Care Ethics

Edited by Christine M. Koggel and Joan Orme

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New Theories and Applications

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Christine M. Koggel and Joan Orme

ROUTLEDGE

Care Ethics

The ethic of care has developed to become a body of theory that has expanded from its roots in social psychology to many other disciplines in the social sciences as well as the humanities. This work on care has informed both theory and practice by generating complex accounts of care ethics for multiple and intersecting kinds of relationships, and for a variety of domains and contexts. Its application now extends from the moral to the political realm, from personal to public relationships, from the local to the global, from feminine to feminist virtues and values, and from issues of gender to issues of power and oppression.

The developments in the theories and applications of care ethics over the past few decades make this book an appropriate and timely publication. It includes chapters by authors who are developing or expanding theories of care ethics and also by those who work on applying and extending insights from care ethics to practices and policies in personal and institutional settings. *Care Ethics* provides readers from different disciplines and professional groups with a substantial number of new theories and applications from both new and established authors.

This book was originally published as two special issues of *Ethics and Social Welfare*.

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Table of Contents

Citation Information

The following chapters were originally published in the journal *Ethics and Social Welfare*. When citing this material, please use the original issue information and page numbering for each article, as follows:

Chapter 2
Can the Ethics of Care Handle Violence?
Virginia Held
Ethics and Social Welfare, volume 4, number 2 (July 2010) pp. 115-129

Chapter 3
After Liberalism in World Politics? Towards an International Political Theory of Care
Fiona Robinson
Ethics and Social Welfare, volume 4, number 2 (July 2010) pp. 130-144

Chapter 4
Cosmopolitan Care
Sarah Clark Miller
Ethics and Social Welfare, volume 4, number 2 (July 2010) pp. 145-157

Chapter 5
Creating Caring Institutions: Politics, Plurality, and Purpose
Joan C. Tronto
Ethics and Social Welfare, volume 4, number 2 (July 2010) pp. 158-171

Chapter 6
Interweaving Caring and Economics in the Context of Place: Experiences of Northern and Rural Women Caregivers
Heather Peters, Jo-Anne Fiske, Dawn Hemingway, Anita Vaillancourt, Christina McLennan, Barb Keith and Anne Burrill
Ethics and Social Welfare, volume 4, number 2 (July 2010) pp. 172-187

Chapter 7
Gratitude and Caring Labor
Amy Mullin
Ethics and Social Welfare, volume 5, number 2 (June 2011) pp. 110-122

Chapter 8
The Productivity of Care: Contextualizing Care in Situated Interaction and Shedding Light on its Latent Purposes
Alessandro Pratesi
Ethics and Social Welfare, volume 5, number 2 (June 2011) pp. 123-137

Chapter 9
The Individual in Social Care: The Ethics of Care and the 'Personalisation Agenda' in Services for Older People in England
Liz Lloyd
Ethics and Social Welfare, volume 4, number 2 (July 2010) pp. 188-200

Chapter 10
A Comparative Analysis of Personalisation: Balancing an Ethic of Care with User Empowerment
Kirstein Rummery
Ethics and Social Welfare, volume 5, number 2 (June 2011) pp. 138-152

Chapter 11
Abandoning Care? A Critical Perspective on Personalisation from an Ethic of Care
Marian Barnes
Ethics and Social Welfare, volume 5, number 2 (June 2011) pp. 153-167

Chapter 12
Care Ethics and Carers with Learning Disabilities: A Challenge to Dependence and Paternalism
Nicki Ward
Ethics and Social Welfare, volume 5, number 2 (June 2011) pp. 168-180

Chapter 13
Care Ethics in Residential Child Care: A Different Voice
Laura Steckley and Mark Smith
Ethics and Social Welfare, volume 5, number 2 (June 2011) pp. 181-195

Chapter 14
Care as Regulated and Care in the Obdurate World of Intimate Relations: Foster Care Divided?
Andrew Pithouse and Alyson Rees
Ethics and Social Welfare, volume 5, number 2 (June 2011) pp. 196-209

Chapter 15
An Ethic of Care in Nursing: Past, Present and Future Considerations
Martin Woods
Ethics and Social Welfare, volume 5, number 3 (September 2011) pp. 266-276

