

Caring as a moral practice:

**An analysis of the construction of care for elderly
people in Austria and the UK**

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Abstract

This thesis investigates the meaning of care in our societies. Everyone will be concerned with care in some way at some point in his/her life. In the UK and Austria economic and social developments challenge traditional family arrangements while the need for care for the elderly is increasing. But how do we understand care and which meaning does care have for us, for our relationships, for our identities and for our understanding of society? How do we want to live together, and how do we want to experience the process of ageing? Understanding the construction of care helps to understand aspects of people's ideals, motives, attitudes, imaginations, aspirations and desires in life.

This study bridges the theoretical level of broad moral questions and their application in particular situations. Utilising Critical Discourse Analysis in combination with a sample of newspapers and the organisation of focus groups in each country enable an identification of the 'moral grammar' of care, i.e. the discourses in which care is constructed. The result is an *everyday morality*, referring to the way people understand and make sense of their experiences, histories and emotions about care for elderly people.

This moral construction situates care in opposition to an economisation and/or individualisation of society. Care reflects an ambivalent desire of people which can be described as *being there for each other*. By exploring themes such as relationships, home, community, independence and the commodification of care this thesis demonstrates that, on the one hand, moral assumptions and ideals are underlying the organisation of care and, on the other hand, care itself represents an ideal of being moral. This construction has important consequences for all those involved in caring relationships (as carers and as those being cared for) and any policy making needs to be conscious of it.

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Table of Content

Abstract	2
Acknowledgements	3
Table of Content	4
1 Introduction	6
1.1 Caring as a moral practice	10
1.2 This research	14
1.3 Structure	19
2 Theoretical conception	24
2.1 Introduction	24
2.2 Ethics of Care	27
2.3 Virtue Ethics	37
2.4 Responsibility for the Other	42
2.5 Materialism and morality	47
2.6 Discourse	54
2.7 Conclusion	70
3 Methodology	73
3.1 Critical Discourse Analysis (CDA)	74
3.2 How to analyse discourse	77
3.3 Newspapers and other written materials	81
3.4 Focus Groups	88
3.5 Two case studies	95
4: Relationships: Who's caring?	102
4.1 Introduction	102
4.2 Care as a family issue	106
4.3 Responsibility – Duty – Love - Guilt	113
4.4 The construction of quasi-kin relationships	122
4.5 What is family?	130
4.6. The re-constitution of relationships	139
4.7 Conclusion	148

5 Geographies of care	154
5.1 Introduction.....	154
5.2 The meaning of home	156
5.3 The realm of intimate care –migrants caring in ‘homes’	168
5.4 The care home – institutionalised other-determined living.....	172
5.5 Dichotomies.....	183
5.6 Conclusion	188
6 Longing for Community	192
6.1 Introduction.....	192
6.2 Narratives of community.....	195
6.3 The ideological meaning of community	206
6.4 Nostalgia: longing for community	213
6.5. The ambivalence of community.....	224
6.6 Conclusion	230
7 Depending on people	237
7.1 Introduction.....	237
7.2 The ideal of independence	240
7.3 Challenging dependency	260
7.4 Self-reliance and Independence as a burden of modern times	273
7.5 Conclusion	277
8 Opposite worlds of care and markets?.....	282
8.1 Introduction.....	282
8.2 The ideal of informal care.....	286
8.3 The creation of 2 worlds.....	303
8.4 Identity of carers	316
8.5 Conclusion	327
9 Conclusion	333
Bibliography.....	349

1 Introduction

Why do we treat our grandparents so badly? (Daily Mail, 05/08/06)

The majority are afraid to become a nursing case (Kronen Zeitung, 17/08/06)

My grandmother needs care. Many people are in a situation in which they themselves, or someone close to them, are in need for care. In my family this care is organised by my grandmother's children and carried out by both family members and paid and unpaid help from outside the family (in various forms). These care arrangements have changed many times since I have started this research and every time discussions are going on and decisions have to be made. These decisions concern practical questions of organisation, health related issues, financial aspects and questions of spatial adjustments in her house. Underlying all of these decisions are emotional questions of how we want to live and how we want to be there for each other. What is the right thing to do in this situation? But also, what defines a good life? Who decides about these questions and why do we think about it the one way or the other?

In contemporary Western societies, care is a highly debated issue in academia, politics and everyday discourses. The two quotes at the beginning of this introduction illustrate the significance of deeply rooted associations with care. Responsibility for elderly family members or elderly members of the community or society is a defining feature of how contemporary societies understand processes of ageing, family, social cohesion and mutual duties and responsibilities. Care needs are

seen as an inherently negative aspect of a particular period in someone's life course. The way we think about being old and being in need of care is characterised by anxiety to become dependent and to having to rely on someone else's commitment. At the same time some authors claim we live in a de-traditionalised society (Giddens 1998, Beck and Beck-Gernsheim 2001) in which old traditions, structures and authorities made way for new moral questions and answers.

This thesis is investigating the meaning of care in our societies. Everyone will be concerned with care in some way at some point in his/her life. In the UK and Austria, as in many other countries, economic and social developments challenge traditional family arrangements while the need for care for the elderly is, mainly due to demographic reasons, increasing. However, even though the familial situations are shifting, care needs for elderly people or people with disabilities are to a large extent still met in informal settings, usually within the family.¹ This is a situation which, according to Williams (2004:40), shows that relationships have changed but people's sense of commitment has not (for a similar observation see Fine 2005). In order to sustain this historically developed system of care provision, Österle and Hammer (2004:103) identify the question of how to keep and raise the willingness of relatives and others to take over and carry out care-services as one of the most significant issues for the design of modern societies. However, care must not be reduced to

¹ The term 'informal care' is to some extent problematic as it might suggest that informal care is less work than 'formal care'. However, the term summarises for me that this care is characterised by informal arrangements, relationships and bonds. In other words, it describes an imagination of care which is usually, but not always, associated with care by the family, partners or friends. In the text I will try to avoid using the term 'informal' as much as possible.

being an answer to care needs; rather it is a fundamental part of all human existence. Judith Phillips (2007:1) in her book *Care* states that

Care is fundamental to our individual identity as this is played out in our social interactions and relationships. (...) It is fundamental to who we are and how we are viewed in both public and private spheres of life. (...) In many ways it is a nebulous and ambiguous concept and a part of everyday life which is taken for granted.

Care is a feeling, an identity, a commodity and a way of thinking (Phillips 2007). In this thesis I explore the moral, ideological and social construction of care. How do we understand care? What does care mean for us, for our relationships, for our identities and for our understanding of society? How do we want to live together, and how do we want to experience the process of ageing? How is care positioned in the context of the current societal, economic and political order? By investigating the moral constitution of care I will explore the underlying mechanisms which reproduce the meaning of care. To understand the construction of care helps to understand aspects of people's ideals, motives, attitudes, imaginations, aspirations and desires in life. Exploring people's understanding of care also challenges simplified ideas about the de-traditionalised modern society. The thesis title *Caring as a moral practice* emphasises the moral associations and assumptions which underlie any caring practices. At the same time it refers to the fact that the idea of care goes beyond the actual practices; care represents a certain moral ideal for society, for a morality of living together.

This study started (with an MA dissertation) as an investigation of carers' identities with respect to the Austrian care system (Weicht 2006). However, after the completion of the dissertation and further research it became obvious that important issues had not been discussed sufficiently and I noticed that a new approach and a new direction for my research were necessary. I started out with the motivation to identify the discursive processes which lead to a possible exploitation of carers in informal settings. During the investigation, however, my approach – and my attitude – towards these issues altered. On the one hand, the empirical research allowed me to hear many different stories and experiences about care for elderly people, and on the other hand, care cases in my own family (such as my grandmother's) triggered a re-consideration of my focus on informal carers as victims of exploitation. At this point I want to specify that care in my project refers to care for the elderly or people with special needs and care for children is not included due to two considerations: Firstly, contrary to child care, where the decision to have children can be made consciously, the need for care for the elderly often arises relatively independently from people's own plans and expectations. The situations in which a family member requires certain forms of care can appear suddenly and are not linked to family members' decisions and choices. Secondly, the actual care for the elderly is in principle not bound to an informal context or to specific individuals and the setting can hence be chosen more freely. As a result, in the context of care for elderly people there is more space for negotiations and considerations about how care should be organised, how the person in need of care wants to live and who has which responsibilities in this context.

1.1 Caring as a moral practice

The literature on care ranges across various disciplines and theoretical and methodological approaches. Phillips (2007) presents the recent discussion in the literature on care, much of which will feature in the successive sections of this thesis. Her contribution demonstrates the broad meaning of care as a commodity, a social practice, an emotion, a political issue and a historical narrative.

Fine and Glendinning (2005) identify five different streams in academic care discourses which are often characterised by certain traditional dichotomies. These dichotomies, such as care/work (Ungerson 2005; McKie et al. 2001), formal/informal and public/private (Fine 2005) or state/society (Daly 2002) are extremely important for an understanding of care, even though they are more and more being challenged. In this research I will thus explore the significance and the meaning of the dichotomies. Taking a similar approach, Watson et al. (2004) demonstrate the existence of certain care paradigms to which both those in caring relations and academic investigators refer to. But which role do ethical considerations play in the context of care? Within the literature on care, the importance of morality for the understanding of the concept of care and the motivations for people for taking up care is recognised. Much of the work deals exclusively with individuals' perceptions; several psychological studies (Mintz and Mahalik 1996; Skoe 1995; Karniol et al. 2003) for example demonstrate the relevance of the relation between care work and the ethical or moral orientation of individuals.

In my approach, however, I want to draw attention to the social and cultural factors related to care within society. Not the psychological orientation of individuals but the societal arrangement of a moral framework is the focus point of this thesis.

Supporting my claim, Hughes et al. (2005) for example emphasise care's meaning as both an activity and a culture in order to explain the feminised status and the subordination of carers. A similar argument is presented by Winch (2006:6) who states that carers are 'produced by an interplay of political structures and ethical attitudes and practices' which is based on a carer discourse and a 'morality of caring' (Winch 2006:7). Also Paoletti (2001, 2002) takes up a discursive approach and places care 'as part of the social and moral order' (2002:815), which is produced and reproduced through ordinary talk. She furthermore argues that the vulnerable situation of carers needs to be explained by the moral context and its gendered nature. These sources suggest that moral and ethical considerations influence the social and cultural meaning of being a carer and create to some extent a carer identity. Care in itself and the actual experience of care work have an important meaning for those involved in the processes, in shaping people's identities and the nature of relating (see Twigg 2000a, 2000b; 1997a; 1997b). The effects of the care-relationship on identity creation, in particular for the elderly, are also analysed by Quereshi and Walker (1989). Hockey and James (2003) look at the life course's impact on identity which is inevitably related to care and they convincingly show care's meaning as a constitutive social practice.² The other side of the relation between identity creation and caring is explored by Lloyd (2006) who focuses on

² For a discussion of the construction of social identity see also Jenkins (1996); Hunter (2003).

collective organisations of carers (in particular Carers UK) and who warns of an oversimplification of group identities. Fisher (1994) offers an interesting discussion of possible contradictions with respect to male carers' identities, similarly to Christie (2006) who investigates the tensions arising from traditional gender identities of professional carers. An impressive understanding of carers' motivations and situations in relation to gender is offered by Ungerson's (1987) influential analysis of qualitative interviews with informal carers in which she describes the process of 'becoming a carer' and the negotiation of this role. She identifies differences in the self-understanding of care between men and women and notices gendered differentiations between the notions of duty and love as the reasons for someone becoming a carer. The self-understandings, motivations, attitudes and ideas, Ungerson is describing, constitute the discursively constructed moral framework. My aim is to demonstrate and analyse this construction in public discourse.

Ungerson elsewhere (2000) speaks of an ideology of 'natural' traits, practices and identities of women which 'bear such a close resemblance to the practices based on the experiences of mothering and hence are construed as 'natural' aptitudes of women' (2000:636). Similarly, Guberman et al. (1992) identify 'feelings of closeness and interconnectedness with family, gender-role conditioning, and life situation' as determining the (gendered) caring role. In this context paid and unpaid care are designed to be based on the specific construction of care 'as a hybrid of love and instrumentality' (Ungerson 2000:627). In these accounts ideologies, ideas and attitudes about care play a role which all speak about a moral framework in which

carers and cared-for find themselves. The role and position of a carer is constructed as a moral one. Naturalistic assumptions about both the carer and the cared-for (see Watson et al. 2004) characterise the traditional accounts. I agree with the importance of these moral attitudes but I think in order to fully understand the situation of carers and cared-for, and the realm in which care is to operate, it is necessary to study the very construction of this moral grammar³ in itself. The ethics of care approach (section 2.2) takes up the idea of ideological gender-linked categories (Fraser 1989) in the sense that some social practices (e.g. caring) are associated with women and some social practices (e.g. politics) are associated with men. In this study I will discuss this dichotomy and the significance and consequences of the construction of these gender-linked associations. In that sense not only women experience the 'feminised' status of being constructed as natural carers. All groups of people who care face similar effects on their identity. Through categories and dichotomies all participants in care relationships are constructed as 'other to the masculine subject of modernity' (Hughes et al. 2005:265). This construction takes place in discourse and can be analysed by investigating the very discourse.

In the next chapter (chapter 2) I will describe my understanding of discourse as being loosely based on Foucault's (1972) conception. Heaton (1999) also uses the Foucauldian concept of the 'inner gaze' to analyse the discourse on informal care. She identifies several shifts in the political discourse and the construction of carers.

³ The term 'moral grammar' is used by Fraser (2003a, b) in relation to the discursive creation of morality. I will explore this concept further in chapter 2.

These have led to a construction of a certain carer identity. Heaton is right to state that '[t]he effects of the discourse of informal care (...) are real' (1999:774), meaning that these discursive constructions have very particular consequences for all people involved. I want to emphasise an important difference in my approach, however: Heaton's focus on the realm of laws and politics assumes a top down mechanism through which political decisions are internalised by the public. I want to provide more space in the analysis for the production and reproduction of discourses through other means, such as the media and day-to-day conversations. How people speak, think, argue about care, the ways they imagine and idealise care, these are important expressions of the moral construction of care.

1.2 This research

Morality and ethics play an important role in the context of care in two ways: Firstly, the moral construction of care underlies the practices of care for all those involved in caring relationships. Secondly, care represents a moral ideal in society; it is seen as an idealised form of people relating with each other. Care for elderly people is by its nature an ethical question and practice. The literature has recognised the importance of the moral mindset of those caring and authors of the ethics of care approach (e.g. Sevenhuijsen 1998, Groenhout 2004, Held 1990, Bubeck 1995, Tronto 1993) put care in the centre of a construction of a new morality.

In this study I attempt to bridge the theoretical level of broad moral questions and their application in particular situations. What I am sketching and analysing could be

called an *everyday morality*, which describes how people understand and make sense of their experiences, histories and emotions about care for elderly people. The main aim of this research is to understand and explain the moral construction of care. This relates to several interrelated research questions:

- What meaning does care have in and for society?

This research seeks to highlight the moral and ideological underpinnings of the process of caring. What are people's associations with care? Which desires, wishes and hopes are related to the social practice of care and its imagination? Which discourses do people refer to in order to organise care for elderly people? What are the possibilities for contestability of these discourses and the moral construction with respect to care? How are carers constructed in the public realm and which consequences does this construction have for people's personal care arrangements? To what extent are carers vulnerable to exploitation and which role does their identity play? How can it be explained that those who care are continuously valued very highly while at the same time, care is politically and economically only an issue of marginal concern? Is care seen as an issue of public concern or, alternatively, as an issue of private responsibility? To what extent is the moral construction of care related to possibilities of marketisation, commodification and/or professionalisation of care?

- What is the 'proper' thing to do?

Hochschild (2003a:214) describes care as

'an emotional bond, usually mutual, between the caregiver and the cared-for, a bond in which the caregiver feels responsible for others' well-being and does mental, emotional, and physical work in the course of fulfilling that responsibility'.

Individuals are confronted with very personal immediate demands in their lives. Care needs do not only require the fulfilment of certain tasks but they trigger an answer in an emotional, intimate way. Care as 'being there for each other' does not fit into a concept of clearly defined rights and responsibilities. How are responsibilities, duties and commitments constructed in both family contexts and the broader societal framework? How do carers and non-carers experience and reflect the social discourse on care(rs)? Care describes a state of mind, a willingness and acceptance of 'being there for each other'. This thesis thus also positions care as a concept describing people's needs and desires for how they want to live a good life.

- How is care positioned within a neoliberal construction of modern society?

It will be explored to what extent the concept of care is seen as being contradictory to an economisation of society. How is ideal care described, imagined and constructed? I will also implicitly (and sometimes explicitly) challenge popular conceptions of late modernity by authors such as Giddens and Beck. The investigation of the moral conception of care in two European societies demonstrates the importance of 'traditional' ideals such as family,

home and community. Modern societal trends such as liberalisation, individualisation (Beck and Beck-Gernsheim 2001) or de-institutionalisation (Österle and Hammer 2004) play an important role in this thesis. Giddens in his conception of the 'Third Way' (1998:36) for social democracy argues that the 'new individualism (...) is associated with the retreat of tradition and custom from our lives, a phenomenon involved with the impact of globalization widely conceived rather than just the influence of markets'. He argues that we live in an age of 'moral transition' (Giddens 1998:3) in which mutual obligation and individual responsibility become more important features. Drawing on several positions (e.g. Smart 2007, Fraser 2003a, 2003b) which are critical of the idea of individualisation I will investigate how care is positioned in relation to traditional conceptions of moral living and the developments and demands in modern society.

