus, there is some advantage to employers in cutting welfare benefits, but we never think of such a cut as a benefit to them. She asks:

Whose ability to get more of what they want by shifting costs to others should count as a societal gain, and whose should count as a private gain at the expense of others? By making the market stand for the public gain, neoliberalism implicitly confers superior citizenship status on those centrally identified with the market—they are members of the public whose gains count. (816)

Thus, McCluskey argues, though twentieth-century theories of citizenship recognized the need for solidarity with the working class, recent neoliberal theory has undermined this sense of solidarity. As a result, a bias toward those who have already succeeded in the market continues. Neoliberal ideology in this way is not neutral, but supports some at the expense of others. Nonetheless, since it is viewed as constraining government and supporting an indifferent (and thus, fair) market, neoliberalism is able to win the support of many.

From the standpoint of a neoliberal society, then, human life is viewed as the sum of an individual's own "choices," for which he or she will be responsible. Care thus becomes entirely a personal and private matter; individuals make "choices" about care for themselves and for those around them.

The problems with this ideological view are many, but let us begin by noting that the view that choice represents one's real desires leads to tautological accounts of freedom, equality, and justice.

"Choice," as we shall elaborate in chapter 3, is not freedom. If one is oppressed, then the choices before one will often be only bad choices. Indeed, one compelling argument against oppression is that it so diminishes people in their capacity to choose to act rightly (Tessman 2005). An alternative account of freedom would argue that one is only free after one has accepted one's responsibilities.

"Choice," as we shall elaborate in chapter 4, is not equality. Equality as equal opportunity is a myth if there is no equality of care for children. An alternative account of equality, defended here, requires acceptance of difference and plurality and a willingness to provide what is necessary to make certain that all have voice.

“Choice,” as we shall elaborate in chapter 5, is not justice. Justice requires that each receive what is due, it requires honest exploration of the social, economic, and political institutions that constrain people’s lives, and it requires that none are more subject to the vicissitudes of fortune than others. Support of the market does not produce these outcomes.

We mistake “choice” for freedom, equality, and justice because we have become too well trained by being workers and consumers. For most, work is a realm of compulsion; consumption is a realm of choice. So we have come to think of those moments when we are not constrained by the demands of our work life as if they were possessed of real choice. And we have come to mistake this economic account of our meaning for its political meaning.

Neoliberalism and “Personal Responsibility”

The moral and political theories that accompany neoliberalism presume that there is a simple account of care. To quote Wendy Brown:

Not only is the human being configured exhaustively as homo oeconomicus, but all dimensions of human life are cast in terms of a market rationality. . . . [It results in] the production of all human and institutional action as rational entrepreneurial action, conducted according to a calculus of utility, benefit, or satisfaction against a microeconomic grid of scarcity, supply and demand, and moral value-neutrality. Neoliberalism does not simply assume that all aspects of social, cultural, and political life can be reduced to such a calculus; rather, it develops institutional practices and rewards for enacting this vision. (2005, 40)

We can call the moral dimensions of such neoliberal practices “personal responsibility.”

As George W. Bush put the point in his First Inaugural Address, “America, at its best, is a place where personal responsibility is valued and expected.” Is there something wrong with personal responsibility? How can anyone think this idea is not a good one? A close look at Bush’s speech reveals the problem:

America, at its best, is a place where personal responsibility is valued and expected. . . . Encouraging responsibility is not a search for scapegoats, it is a call to conscience. And though it requires sacrifice, it

brings a deeper fulfillment. We find the fullness of life not only in options, but in commitments. And we find that children and community are the commitments that set us free. (Bush 2001)

Bush's elision from responsibility to "children" and "community" makes clear that for him, personal responsibility is the solution to the problem of care in the modern state. If you cannot care for your own children, your own community, then if there is a problem in your family or community, the problem is your inadequate sacrifice. His statement that "encouraging responsibility is not a call for scapegoats" makes it sound as if one actually would entertain the idea that it *is* the search for scapegoats. What can that mean?

As the Bush administration's policies demonstrated many times, this notion of personal responsibility means that if you cannot take care of your own family and community, then you, as an individual, are to blame for not having made enough sacrifices or taken on enough responsibilities. There is no context for "children" and "community" other than that of personal responsibility. Toting up individuals' willingness to take on personal responsibility provides an answer to the question of how well "children" and "communities" will do.

Such a politics is problematic. On the one hand, there is much to recommend personal responsibility; I am surely not arguing that it would be better if people ignored their personal responsibilities. The problem with personal responsibility is when it seems to be the only form of responsibility that is important in democratic life. Because when it is the only form of responsibility, personal responsibility can have a profoundly *anti-democratic* effect. "Personal responsibility" functions ideologically when the expectations for responsibilities have been fixed along lines that reflect inequality and historic forms of exclusion. Taking care of one's "community" has a different meaning in a well-endowed gated community or suburb versus a down-on-its-luck urban neighborhood. Going away to college from an upper-middle-class household and living in a dormitory will bring different responsibilities than attending university when, as an eighteen-year old, one is already contributing to the family's income and commuting. From the standpoint of the professor in the front of the classroom, the first student may seem more "responsible"; to a child or an elderly relative who depends upon this person's care, responsibility looks quite different. When we act as if all of the starting and ending points for everyone are the same, we miss an important feature of what justice

might require. From this perspective, personal responsibility seems anti-democratic because it pays no heed to the likely effects that great levels of inequality will have on individuals and on public life. It is anti-democratic because it presumes that all social institutions have the same form as an ideal market, where there is no past, no limits, and no concerns. It also presumes that the market is itself neutral.