Chapter 16
Ethics and the Street-level Bureaucrat: Implementing Policy to Protect Elders from Abuse
Angie Ash
Ethics and Social Welfare, volume 4, number 2 (July 2010) pp. 201-209

Chapter 17
Crossing the Divide between Theory and Practice: Research and an Ethic of Care
Lizzie Ward and Beatrice Gahagan
Ethics and Social Welfare, volume 4, number 2 (July 2010) pp. 210-216

Chapter 18
That Others Matter: The Moral Achievement - Care Ethics and Citizenship in Practice with People with Dementia
Tula Brannelly
Ethics and Social Welfare, volume 5, number 2 (June 2011) pp. 210-216

Chapter 19
The Daily Grind of the Forgotten Heroines: Experiences of HIV/AIDS Informal Caregivers in Botswana
Odireleng Jankey and Tirelo Modie-Moroka
Ethics and Social Welfare, volume 5, number 2 (June 2011) pp. 217-224

The Productivity of Care: Contextualizing Care in Situated Interaction and Shedding Light on its Latent Purposes

Alessandro Pratesi

Care work may be connected with emotional and psychological exhaustion but also gratification, reward, and self-empowerment. Caregivers experience both positive and negative emotional states in caring situations, and further studies on the rewarding and energizing aspects of care may help us to broaden our understanding of how we can reduce the degree of burden while increasing the sense of satisfaction. This article shows how the focus on emotion is a necessary step to show the ambivalences and the grey areas connected with the concept of care as well as to challenge the not fully explored assumption that care is often associated with burden and stress and viewed as a result of circumstances. It reports the findings of a micro-situated study of daily care activities among 80 caregivers. Care is seen as a strategic site to grasp deeper insights into the interactional mechanisms through which the emotional dynamics revolving around care produce unanticipated outcomes in terms of symbolic and practical productivity.

The study of emotions in everyday life helps remedy the failure of the social and psychological sciences to appreciate the hidden sensual and aesthetic foundations of the self. (Katz 1999)

Introduction

Care is a complex phenomenon and is becoming all the more so due to the ongoing demographic trends and cultural transformations involving family, parenthood, marriage, cohabitation, and an increasingly ageing population.

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The flexible character of its definition, at the intersection between informal communities and formal organizations, makes the phenomenon of care quite problematic and in need of further specification. This is because care transcends typical distinctions between work and leisure, public and private, and productive and reproductive relations. The complex nature of care leaves open several unsolved contradictions, notably those connected with the gendered definition of private and public spheres.

What exactly are individuals doing when they engage in care work? What are its symbolic and social implications? How are symbols of care created and how do they circulate differently for different caregivers? How does care work intertwine emotional/inner processes and public/outer processes involving power and status dimensions? Starting from these central questions, I present here a close scrutiny of *informal care*, which I define as *unpaid and non-professional care of a physical, emotional, and social nature that is provided by partners, relatives, or friends*. I discuss the emotional implications of care by focusing on different kinds of care arrangements, as they emerge in different kinds of family contexts and other forms of intimate relationships. The interactional dynamics of unpaid care relationships have been central to an ethic of care as developed by many care theorists in the last 25 years (Gilligan 1982; Noddings 1984; Tronto 1994; Held 2006). The focus in this article is on the role of *emotion* in unpaid care relationships.

Emotion is a fundamental component in showing the ambivalences and the grey areas connected with the concept of care and challenging the assumption that care work is associated with burden and stress and a result of circumstances or default. Informal care may be connected with emotional and psychological exhaustion, but also with emotional and psychological gratification, reward, self-empowerment, and energizing processes. Nonetheless, there has been considerably less published on the positive aspects of care. By shedding light on the less visible and less investigated nature of care and its deep connections with emotions, I will shed light on the *latent purposes of care*, purposes that diverge substantially from the manifest purposes of tending to and looking after someone. In doing this, I aim to contribute to the project of a general theory of care, which has been pursued by a range of scholars (Tronto 1994; Thomas 1993; Leira 1994; Graham 1991; Bubeck 1995; Fisher & Tronto 1990; Ruddick 1995; Noddings 2003; Kittay & Feder 2002).