- To what extent is the ideal of care related to an idea of the good life?

The significance of the moral construction of care is not restricted to the particular practices of care; it also includes a focus on the moral construction of the self. How do we want to live? How do we want to live with each other and be there for each other, in particular when we are old? To what extent is a concept of the 'good society' or the 'ideal living' arrangement sketched in the construction of care?

The way care is constructed has very real, immediate consequences for all those involved in the process. Firstly, people who care face substantial ideological and material disadvantages which entail a possible vulnerability to exploitation and domination (see Kittay 1999, Bubeck 2002). Secondly, the actual care work is not distributed equally over all members of society; in fact particular groups carry the main burden. Women, elderly people, volunteers or care workers are segments in society who are, because of their particular relation to care, in an economically marginalised position. The experiences of everyone involved in care feed into and are fed by societal discourses on ageing, disabilities and care. At the same time, care is a representation or manifestation of people's moral desires and ideals. Care for elderly people is therefore at a crucial position through which I hope to identify broader moral ideals, desires and opinions. I agree with Fine (2005:249) and follow his suggestion that '[s]ociological interest in care must manifest an interest in the larger processes of social change and their effects at the level of personal experience'. The moral construction of care, however, also plays a crucial role in constituting the real experiences of care for elderly people. In both the UK and Austria public and political discourses have emphasised the existence of 'care emergencies', arguing that the society is in a challenging situation in which care needs of elderly people cannot be met sufficiently (often as a prediction for the future). These 'emergencies' are constructed as direct, logical consequences from an ageing society and changing family structures. I want to demonstrate in this study that these discourses (and their conjoining political decisions) are based on a specific moral construction of care. Because care represents certain moral ideals and desires, alternative political,

societal, economic and cultural solutions to deal with care needs often appear inferior. Any political intervention needs to start with what care really is and how people think about and understand care.

1.3 Structure

The moral construction of care is constituted and shaped in political, public and private day-to-day discourses. Discourse, thus, needs to be understood, on the one hand, as the realm in which care is constituted and, on the other hand, as a tool to investigate and analyse the construction of care. In **Chapter 2** I will lay out the theoretical framework of this thesis. I will present a concept of the *everyday morality* which is based on an alternative ethics of care approach. Furthermore I will discuss how the discourses are related to care and how dispositions and identities are constructed. Recognising the various meanings and uses of the notion of discourse I will describe and discuss my understanding of the very concept. This will also set the scene for **chapter 3** in which I will present the methodological framework of the study. If the moral construction of care is shaped in discourses, how can these discourses be analysed? I will take the reader through the framework starting with the rationale and the considerations for the use of discourse analysis, followed by the operationalisation of the methodological framework. I will argue that the utilisation of Critical Discourse Analysis (CDA) with a combination of national newspapers and focus group discussions enables an identification of narratives and ideals of care and helps to explain how these are constituted in the public and private realm.

In the chapters 4-8 I will analyse the specific themes of the discourses in order to answer the questions posed for this research. The structure represents a thematically organised discussion of what care means in society and it follows the main themes emerging out of the discursive accounts. In particular chapters 4-6 follow the main questions associated with care. Who is caring for whom, where does this care happen and how is care organised and carried out?

Chapter 4 focuses on the construction of care relationships and their significance for the understanding of care. I will present materials to describe how relationships in the context of care are strongly defined by values and virtues associated with family care provision. Even though it is obvious that there are also other actors involved in the provision of care the family still remains the main association. This happens through an emphasis of values and virtues linked to the family so that family care always becomes the point of comparison. People seem to be confronted with two opposing cultural discourses: Firstly, families are seen to be the ideal care framework and secondly, care within the family is due to economic and social developments not possible anymore. I argue that the construction of family is a representation of an imagined ideal which can also be embodied by non-family members. People's homes bear a particularly important meaning in this context as the nexus of intimate relationships. In **chapter 5** I will discuss the geographies of care in more detail. I will focus on the utopia of the home and its opposite, the institutional setting. The dichotomy between loving, affectionate caring, and professionalised, institutionalised work will be situated in people's understanding of space and place

of caring. Why does their own home bear such an importance for people's care wishes? What is the relationship between the concepts of care and home?

In **chapter 6** I discuss the discursive theme 'community'. Community can be understood as an ideological extension of family, while the neighbourhood in which community happens is idealised as an extension of the home. People refer to an ideal of community and they emphasise the importance of a functioning community for the delivery of ideal care. In this chapter I will also raise aspects of nostalgia and imagination of ideal caring situations. How do people idealise other times and places in order to construct the ideal caring situation? Which role does nostalgia play for an understanding of care? Combined with the safe space of the home and the framework of the family, community is constructed as a counterforce to what is perceived as hostile, individualising and pressurising economic, political and social developments.

Having focused on the questions of *who*, *where* and *how*, chapters 7 and 8 will discuss themes that are underlying all of the above. **Chapter 7** turns to the situation of those being cared for. People express anxieties of dependency and vulnerability when they imagine old age. In particular I will discuss the construction of a dichotomy of the independent, ideal actor on the one hand, and the dependent, vulnerable, elderly care receiver on the other hand. In this chapter I also evaluate the consequences of this dichotomy not only for care but for social structures in general. Desiring and imagining the ideal of independent living for as long as possible

sketches an ideology that contradicts many values of care. I will highlight the tensions arising from a discourse which, on the one hand, emphasises close, intimate care, and on the other hand, idealises independence and independent living.

Before concluding this thesis, **chapter 8** takes up the theme of the dichotomies mentioned before and discusses the discursive positioning of care in opposition to markets. In the other chapters I identify the construction of dichotomies through which care is ideologically and morally positioned in opposition to work, employment, politics, bureaucracy and markets. This is based on a strong aversion against institutionalisation, marketisation and professionalisation of care. In chapter 8 I will combine these themes by presenting what ideal care means and in particular by sketching the opposite, the creation of a form of care which is undesirable and rejected. This also requires a rethinking of carers' identities. I argue that care is not primarily understood as the fulfilment of a set of divided tasks; rather it is a complex relationship between the person in need of care, the carer and the environment. The carer is referred to not as someone providing certain services, but rather as *being the carer*. Creating the ideal of the 'pricelessness' of care, the carer is constructed as offering a gift to the elderly but also to society in general.

Two countries (the UK and Austria) serve as cases for the empirical investigation, enabling a qualitative strategy in an ethnographic tradition as it is meanings, norms, values, and identities which are under investigation and which are the target of the analysis. Both countries are characterised by being part of a European historical

development with its moral and philosophical foundation influenced by a Judeo-Christian-Muslim ethical tradition. Furthermore both countries are operating with a, to some extent, Social-Democratically shaped capitalistic economy. The UK and Austria as the exemplifying institutional backgrounds do therefore reflect cases with similar societal structures, which allows it to treat the discursive practices as being based in a similar context. These countries, however, do also reflect traditional differences with respect to (welfare) state regimes within the borders sketched above (see Daly and Lewis 2000 for an analysis with particular emphasis of gender aspects; Abrahamson 1999). Whereas the institutional organisation of care is different in the two countries, informal care is extremely important in both (see also Österle 2001).

2 Theoretical conception

2.1 Introduction

This research focuses on care as a moral practice and a moral symbol in society. In this chapter I want to lay out the theoretical conceptions and understandings through which the research questions will be addressed. The empirical and analytical parts of this thesis will sketch a moral framework operating in society which feeds itself from ideas and ideologies present in the very society. This morality could be termed an *everyday morality*. People have certain ideas and associations about what is right or wrong in a particular situation. They do 'feel' or 'know' what the right way to act is. This does not mean that everyone in society has the same moral ideals; rather a general moral language and understanding, with which these questions are worked out is there to draw on. In order to develop a framework which makes it possible to grasp the meaning of care some prior questions need to be answered. The answers to these questions provide an understanding of how the *everyday morality* in the context of care is operating, and how it can be analysed. Understanding what moral acting generally means and understanding how morality in society is shaped and formed enables an analysis of care as a moral practice.

- What is a moral practice?
- What does it mean to be an ethical agent and what is an ethical agent's disposition/identity?

- What is the relationship between ethics and the particular social, cultural, economic and historical circumstances?
- How are the ethical dispositions of agents and moral expectations, ideas and the everyday morality formed?

What is a moral practice? Care as a moral practice has been explicitly established by authors of the ethics of care approach. This approach will form the main theoretical position for my analysis. In section 2.2 I will sketch the parameters of this position and its meaning for the understanding of both care and morality. Relations between people and interdependency are seen as the basis of an ethical framework and caring is seen as the quintessential expression of these ethics.

However, the ethics of care approach presupposes ethical agents (which in most accounts are gendered agents) with certain dispositions and identities without laying out how these dispositions are formed. Thus it will be asked what makes an agent an ethical agent. I will use the approach of Virtue Ethics (section 2.3) to foster an understanding of the significance of people's characteristics for the creation of ethical agents.

One criticism of the ethics of care approach discusses the latter's focus on the particular (see Fitzpatrick 2005). Particular agents and particular relationships (often primary relationships) are the main aspects of this conception. Hence to remedy this particularistic emphasis I will discuss Zygmunt Bauman's concept of responsibility for

the other in section 2.4 to allow the focus of this investigation to be extended. This will enable a conceptualisation of care as a universal moral practice, a concept also emerging from discursive accounts discussed later. Bauman's position allows an understanding of agents as embodying universal responsibility for the other.

The altered 'new' ethics of care approach which includes and recognises the aforementioned *everyday morality*, however, does take place in very specific cultural, social, political, economic and historical circumstances. In order to understand the (moral) meaning of care the material context needs to be acknowledged and recognised as being significant for the public discursive construction of care. In section 2.5 I will first discuss Honneth's conception of recognition and the moral consensus and I will then present Nancy Fraser's attempt to reconcile recognition and redistribution as a fruitful possibility to sketch an ethics of care which recognises the materialist consequences, demands and circumstances of care in society.

What will be presented is an ethics of care approach which goes beyond the particular, often expressed through family relations, which is usually associated with care. Care, though, has an important moral meaning for society in general. Agents in this conception are not only expected to be doing the right thing, they are regarded as being moral. This concept of ethics takes place in specific social and cultural contexts, is influenced by those contexts and is at the same time influencing them. Finally, all these positions refer to a notion of agents, values, categories, virtues and

ideals and to a construction of these aspects. In section 2.6 I will analyse the realm in which the categories are formed and shaped. I will look at the field of discourse and how it fosters the formation of care as a moral practice. At the same time discourse is used to analyse and to understand these processes and to provide the basis for the methodological framework presented in chapter 3.

Moral theories are very complex and extensive in their scope. I will not present a textbook analysis of the various perspectives (see for example Rachels and Rachels 2009; Fitzpatrick 2008); I rather want to identify and highlight aspects relevant for this research and for the thinking about the issue of care for elderly people. In order to move through the moral conceptualisations and the abstract concept of discourse I will refer back to one specific, easily imaginable example: An elderly woman is progressively in more need of care on a daily basis. She lives at home with her partner and has several children living in more or less geographical proximity. I will use this image to illustrate how I understand particular moral theories and concepts of discourse and how these are used in this thesis.

2.2 Ethics of Care

The example of the situation of care needs firstly triggers a focus on the relationships within this family setting. People with a shared family history also share a history of mutual dependencies with each other. The ethics of care approach rejects a construction of human beings as (masculinised) independent actors but takes human relations as its starting point. The theoretical discussion of the ethics of care draws in

general on Gilligan's (1982, 1993) work on 'the different voice' in which she identified two different (gendered) ways of speaking about moral problems which inevitably includes two different modes of describing the relationship between other and self. However, it must be held that the different voice she describes is 'characterized not by gender but theme' (Gilligan 1982:2) and that her association with women is built upon empirical observation. In her psychological study Gilligan uses Chodorow's observation that gender differences in terms of morality are largely a result of the fact that it is rather women who are responsible for child care (Gilligan 1982:7). As girls develop through an attachment to the mother and boys through a separation from the mother the latter rather show a more emphatic individuation than the former and in general differences in relation and connection to other people occur. Gilligan then follows that separate gendered identities arise and that intimacy and relationships are categories rather bound to the female than to the masculine identity. As a consequence girls and women judge themselves in terms of their ability to care (Gilligan 1982) and they rather listen and try to understand the standpoint of other voices than their own. With respect to morality Gilligan follows:

'Thus it becomes clear why a morality of rights and noninterference may appear frightening to women in its potential justification of indifference and unconcern. At the same time, it becomes clear why, from a male perspective, a morality of responsibility appears inconclusive and diffuse, given its insistent contextual relativism' (Gilligan 1982:22).

Many authors have further developed variations of an ethics of care. Tronto (1993) argues for a questioning of the moral (gendered) dichotomy, which Gilligan identifies

but leaves intact. Tronto's (1993) conception of the ethics of care is built on the ideals of attentiveness, responsibility, competence and responsiveness. Held (1990) highlights the historical split between reason and emotions in the history of philosophy and ethics which, in her opinion, is built on the identification of the human with man which results not in a universal ethics but in a gendered concept (Held 1990:323). Groenhout (2003, 2004), who links the ethics of care approach to a Christian/Jewish tradition of morality (she also mentions Levinas in this context, see below), argues that for an ethics of care a different idea of human nature is needed. Kittay (2009) favours a rejection of the claim that 'all people *are*' in a certain way. She rather argues for human relations as a starting point of the development of an ethical position. Similarly Noddings (2003) identifies relations and not individuals as ontological basis for a moral position.

As mentioned in the introduction to this section a care situation – or a potential care situation – taking an ethics of care approach, must be understood as a set of relations of people who are interdependent with each other. Groenhout (2003) describes that a focus on interdependence, with recognition of the separateness of everyone, is doing justice to the fact that humans are social beings. Bubeck (1995) emphasises that this interdependency is not socially caused but humanly necessary and care in that sense is understood as work that needs to be done because nature makes us dependent. In chapter 7 I will describe the discursive notion of dependency and independence and its meaning for the understanding of care. The ethics of care approach, however, also needs to give attention to feelings and emotions, such as

grief, fear, anger, rejection, guilt, shame and aggression (Sevenhuijsen 1998:84). This all-encompassing view enables a focus on the moral meaning of relations of dependency. Sevenhuijsen (1998:12) describes that the

‘moral repertoire also needs to encompass notions of cooperation, intimacy and trust. Connection, compassion and affectivity should be recognized as important sources of moral reasoning’.

This also means for the further analysis to take the ‘epistemological virtues’ (Sevenhuijsen 1998) such as empathy, intuition, compassion, love, relationality and commitment seriously as ways through which people gain knowledge about the world and themselves. This knowledge derives from those who care and on whom we are dependent and on this awareness a new notion of the individual citizen and citizenship in general should be based (Sevenhuijsen 1998). These virtues of course also play a role in the practice of care itself (Bubeck 2002). Held (2002b:20) rightly states that ‘care as a value has great potential for recognition as a universal intrinsic value’ which does not need any religious or metaphysical presuppositions.⁴ In that sense an ethics of care approach also defines care as being the basis of important values and virtues for individuals. Individuals’ moral positions therefore depend on the ‘caring’ character, an idea I will explore further below using the position of Virtue Ethics.

⁴ This understanding of a materialist morality which does not refer to metaphysical positions can also be found in early Critical Theory (see e.g. Horkheimer 1980a, b).

In order to position care in the context of economic, political and social circumstances questions of inequality, power relations, exploitation and equality need to be taken into consideration. Groenhout (2004) states that ethical assumptions often structure political decisions and the fact that caring is often positively associated with selflessness has inevitably consequences for political and economic processes. Bubeck (2002:173) argues that the ideal of the 'selfless and self-fulfilled carer (...) is a dangerous fiction that is imposed on women at their own cost'. Women's (and other carers') self-conception is therefore important and an ethics of care approach needs to both recognise the worth of caring ideals and critique related inequalities, injustices and dominations. To keep up care as moral value and basis for political achievement of the good society (Tronto 1993) the concept needs to incorporate the sphere of economics, politics and social status. Sevenhuijsen (1998:12) applies the concept of an ethics of care in order to design a revised notion of citizenship in which 'connection, compassion and affectivity should be recognized as important sources of moral reasoning'. Lloyd (2004:248) in this context emphasises that the position of care 'on the periphery of public life' keeps carers outside the normal citizenship. Practically that means that a space for discourse is provided where the carers' expertise and moral understanding is brought in (Sevenhuijsen 1998:14), where the notion of the carer, though, is not essentialised and fixed to his/her identity.⁵ Williams (2001) similarly tries to define an ethics of care as a programme for political intervention and for the construction of a new

⁵ Held (2002b) acknowledges that a focus on bodies, emotions, embodiment etc. (i.e. a naturalism) can be attractive to feminist theory; that it can also, however, be a dangerous path to essentialisation.

citizenship which combines time and space for personal, caring and working practices.