But the market is not neutral—it advantages certain kinds of people and certain kinds of activities. In ignoring any past injustice, it permits no redress. It advantages those who are already in good standing within it, and disadvantages those who are not. As a result, the more committed we become to the “pure market,” the less likely we are to reverse inequalities of wealth. Does this problem matter? Shouldn’t we all just be content to take our chances? When something that claims to be neutral is in fact entirely biased, it seems important that we call its bias for what it is.

Consider for a moment that if we transform all responsibility into personal responsibility, then we have no way to describe collective *or* market *ir*responsibility. Brown (2005, 40) decried the loss of a more robust kind of citizen under neoliberalism: “The model neoliberal citizen is one who strategizes for her- or himself among various social, political, and economic options, not one who strives with others to alter or organize these options. A fully realized neoliberal citizenry would be the opposite of public-minded; indeed, it would barely exist as a public.”

At the same time, economic irresponsibility can have no meaning if everyone is only responsible individually.

In a society in which no one is willing to accept responsibility for anything but their own choices, it is difficult to think about care beyond the household. Yet even that account of neoliberalism fails, for the truth of the matter is that we do not usually choose to whom we owe responsibilities. As Ruth Groenhout (2004, 88), referring to Annette Baier, observed, “We do find ourselves in the midst of responsibilities that are not always chosen.” Indeed, as Brown noted, neoliberal thinkers know that they are making a normative claim, that it is *better* to think of the world this way, but that other possibilities of ways to think of the world exist. Nevertheless, for the people who are caught within this ideological system, it is difficult not to experience it as simply the way the world is.

Edward Bellamy, more than a century ago, described such an unequal society and how citizens within it would perceive one another in his widely popular utopian novel *Looking Backward: 2000–1887*. He used the

metaphor of seeing society as a gigantic carriage or coach, in which the rich ride in relative luxury while the poor pull the coach down the road:

The other fact is yet more curious, consisting in a singular hallucination which those on the top of the coach generally shared, that they were not exactly like their brothers and sisters who pulled at the rope, but of finer clay, in some way belonging to a higher order of beings who might justly expect to be drawn. . . .

The strangest thing about the hallucination was that those who had but just climbed up from the ground, before they had outgrown the marks of the rope upon their hands, began to fall under its influence. As for those whose parents and grand-parents before them had been so fortunate as to keep their seats on the top, the conviction they cherished of the essential difference between their sort of humanity and the common article was absolute. The effect of such a delusion in moderating fellow feeling for the sufferings of the mass of men into a distant and philosophical compassion is obvious. To it I refer as the only extenuation I can offer for the indifference which, at the period I write of, marked my own attitude toward the misery of my brothers. (Bellamy 1888, 16–17)

Unless democrats, as people committed to both equality and freedom, are willing to offer an alternative account of how we might care, then the view of neoliberals, that all of caring is a choice one makes about how to exercise one's personal responsibility, receives no systematic answer.

Conclusion

From the standpoint of an ethic of care, citizens should be able to expect more from the state and civil society in guaranteeing that their caring needs, and those of their loved ones, will be met. At the same time, citizens must become more committed to producing the kinds of values, practices, and institutions that will allow democratic society to more coherently provide for its democratic caring citizens. Breaking the current patterns of fear and discouragement does not end the frustrations of the give-and-take that politics always involves. But within democratic care, politics will be closer to the concerns of the people, and, in this way, more fundamentally democratic. How such a transition might occur depends upon a deeper understanding of the problem.

Politics is always about both competition and agreement; if there is no common ground, then there cannot even be agreement about the methods and nature of competition (Wolin 1960). Political theory, too, is not neutral; it can never claim that its perspective is equally useful and adaptable to the views of all. The argument that I make in this book—that care and democracy need to be thought about together—has obvious and large political implications. It places greater value on the activities of caregivers, on the time spent engaged in caring, on human vulnerability, and it challenges the wisdom of a political philosophy that so fundamentally misunderstands human nature as to claim that we are primarily creatures of the market. Humans are not only or mainly creatures of the market, they are creatures of care. Democratic societies need to reorient their values away from support for the “market” to support for the means for people to live human lives. The independent rational actor whose life in the market is sufficient to provide for the other needs and wants of life, and whose freedom consists only in pursuit of life in this manner, is a myth. Thinking about how people’s interdependence can be best organized through caring institutions that take everyone’s equal capacity both for care and for freedom requires widely diverse and thorough democratic processes of agreeing and disagreeing. Only then will democratic societies move closer to realizing the ideal of democracy—equality and freedom for all—in everyone’s life.