The analysis is carried out in light of approaches to the sociology of emotions that have already inspired a rich research agenda: addressing the emotional mechanisms through which social structures are interactionally and situationally reproduced (Kemper 1990; Gordon 1990; Collins 1990, 1993, 2004; Katz 1999; Barbalet 2001; Scheff 1990; Turner 1999, 2000; Hammond 1990). More specifically, I describe how the emotional dynamics revolving around care can challenge our conventional view of care-related inequality and produce unexpected outcomes in terms of symbolic and practical *productivity*. In what follows, I briefly review current theoretical perspectives on care and illustrate how emotions can help us to unpack and highlight its less visible rationales.

What do we Know about Care?

Recent feminist research suggests that both the conceptual and empirical boundaries between formal and informal care are dissolving in ways that have gendered impacts. Yet the theoretical dispute on the dissolving boundaries between the two kinds of care still seems to be open (Graham 1991; Thomas 1993; Ungerson 1995, 1997; Himmelweit 1999). In addition, care theorists have argued that care activities are different from, but need to be integrated with, other activities in both the economic and political spheres (Hochschild 1983; Zelizer 2005; Folbre & Nelson 2000).

Some early care theorists emphasized the emotional components of care, describing care as meaningful and fulfilling to many women and viewing care as a model to be extended to the larger social arena (Gilligan 1982; Ruddick 1998). Others emphasized the practical/material components of care, describing care as oppressive to women, who are compelled to provide care by a variety of material and ideological forces (Finch & Groves 1983).

As a concept, 'care' encompasses both instrumental tasks and affective relations, ranging from *activity* to *ethics*, that is, from '*taking charge*' of others' physical well-being to '*feeling concern*' for others' physical and psychological well-being (Graham 1983; Noddings 1984; Ruddick 1998; Thomas 1993; Leira 1994; Kittay 1999; Kittay & Feder 2002). It defines a particular kind of work, an activity directed to identify and meet the needs or well-being of certain others, and it challenges dichotomous thinking opposing *head* with *heart* and *rationality* with *emotion* (Waerness 1984).

The composite nature of informal care has been central to an ethic of care as developed by many care theorists in the last 25 years, notably in the contributions of Gilligan (1982), Noddings (1984), Tronto (1994) and Held (2006). However, much can still be learned from the sociological literature on the *positive role of emotion* in unpaid care. We can expand on these contributions by referring to Randall Collins' theory of *Interaction Ritual Chains* (2004), according to which the essential mechanism holding society together is *emotional* rather than cognitive.

Highlighting the Role of Emotions in Unpaid Care

Collins suggests that emotions are the *common denominator of rational action* because rationality depends on assessing the utility (the capacity to confer positive affect) of alternatives lines of conduct (Collins 1993, 2004). The rational actor perspective, he says, collides with a number of problems: first, there are a whole series of behaviours that do not fit with cost/benefit analysis; second, it lacks a *common metric* that allows actors to compare costs and benefits across whatever range of situations they may encounter; and third, is the simple evidence that people are not always compulsively obsessed calculators.

The centre of Collins' micro-sociological explanation is not the individual but the situation. Interactions, not individuals, are ontologically basic, and the search for successful interactions is the basic human engine. Every interaction generates status and power effects, and one of the primary goods of a successful interaction is the feeling of solidarity with a group: a sense of status membership or status inclusion. Collins describes this sense of status membership in terms of *emotional energy*, which is similar to the psychological concept of 'drive' but with a specific social orientation: it is a long-lasting emotion that builds up across situations and makes individuals initiate or fail to instigate interactions. It is a feeling of confidence and enthusiasm for social interaction (2004, p. 108).

Emotional energy is thus both the ingredient and the outcome of the interaction. People's choices, behaviours, and decisions regarding daily-life issues are in fact based on the emotional outcomes and inputs, and people's chance to gain or lose emotional energy is affected strongly by their perceived sense of status membership. In other words, within such a model, people's choices circuit in the loop of emotional energy production and we can think about *social stratification* as an *unequal distribution of emotional energy* rather than an unequal distribution of material resources or social positions. Moreover, we can empirically visualize social stratification through a careful analysis of how emotional stratification is enacted in micro-situations.