These positions see care as an expression of the possibility of a new citizenship and, eventually, as the basis for a better society. But carers do not get the political and economic support which could be associated with their role as those fulfilling important moral and social tasks. On the one hand caring for someone should be recognised as an inherently moral practice and it should be valued for this practice. Dependency on each other and relations with each other are the main culprit of moral practice. On the other hand, carers (and in particular women) should not be exploited and disadvantaged due to this ethics. Bubeck (1995) proposes an interesting way out of the dilemma. The values and virtues of care should not be restricted to the particular person (i.e. a selfless carer) but should become part of citizenship and care should hence be organised and carried out on a social level. She strongly argues that care needs to be seen as a burden which leads to the exploitation of those who care (usually women). Non-carers, Bubeck demonstrates, are materially (in terms of both money and time) better off than carers. The consequence is that exploitation cannot be ended within the current ethics of care, but that a notion of justice is required:

‘people who hold the ethic of care are vulnerable to exploitation because they do not have the moral resources to prevent their own exploitation’ (Bubeck 2002:176).

In an attempt to use a notion of women's morality for politics, Tronto develops a 'vision for the good society that draws upon feminist sensibilities and upon traditional "women's morality"' (1993:3). Tronto's goal is to 'situate [care] as an integral moral and political concept' (1993:124) requiring a redefinition of care. She (Tronto 1993) states that the way care is currently constructed poses no threat to the moral order and therefore loses its potential for societal change. An emphasis on care also always causes the danger that care is romanticised and domesticated (Sevenhuijsen 1998). For a feminist ethics, 'which aims to make traditional femininity the subject of critical discussion' (Sevenhuijsen 1998:61), the link between 'caring values', relationality and gender needs to be dealt with critically. The identification of men with the creation of the human, which takes place in the public realm, and women with the reproduction of the natural and biological in the household (Held 1990) naturalises the clear separation between the two spheres and they appear normal and essential to people. An ethics of care should thus not be a naturalistic ethic (Held 2002b)⁶ and Larrabee (1993:4-5) critically asks whether feminists should really refer to an ethics of care based on relatedness and responsiveness to others and she warns of a focus on the 'womanly virtues'.

Tronto's attempt to formulate a vision of the good society is an interesting idea which takes up the attempt to see care as a model for a better society. I will describe Bauman's position below (section 2.4) as an attempt to sketch a broader understanding of relationality. Care as an image of the better society will appear

⁶ But Held (2002b) also immediately states that this ethic of care must be distant from a non-naturalistic Kantian morality, as Kantian theories are unsuitable to deal with experiences of family and friendship.

frequently in the analysis of my research. With respect to possibilities of political intervention and change, Held (2002b) claims that feminists must deny that persons are merely the product of social and biological influences. In fact, people are moral subjects who shape and reproduce a discourse (using norms and values) and therefore their own position. Discourses thus provide a possibility to analyse caring ethics but are also crucial for the construction of the very ethics.

The value of Tronto's approach lies particularly in her inclusion of power and power-relationships into an ethics of care. More precisely Tronto (1993:114-116) describes different forms of caring which are defined by the power relations in society: caring for somebody (here Tronto refers to aspects of financial and organisational 'caring') is done by the powerful whereas care-giving and care-receiving (the actual care work, which is the focus of my particular analysis) are identified with the less powerful. When it comes to the particular individuals who do the care work Tronto switches between an idealist and a materialist position asking:

'It is difficult to know whether the least well off are less well off because they care and caring is devalued, or because in order to devalue people, they are forced to do the caring work' (Tronto 1993: 113).

Reflecting Tronto's arguments, Bubeck (1995) claims that the social context determines when, where, and who cares and under which conditions. The fact that it is mostly women who do this work must therefore be questioned. Here Bubeck argues that care as both an activity and attitude is deeply related to femininity (1995:160) and that the pressure on women to care is exercised indirectly through

social norms and institutions constituting power hierarchies which are reproduced in areas, such as everyday discourse, the media, literature and sciences. The importance of the gender aspect becomes clear when one takes the sexual division of labour into consideration. Men in fact are then caring as husbands and lovers, usually for their loved ones, women, on the other hand, are caring in their role as women (Bubeck 1995:163). Given that, women are exploited as carers due to the biased constitution of care:

‘women’s material activity as carers is not only reproduced through the economic pressure of wage differentials, but also through psychological dispositions, emotional rewards, moral outlook, and cultural and moral norms and values and social pressure’ (Bubeck 1995:172).

This quote demands an analysis of care on both the micro level of individual caring relations and on the social level. Also Sevenhuijsen (1998:21) mentions formal and informal rules and habits, interpretative conventions and implicit or explicit normative frameworks as constitutive for the moral construction of care in society. Moral discourses in her understanding encompass the ‘totality of rules, codes, values and norms which are used to justify behaviour by labelling it ‘right’ or ‘wrong’ (Sevenhuijsen 1998:36). For my analysis this description of the ethics of care identifies an important aspect: the realm in which the caring values and carers’ dispositions and actions are shaped and formed. Discourses, which focus on the ‘good person’ or the ‘ideal home’ (Noddings 2002), are very prominent in the context of care and an analysis using an approach that looks at the moral construction of care needs to focus on these discourses. Bubeck’s (2002) account also focuses on social

norms and institutions and women's self-conception and ethics. She sees the social and historical context as crucial for an understanding of the construction of an ethics of care:

'since caring [is] an activity done by people situated in time and space and hence in particular social contexts, it is the social context that determines where, when, and by and for whom caring is done, and under what conditions' (Bubeck 2002:170).

The ethics of care approach helps to come closer to an answer to the demands for a theoretical conception for the analysis of care. Norms and values are not linked to abstract individuals but are embedded in particular relationships of dependence and support. Moral practices therefore need to be seen as being based in specific situations between particular agents who relate to each other. However, the ethics of care approach has also raised some more problems which need to be addressed. Firstly, the ethics of care is based on particular characteristics, values and virtues which shape characters and identities of those caring. I will therefore use the position of Virtue Ethics in the following section to explore the links between individual dispositions and an ethical character further. Secondly, the ethics of care is focusing on particular situations. In order to move beyond the particular and to address moral problems and situations in a universal manner responsibility for each other needs to be understood also outside of these particular relationships. Bauman's position inspired by Levinas's theories will be discussed to sketch such an attempt. Similar to the focus of Virtue Ethics on the moral individual and the morally good person, Bauman does not centre his approach on grand moral principles and

theories. Rather, he sees responsibility as being directly linked to the morally acting subject. Allowing a focus beyond Virtue Ethics, however, responsibility is seen as a universal obligation. Thirdly, demands for an embeddedness of the ethics of care approach within a materialist framework taking claims of justice, equality and power relations seriously have been made from both within and outside the ethics of care. I will use Fraser's work to incorporate these aspects into a newly shaped ethics of care. And finally, discourse has been identified as the major field of the construction of ethical positions, values and identities. Thus, in the final section of this chapter I will explore what discourse can mean and how it needs to be understood for the analysis in this research project.

2.3 Virtue Ethics⁷

An ethics of care approach identifies (gendered) dispositions of caring characters in particular relationships. Relating to each other is based on particular values and virtues of caring individuals. Similarly, which I will show in the analysis of care discourses, moral practices are not thought of as the fulfilment of separate tasks and services; rather, the person of the caring individual is desired and required in this context. Virtue ethics as a theoretical position can be described as normative ethics emphasising virtues and moral character and it positions itself in contrast to both deontology and consequentialism or utilitarianism (Hursthouse 1999). The example of the caring situation in the family is one in which the fulfilment of certain practices

⁷ The positions presented here can be contrasted with a more neoliberal strand of Virtue Ethics, exemplified by Gauthier (1986) who argues that '[w]e shall defend the traditional conception of morality as a rational constraint on the pursuit of individual interest' (1986:2). Another approach of Virtue Ethics can be found in MacIntyre (1999) who sees knowledge of the virtues as being crucial for interdependent living.

(washing, cooking, putting to bed etc.) is ideologically bound to the presence of the moral person, the moral character and his/her disposition.⁸ Individuals' responsibilities are related to their own character and their ethical constitution.

The approach of Virtue Ethics raises the question of what sort of person one should be (Hursthouse 1999:17). Virtues, Hursthouse states, are concerned with actions and feelings, which explicitly includes emotions as being morally significant (1999:108). Slote (2001:4) emphasises that 'the focus is on the virtuous individual and on those inner traits, dispositions, and motives that qualify her as being virtuous'. In this context it should be noticed that this is based on the idea that doing the right thing is not doing it for the right reason. Agent-based virtues should be characterised as warm (based on compassion and benevolence) and should reflect the person's 'overall morally relevant motivation' (Slote 2001:38). An action is then regarded as morally acceptable 'if and only if it comes from good or virtuous motivation involving benevolence or caring (about the well-being of others)' (Slote 2001:38).⁹

The idea of being virtuous is obviously important for care as it could be argued that being motivated to care for others requires specific character traits and dispositions. Darwall (2002:3-4) elaborates on the conditions of a person's good or a person's welfare which cannot be explained rationally but which must be understood as being relative to the particular agent. What a person values is not the same as how much it

⁸ The tension between 'doing' and 'being' will be discussed in particular in chapter 9.

⁹ This position is often compared to Christian Ethics in which a sin or a good action is defined by its motivation, and the moral character (see Žižek 2000). Interestingly, and this is hardly stated, Žižek (2000) highlights that a similar concept was also the basis of the propaganda trials in the USSR.

benefits him or her. What benefits the other would then be rationally wanted for his or her sake.¹⁰ The relationship between care and welfare is one in which somebody who cares desires and promotes this person's welfare. Darwall (2002:15) furthermore differentiates between empathy and sympathy. While the former is related to respect, which means to take someone's point of view as normative, the latter describes care, interpreted as taking someone's welfare as normative. This distinction, in which the focus lies on the treatment of a person according to her welfare rather than her will, results from the conception that in care people desire things for a person for that person's sake. Care can then be defined as a sympathetic concern which is rather agent-neutral than agent-relative (Darwall 2002:49). Actions, based on the idea of care, and care itself in particular, should be carried out according to its agent-neutral value, an intrinsic value of actions which orientates itself on the virtuous subject rather than on the view of the person one cares for. Slote (2001) argues for an agent-based approach of virtue ethics. In his approach benevolence plays a crucial role, as he states:

'The person who exhibits benevolence in her actions performs actions that, in agent-based terms, can count as morally superior to other actions she might or could have performed, namely, actions (or refrainings from action) that would not have demonstrated benevolence' (Slote 2001:16-7).

The Other in Slote's conception is seen in a particularistic way (2001:211), which means that the 'near and dear' are closer in terms of caring than the general other. While duty is for Slote preferable over a self-absorbed character as an action out of

¹⁰ This is a brief explanation of the essence of Darwall's (2002) Rational Care Theory of Welfare.

duty and obligation is 'at least not selfish' (2001:70), a basis on love or universal humanitarianism (which is more feasible than universal love, due to love's spirit of exclusiveness (2001:118)) represents the ideal moral character. Slote positions himself against selfishness, egoism and self-centred concern defending an agent-centred discussion of morality.

However, similarly to the ethics of care approach a focus on the selfless character can have negative consequences for those who care, in particular for women. Nussbaum (2006) discusses issues of care holding that a just society also has to take the 'burdens on people who provide care for dependents' (2006:100) into consideration. She convincingly highlights the fact that caregivers (and in the historical perspective these have been women) were not full citizens in the first place as they used to work inside the home. Although this perception has partly changed, society 'still assume[s] (...) that this work will be done for free, "out of love"' (Nussbaum 2006:102), referring to a notion that discriminates mainly women and diminishes 'their productivity and their contribution to civic and political life' (Nussbaum 2006:102). The virtues of a caring person, thus, are potentially constructed in opposition of those seeking success, income and social status. At the same time the focus on the moral character can lead to an acceptance of negative actions. Even if the intentions are good certain actions (e.g. caring practices) can be bad (Fitzpatrick 2008). At the same time an idealisation of the moral character without the attempt for universal claims for equality and justice can lead to a situation in which morality and the moral character are thought of to be

reminiscence from the past. This idealisation of times gone will be discussed in chapter 6 where I present some evidence and analysis of this phenomenon.

Nussbaum who calls for 'care with both love and justice' (2002b:205) tries to draw on specific aspects of Rawlsian Contract Theories but criticises their notion of free, equal, independent and rational individuals. Nussbaum (2006) questions the Rawlsian concept of mutual advantage and elaborates and develops her Capabilities Approach which focuses more on the individual's capabilities and asks 'what people are actually able to do and to be' (Nussbaum 2006:70). The subjects in care and their circumstances are crucial for an understanding of care relations. Both people's virtues and capabilities define the relations which are the basis of a moral mindset in society. If, like in my example, an elderly family member is in need for care this does not happen, however, in a neutral setting. Rather, very specific relationships, histories and emotions are present. Virtues are defined and formed in discursive contexts and these are at the same time not independent from socio-economic and political circumstances. Virtue Ethics helps to explain the demands on 'caring' individuals, caring characters and identities. An ethics of care needs to acknowledge the assumption that a 'caring person' is sought and desired within relations of dependency. In much of the discourses on care the specific acts are not valued (doing the right thing) but the character of the carer is evaluated (being the right person). Virtue Ethics has provided a starting point for a focus which is not restricted to particular human relations but which provides an attempt to investigate the general demands on being the good person. The question, however, remains whether or not

this focus allows an understanding of moral practice which moves away from the particular situation and sketches a universal approach. In the following section I will try to follow this path by introducing Bauman's conception of responsibility for the other.

2.4 Responsibility for the Other

Bauman's (1995) approach, inspired by the ideas of postmodernism¹¹, rejects grand principles of right and wrong and rather follows an exploration of humans as 'existentially moral beings'. Bauman's approach is strongly influenced by Levinas's theories. Smart (1999:102) defines Levinas's concept of an ethical relation as an asymmetrical face-to face relation, based on actual proximity and being prior to both logic and reason. When subjects devote their lives to others (i.e. those close to them) sacrifice manifests itself in this situation as ethical responsibility (Smart 1999). This sacrifice is based on Levinas's argument that in the relation to the other one must notice the priority of the other's concerns over one's own:

'The good is the passage to the other, that is to say, a manner of relaxing my tension over existing in the guise of a concern for oneself, where the existing of the other is more important to me than my own' (Levinas 2001:54).

Morality is thus based on the relation to the other, and, more precisely, on the (unspoken) moral demand of the other. General humanity for Levinas therefore consists of the recognition of the priority of the other to the self (2001:235). Apart from the physical proximity Levinas (2001) identifies a moral proximity which can be

¹¹ For a discussion of postmodern ethics in the context of (health) care, see Fox (2000).

understood as love in which the individual responds to the other as unique individual.¹² Caygill (2002) rightly highlights, that the individual is caught up in this process due to the (ethical) situation of proximity and also Levinas admits that '[i]t is always unpleasant to be responsible for the other. There is in the human condition as such an element of the unpleasant' (Levinas 2001:100).

How Levinas's ethics can be applied to care is shown by Bahr and Bahr (2001) who criticise that self sacrifice used to be seen as a high virtue and is now rather regarded as self-defeating behaviour. Bahr and Bahr argue for a recovery of 'the sacrifice of self' in the interest of the other (2001:1232). The authors furthermore criticise the feminist ethics of care's attack on self sacrifice as a virtue and hold the focus on the oppression of women responsible for the ignorance of the positive effects of care. Care, however, should be seen as a positive experience:

'Rarely [care for the elderly] is (...) seen as an opportunity or blessing for members of the caring household, and a finding of positive outcomes from the experience of care is atypical' (Bahr and Bahr 2001:1245).

Taking the element of self-sacrifice out of care would reduce the ethical value of it (Bahr and Bahr 2001:1244). Bahr and Bahr (2001) argue for an acceptance of the unpleasant responsibility for those close to one, a situation that is criticised by

¹² Here an interesting similarity can be found in other religiously inspired writings. Buber (1958) for example emphasises that a relationship of love between the I and Thou is characterised by a responsibility of the I for the Thou. Consequently, the I is only constituted in the relation to the Thou, and eventually to the external Thou, God (Buber 1958:75).

Stocker (2001:160) who defines the demand of responsibility as unconditional and unceasing and who highlights the one-sidedness of this relation.

Zygmunt Bauman follows Levinas's positions to some extent in his 'rejection of the typically modern ways of going about its moral problems' (Bauman 1993:4) by rejecting normative regulations and universal claims in general. According to Bauman (1993; 1995), the fact that individuals are existentially moral beings means that everyone is faced with the challenge of responsibility for the other. The basis for ethical negotiations and consensus is thus personal morality in the form of moral responsibility and not vice versa (Bauman 1993). In that sense, Bauman introduces an interactive element in the sense that 'being for' someone is the basis of individual moral existence. Furthermore, Bauman emphasises that moral phenomena are inherently 'non-rational' contradictory impulses in which people are following 'the habitual and the routine; we behave today the way we behaved yesterday and as people around us go on behaving' (Bauman 1995:12). This, in my view, brings together Foucault's conception of discursive formation (see later in this chapter) of social actions and Levinas's notion of the (unconscious) responsibility.¹³ It also relates to what I have called *everyday morality*, in Bauman's (1995) terms a 'morality without ethics'. Responsibility, with reference to Levinas's concept of uniqueness of the other puts the individual in the moral relationship (Bauman 1993:51).

¹³ Bahr and Bahr also raise this point with respect to self-sacrifice in a Levinasian sense when they hold:

'Self-sacrifice tends not to be the result of conscious, rational decision making. Its voluntary nature is more reflexive than cognitive, more a matter of community identity, intuition, and reaction, than a realistic weighing of alternatives. It is a response to need, not an assessment of possible damage to one's personal projects' (Bahr and Bahr 2001:1250-1).

Institutional arrangements, such as the market or the state, have, in Bauman's sense, the idea to release individuals from the burdens of this personal moral responsibility (1993:182).

Bauman's concept of general responsibility for the other does not follow a grand moral theory which states what is right or wrong. It does, however, provide the concept for a universalist ethics of care which goes beyond the particular relationship but which is based on people's responsibility for each other. Whereas Virtue Ethics provides an understanding of 'being good' and the importance of a focus on the moral character, it remains concentrated on the individual. Nussbaum's approach to define universal capabilities continues to be focused on the individual character. Bauman's writings help to integrate this character into an ethics of relating (acting ethically in this sense means to respond to the demands of responsibility for the other), and at the same time, provides, due to its focus on responsibility for the other, a universal recommendation to act. Bauman's position strengthens my proposed concept of an ethics of care in that it acknowledges relationships and the responsibility between individuals but also understands responsibility as a universal value of doing right. Not only close family members have responsibility for each other. Rather, moral responsibility means to react to moral demands of the other.

So far it could be sketched what it means to be an ethical agent and how dispositions and virtues form the character of the ethical agent. Bauman's approach added the

potential to see care as an expression of universal responsibilities between individuals not restricted to particular relationships. However, it remains open how these moral demands, responsibilities and actions are related to the economic, social, cultural and historical circumstances. The meeting of responsibilities and being an ethical agent are influenced by the situation we are living in. The care demands of the elderly person in my example depend on the economic circumstances. The availability of various forms of social care impact on how care is seen and understood; they also define whether or not people face a choice to take over responsibilities in the first place. Furthermore it remains unexplained whether or not the current situation can be changed or escaped. If moral responsibility precedes all thinking and can therefore only be rationalised 'at the cost of self-denial and self-attribution' (Bauman 1993:248) the moral crisis seems inevitable and unavoidable. Lee (1999) however argues for a strategic and social postmodernism in which a focus on the material circumstances is essential. Both Levinas's and Bauman's positions raise important demands of individuals' moral attitudes; their strong focus on morality as prior to the sphere of rationality makes it difficult, however, to include the social and economic circumstances in which individuals have to act. Furthermore, a position for political and discursive intervention needs a more precise link between the socio-economic context and individuals' moral responsibility. In the next section I will thus try to incorporate a materialist perspective into the ethics of care.

2.5 Materialism and morality

So far moral practice has been described as relation between people in which moral dispositions and characters lead to care for the other. Care for the (particular) other has then been extended to a responsibility for the (general) other. *Everyday morality* is in Bauman's sense not linked to particular grand theories and positions but rests on the individual character. In the discussion of the ethics of care approach I have already raised demands for an incorporation of a focus on power relations in society which shape and determine moral practice. In other words, the cultural, social and economic situation of 'moral beings' play a role in the shaping of an individual's disposition as a moral character. Morality also creates power relations and social standing. The way ethical practices are constructed influences materialist circumstances in which individuals live. Morality, understood as an 'individually binding norm system' (Schmid Noerr 1997:160) in this sense can be described as restrictive and instrumental in maintaining power relations. In this section I try to incorporate this materialist perspective¹⁴ into the ethics of care. The social order, inequalities and power relations in society determine the consequences of care for those caring or being cared for.

¹⁴ My interpretation of materialism is not based on a Darwinian ethics (see Blackledge and Kirkpatrick 2002), nor does it refer to the narrow conception Williams (1980) sketches with its emphasis on the priority of nature over the mind; it rather resembles a tradition of Critical Theory influenced by the early Frankfurt School whose basic thesis is that the human being is dependent on the overall constitution of the world (Horkheimer 1980a) in its material, cultural and historical setting. As Williams's (1980) rightly states, materialism does include a form of sensualism. However, the focus on sensual experiences includes the possibility that even the senses change according to the materialist setting (Horkheimer 1980a:30).

Trying to link a focus on the moral order of society with social and cultural inequalities, Honneth (2003) acknowledges the welfare state's contribution to the creation of social esteem. Power in society and recognition of groups in society are affected by everyday experiences of injustices and moral disappointments. In order to do justice to everyone in society people's status needs to be recognised. Social status for Honneth (1995) depends on societal recognition and individual relations; love, on the other hand cannot function as a starting point for a universal struggle. Normativity and what is seen as right and wrong, are not based on a definite sketch of the good society; rather they are related to the discursive formation of the very society (Honneth 1995). Honneth elsewhere argues that self-realisation, a basic and important good, can only be achieved 'when subjects can experience intersubjective recognition not only of their personal autonomy, but of their specific needs and particular capacities as well' (2003:189). What is seen as right and wrong in society directly impacts on an individual's dignity, as Houston and Dolan point out:

'Yet, in all of this Honneth sees the possibility of value—consensus, of solidarity amongst social groups as to what counts as a laudable characteristic or contribution to the community. Solidarity arises as part of a 'felt concern' for the other's value.' (2008:461).

Honneth provides a possibility to incorporate morality into a societal conception. In the societal struggle characteristics and virtues are defined and valued accordingly.

The outcome is a creation of a 'moral consensus'¹⁵ which defines the moral order and people's status in society. Whereas the link between a moral consensus and the creation of inequalities in Honneth's account is illuminating the focus on recognition in interactions puts social and economic structures only secondary to misrecognised identities. Fraser (2003a, 2003b) rejects Honneth's claim that subjective experience forms the moral positioning in society. In contrast, Fraser's (2003b:207) approach 'begins (...) with decentred discourses of social criticism' which she calls folk paradigms and which 'mediate moral disagreement and social protest' (2003b:207) summarised by Fraser as 'moral grammar'. In that sense the moral order in society is not established by the process of intersubjective engagements and struggles between individuals and groups but shaped by the creation of a moral framework. This also allows Fraser (2001) to promote a notion of the universally binding instead of an idea of the good practice. Furthermore, approaches limited to one perspective, resulting in either a 'vulgar culturalism' or a 'vulgar economism' (Fraser 2000:111), need to be avoided. Disagreeing with Honneth's focus on the sphere of cultural recognition, Fraser (2003a) argues for a 'perspectival dualism' which accepts that there is no ontological distinction between the cultural and the economic realm but only a historicised distinction.¹⁶ The strength and the importance of Fraser's position lie in the recognition that both the economic situation and the status order in society determine people's life circumstances. When she argues that the capitalist economic system has a moral-cultural dimension (Fraser 1989:118) she refers to the moral

¹⁵ Honneth (1995) does not interpret 'consensus' in a homogenous sense. It should be rather understood as the outcome of collectively constructed moral expectations based on individuals' struggles.

¹⁶ In this context Fraser (2003a) also argues against a simple poststructuralist anti-dualism.

grammar which goes hand in hand with economic injustices and often reproduces those.

But how are the 'moral grammar' and the moral social order constructed in society?

Fraser takes inspiration in Foucault's writings in that she argues that norms have replaced laws. Individuals in a society are confronted with hierarchies, norms and a social order, they internalise norms and surveil themselves (Fraser 1989). Power can therefore not be located at specific sources, rather social ordering happens largely through individual self-regulation (Fraser 2008). However, Fraser holds on to a notion of universal justice and she argues that Foucault misses the possibilities for a normative perspective (Fraser 1989).

A good example for this argumentation is Fraser's discussion of gender and needs.

Taking up a discursive understanding, she argues that 'needs are culturally constructed and discursively interpreted', this, however, does not mean that 'any need interpretation is as good as any other' (Fraser 1990:220). Rather, the interpretation of (in particular women's) needs follows ideological gender linked dichotomies, such as the dichotomy of home and work (Fraser 1989). Fraser (1989) rejects a general divide between work and family and the separation of public and private spheres. She argues that due to the moral and economic constitution of society these are ideologically perceived as two different spheres. The ideological

public-private separations, however, can be found in both system and lifeworld.¹⁷

What is needed, therefore, is to

‘redress status subordination by deconstructing the symbolic oppositions that underlie currently institutionalized patterns of cultural value. Far from simply raising the self-esteem of the misrecognized, it would destabilize existing status differentiations and change *everyone’s* self-identity’ (Fraser 2003a:75).

Deconstruction therefore is a conscious intervention into both the social and the cultural sphere. Feminism’s task Fraser (1990) identifies as reconciling more generally materialism and culturalism and in particular the public and private spheres for both men and women. Justice and equality are not achieved by simply recognising the disadvantaged and establishing their social identity (as Honneth’s work might suggest). Rather Fraser focuses on the ideology behind categories and their connection to institutions and the capitalist societal order as can be seen in her arguments in the context of gender inequalities:

‘It suggests that an emancipatory transformation of male-dominated, capitalist societies, early and late, requires a transformation of these gendered roles and of the institutions they mediate. As long as the worker and childrearer roles are constituted as fundamentally incompatible with one another, it will not be possible to universalize either of them to include both genders’ (Fraser 1989:128).

¹⁷ Here Fraser questions Habermas’s (1989) relative static conception and terminology of the spheres of system and lifeworld.

Hence Fraser (2003a, 2003b) explains that the moral framework must be based on a synthesis of recognition and redistribution with an acknowledgement of political representation (Fraser 2005). The ethics of care approach has enabled an understanding of relationality and interdependence as the main fabric of society. I have also discussed, however, that values and virtues based on this ethics are strongly gendered and often lead to inequalities and injustices. A challenge of these consequences must acknowledge the way power relations work out in society. When Fraser (1989:122) argues that 'the modern male-headed nuclear family is a mélange of (normatively secured) consensuality, normativity, and strategicality' it helps to explain how it is possible that care is highly rated and acknowledged but that it coincides with low status and marginal economic and political perception. Because of the internalisation of norms and the 'moral grammar' negative outcomes of the construction of care are not widely challenged.

The situation of a mother in need of care touches on people's personal experiences, values and attitudes. Fraser's focus on 'decentred discourses' (2003b:207) points to the sphere which ultimately shapes people's ideas about right and wrong. People are inevitably confronted with divergent moral claims and attitudes, but, by drawing on the moral grammar, know what is socially desirable, expected and the right thing to do. Individuals have to react to different moral demands which are then judged against the broader *everyday morality*. When Valverde (2004:74) argues that people have to 'juggle ethical responsibilities that emanate from diverse sources and elicit heterogeneous responses', it needs to be added that these responses will be

evaluated against the moral grammar present in society. The construction of a common moral framework in society is also indispensable for what Habermas (1989) calls symbolic reproduction. In that sense societies must reproduce themselves materially and symbolically by establishing group solidarity, socialisation and cultural traditions (see Fraser 1989:115). Actual ethical practices and general moral norms stand in a dialectical interaction (Van Dijk 1991:33) and are historically reproduced. The existence of this continuation enables the persistence of a social order. I now want to turn to the sphere in which dispositions, norms and ultimately the 'moral grammar' are shaped and constructed.

In all the different positions above there is a notion of moral construction of values, morals and identities. How relationships are seen and defined, how responsibility for the other is understood, or how 'the good character' is constructed, constitute both the ethical agent and moral practice. But so far there has been a lack of explanation of the very construction and formation of these categories, ideals and identities. Fraser's account already suggests the realm of discourse as the context in which moral order is constructed. Recognising the importance of the discursive realm Fraser (1990:59) redefines Habermas's (1989) public sphere as a multiplicity of public spheres of discursive relations in which 'public opinion' is created. Fraser also applies her model to care and states that the discursive formation leads to a situation in which all those involved in care are marginalised (Fraser 2003a). A moral framework is built on cultural and social values and defines status and power of groups in society. Some individuals have been denied 'the status of full partners in social

interaction' (Fraser 2003a:29). As these groups and individuals have not equally participated in the construction of the cultural values, Fraser characterises the situation as unjust. The discursive realm in which the moral order and the moral grammar is created and shaped is therefore of the main interest for the present analysis. It is crucial to take the *who* and *how* of the 'framing' of in-/justices into account (Fraser 2005).

2.6 Discourse

In this section I now want to turn to the process of a construction of the moral grammar, the moral categories, values, virtues and the *everyday morality* mentioned above. I have argued that the ethics of care approach that I propose strongly refers to discourse as the realm in which these categories are constructed. But what is meant by the term discourse? I will firstly define the concept of discourse used in this thesis and I will discuss its relevance in the context of care arguing that it is public discourse through which a concept of morality is reproduced. I have so far also emphasised the importance of the idea of the ethical agent in the construction of care and I will, thus, discuss the construction and the meaning of subjects and agents in my concept of discourse. Finally, taking up the claim for an inclusion of the material context into an ethics of care, I will explore the relationship between discourse and the material consequences and circumstances. This then should set the scene for the following chapter (3) in which I will lay out the methodological framework in more detail and where I will focus specifically on the operationalisation of discourse analysis. While I will discuss the framework of Critical Discourse Analysis

(CDA) extensively in the next chapter it has to be held at this point that my understanding of what constitutes discourse is heavily informed by this approach. This expresses itself clearly in the fact that I will draw on relevant literature from both theoretical and empirical work carried out within the framework of Critical Discourse Analysis.

Defining Discourse

A concept of discourse is not only to be found within the framework of Critical Discourse Analysis. In fact many different perspectives use some idea of discursive construction of identity, morality and social practice. I will point out the specificities and particularities of the concept of discourse used in this study, which is, as stated, heavily inspired by Critical Discourse Analysis.

Care for elderly people which deals with the (care) needs of people in particular settings (informally or formally) should firstly be understood as a social practice, i.e. an activity exercised in a particular historical, social and moral context. This rather obvious assumption leads to the need to define the relation and mutual impact between the actual care work, the carer and the social and historical situation. I have stated above the significance of *everyday morality*, the moral grammar and its construction in and through discourse. As a starting point to define the field of discourse I use the highly influential work of Michel Foucault and in particular his concepts of discursive construction to specify the meaning of a concept that is often used and rarely clearly defined. I would argue that any method of analysis of

discourse needs to start with a description and identification of 'discourse' itself and its institutional realms (see Meyer 2001). From my methodological perspective, discourse can be defined as 'an institutionally consolidated concept of speech inasmuch as it determines and consolidates action and thus already exercises power' (Link, cited in Jäger 2001:34). Speech in this context, and in the understanding of most of the scholars of Critical Discourse Analysis, must not be reduced to actual speech acts; rather it refers to a broad bulk of written, spoken and other texts (e.g. pictures, films). I also want to emphasise the relation to actual action and power in this definition which is highly relevant for my project. But discourse goes even beyond the various forms of speech and includes social practices through which norms and values are reproduced.

Foucault's (1972) concept of discourse, in which knowledge is seen as historically situated and shaped, shows the significance of the sphere of discursive formation and its effect on the individual's everyday practices. Care, as all other social practices, cannot take place in an independent self-defined and self-determined realm; rather it is based within a set of discursive practices, i.e. various discursive regimes. The strength of Foucault's (1972) approach lies here in the rejection of an ahistorical, essentialising theoretical conception (Still 1994) of social practices. This also excludes a potential naturalisation of individuals (such as carers), practices (caring), or categories (independence). Valverde (2004:70) in this context argues that '[a]uthenticity (...) is nothing but a culturally specific effect of particular material and discursive practices'. In other words, the categories have to be understood in terms

of its discursive construction. Themes, narratives and ideas, such as the focus on independence (see chapter 7) must not be seen as fixed and static but need to be analysed in its discursive context. McNay (1992:92) demonstrates the relevance in her application of Foucault, arguing that important categories and notions such as 'women' and 'mother' must be seen as specific ideas of a historical development in Western societies.

Discourse in the understanding of this study is also not a realm free from domination, power and subordination; it is not a concept that refers to a situation in which everything is constructed passively by the circumstances. On the contrary, discourse, even though manifesting itself in various realms of social life, reflects the social mainstream (Mautner 2008), i.e. what is socially expected, thinkable and standard practice. Mautner (2008) even argues that through discursive processes language is instrumental in constructing the establishment view. Wodak (2008:5) in her definition of discourse as

'linguistic action, be it written, visual or oral communication, verbal or nonverbal, undertaken by social actors in a specific setting determined by social rules, norms and conventions',

emphasises the relevance of social norms on discursive acts. In my study these social conventions, which Fraser and I describe as the moral grammar, form my greatest interest. While I will discuss issues of power below, I want to point to the fact that discourse is something that is shaped by different people and groups of people in

society. It is 'socially constituted but also constitutive' (Mautner 2008:32) in that it creates social reality.