The Subjects of Care—Sample and Methods

My critical interpretive inquiry[1] draws on a multi-method approach: semi-structured in-depth interviews, weekly diaries, participant observation, online discussion forums between members of parents' associations, ongoing conversations with the respondents beyond the interview context, key-informants interviews, secondary sources on informal care and parenthood collected from adoption agencies and local associations, journal and newspaper articles, and the web. Between winter 2005 and summer 2007, I interviewed 80 caregivers, mostly living in the Philadelphia urban and suburban areas.[2] The respondents were different in terms of gender, sexual orientation, and marital status. Both child care and elderly care were included in my study, although parental care is the main kind of informal care I explored. The sample included gay/lesbian caregivers not only because they have been thus far excluded from the conceptual category of 'normal' caregivers and from 'normal' research on informal care, but also because they represented a key-subject to visualize the less explored rationales of care and the crucial role of emotion in the

1. The analysis was guided mostly by what Denzin (2001) calls *interpretive interactionism* and other scholars have called *interpretive phenomenological analysis* (Smith 2004; Smith *et al.* 1999).
2. Broadly definable as belonging to the middle class and upper middle class.

reproduction of social inequality.[3] The goal of the empirical part of the research was to gain insights into how emotional stratification is reproduced in specific kinds of *interaction ritual chains*.

Internal Conversations and Permanent Visitors

My argument is that we can look at care activities as chains of micro-interactions.[4] The specific kind of interaction on which I focus is the ongoing internal dialogue between the subject caregiver and a whole network of generalized others, or what Norbert Wiley (1994) calls 'permanent visitors', that is, all those people who are variably present in our thoughts and with whom we are in a constant inner conversation (also McMahon 1996; Archer 2003, 2007; Doucet 2008). Within the context of care, the acknowledgement of the relation as a caring relation from both the subject caregiver and these generalized others is an essential condition to give *visibility*, *entitlement* and *legitimacy* to the status of caregiver and to confer on the latter a sense of belonging to what I shall call here *the intangible community of fully entitled and successful caregivers*.

During her permanent internal dialogue with all these visitors, the caregiver is constantly verifying or disconfirming her status membership. 'Am I acknowledged, and therefore, do I feel entitled as a legitimate and successful caregiver?'—the caregiver constantly asks herself. In Collins' model, status membership (or status inclusion) is the criterion that defines whether an interaction is successful and, therefore, whether there is an increase or decrease in the supplies of emotional energy.

Care, especially in parenthood, can be lived as a site of status inclusion or exclusion, independent of people's sex, marital status, or sexual orientation. One belongs to the community of 'parents' and consequently feels excluded from other groups or communities, such as, for instance, the groups of single friends with different lifestyles, or the community of successful colleagues with more impressive résumés or qualifications, and so on. However, single parents and gay parents can experience care activities as sites of status exclusion in a more prescriptive and rigid way than their heterosexual counterparts. In fact, the image of the nuclear family still provides a powerful interpretive template to cast in people's minds a series of generalized others with whom people engage in internal conversations. For both single and gay parents, the sense of status

3. Research on gay/lesbian parenthood has concerned mainly the different styles of parenting, the different networks of resources, and the different developmental outcomes between children raised by lesbian and gay parents and those raised by heterosexual parents. No studies have considered how and under what conditions the caregiver's sexual orientation can enhance or hinder feelings of well-being, self-confidence, enthusiasm, support, and trust during the care episode or 'souvenir', intended here as a form of *third-order circulation of symbols* in Collins' terms (2004, p. 99).
4. Within the continuum which in Collins' Interaction Ritual model goes from formalized and strongly focused to informal and relatively unfocused interactions, I am referring here mostly to the informal and less focused interactions, which nonetheless define clearly structured *individual reputations*, increasingly more important than categorical identities (2004, pp. 272, 291, 295).

membership in the community of *fully entitled parents* is affected by the normativity of the nuclear family; for gay/lesbian caregivers, it is also affected by heteronormativity. What does that mean in terms of feeling like *fully entitled parents*? Does it require a different kind of effort, for a single or a gay parent, to handle the issue of 'belonging' by constantly trying to attain good 'individual reputations' as a parent? Yes and no. Yes, it does require a different effort. Yet such a different effort does not automatically relocate single parents and gay parents in a subordinate position in terms of emotional stratification.