Individuals experience discourse as both social and psychological processes (Wetherell and Potter 1992). The reception of discourse and the articulation of discursive categories refer to 'quintessentially psychological activities – activities of justification, rationalization, categorization, attribution, making sense, naming, blaming and identifying' (Wetherell and Potter 1992:2). Wetherell and Potter's (1992) analysis proves to give a very useful understanding of how discourse is dealt with in a cognitive sense. Their focus on the psychological sphere, however, is referring exclusively to individuals' sense of reception of public discourse. Both the sphere of reception, in which individuals are actively participating, and the sphere of cognition of public discourses are, however, heavily influenced by the social context and the social dynamics of discourses. Wetherell and Potter (1992) argue that individuals are confronted with a social world that is highly complex and diverse and that we lack the cognitive abilities to fully grasp the richness and the complexities. In order to make sense of the world around us people draw on different repertoires (Wetherell and Potter 1992). These repertoires can be described as 'resources' (Wetherell and Potter 1992:46) and refer to predefined attitudes and ideologies that build the common knowledge of individuals and a common moral framework. Being confronted with discourses around us we reflect on them by referring to 'categories and groupings already in place' (Wetherell and Potter 1992:46). Horkheimer (1980a) already established the connection between a Freudian understanding of the

mechanism through which a sense of morality is transmitted and embedded in individuals and the social reason for the existence of this mechanism which, he argued, go beyond the individual soul (1980a:168).

While the psychological processes must not be ignored, with Reisigl and Wodak (2001:27) I want to emphasise that discourse needs to be understood as a social and not as an individual action. In this understanding discourses 'mark an ideological, social relation' (Wodak et al. 1995:61, own translation) in that they are expressions of the social conditions and relations in society. Discourse is seen as the binding mechanism between individuals; discourse, as De Cillia et al. (1999:157) argue, makes us social:

'Through discourse social actors constitute knowledge, situations, social roles as well as identities and interpersonal relations between various interacting social groups'.

What Wheterell and Potter (1992) describe as psychological 'repertoires' can hence be seen as culturally or socially acknowledged norms. This also fits in with Fraser's notion of 'moral grammar', the morality which is created through discourse and which individuals draw upon. Discourses give structure to our understanding of social practices through an 'internalised structuring impetus' (De Cillia et al. 1999).

Richardson (2007) for example describes news narratives in this sense as a reflection of our cultural assumption. Van Leeuwen (1995) sees discourse as the grammatical and rhetorical realisation of social action, in other words, as something profoundly social. In discourses, the social order, the social relations and the cultural norms are

translated into texts, speeches, narratives and attitudes. In that sense the relations on the macro level of society are translated into the micro-level of everyday routines (van Dijk 1991).

Discourse on care

In their study about the future of long-term care in Austria, Österle and Hammer (2004:103) point to the importance of the question of how to keep and raise the willingness of relatives and others to take over and carry out care services. They are hence emphasising aspects of commitment, duty and responsibility, in other words, the moral attitudes of society. The example used throughout this chapter of an elderly woman who needs care and support also raises the question of how people get to a sense of responsibility, duty and commitment. Williams (2004) similarly focuses on people's willingness to do something for others. She argues that it is not feelings of individual obligation and duty that drive people but a more social sense of commitment, 'negotiated according to what people think is 'the proper thing to do'' (Williams 2004:17). These negotiations about the 'proper thing to do' do not only happen in face-to-face dialogue between people; they are rather an expression of the broader social discourse.

Discursive constructions have both ideological and materialist consequences for those being related to care in particular and society in general. Furthermore discourses are also one way to analyse society's attitudes on care and carers. The way we speak, think and argue about care, the way care is portrayed in the mass

media and in political debates, which stories, narratives, terms and ideas we use to talk about care, these are all expressions of what care *is* in our society, which role it plays and how it is defined. Williams (1996:64) points to the fact that the 'use of the term 'discourse' is a self-conscious attempt to move away from both the sharp distinction between ideology (ideas) and materiality (things)'. In other words there is not only a reciprocal, dialectic relationship between discourse and material situations; discourse can be seen as one expression of materiality and vice versa. Van Dijk (1991:6) in his study of racism in the media starts his analysis by a leading claim that

'The main assumption guiding this research is that ethnic prejudices or ideologies are predominantly acquired and confirmed through various types of discourse or communication, such as socializing talk in the family, everyday conversations, laws, textbooks, government publications, scholarly discourse, advertising, movies and news reports'.

This points to one of the main presumptions of this work as well, namely that discourse is a fundamentally 'real' thing, experienced and felt through people's bodies, their emotions and in their lives. As mentioned above, discourse is not reduced to texts and speeches; it also describes the embodiment of norms, reproduced through social practices.

To reiterate this point I want to briefly discuss the construction of categories which people use in their day-to-day experiences. The family of the woman who is starting to need care and support can only make sense of this situation through categories,

such as carer, elderly, dependent, independent. These categories are understood as not being fixed in their meaning; rather, the sense and the connotation is defined and shaped in discursive actions (see Hall 2000). Categories used in the discourses (in newspapers or in focus group discussions) need to be understood from the user's perspective but also in terms of their broader societal meaning. For the analyst this means to not impose categories onto the empirical situation but to try to critically engage with what is used in a specific historical, social and cultural context, as Voegelin (cited in Weiss and Wodak 2003:11) reminds us:

‘man [sic!] does not wait for science to have his life explained to him, and when the theorist approaches social reality he finds the field pre-empted by what may be called the self-interpretation of society’.

Similarly Williams (1996) also urges the researcher to deconstruct categories in order to understand the meaning for individuals. She argues that by ‘breaking up analytical categories (...) it also enables us to detach ourselves from the categories and meanings imposed by policy-makers, welfare managers or (some) social researchers, and to pursue what the categories of ‘single mother’, ‘the old’, ‘the disabled’, and so on, mean to those who inhabit them’ (1996:68). Characteristics are otherwise often ascribed in policy discourses (Taylor 1998) and then reproduced by the social researcher. In my empirical research (see also chapter 3) I tried to not impose categories onto the participants. I used the analysis of newspaper articles to identify terms, categories and narratives through which care is written about. Similarly in the focus groups I avoided introducing terms and categories myself as far as possible and I tried to draw on people's own terminology and categorisation. Clearly, this implies

that the meanings of categories used in public discourse bear significance and are related to power relations in the social context. I have already discussed Fraser's (1989) example of the existence of ideological gender-linked categories and dichotomies such as work/home in this context.

Subjects

But who has the power to shape the moral framework and the moral categories in society? And how is this power being executed? To what extent are the family members in the care situation confronted with ethical demands, responsibilities, duties and identities and to what extent do they shape the situation? In this section I want to describe the power and ability of subjects to actively constitute the discourses in question.

Foucault (1979) offers a very interesting account of power which is not restricted to a one-dimensional way. He identifies a system which is characterised by the absence of one side of authoritarian holders of power and he rather emphasises power's force in the individuals' bodies, desires, habits, actions and practices (see also Fraser 1989). In this understanding power is executed by all participants in social life, who through their actions (and non-actions) produce, reproduce and who are themselves produced by dominant structures. In other words, people are the subjects of and are subjected to power. Foucault's conception of the power/knowledge relation, in which '[p]ower is not (...) evil' but 'strategic games' (Foucault 1987:129), emphasises the modern aspects of power which are deeply embedded by individuals (Fraser

1989). People internalise power at the 'microphysical level of bodies, thoughts, wills, conducts and everyday lives' (O'Grady 2004:98) and individuals develop an internalised gaze. This gaze should be understood as some kind of self-surveillance not being forced upon individuals but consequently taking away some freedom of choice (Valverde 2004). For example, family members are not forced to engage in caring relationships. They are not forced to perform certain services and practices. People's dispositions, however, are formed in and through moral discourses, in which they themselves participate. Norms, values and identities establish what is the right thing to do in a particular situation. Additionally, through their practices of care they reproduce and shape the discourse and the moral construction of care. Social practices constitute power so that the main realm of the execution of power lies in the everyday practices. Power can therefore also be described as normalisation (McNay 1992) in the sense that people experience identities, ideas, and social actions as normal and self-evident.

This conception of power proves to be very useful for an understanding of the discursive construction of social practices and moral attitudes. However, Foucault's (1987:114) description of 'a whole network of relationships of power' ignores the variation in people's subjectivities. Clearly, social and societal structures affect the potential of shaping discourses. Economic and social status cannot be easily grasped with Foucault's conception. The subject and the socio-economic conditions and circumstances of subjects are crucial for an understanding of how discourses are interpreted, shaped and reproduced. Without an acting subject the analysis of care

and carers remains descriptive as there is no potential for intervention and change. Whereas Foucault's concept of self-surveillance has the potential to explain the specific situation carers are caught in, it fails to take the normative aspects, i.e. the ideological moral grammar, into consideration (see in this context also Fraser 1989:21). Foucault's approach in which he does not provide the possibility of stable subjects makes it difficult to define normative claims, which leads for example to the question why struggle is preferable to submission (Fraser 1989:29) or why care for the self is preferable to total self-sacrifice. Fraser (1989) then concludes that deconstruction has limited political implications and argues that the moral-cultural dimension of the capitalist system needs to be taken into account. The relative absence of the subject in Foucault's account¹⁸ does distract from the material circumstances in which discourses, actors and social practices take place. Individuals do find themselves confronted with discourse, and are participating in discourse, they however also live in particular materialist, socio-political circumstances which must not be ignored, but which are to be seen as a qualifying component of discourse itself. Being wealthy does not only offer more extensive choices for the arrangement of care for a family member; it also shapes the understanding of the moral grammar significantly. The wish to be cared for in one's own house (see chapter 5) for example is certainly influenced by the fact whether the property is owned or rented. Similarly public discourses are also shaped by political and

¹⁸ It can be argued (see McNay 1992) that Foucault introduces the subject to his analysis again in his work on 'The Care of the Self' (1984). He claims, that the traditional understanding of care that 'one must show others or to the necessary sacrifice of the self' (Foucault 1987:115-6) should be challenged and replaced by an understanding of care taking place in 'a system of reciprocal obligations' (1984:54) in which the care for the self takes a big part in. However, the subject still remains highly invisible and a notion of acting cannot be identified.

economic agendas. The potential to influence moral discourses of the person who is confronted with a situation of a frail mother is different to the one of a politician who is in charge of allocating large sums of money to care institutions. In that sense, power to shape discourses is complex, ambiguous and multidimensional, the significance of structures of economic and social power, however, must not be ignored.

Van Dijk (1991) for example in his application of Critical Discourse Analysis argues that elites to a large extent control the public means of symbolic reproduction. Wodak (2001:10) argues in her approach of CDA that 'language is not powerful on its own – it gains power by the use powerful people make of it'. This clearly recognises the fact that power is executed in and through discourse; it also, however, includes a perspective on social actors. In that sense, different people and different groups of people vary in their abilities to shape, design and construct discourses not least depending on materialist circumstances. I do reflect on this component of discourses by analysing different realms of discourse, for example lay, professional and academic discourses (see Seymour 1999) on care. This recognition also requires a reflection on the context in which discourses are shaped and reflected upon. An example would be the target audience of particular newspapers. Van Leeuwen (1996) shows that the linguistic constructions of actors and actions differ according to the intended, or imagined target audience of the newspaper:

'In middle class oriented newspapers government agents or experts tend to be referred to specifically, and 'ordinary people' generically: the point of identification, the world in which one's specifics exist, is here, not the world of the

governed, but the world of the governors (...). In working-class oriented newspapers, on the other hand, 'ordinary people' are frequently referred to specifically' (1996:47).

While I will focus on the specificities of the linguistic categories in the analysis in chapter 3 below, I here want to draw attention to the idea that moral attitudes, such as 'right' and 'wrong' or 'us' and 'them' are dependent on the circumstances in which discourses are constructed and shaped. Social, political and economic power fosters the ability to construct dominant, hegemonic moral discourses. Relations, ideas, attitudes and identities that appear 'natural' or in everyone's interest can therefore be covered in discourses shaped by those benefiting from the very relations (Wetherell and Potter 1992:31). To individuals discourses appear normalised and neutral.

To summarise, social actors in the understanding of this study are defined as those designing discourse and are at the same time those being shaped and constructed by discourse (Weiss and Wodak 2003:13; see also Wodak 2001a, 2001b). But social actors do experience and are taking part in discourse within specific socio-political circumstances. The situation of the care needs within the family cannot be analysed sufficiently in an abstract way; rather the lives of the people are lived in very particular contexts. How the care discourses are internalised and reproduced is influenced by (and influences) the specific real life situation.

The relation to materiality

For my understanding (and in fact the understanding of CDA) it has to be stated that discourse has substantial material consequences. In this section I will now briefly discuss the relationship between discourse(s) and the material world. I have already mentioned De Cillia et al's (1999) claim that social actors are constituted through discourse, that individuals learn their roles, identities, attitudes, situations through participation in public discourse. The constitution of moral attitudes and ideologies is particularly important for this research. Through discourse and within discourse a moral conception of right and wrong or good and bad is established. Public discourse for social actors provides a possibility of a simpler understanding of the social world. In other words, due to public discourse's ability to 'demarcate the boundaries' (Reisigl and Wodak 2001), i.e. to create categories, ideas and narratives, individuals create, shape, and are confronted with a morally structured world. People's actions are then shaped by this moral framework. Even if we act in conflict with the societal arrangement we experience the existence of the moral grammar. In this sense the analysis of the discursive creation of 'the carer' enables an understanding of the real consequences for care and carers and its impact on an idea of free choice and identity. Discourse shapes what is socially do-able, say-able and which actions and non-actions are socially sanctioned in which way. The beliefs people hold personally play a subordinated role, as Fraser (1989) argues, in the sense that privately held beliefs and ideologies are less important than social practices. Similarly, the particular aspect of discourse (a speech, a newspaper article, but also an action such as a person caring for her mother) is particularly important in its representation of

the general moral framework. It will then also become clear that the discourse manifested in particular texts only represents a certain moral framework and should be understood as pointing to a broader societal structure, or, as van Dijk (1991:181) put it:

‘The text is like an iceberg of information of which only the tip is actually expressed in words and sentences. The rest is assumed to be supplied by the knowledge scripts and models of the media users, and therefore usually left unsaid’.

I want to briefly discuss the example of pain and suffering to demonstrate the relation between discourse and material experience. Without doubt, suffering is a very real experience, physically and psychologically. However, suffering is also a narrative and a social concept. What we describe as ‘pointless’ suffering depends on the social and cultural circumstances. Furthermore, when and in which context we use suffering as a narrative says something about its meaning as a concept for the construction of care. Fields of interest regarding the discursive construction of suffering involve beside other things the body and our emotions, both of which are related to real experiences and defined through discursive constructions. Nicholson (1995:44) for example emphasises that the body’s function ‘as a source of knowledge about the self, and a sense of the self as shaped by the external world’ is exactly the place in which social constructions manifest themselves. Discussing emotions, Craib (1998) similarly argues that those ‘arise in the interplay between our experience of the outside world, and the unconscious phantasies we construct out of the contents of our internal world, and our conscious, more rational attempts to make sense of

what we do and how we are in the world' (Craib 1998:169). Discourse therefore is understood as a realm in which real emotions and feelings are shaped, constructed and interpreted. It, however, does not mean that those are not experienced as real and existing. The family members (the person in need of care and those confronted with the situation) experience the situation as real and immediate. My concept of discourse does not deny these experiences of suffering, worrying, nor does it ignore the 'real' emotions, feelings and desires involved. Rather, discourse means that people's conceptions of the situation are heavily influenced by a moral framework in society. How the members in this particular family make sense of the situation is shaped by the societal moral grammar constructed through discourse. And discourse, on the other hand, enables an analytical tool to investigate the moral framework and the constructions which impact on people's experiences, emotions and attitudes.

2.7 Conclusion

In this chapter I have sketched the theoretical framework that is underlying my research project. This framework is necessary in order to make clear how terminologies and methodologies throughout the thesis are understood. Furthermore the theoretical conception describes how I understand care and carers, which moral theories guide my thinking and which concepts I use in order to make sense of the discourses available.

I have described a discursively constructed ethics of care approach, an ethics of care which does justice to people's strong feelings about relationships and their immediate surroundings and contacts. Firstly, the ethics of care approach provides the tools to situate moral practices as an expression of relationships between people. Dependencies on each other and care for each other are seen as quintessential moral practices. Secondly, ethical agents in this conception are characterised as embodying particular values and virtues which form their moral character. The position of Virtue Ethics has helped to understand that care as a moral practice is not an expression of right actions; it deals with people's moral character. The carer is seen to *be* good and not only to *do* good. Thirdly, taking responsibility for the other's needs is seen as a main character trait of the moral actor. Fourthly, the creation of people as ethical agents and care as a moral practice is not restricted to moral, emotional and cultural ideals but clearly also has a material expression and basis. Fraser's work has helped to integrate this perspective into the ethics of care approach. Social status impacts on the moral understanding and the ability to interpret and participate in the creation of the moral grammar. Additionally care does not only have material consequences for those involved (carers and cared-for) but is in itself a concept which is, due to its focus on intimate relations and being there for each other, also constructed in contrast to demands of the material world. And fifthly, moral agents, moral virtues, moral identities and moral practices are formed and shaped in discursive processes. The moral grammar through which individuals make sense of relations, moral demands and processes is constructed in

the public discourse. Individuals draw on these discourses, participate in them and are also themselves shaped by them.