The fast-growing phenomenon of lesbian motherhood and the remarkable number of single women who opt for motherhood outside of marriage[5] provide us with additional insights on how the self-empowering effects of the *pursuit of motherhood* can compensate for the sacrifices preceding, accompanying, and following their care choice. While they are tossing out conventional definitions of motherhood and family, these mothers nonetheless embrace quite conventional roles concerning child-rearing. By the same token, the new generations of gay men are more likely than their straight brothers to look for alternative and less conventional routes to personal affirmation and social success, and more likely to embrace nurturing, care-taking, and domestic activities without feeling that their masculine identity is threatened or their emotional energy drained (Stacey 2005, 2006). What accounts for these growing phenomena? How is difference (and inequality) actually reproduced through care? Is the activity of care in itself—with its unequal distribution of tasks—what makes a difference or is it rather *the ways people live, reflect on*, and *feel* the care experience that account for differences and inequalities between the different kinds of caregivers?

The Latent Purposes of Care

The internal processes of *thinking* and *feeling* care, I claim, are what mostly makes the difference and thus produces inequality: an inequality based on the long-term effects of the emotional stratification, which ultimately stems from the ongoing process of reflexivity. I, therefore, hypothesize that care is not only about tending to or caring for someone but also about *status inclusion* and *emotional energy production*, which I suggest are its latent purposes. Without necessarily being aware of it, all caregivers participate in this invisible process of self-induced internalized stratification. Indeed, a not-so-latent purpose of care as a fundamental source of emotional energy production is explicitly admitted by Kendrick, who candidly confesses that his decision to become a father responded to a pretty much 'selfish' fundamental desire. Caring for somebody and 'being able to love somebody' makes him feel good, fulfilling one of the basic human emotional needs:

5. See Rosanna Hertz (2006); Frank Furstenberg (2002, 2005).

> Yeah, I think in the broad sense is that it's a very selfish thing, I mean I have children because it makes me feel good, you know [. . .] People always say, oh, that's such a noble thing you're doing, what a wonderful thing you're doing. No, it's all selfish, I did it for me. The benefit is, I think, he is a good kid and we have a great relationship, I think I'm raising him well; but let's be honest about it, I mean, that was kind of a fundamental desire, I had this need and there he was.

We have seen that emotional energy is the long-lasting sense of self-confidence, enthusiasm, and initiative that is produced by and instigates a successful interaction. A successful interaction generates a sense of status membership or inclusion which increases the supply of emotional energy and fosters the loop of emotional energy production. Care activities and responsibilities generate forms of group membership or *status enhancement* and consequent outcomes in terms of emotional energy that alter people's emotional stratification. This in turn affects people's ability to successfully manage future interactions. Reflexivity is the essential condition by which caregivers judge their care experiences as successful or unsuccessful. Without denying the weight of structural and cultural factors in the reproduction of inequality, I claim that these factors need active mediation—the capacity and the willpower of individuals to act independently and to make their own choices— in order to be effective and productive. Through their internal conversations, individuals reflect upon and mould their social situation in light of care-related tasks and concerns (Wiley 1994; Archer 2003, 2007). These inner dialogues govern caregivers' responses to social forces, their actual and potential patterns of social interaction, and whether they contribute to social inequality; an inequality that is based on the *felt experience* of care.

The missing link between society and the individual, I suggest, is to be found in the production of emotional energy which occurs during the constant interaction of *Self* with a whole set of generalized others with whom the individual is in constant conversation, be it actual or virtual. I consider the care experience as a crucial site to observe the ongoing processes of reproduction of emotional stratification that is the basis of social inequality. These unexplored aspects of care also allow us to reframe current discourse on care and to challenge the assumption that care is routinely associated with burden and stress and viewed as a result of circumstances. In the following section, I will navigate through some of these astonishing and overlooked aspects of the phenomenology of care that I claim constitute its core nature.

The Productivity of Care

Contrary to common belief, care does not necessarily produce stress or make people less productive—at least not always and not under all circumstances. Even in its most draining aspects, care seems to make people find their 'second wind', as William James used to call it: an unexpected strength and energy allowing them to overcome challenges and difficulties that stem from their

caring about their beloved ones.[6] Far more than we are willing to admit, *being caring* also means *being productive*. For some, this might mean giving more attention to quality than to quantity; for others, it might mean keeping the same standards in terms of quantity and paying less attention to the quality of the end products. What emerges as quite evident from all the interview accounts is that caring activities, under certain conditions, make people more efficient and increase their capacities to get more things done in a more focused way.