The ethics of care which I describe in this thesis will often be positioned in opposition to both an ethics of work (see Williams 2001 who defines a care ethics in opposition to New Labour's work ethics) and an ethics of rights and justice (see Bubeck 1995). How people become ethical agents and how dispositions, identities and values are shaped I described as the realm of discourse. In and through discourse *everyday morality* is constructed, shaped, internalised and reproduced. The moral grammar, the available moral framework people draw on, defines how care is understood and dealt with. In the following chapter I will present how the concept of discourse has been operationalised for the analysis.

3 Methodology

In chapter 2 I have discussed the importance of discourse in the context of the theoretical and epistemological framework of this study. The present chapter deals with the empirical application of the concept of discursive analysis and the operationalisation of the methodological framework. I have tried to find a framework for the empirical analysis which allows both a focus on the underlying discursive structures, constructions, categories and narratives and an acknowledgement of people's contributions to this research. I have worked with the framework of Critical Discourse Analysis as this has allowed flexibility and rigour at the same time. In this chapter I will describe how this methodological approach has been operationalised. For this endeavour I will first (section 3.1) discuss the methods of Critical Discourse Analysis and the rationale for applying this methodological framework. Focusing more on my epistemological assumptions and understandings, in section 3.2 I will discuss how discourse can be analysed. What are the main aspects to look at? What can be found out, and what can be claimed by empirical analyses of discourses? How can these aspects be operationalised? I will then discuss in more detail the two main genres of discourse analysed for this project, written text (section 3.3) and focus group discussions (section 3.4). How can newspapers and other written materials be analysed? Which categories are applied and how is the sample selected? This is followed by a discussion of the use of focus groups as a source of discourse material. I will discuss the usefulness of focus groups for the research questions being asked and I will recall the operationalisation of this method. Finally, in section 3.5 I will briefly present the two case studies, Austria and the UK, which are used for this

analysis. I will consider the specific social, political and economic contexts in which care systems operate. The evaluation of the specific discursive context will be completed by a brief depiction of the situation of care for elderly people in both countries.

3.1 Critical Discourse Analysis (CDA)

In the history of discourse analysis there are various approaches which do not only differ in their methodological tools but, more importantly, in their epistemological positions.¹⁹ The discussion between Conversation Analysis (CA), Discourse Analysis (DA) and Critical Discourse Analysis (CDA) can be seen exemplarily for this debate (see Schegloff 1997; Billig 1999). It seems to be useful to identify the particularities of CDA, also in comparison to 'traditional' conversation analysis. The extensive discussion (Billig 1999; Schegloff 1997; van Dijk 1999; Mey 2001) between authors of CDA (Billig) and CA (Schegloff) shows that, in contrast to CA's postulate of an explanation of categories and events in the participants' own terms, CDA includes some a-priori categories (van Dijk 1999), such as gender, power, class and denies the possibility of neutral investigation in general. Additionally Billig (1999) challenges a notion of the non-ideological postulate of discourse used by the approaches of CA. With CDA I argue that discourse has to be understood in its social settings as an ideologically and materialistically shaped social practice. As a consequence I have laid out the theoretical concept of this thesis in chapter 2 to enable the reader to be conscious of the categories and concepts used in the analysis. Related to this is also

¹⁹ For a discussion of gender and discourse analysis, for example, see Baxter 2003; Lazar 2005.

Meyer's (2001) claim that CDA denies a notion of 'pure cognition'. In fact, both reception and interpretation of discourses are shaped by socio-economic conditions and other contextual circumstances.

Therefore CDA does not claim to be restricted to an analysis of the specific discursive patterns and is not limited to a close reading of the texts. Rather, CDA is 'critical because it is rooted in a radical critique of social relations' (Billig 2003:38). For that reason power structures and social and cultural relations are at the very core of the focus of most work being done in Critical Discourse Analysis. As Wodak (2001a:2) formulates it, CDA's strengths lie in

'analysing opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language'.

In doing that CDA tries to combine the social sciences with linguistic analysis (Chouliaraki and Fairclough 1999), seeing language as a manifestation of social practices and social relations. Wodak (2008:12) describes the way CDA goes beyond the linguistic categories to form a broader social-scientific approach:

'it attempts to transcend the purely linguistic dimension and to include more or less systematically the historical, political, sociological, and/or psychological dimensions in the analysis and interpretation of a specific discursive event'.

For the study of the discourse on care I will specifically utilise Ruth Wodak's 'discourse-historical approach' (2001b; Reisigl and Wodak 2001) which is problem-oriented, interdisciplinary and eclectic in its choice of theory and methodology.

Furthermore this approach is interested in the historical and cultural context of discourse, in particular the concepts of power, history and ideology (Wodak 2001a). Wodak (2001b) also offers some useful criteria for the assessment of the quality of CDA by presenting her approach of triangulation (see below). She distinguishes three levels of analysis: firstly, the text itself and the intertextual or interdiscursive relationships between different texts and discourses; secondly, the extralinguistic social level which describes the relationship of different social and sociological variables (e.g. gender and care) and for which middle range theories are appropriate; finally she identifies the broader socio-political and historical context of discourse and text. This approach enables an analysis of the reciprocal relationship between structure and action (see Fairclough 2001) as manifested in the discursive construction.

Especially because CDA is not only a method but also a theory and an epistemological system the operationalisation of the methodological framework is often discussed insufficiently (Wodak 2008). In order to make my steps of analysis clearer I will also discuss some other authors from the methodological framework of CDA whose procedures I used in the empirical investigation. In particular van Dijk's (1991) socio-cognitive categories and van Leeuwen's (1995, 1996) linguistic categories give some detail of how to look at discursive patterns and which modes of analysis can be applied. Even though discourse in this study is merely understood as a social practice I also use some of Wetherell and Potter's (1992) arguments and ideas of their psychology-inspired analysis of discourse.

3.2 How to analyse discourse

In this section I will discuss some of the basic ideas of the operationalisation of CDA in order to answer the question of how to analyse and evaluate discourse. I will specifically focus on newspapers and focus groups in the sections below; here I will first present some ground rules and basic ideas.

In terms of the empirical work I follow Meyer's (2001) advice that there is no clear dividing line between data collection and analysis. Rather, by collecting materials the analysis already begins and through the analysis criteria for data collection are defined (see below the discussion on the sample of newspapers). Similarly to grounded theory, the collection and analysis of materials is followed by further data collection:

‘after the first collection exercise it is a matter of carrying out the first analyses, finding indicators for particular concepts, expanding concepts into categories and, on the basis of these results, collecting further data’ (Meyer 2001:24).

This process then results in a combination of a hermeneutic rather than a positivist, analytical-deductive method (Meyer 2001) with linguistic categories. Albeit linguistics does not reflect the core of the method, categories such as actors, time, mode, tense or argumentation (Meyer 2001; Wodak 2001; Chouliaraki and Fairclough 1999; van Dijk 2001) must be carefully identified, evaluated and analysed. This hermeneutic method inevitably includes interpretation and is therefore potentially at risk of bias. As mentioned above, Wodak hence proposes a system of triangulation in order ‘to

minimize the risk of critical bias' (2008:12). I intend to use a combination of interrelated methods meaning that design and outcome of one method affect the design of the other methods. Wodak's approach is based on Cicourel's (1973) 'indefinite triangulation' in which he, in order to avoid the shortcomings of traditional sociological methods (Cicourel 1964), argues for an analysis from various standpoints and for the use of different methods in an indefinite, reflexive setting. Triangulation in my project is carried out in four different parts. Firstly, triangulation of context (Wodak 2001b) which I described above as the three levels of context which need to be taken into consideration. This specifically means that I take the political, social, economic and cultural circumstances of discourses into account. Secondly, triangulation of cases (I use Austria and the UK as case studies); thirdly, triangulation of methods, through the use of discourse analysis of written materials and the organisation of focus group discussions. And finally, triangulation of data, using different publications and discussion groups.

The specific parts under analysis such as newspaper articles and focus group discussions will be referred to as particular texts which all together form the discourse on care (see Wodak 2008). In terms of categories and what to look at I want to broadly distinguish between three levels, the level of content, the level of discursive strategies and the level of linguistic relationships (see Reisigl and Wodak 2001). I will briefly discuss each of these three levels and their application in practice below:

Content

In relation to the content of a text several aspects will be looked at: Firstly, what are the main topics of a particular text and a broader discourse (these include for example morality, dependency, self-sacrifice, family and kinship); secondly, what are the main narratives used to construct these themes (examples for narratives are carers as heroes, doing good for society, being a role model for society, love and responsibility, giving up one's career for someone, community values). The analysis of these narratives and themes also includes a focus on the tensions and contradictions, both within a text and within the discourse in general (e.g. carers as heroes vs. abuse by carers). Another part of this analysis of the content forms the identification of the actors appearing in the discourse. Which subjects are mentioned and how are they referred to (e.g. carer, daughter, hero, friend, angel)? Van Leeuwen (1995) points out that '[a]s the power of social actors decreases, the amount of emotive reactions attributed to them increases' (van Leeuwen 1995:88). Particularly because the discourse on care strongly refers to emotions and feelings, it is important to understand the reference to specific actors in the whole discursive constructions. Being referred to as 'heroes', 'angels' or 'saints' is closely linked to a rather vulnerable economic and social position. Vice versa, politicians in the context of care are often portrayed as bureaucratic and cold.

Discursive strategies

The second level of text analysis is referred to as discursive strategies. This can be understood as how specific values, meanings, attitudes and ideas are produced in

the discursive materials. This, beside other aspects, includes which terms and words are used, for example whether a specific narrative is being told by using high value words (words that are generally associated with positive meaning, such as love, compassion, family²⁰) or low value words (such as control, party politics²¹, selfishness, duties, care as commodity). Which myths, rituals, symbols and pictures are used and created in the text and the discourse? These strategies, which can be seen as the discursive realisations of attitudes and ideologies, also focus on how actions are talked about. Van Leeuwen (1995) for example distinguishes between transactive actions (actions through which others are affected) and non-transactive actions. He argues that 'the ability to 'transact' requires a certain power, and the greater that power, the greater the range of 'goals' that may be affected by an actor's actions' (van Leeuwen 1995:90). The distinction between the carer and the cared-for person is a good example in this context. The way actions by the carer are described in the discourses is clearly a sign of transactive actions, with the ability to affect others, while the cared-for person is constructed as not having the power for transactive actions him/herself. Additionally, the power of social actors is also emphasised by attributing cognitive rather than affective actions to them (van Leeuwen 1995:87).

²⁰ Clearly some of these terms can have negative connotations for some people. The notion of family for example can represent negative experiences for some people or an old-fashioned institution of societal organisation for others. However, even those people have to be conscious of the mainstream connotations of family as a positive concept. The terminology of dependency and independence is another important example in this context (see chapter 7).

²¹ In chapter 8 I will discuss the ambivalences in people's ideas about politics. Party politics in particular, however, was continually referred to as a negative concept in relation to care.

Linguistic relationships

Linguistic relationships form the last level of text and discourse analysis. These can be seen as the consequence of the manifestation of the two levels discussed above. Reisigl and Wodak (2001) list several processes that can be identified in the discourse such as exclusion, inclusion, suppression, backgrounding, passivation, categorisation, specification, genericisation, assimilation, collectivisation, aggregation, impersonalisation, abstraction and objectivisation. In other words, this level of analysis tries to identify what the consequences are of the use of certain strategies, terms and narratives. In chapter 7 for example I will discuss the construction of dependency in the discourse. Old people or people in need of care are described in the discourses through objectivisation and passivation. The lack of power is represented and reproduced by their appearance in the stories, narratives and contributions about care.

Obviously, discourses are varied and multifaceted. In both newspapers and focus group discussions there were variations, ambivalences and disagreements. However, what is constitutive of care is the dominant discourse. What is being said and written as a result of expectations, notions of normality and hegemonic ideas?

3.3 Newspapers and other written materials

News items provide information. They are also, however, similarly to all other forms of discourse, produced and shaped in particular social contexts. In other words, news, like other forms of text, 'should be studied primarily as a form of public

discourse' (van Dijk 1988b:vii). Newspapers are undeniably one main source that shapes and determines public discourses. Aldridge (1994:18) reminds us that 'the media have the potential to set the news agenda in terms of both topics and discursive framework' and that the media help to define what is both acceptable and socially thinkable (Aldridge 1994:35). In particular this latter aspect is extremely important in this study and the main reason for the choice of newspapers to analyse the discourse on care. Newspapers can be seen as a representation and reflection of dominant discourses, using narratives, expressions, ideas and ideologies that can be expressed publicly and which are hence thought to be shared widely. What, for example, is constructed in the public realm as morally right and wrong? The usefulness of an analysis of newspapers as a representation of broader discursive and societal structures and dynamics results furthermore from newspapers' transmitting function between the day-to-day experiences and the broader social structures and ideologies. The analysis of newspapers helps us to understand how, as van Dijk (1991) argues, relationships on a macro level are translated onto the micro level of everyday events.

I agree with van Dijk (2001:99) that it is an illusion, that 'a complete discourse analysis of a large corpus of text or talk' is possible. Therefore a selective sample must be constructed, fitting the criteria described above. According to Meyer (2001:18) most CDA studies work with 'typical texts', meaning texts which exemplify the discourse under investigation. Inevitably the problem of defining typical texts arises. Many CDA scholars recommend theoretical sampling as the most appropriate

strategy and suggest that the sample should be re-considered during the process of research. This means that my sample was not fixed in detail before the start of the analysis and needed to be adjusted throughout the research process. For example, I realised that I had started with a sample that was possibly unbalanced in terms of the political positions of the newspapers. Hence I included more newspapers in both countries than originally planned. The choice of newspapers reflects the attempt of generating an exemplifying but nevertheless representative sample. Different newspapers reflect different ideologies and try to build up some shared identity with their readership. Different newspapers, for example, follow different ideas of what and how human beings are (e.g. selfish, rational, caring) and how a decent society is composed. It could be said that the relationship between readers and their newspapers is based on the provision of ontological security (see Richardson 2007) by 'creating a system of shared values' (Reah 2002:40). The sample inevitably entails the most popular (i.e. best selling) newspapers (*Kronen Zeitung; The Sun*)²². It furthermore reflects a combination of 'tabloids' and 'broadsheets' as well as a reflection of the political spectrum from what are considered to be working class and rather sensationalist papers (*Kronen Zeitung, Österreich; Daily Mirror, The Sun*), middle range papers (*Kurier; Daily Mail*) to quality newspapers, ranging from conservative to liberal papers (*Die Presse, Der Standard; The Times, Daily Telegraph, The Guardian*).

²² Sources: Audit Bureau of Circulations (2007); Österreichische Auflagenkontrolle (2008)

In summary, the study is based on a sample of six British daily newspapers (*The Sun*, *Daily Mirror*, *Daily Mail*, *The Guardian* (including *The Observer*), *The Times*, *Daily Telegraph*), and five Austrian newspapers (*Kronen Zeitung*, *Österreich*, *Kurier*, *Die Presse*, *Der Standard*). Both have been analysed over a period of one year (August 2006-August 2007). The choice of the sample is based on Wodak et al.'s (1995) and van Dijk's (1988a) studies (for a discussion of various differentiations of newspapers see Bednarek 2006).

How to analyse written materials

Similarly to Richardson (2007; see also Leeuwen 1996 and Mautner 2008) I use Wodak's process of analysis starting with the micro-textual level (and here I explicitly refer to the use, the choice and the meaning of certain words and the construction of sentences). As Richardson (2007) points out, when writing articles, journalists, who represent 'part of a dominant cultural elite' (van Dijk 1988a:x) choose one word, one category and one term over another one and give in this way a certain meaning to it. This is followed by a mid-level analysis (which includes for example a discussion of modalities, i.e. the speakers' attitudes, judgements and evaluations, an analysis of other presuppositions prevalent in the text itself and an identification of rhetorical tropes such as metaphors). The last step builds an evaluation of the narratives and plots being used to tell a story, to report news or to construct a commentary. Also, doing justice to a context-aware evaluation, it must not be forgotten in the analysis of texts to think about the aspects that are absent. Aldridge (1994:3) rightly asks: 'what does not make the news?'

Above I have already described the process of analysing discourse and the steps that are performed. Here I only want to refer to some specificities of analysing newspapers. Analysing the actors appearing in newspaper articles for example, a particular focus on the power relations seems useful. Van Leeuwen (1995, 1996) explains how news items differentiate actors by status and importance. In my study this is particularly interesting in the context of the elderly, which are often described as vulnerable, passive, or are not identified as actors at all. Generally one can see how 'the elderly' are often collectively established as a passive entity (similarly articles refer to 'old folk' or the 'loved ones'). Aldridge (1994:114) also states that the representation of elderly people in the media is often characterised by a 'done-to vulnerability'. Other important actors in newspaper articles on care are carers (with a differentiation between informal and professional carers), families as collectives, politicians and 'experts'. Status and power differences are expressed through the use of direct quotations and the description of certain actions as active and others as passive. Other aspects in newspaper articles are the use of particular sources ('expert knowledge'), writing styles and the use of pictures and other illustrations. As described above, the identification of key themes and narratives is obviously one of the main aspects of the analysis.