It is also evident that one of the latent purposes of care is the production of emotional states that go in the direction of what Hammond (1990) calls 'affective maximization', a more or less conscious strategy to maximize the supply of positive emotions. It does not matter, for our purposes, whether this unanticipated outcome of care is conscious or unconscious, whether it is planned or unintended. The point is that the search for the 'meanings of care' in the entire ecology of people's lives brings to the surface important and understudied elements, perhaps a blend of new and old elements, which acquire a completely new sense in light of the Interaction Ritual model and with the inclusion of gay and single parents. One of these elements concerns precisely the energizing and empowering effects of care responsibilities that clearly help people not only to overcome the exhaustion connected with multi-task operations but also to balance their perceived status exclusion from other settings.

Parenting Gives me Energy

The energizing nature of care is illustrated by Jason's case. In the following passage, Jason underlines the self-empowering effects of care responsibility, when he recalls the challenging period during which he was finishing his dissertation, teaching full-time, and being a dad:

> R: It was a hellish couple of years. But at the same time I think being a dad helped me to balance out some of that. I mean I think if I would not have been a dad and would have just been trying to finish the dissertation while teaching full-time, I think I would have driven myself crazy [. . .] Because for me parenting really gives me energy.

On the other hand, Sarah, a single mother, highlights how inhabiting all at once the statuses of single mother, part-time student, and full-time worker can create a sense of 'non-fitting' or status exclusion:

> R: Yeah, like I don't know, it makes me feel like I don't fit in very well at school.
> I: You don't fit in?
> R: Well, because nobody in my department really has children [. . .] and so I don't know, the people are like at a different stage in their life because, even though they're around the same age as me, they don't have like a lot of responsibilities in life so they can go out and socialize and do whatever. And me, I don't get to go

6. James (1913).

out and socialize ever, and if I do, I have to take her with me. So it's a different kind of social life.

She also provides a description of the labelling process connected to the categorical identity of a single mother when she expresses other people's negative prejudice toward her being a full-time working mother and a student:

> R: I feel like a lot of times when people find out that I'm a single parent they always have all these stereotypes of what I am and [. . .] you know what I mean, stereotypes of what I'm supposed to be like [. . .] People just have stereotypes of what single parents are like, you know, that I don't spend time with her and stuff like that. And I spend more time with her than most married moms do [. . .] People just have these stereotypes about . . . like that whole unwed mother kind of thing and me be a kind of stereotype [. . .] Yeah, like a married couple where the mother is like a homemaker and all that crap.

However, neither the non-fitting feeling nor the stereotypes connected to her status of single mother seem to affect her sense of self-confidence, energy, and motivation for action, in short, her level of emotional energy, when she concludes:

> R: I am [energetic]. I manage my time extremely well because I know [. . .] other people, who have a lot less on their plate, who struggle to get all their work done; and I always get everything I need done, always.

The Busier I Am, the More Effective I Am

In the same regard, Roger, father of three children, underscores an interesting paradox of care when he realizes how the challenges connected to the difficult balance between work, a master's program, his wife's pregnancy, and other family care related issues pushed him to become more effective and productive:

> R: [. . .] My son was born in January of 2002 and the following August I started a master's program at night. And those two things forced me to become a much better manager of time, to really allocate, you know, this much time for this, this much time for this [. . .] When I have a little bit less requirements to get done, fewer requirements, I've gotten lazy about being careful [. . .] Well, there's an expression that if you want something to get done, ask a busy person to do it. And I think that definitely holds true for me. The busier I am, the more effective I am.

Several other interviewees confirm the idea of the increased efficiency connected to the massive workload quite clearly. Byron, a wealthy financial advisor who, at the age of 52, decided to have a child with a close lesbian friend of his, is one of them. Byron and his friend live in separate homes and worlds, but they share childcare responsibilities:

> R: I became extremely efficient after the baby was born in doing the work with 30 or 40 percent less time and I still managed to do it all.

> I: Really?
> R: Absolutely, mm, hmm. Because time had many more things packed into it so I had to become more efficient—a rather easy thing to do. If you want someone to do something, you pick someone who is busy to make sure it gets done.

Energy Begets Energy

Not only can care responsibilities produce an extra layer of energy, inducing people to become more efficient and more focused in achieving their goals and getting things done; they also possess an emotion-enhancing effect which creates positive loops of emotional energy production. Roger raises quite spontaneously the theme of the 'energizing power' of care, stressing how the emotional energy deriving from his caring activities not only compensates for the physical exhaustion but is also positively reflected on his job. Referring to his three children, he says:

> It's unbelievable, they just have two speeds it seems, fast forward and stop. And that has to carry over to some degree. On the one hand it makes you exhausted because you have to keep up with them all the time, but on the other hand energy sort of begets more energy. So the kids go to bed and I'm tired, but at the same time I'm energized and I have the energy and the strength to keep working later at night that I might not have if they weren't there.

Several examples follow a similar wavelength. Julia, a single mother who happened to be delivering her daughter at the same time she lost her job, attributes the merits of her further education to the birth of her daughter, explaining how the energetic loop in which she was involved pushed her to think that it would 'be best to nip it in the bud' and get through an additional temporary strain in order to reach a better social and economic position:

> R: [. . .] And in fact I probably wouldn't have pursued education, the truth be known, had Sarah not been born. I made that decision based on her. I would have continued in the mental health field and not thinking about summers off or the hours I'm working or the breaks I have off.
> I: So you improved your education because you had a kid.
> R: Right, I went back to school.
> I: It sounds like a paradox.
> R: Right, and I decided it would be best to nip it in the bud, get it over with when she was young, go full force, gung-ho, get through it and then I can relax and I'd have a career. And my income doubled, that was another good part of going back to school.

The word 'energy' is constantly and spontaneously raised by all interviewees, and the energy loops that childcare 'brings in' seem to be something that not only drive people to accomplish ordinary tasks but also to explore completely new details of their life experience, details they probably would never have explored otherwise.

'Good Stress' and 'Bad Stress'

An interesting distinction between 'good stress' (which is not resented or is even experienced as a 'good thing') and 'bad stress' is made in the following:

> There's good stress and there's bad stress, but the stress that causes the feeling of responsibility in care giving, in a way, that's not resented. I like the opportunity to have the pressure and the stress of caring for this child, so it's a good thing.

Most respondents define the stress associated with their care activities as 'good stress'; and even when it is 'bad stress' it can be transformed. An example of *bad stress* transformed into *good stress* is offered by Jean, a single caregiver who looked after her dying father for a long period. Critical care can activate a loop of automatisms by which people just keep on getting things done or developing new habits which are all focused on taking care of the emergency while at the same time upholding working routines and preserving a psychological equilibrium. Even in the worse and most critical circumstances, care seems to become at the same time the cause of the distress and its remedy that is the emotional energy with which to handle it:

> It was hard. I did not go on vacation for the last two years; I did not do anything but work, play some sports locally and take care of my family. And, you know, I had a drink every night when I got home, I had a glass of wine as soon as I got home because that was the only thing that I could, like I needed to decompress for a half an hour by myself. Every day was a fight, was a struggle. I got up because, and I got out of bed and I went to work because I knew that I might have to take care of my father for the rest of his natural life, however long that was [...] I got up in the morning because my dad was around. That was what I did.

A serious illness cannot but be a traumatic event with severe repercussions on the caregiver's psychological, emotional, and physical health. Jean's story assumes dramatic tones during the interview because she was particularly affectionate to her father and looked at him as a unique model of reference. Nevertheless, beyond the unquestionably draining aspects of her care experience, she eventually finds her way to give it a totally different meaning. At the end of her exhausting, draining, and solitary journey through her father's illness and death, Jean recuperates a new sense of her personal identity and self-worth.

> He was my guy and I miss him. [Crying] I cry daily for my dad. I mean he's been gone for six months—he was the best guy in the world.

Jean does not seem to realize that what she probably misses now is not only her father but also *her taking care of him*—that chaotic, critical, and distressful period itself that produced so much pressure on her. One of the common characteristics about critical care is forgetting soon about its negative or more problematic aspects and not viewing even the most difficult times as unbearable

anymore. Eventually, people rediscover new balances and existential priorities, which are often characterized not only by higher levels of emotional maturity but also by a sharper awareness of their trajectory as caregivers. The 'activating' or motivating power of care seems to drive people not only to get things done but also to find a correct and effective balance between different needs. What Jean is still mourning is not just the absence of her father but also the *absence of care*, the sudden vacuum created after such a dense and intense emotional period, for better or for worse.