One characteristic of newspaper articles is the use of headlines. Headlines, which are usually chosen by the editors, serve an important function to point out the intended main topic of an article (van Dijk 1991). Van Dijk (1991:51) emphasises that headlines need to be understood as a 'subjective definition of the situation, which influences

the interpretation made by the readers'. In that sense headlines directly refer to people's routines (see above) and the interpretation of a report is determined by these familiar scripts in people's minds so that 'readers would have to make an extra effort to derive an alternative main topic from the text' (van Dijk 1991:51). Headlines therefore bear a 'semantic, cognitive and ideological relevance' (van Dijk 1991:52) for the understanding of a text. Due to these reasons I have analysed headlines separately, in order to get an overview of the discourses on care and the construction of the main ideas presented in the very discourses. I have composed a list with all headlines used for articles on care over a particular period. This enables an analysis of the main themes, concepts and terms being used in order to illustrate articles. One example of tools for the analysis should be mentioned: the use of personal pronouns in headlines, for example in '*Why **we** must all care for the carers*' (Daily Mail, 21/02/07) or '*How can **we** say **we** are civilised when **we** treat **our** elderly no better than prisoners?*' (Daily Mail, 23/01/07). By the use of personal pronouns emotional proximity and familiarity within society and between the reader and the author are assumed and constructed. Certain family relations are emphasised and a process of backgrounding others and the construction of *us* vs. *them* is established.

But the analysis of texts must not end at the particular written word. Equally important, though difficult to estimate, are the spheres of perception and cognition (Aldridge 1994). Aldridge (1994:18) rightly points out that it is nearly impossible to know whether the readers or viewers are able to deconstruct a news item in the same way as the researcher. Is the reading other people get from a text, and their

interpretation and understanding, different from the one proposed by the trained researcher? This is one of the reasons for the use of focus groups in this study. In particular I used materials (pictures and quotes) from newspaper articles and asked the focus group participants about their opinions, feelings and ideas about them. I then evaluated these contributions and related them to my own analysis.

Process

The analysis of newspapers was carried out in three steps. First, I conducted a pilot study for each country. My MA dissertation (Weicht 2006), covering the period of July-August 2006 could serve as the pilot study for Austria and I carried out a separate pilot study in the UK, consisting of three newspapers (*The Sun*, *Daily Mail*, *The Guardian*) over a three months period (January-March 2007). Through this pilot study I familiarised myself with the field and I constructed preliminary categories for the analysis. The second step was a preliminary text search carried out over the internet. This enabled an identification of a vast range of articles on care in various newspapers. I ordered these articles and extracted reoccurring themes, narratives, terms and concepts. The third step was a search and analysis of 'typical texts' in their various original contexts. I could draw on my pre-selection in order to identify important, common and relevant materials in the way they originally appeared in the newspapers. For this endeavour I used the newspaper archives of the British Library (London-Colindale) and the Austrian National Library (Vienna).

3.4 Focus Groups²³

The analysis of the written word also bears some shortcomings. A newspaper report is always a static material whereas discourse is additionally taking place in dynamic interactions (see Charon 2001:160). Discourse does not exist in a vacuum detached from real people and socio-economic circumstances. In fact, I argue with reference to the theoretical framework, that individuals interpret and internalise discourse in a specific way which is affected by gender, status, and the socio-economic situation. Hence it is essential to me to also take the sphere of 'reception' into account, i.e. the question of how people experience and articulate the social discourse on care and carers. Critical Discourse Analysis gives important insights into the construction of themes and categories and the context of a discursive action. However, as Wodak (2007) rightly pointed out, CDA sometimes lacks a documentation of the reception of the very themes, i.e. how people interpret, internalise and communicate discursively constructed norms, values and identities. Van Dijk (2001) for example calls for an inclusion of the cognitive-psychological reception of discourses. For this purpose I decided to use focus groups to find out whether or not categories and themes identified through CDA are also reflected in the day-to-day language of individuals.²⁴

²³ For the empirical research ethical clearance had been gained from the School of Sociology & Social Policy, University of Nottingham. Before the start of each focus group discussion informed consent had been obtained from all participants. I provided information sheets for all participants to take with them which included information on the participants' rights to withdraw at any time of the discussion and my future use of the data recorded. Participants were then asked to complete informed consent-forms and at the beginning of the (recorded) discussion I emphasised again these important ethical conditions of the research.

²⁴ For the analysis of the sphere of 'reception' it is crucial, as Crossley (2002) interestingly points out, to emphasise that interviews and focus groups present a situation of social interaction and social construction itself: 'when people made reference to their thoughts and attitudes during such interactive episodes, they were not simply 'reflecting' something that already existed in the heads, but performing certain social actions' (Crossley 2002:1472). Hence, with the use of focus groups I wanted

Focus groups are, as Bloor et al. (2001) put it, the ideal method to identify *group* norms and understandings (see also Wilkinson 2004). Similarly, May (2001:125) emphasises focus groups' possibility 'to explore group norms and dynamics' and states that focus groups are the best way to get as close as possible to normal conversation manners. From a CDA perspective Wodak (2008) also emphasises the strength of focus groups in creating a 'semi-public' genre. The goals of the use of this method can be summarised as identifying the categories, themes, norms and values people attach to care and as analysing whether or not these factors reflect the ones described and identified through CDA of newspapers and other written texts. In contrast to interviews I wanted to use the characteristic of focus groups 'to study the ways in which individuals *collectively* make sense of a phenomenon and construct meanings around it' (Bryman 2004:348; italics added) in a way that best resembles everyday interaction.

Another interesting aspect with respect to the combination of focus groups and CDA is Scollon's (2001a, 2001b) 'Mediated Discourse Analysis' approach. He argues that CDA must refer to categories and definitions used by participants and he tries to find out 'how (...) participants themselves define the key social actions' (Scollon 2001a:159). Scollon uses focus groups (beside other methods) at two stages of his approach (see also Meyer 2001): at the stage of identification of the data materials and sources and later on to check the results. I agree with Scollon's claim that the

to identify people's conception of discourse but I also added one sphere of discourse in which meanings, norms, values and identities are shaped.

researcher wants to 'understand how important or salient the categories which have been identified are for the population being studied' (2001a:158). It is my task therefore to find out whether the data has validity and reliability for the participants themselves. However, I want to emphasise one additional aspect, namely focus group's potential to analyse people's experience of and reflection on discourse. As Scollon (2001b) rightly suggests, the historical and cultural setting of focus groups plays a crucial part for the functioning of the method and its potential outcome. Krzyżanowski (2008) who uses focus groups in the context of CDA describes them as a 'semi-private' sphere of society. The views expressed in the focus groups he sees at the borderline between public, collectively held views and views of selected small-scale groups and individuals. He therefore argues that focus groups are the ideal realm to analyse how

'the public sphere influences (...) individuals' views on politics and society and how, conversely, the ideas crucial to the 'social' (individual) level penetrate (...) into politics, into the media and into other constituents of the public sphere' (Krzyżanowski 2008:169).

However, some limitations need to be discussed. Bryman's summary (2004:359-60) of the difficulties of the use of focus groups such as less control, difficulty of analysis of data (themes and patterns), difficulties of organisation or time-consuming transcriptions have been taken seriously and could be dealt with through appropriate and extensive planning. Other limitations however, such as 'problems' of group effects and that the participants are more prone to express culturally expected views than in individual interviews (Bryman 2004), are, according to the aims of the use of

this particular method and the type of research questions being asked, no limitations but, on the contrary, explicitly those issues I am interested in. Whereas Bloor et al. (2001:17) emphasise that ‘focus groups are not a good source of data on group behaviour or attitudes, since intra-group variations will be underreported’ the intended result of this investigation is not a comprehensive survey of everyone’s opinion or attitude; rather I aim to understand the reaction and internalisation of discourses on care and the values, norms, and attitudes people express in negotiations of positions which are close to everyday discussions. In fact I want to use the possibility that

‘The group is a socially legitimated occasion for participants to engage in ‘retrospective introspection’, to attempt collectively to tease out previously taken for granted assumptions’ (Bloor et al. 2001:5-6).

For my empirical study I conducted 10 focus groups (4 in the UK and 6 in Austria) with 46 participants in total (23 participants in each country)²⁵. I used both pre-existing groups and groups of strangers. The former’s advantage lies in the fact that hierarchical structures, codes and social contexts in which ideas are formed in everyday life (Bloor et al. 2001) are present and that the groups therefore reflect as much a real life situation as possible. Whereas existing groups might offer a more natural environment to talk about emotional aspects in a familiar, often experienced

²⁵ Two other people in the UK reacted to my search for participants. They would have liked to participate in a focus group but were unable to do so. Having received from me an overview of themes and topics for the discussions they sent me some of their thoughts on care for elderly people by email. I compared these comments to the discussions in the focus groups and noted that they were very similar to the discursive expressions in the organised focus group sessions. Obviously, this practice reaches beyond the framework of my methodology but I wanted to appreciate their interest and willingness to take part in this research. Their contributions also reflected the general discourse on care.

setting they can also cause the problem that a particular group discourse is not representative for the general social discourse. The organisation of groups of strangers, on the other hand, might offer an account of more general social discourse, but this ignores the reality of discourse taking place in a specific historical and social setting, usually between people who already know each other. The participants were recruited through local organisations, clubs, church groups, political parties and informal networks. I wanted to avoid an all too heterogeneous group composition as this often causes lack of depth of information (Bloor et al. 2001:20). However, in some of the pre-existing groups a more heterogeneous composition (for example in terms of age) was inevitable but the fact that people shared something else (group membership) and/or knew each other was of benefit for the outcome of the particular session. Recruitment was relatively difficult and many people I contacted were concerned that they would not 'know enough' about the topic under discussion. It proved difficult for me to communicate that these groups were not conducted in order to generate specific information and knowledge. I was rather interested in people's stories, experiences, attitudes, associations and emotions. I therefore also changed the materials for the recruitment (letters, emails) throughout the process. Eventually most people participating in the groups recognised some relationship with care. Either they themselves had caring experiences, were close to situations of care or they had opinions and knowledge about the topic. The focus groups consisted of three to seven participants and they lasted between 1 ½ hours and more than 2 hours. These so called 'minigroups' (Bryman 2004) could offer the characteristics of group discussions but also allowed

more personal accounts and stories. The focus groups took place in various venues in Austria and the UK, in private apartments, in participants' apartments, in church venues, in political party venues and once in a pub. Following Bloor et al.'s (2001:39) warning that '[t]here is no such thing as a neutral venue for a focus group' I tried to be conscious of the impact of these venues during the analysis. Especially the session conducted in the pub lacked the characteristics of the usual setting of a focus group as the room the group (which consisted of people who hardly knew each other) had booked for this occasion was not available. I think, however, that the fact that people had to sit very close to each other and had to talk very loud, created some group identification.

My own position can be described as a facilitator in a rather informal setting, trying to foster discussion and to point to interesting themes and topics. This method enabled a free discussion (which also allowed drifting away from the prepared questions and themes) between the participants, which was not reduced to responses to the researcher (see Crossley 2002:1480).²⁶ In some of the groups, depending on the dynamics of the discussion, I used a focusing exercise (Bloor et al. 2001:42) by showing pictures and quotes taken from newspapers. At other times, particularly when I felt that people wanted to share their stories, I decided that the focusing exercises would not be necessary and in the worst case distracting. I used a broad list of themes (such as families, care homes, own experiences) I wanted to

²⁶ It is important to note that the analysis of the focus group discussions does not focus on the individual level of the socio-economic characteristics of each participant in the groups. I am rather describing the discourses happening in the groups and the themes, narratives, opinions and ideas emerging from these group discussion processes. See in this context the discussion of my understanding and my use of the concept of discourse as an explicitly social practice in section 2.6.

discuss but the main aim was to wait for a discussion emerging out of the participants' interests, stories and opinions. In the analysis I could then devise a list of secondary topics (Krzyżanowski 2008) which were not introduced by myself but which were brought up by the participants themselves. I also tried to involve all people into the discussion but in order not to drift away too much from a real life situation I did not want to enforce equal participation. That also meant that I allowed that some participants were more prominent than others and might have dominated parts of the discussion. After reflecting on the first groups, however, I decided that this would just be a representation of real life situations and that dominant opinions and meanings can prove to be an important source for my analysis. Generally it can be said that the focus groups proved to work very well, for participants were very active and engaged. Some group internal power hierarchies have to be taken into consideration, but again, this reflects day-to-day experiences of conversations and discourses. I also had extremely positive feedback from many participants who also expressed their gratitude to have been offered the chance and the space to talk about care and their experiences and feelings about care. This also brought to my attention a general discomfort with the care discourses in society in which it is not 'fashionable' to talk about care and being old or ill. People also said that they would not want to 'bother' friends and colleagues with these issues and that the focus groups were thus a gratefully accepted opportunity for them. Reflecting on the general atmosphere during the groups I think people started to realise that they do not have to present 'expert knowledge' but that it is their own experiences, feelings and ideas I was interested in.

3.5 Two case studies

The empirical analysis of this study focuses on two national case studies. As van Dijk (2001) notes, it is simply impossible to cover all aspects of a discourse in one area. However, by choosing two cases a moral framework could be identified and the mechanisms of the respective discourses could be analysed. The two cases represent exemplifying cases in Bryman's (2004) sense in order to illustrate the broader analytical processes. Following Bryman's advice that a carefully considered choice of cases is essential in order to find 'a suitable context for certain research questions (...) to examine key social processes' (2004:51) I chose Austria and the United Kingdom as countries for the analysis.

Having emphasised the importance of the contexts for a Critical Discourse Analysis above, I want to now focus briefly on the two national contexts of Austria and the UK, with particular interest in the structures of care for elderly people. Although I am aware of the huge range of literature on welfare regimes (see Abrahamson 1999 for an overview) the present study is not explicitly basing itself within this field as the typologies usually do not focus on moral values, norms and identities. What can be held, however, are similarities and differences between the two countries which serve as cases for the empirical analysis. Both countries are characterised by a European historical development with its moral and philosophical foundation influenced by a Judeo-Christian-Muslim ethical tradition. Furthermore both countries are operating with a capitalistic economy, influenced by the development of social democracy in the 20th century. The UK and Austria as the exemplifying institutional

backgrounds do therefore reflect cases with similar societal structures, which allows to treat the discursive practices as being based in a similar context. These countries, however, do also reflect traditional differences with respect to (welfare) state regimes within the borders sketched above (see Daly and Lewis 2000; Abrahamson 1999). Whereas the institutional organisation of care is different in the two countries, informal care is extremely important in both (see also Österle 2001). Also in the context of the analysis of discourse a brief description of the two cases is important as van Leeuwen (1996:34) put it:

‘a given culture (or a given context within a culture) has not only its own, specific array of ways of representing the social world, but also its own specific ways of mapping the different semiotics on to this array, of prescribing, with greater or lesser strictness, what can be realised verbally as well as visually, what only verbally, what only visually, and so on’.

Austria

The Austrian care system is strongly based on informally provided care, usually within family settings. In 2007 413,468 people received the cash payment for people with care needs (which I describe below; Statistik Austria 2009a, 2009b). 80 percent of people are cared for at home by close relatives, of whom 80 percent are women (Österle and Hammer 2004:36). Interestingly, men caring for relatives are usually retired whereas the majority of women caring are under 55 years old. Only between 4 and 5 percent of people being 65 or older live in institutional settings (retirement homes and nursing homes) and 5 percent of those 65 and older receive some form of

formal home help (Österle and Hammer 2004). This exemplifies the general trend in Austria of a 'de-institutionalisation' (Österle and Hammer 2004:38).

In Austria long-term care is formally organised by the payment of 'Pflegegeld', a financial benefit based on the hours of care that are necessary (see Badelt and Österle 2001). The intention and goal of the 'Pflegegeld' can be found in §1 of the relevant law, the Austrian Pflegegeld-Gesetz where it says:

'The purpose of the 'Pflegegeld' is to compensate for care-related additional expenditures in order to assure the necessary care and support for care-dependent people as far as possible and to improve the possibility to lead a self determined, needs-oriented life' (BPGG:§ 1, own translation).

One explicit goal of the implementation of this law was to financially secure and support the possibility of care within the family (see Badelt et al. 1997:2) and to therefore strengthen the (personally felt) responsibility to care. This conception of care obviously requires many people who are willing to perform care services in an informal context. When Österle and Hammer (2004:69) summarise the various factors which are relevant for the design of informal care, traditions, role-descriptions and emotional bonds play a crucial role.

The fact that care is still largely seen as a family issue, which is also reflected in public and political discourses, is challenged by demographic developments related to an ageing society and changing family structures. Care work, and in particular the organisation of round-the-clock care, place a large burden on family members,

emotionally, financially and physically. In Austria the answer for many families has been the employment of migrant carers working and living in the house of the person cared for. In Austria there are approximately 40,000 people employed as carers in private settings (Bilger et al. 2006). The large majority of these people are women from Eastern European neighbour countries (in particular Slovakia). The live-in arrangements are usually organised by specialised agencies and the carers work on a fortnightly cycle. This example of rotational (Bettio et al. 2006) or pendulum migration (Glucksmann and Lyon 2006) is a situation which inevitably raises several difficulties for the construction of care as emotional labour based on proximity, love and intimacy. Central features of the meaning of care are reciprocal relationships, love, affection and intimacy (van der Geest et al. 2004; Lynch 2007). In relation to migrant carers in Austria these relationships are emphasised and reciprocity is not only mentioned in relation to financial exchange but migrant carers are constructed as benefitting also emotionally from the relationship. In August 2007 the fact that many Austrian families employ migrants to care for their elderly relatives became an issue of public concern. Since then live-in arrangements with migrant carers have been a widely discussed topic in the political realm, as well as in newspapers and other public media. The newspaper discourses use 'ageing' as a concept that society undoubtedly faces and which requires new ideas and initiatives. Migrant carers are subsequently constructed as the logical actors in a situation of complex care arrangements. The employment of strangers in personal, intimate settings, however, creates a paradoxical situation and raises many moral, cultural and social considerations. Whereas issues of economics and legal and practical matters do play

an important role the construction of care as an issue of love, relationships and close family bonds has fostered the emergence of other factors underlying the discussion on the employment of migrants.