Concluding Remarks

Most of the scholarship on care typically focuses on the gendered costs of care and on its draining aspects. Less attention is paid to the consequences of *being excluded from care* or not being acknowledged as an entitled and legitimate caregiver. Even less attention is paid to the inherently rewarding aspects of care and to its positive consequences in terms of status membership, increased productivity, and emotional energy production.

Emotions constitute the link between *doing care* at the micro level of interactions and *doing* or *undoing difference* at the macro level of social structures. Different ways *to do care* and *to do gender* must be taken into account if we want to grasp a truly comprehensive picture of the phenomenon of care. It is important, therefore, to add a focus on different kinds of carers, not only theoretically—to fill the gaps—but also strategically—to increase equality. By focusing on the interactional processes that reproduce inequality, the phenomenological approach I propose here helps us to shed light on both the conservative forces reproducing inequality and the potential for cultural change. Since social categorizations (such as gender or sexual orientation) are not likely to disappear, we can at least reduce the cultural beliefs attached to them that reproduce inequality. Thus, for example, if sex categorization is so embedded in social relations that it is most likely to persist, the interactional processes can change or cancel cultural beliefs about male rationality or female emotionality (Ridgeway & Correll 2000). Similarly, if the labelling process by which we reproduce a difference between gay parents (or single parents) and heterosexual parents (between 'atypical families' and 'traditional families') is likely to remain in the near future, the interactional processes can challenge and erode cultural beliefs about heterosexual parenthood and families as 'natural' and gay or single parenthood and families as unusual and/or 'odd'. Repositioning care in situated interaction, while shedding light on its latent purposes and clarifying the central role that emotions play in the reproduction of inequality, allows us to address many of the theoretical problems connected to reification and to transform them into empirical ones, analysed in specific contexts.

Caregivers experience both positive and negative emotional states in caregiving situations. They can perceive both moderate burden and great satisfaction at

the same time. Further studies on the rewarding and energizing aspects of care may help to broaden our understanding of how we can reduce the degree of burden while increasing the sense of satisfaction. Acknowledging the intrinsic value of care and highlighting its *productivity* and self-empowering consequences does not mean giving voice to a romanticized view of the world or failing to recognize the draining aspects of care, but rather *capitalizing* on care as a long-term investment and a resource. Such capitalization can be accomplished by facilitating conditions under which care is self-empowering and productive and by reducing those under which it is constraining or emotional-energy draining. In doing that, we can also reduce the inequality connected to this fundamental activity.

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The Individual in Social Care: The Ethics of Care and the 'Personalisation Agenda' in Services for Older People in England

Liz Lloyd

The ethic of care provides not only a basis for understanding relationships of care at the micro level but also a potent form of political ethics, relevant to the development of welfare services. Williams (2001), for example, argues that the concept of care has the capacity to be a central referent in social policy—a point at which social and cultural transformations meet with the changing relations of welfare (Williams 2001, p. 470). English social care services are currently in another period of change precipitated by the 'personalisation agenda'. This agenda is seen as having the potential to revolutionise social care, to create the conditions needed to tailor services to individual needs, and to give service users greater choice and control, including, where possible, control over their own service budgets or direct possession and management of care funds. These developments are inextricably linked to broader economic and social trends, key amongst which are the ageing of the population and changing economic conditions affecting both the labour market and the market for care services. This article applies the feminist ethic of care to an analysis of the personalisation agenda in the context of care for dependent older people. It highlights fundamental political questions posed concerning the nature and extent of older people's need for care, responsibility for meeting these needs and the associated costs. It questions whether the personalisation agenda could potentially offer a more responsive form of care, by placing more power and control in older people's hands. Key points considered are the individualisation of care and the ways in which control is conceptualised. The article concludes with an assessment of the feminist ethic of care as a basis for policy evaluation.

Introduction

The term 'personalisation' has become something of a catch-all phrase in English social policy but is nonetheless contentious. Boxall *et al.* (2009) distinguish

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