The topic of migrant carers will appear in several chapters in this thesis. As this was one of the main issues in the public discourses in 2007 and 2008 the topic was also prominent in the focus group discussions. I will not focus in detail on the specificities of the discourse on migrant carers (see Weicht); I rather want to use this particular discourse to demonstrate how the general moral construction of care is reproduced.

United Kingdom

Also in the UK care for elderly people (and others who need support on a continuous basis) is mainly done informally, mostly in family settings. In 2001 the total number of people providing care was 5.9 million (Doran et al. 2003). 9 percent of men and 11 percent of women (HM Government 2008) are carers, while the more time intensive care is largely carried out by women. Thus, in total 70 percent of care is still done by women (HM Government 2008). The National Strategy on Carers, published in 2008 describes carers as '[p]eople who care (...) because they want to help the people they care about' (HM Government 2008:5). In that sense the political goal is mainly to support carers in this process and therefore to enable a better, healthier and more efficient provision of informal care arrangements. Greener (2004) points out that especially under New Labour, health discourses were more and more dominated by a focus on consumerism, choice and independent decision making (see also

Glendinning 2008). To increase individual choice the UK seeks to design an individual budget scheme through which care should be financed (Glendinning et al. 2008).

In the UK the discourse in newspapers has been comparatively small. Specific newspapers (in particular *The Guardian* and *Daily Mail*) have featured articles and commentaries on a regular basis whereas other newspapers (in particular *The Sun*) only rarely publish articles on this topic. It was striking that financial aspects played, compared to the press coverage in Austria, a large role in both the reporting on care in newspapers and the focus group discussions. Also the possession of property and problems associated with it in times of care needs were discussed frequently. Widely reported were cases of abuse or maltreatment of elderly people in care homes. Additionally particular groups of carers, such as 'young carers' (see Becker et al. 1998; Dearden and Becker 2004), were sometimes discussed in particular newspapers (especially in *The Guardian*), they rarely featured, however, in the focus group discussions.

A problem arising repeatedly was that many people in the focus groups in the UK did not associate informal care with the term 'care' and did not identify a husband who supports his elderly wife as a 'carer'. This led to difficulties in the recruitment phase (as people were reluctant to come to a focus group due to 'insufficient knowledge') but could be used fruitfully in the discussion groups, once they took place. Many people expressed gratefulness for the recognition of caring parties, other than the

formal care providers. Care homes were discussed in very negative ways and 'real care'²⁷ was brought in opposition to the institutions.

²⁷ In this thesis I will use the term 'real care' not to describe the material expression of care but to refer to the idealised form of care as constructed in the discourses. In order to improve the readability I will not use parentheses every time.

4: Relationships: Who's caring?

4.1 Introduction

In this project I describe the moral construction of care. I will explore what care means in society, why people care for each other and how the moral context of care can be described in relation to the specific economic and social circumstances. The discourses on care feature many defining narratives and one of the strongest themes is the issue of relationships. The family has always featured very prominently in the discussions on care and the theoretical framework has also focused on the centrality of close relationships for an understanding of what care means. It is therefore useful to start the analysis of the moral construction of care by looking at these relationships. Who are the actors mentioned and thought of in the context of care? Which subjectivities are presented and how are relationships described? In all contexts the family is constructed and imagined as the quintessential care relationship. The family is described as the main realm in which care takes place and in most descriptions the family links of both carers and those cared for are emphasised. In that sense care is thought of primarily as a family issue. However, the topic of relationships reaches far beyond a focus on families as subjects and actors of care for elderly people. Rather, the importance and significance of relationships is a defining feature of what care is understood to be. Why is the family so central in the discourse on care and which ideals, values and associations are transported with these narratives? In this chapter I will demonstrate that the idea of family represents particular values and ideals associated with care for elderly people. The centrality of

family thus stems to a large extent from what care means to people and how it is constructed in everyday life. An aim of this chapter needs to be, however, to avoid falling into the pitfall of a simplifying reduction to the notion of an ideology of 'familism' (see Williams 1989)²⁸.

In section 4.2 I will present the close discursive links between family and care and I will discuss the extent to which care is thought of as a family issue. Why is the focus on family (and other traditional, intimate bonds) so prominent in this field? While Giddens's (1991) description of modernity challenges certain traditional forms of the ideological context of care work, such as the relevance of local community, kinship or religion, the necessity of some kind of care for dependent people still remains (and, due to demographic developments, increases), and so does the need for relations of trust and ideals for living. At a time of modernisation which encompasses an idealisation of innovation and marketisation even in the field of care (see Scourfield 2006), tradition is often seen very sceptically as an obstacle to a progressive, modern and emancipated construction of society. Nevertheless tradition must still be recognised as an important sense of single authority (Giddens 1991) describing the right way of social living and it is therefore also ideologically organising care work in a society. The tradition is based on a strong role of the family and informal networks for the execution of care work. Beck (1998) thinks about the family as a 'zombie category', as an ideal which is dead but still floats around.

²⁸ Familism in this context can be described as an ideology that implies 'an effective continuity between informal and formal care' (Cowen 1999:10) with a strong focus on the family as the 'normal' organisation of care.

Section 4.3 will focus on the underlying values of family relationships, such as responsibility, duty, commitment, love and guilt. I will ask whether these aspects are inherent to family care or whether they are sentiments which can also be located in other intimate relations. One example of alternative care arrangements, the employment of migrant carers in Austrian households, will be explored briefly in section 4.4. The development of late capitalist societies has produced a focus on individuals and self-chosen relations. Traditional bonds are an expression of an idealisation of the past. Bertram (2002) shows that, within sociology, the fixation on the crisis of the family has led to a shift to theorising privacy instead of family. While applied ethics usually focuses on questions of who owes what to whom (see Fitzpatrick 2008:148) I want to move beyond this understanding of care within families and focus rather on the values and ideals which are produced by an emphasis on the centrality of the family for care. Phillips (2007:59) points out that an academic 'emphasis on individualism and selfishness of modern families has led some commentators to conclude that there is a decline in moral values and commitment to care'. Using in particular Smart's (2007) critique of the theories of individualisation I will, however, demonstrate that, even in times of changing demands on traditional family structures, the values and ideals associated with families remain stable. Silva and Smart (1999:6) argue that not only have family arrangements altered; the new living situations have also affected changes in economic and social structures (see also Smart and Neale 1999). From a social policy perspective one could raise the question of how to keep and raise the willingness of relatives and others to take over and carry out care services as one of the most

significant issues for the design of modern societies in order to sustain this historically developed system of care provision (Österle and Hammer 2004:103). This does not mean that the traditional family will be presented as ‘a cultural icon and political anchor’ (Fineman 2002:216); I rather want to investigate and explore the long held assumptions that family care is to be done out of love, duty and obligation, a stereotype that results in lack of choice and agency on behalf of families (Phillips 2007). Alternative forms of care arrangements are always discussed in contrast to family possibilities and judged against the latter. An aim of this chapter is thus to solve the tension between a discourse on declining family structures and the focus on families in the context of care. Moral ideals and sentiments such as responsibility, duty, love and guilt underlie the moral concept of family care. This construction of care as being closely linked to the family has direct and immediate consequences for all involved in care relationships, be it family or not. It also particularly affects all other care arrangements which are evaluated against the ideal of family care. Hence, it is necessary to raise the question of what constitutes family. What do people associate with it and how can family be described in the context of care? This will be explored in section 4.5.

If family is fundamentally linked to care, care could be seen as a defining feature of families. Fink (2004:15) highlights that ‘the delivery and receipt of care (...) is a dynamic process in which the lives of both parties are woven together, disrupting any simplistic division between dependence and independence’. In other words, does the construction of care lead to the construction of family-like relationships?

Before concluding this chapter, section 4.6 takes up the idea of family as reflecting people's ideals about caring. If family care is mainly seen as an ideal representing certain values and virtues, to what extent are relationships constituted through care? One main objective of the chapter therefore is not simply to find out who is caring and by whom do people want to be cared for; but to understand how family relationships are thought about and constructed and what this means for other relationships in the context of care.

4.2 Care as a family issue

'One who cares for his relatives at home shows heart with that (...). And everyone who wants to care within the family should receive help' (Kurier, 22/11/06)

In this section I want to focus on people's own understanding of care and people's own construction of family as the archetypal relationship of care. One very obvious indication of the association between care and the family is the use of and the reference to terms describing family relations in the discourse. In the following two examples, which both deal with abuse of elderly people in care homes (see also chapter 5 on 'home'), family situations are mentioned. The terms 'grandmother' and 'wife' indicate the immediate association of elderly people in need of care with their families, a conception which can be found in most contributions to the public discourse.

'Grandmother dies after care home staff ignored head injuries' (Daily Mail, 14/03/07)

'Victory for man who "rescued" his wife from care' (Daily Mail, 14/01/07)

The basic system

Apart from these semantic indications, the focus groups have clearly shown that, when asked to talk about care, people usually focus on some family experiences. Additionally, care within the family is seen as the basic system, or, in other words, the most 'natural' arrangement.

Vanessa²⁹: But what I miss somehow, is care within the family

Adam: Yes, indeed, I just wanted to

Vanessa: that's basically (...) the basic system, as it used to be. There used to be an extended family

Walter: Yes

Vanessa: it's gotten less

Walter: Who wants that?

Vanessa: But, exactly, who wants? (...) But, who, uh, I think, you shouldn't just look at it from the younger generation's viewpoint, or of those, who care, uh, but should look once, how the old person is dealing with it. If we now speak of old people. Most of them don't want to go into a home at all.

²⁹ All names of focus group participants have been changed. The focus groups in Austria were conducted and transcribed in German and I later translated the extracts used in this thesis.

The example above demonstrates that family care is what is expected to be preferred widely. Family is the *basic system* against which all other possibilities of care arrangements fall inevitably short. But the extract also includes a reference to the idea that families and family care are always in decline and rather a thing of the past (an aspect that will be explored further in chapter 6). Lisa in the following quote also expresses these two aspects associated with family relations. Seeing family as the preferable option but acknowledging a decline of family commitment:

Lisa: I have just recently had this conversation, (...) for me the best would be to be comfortable within the family bond. However, somehow, that's the way things go, it rather is like that, that older people are somehow, some kind of shifting off is happening.

As mentioned above, I will explore the notion of a decline of family care further in chapter 6; here it is important to understand that family care is seen as the objectively ideal and perfect situation and, if possible, would be preferred by everyone. Clarke (1995:31) points out that even many professionals in the field of care refer to an imagination of a time in which 'the elderly person resided with their offspring who cared for them'. He furthermore argues that the fact that more and more elderly people live on their own is a sign of declining family values. The relation between care arrangements and what these say about family values and family bonds is an important feature to understand the centrality of the family for the

construction of care. Clarke, however, points out that there is also 'evidence that the current generation of elderly people prefer care from independent sources rather than from the family' (1995:45) and concludes that increasing resources create choices between different options of care provision. My research, however, demonstrates that the close ideological link between the family and the provision of care is affecting these choices greatly, not least in an emotional, ideological and moral sense. On the contrary, the economic situation is often seen as hindering the preferred option of family involvement:

'And it is perceived as being really unfair that Granny and Grandpa need to go into a home, just because there isn't enough money (...).It can't be that old people are pushed off into homes because care support is not affordable and the young ones in a family work and don't have time for their parents in need of care' (Kronen Zeitung, 16/08/2006)

Again, family care is the normal, preferred option and it is due to outside influences that care is not happening within the realm of family anymore. Another newspaper commentary from Cohn-Sherbok in *The Guardian* identifies the implicit link between families and care in much of the public discourse:

'In desperation we looked at the various books dealing with the care of old people. Invariably such volumes have a patronising tone and refer to parents as Mum and

Dad. They take it for granted that children will be determined to do their best for their parents whatever the personal or financial cost. The appeal is always to emotion, to sentimentality and to family loyalty' (The Guardian, 24/03/07).

Obviously, as this extract suggests, it is difficult and hard for relatives to object to the idea of 'natural', affectionate care within the family and a decision for a nursing home, or in general, institutional, professional care needs to be made against a moral discourse emphasising care within the family and by family members. But why is the discourse on care in the public sphere so focused on the context of the family?

Normative assumptions

Both sociology and social policy have a long history of writing on care relationships in general and family care in particular. Exemplarily I want to point to three contributions which have influenced much of the thinking about care in the last 20 years. Firstly, Clare Ungerson (1987) in her groundbreaking study of qualitative interviews with family carers identified a generalised idea of family obligations. She argues that a particular normative belief of family roles and responsibilities determines the process of negotiations of roles and care duties. Family bonds in particular are defined by their propensity to care, especially between spouses:

‘at an ideological level in our society, marriage is regarded as the supreme caring relationship, rivalled perhaps only by the mother/infant bond’ (Ungerson 1987:51).

Ungerson particularly focuses on the process of becoming a carer which, she argues, is intrinsically linked to taking over a particular role within the family. Especially for women, taking over a carer role for a family member often means that this 'woman becomes identified as a 'carer' for ever and anon' (Ungerson 1987:56).

Secondly, Qureshi and Walker's (1989) contribution also focuses on the care relationship but in particular on the experiences and the living of care relationships. The authors describe a very close and direct relation between the family and care and they describe caring relationships between elderly people and their families as 'the bedrock of 'community care'' (Qureshi and Walker 1989:5-6). They also highlight the ideological function of family care, as the simple existence of family care makes people already feel cared for. The preferences of elderly people by whom they want to be cared for Qureshi and Walker (1989:123) list as spouse, daughter, daughter-in-law, son, other relative, non-relative. However, this hierarchy reflects a normative ideal of preferences, which the authors describe as

'a traditional Western normative preference structure. The rules are that close relatives are preferred to more distant ones, any relative is preferred to a non-relative, and female relatives are preferred to male relatives' (Qureshi and Walker 1989:123).

Preferences for caring relationships are also the main theme of the third study by Finch and Mason (2000; the study was first published in Finch and Mason 1990).

They ask the question: 'in what sense do people support their kin because they see it as 'proper thing to do'?' (Finch and Mason 2000:193). The authors identify 'a degree of public normative consensus' (Finch and Mason 2000:200). This consensus about family responsibilities must not be understood as an absolute agreement; rather there are

'well understood principles which can be mobilised when you are working out 'the proper thing to do' in practice. People do have an understanding of what would be generally accepted as proper, but they use it as a resource with which to negotiate rather than as a rule to follow' (Finch and Mason 2000:211).

The 'unwritten rule' is therefore affected by the specific circumstances a family is living in.

In all three contributions the family is the main focus of care and the identification of the family as the main context and realm of care for elderly people is not really questioned. When Quershi and Walker (1989:271) argue that they 'have shown (...) that the family can provide the very best and the very worst setting for the care of elderly people' there is still an underlying assumption that the family is the ideal realm for care. While later sources (for an overview see Phillips 2007) indicate a variety of care arrangements these three sources are still extremely important. The description of family care and people's preferences has not changed significantly, at least as an ideal. Family care still encompasses the normative function Finch and

Mason (2000) describe. In any case, family care is seen as the standard against which care quality and satisfaction is to be measured. Furthermore, all those highly influential contributions arrive at the question of responsibilities and obligations within family relationships. What is described in these three texts is an ideal of care which is persistent in people's minds and discourses. I want to use these sources to critique the notion of family care as being literally reduced to family bonds.

Alternatively, family care needs to be seen as an expression of desires, values and wishes which are at the heart of care discourses. Another aspect which needs attention is the reduction of relationships to caring relationships once care is provided. Henderson and Forbat (2002) rightly point out that for most people not care is the defining feature of a relationship, but interpersonal dynamics. Policy making, however (also influenced by research on family care) often reduces relationships to their caring features.

4.3 Responsibility – Duty – Love - Guilt

In this section I now want to turn to the moral questions raised at the end of the last section, which are underlying the idea of family and care.

Responsibility

Who is thought of as being the 'obvious carer' (Ungerson 1987)? Who should be doing what, when and why to meet care needs of elderly people? To understand the complexities of care relations Finch (1995) advertises a 'commitment model' in which 'we see responsibilities as commitments which are built up over time between

specific individuals' (1995:54). The following extract is a discussion on family responsibilities, a question introduced by me as the facilitator. However, it is important to note that in this case the question is about a rather abstract notion of who, generally, bears the responsibility. It will later be shown that general, abstract principles and ideas about responsibility do not always coincide with decisions, feelings and opinions arising in real life experiences.

I: Who do you think has the (...) responsibility to organise minding, care? Is it the family, is it society, is it the person herself?

Ingrid: Yes, principally it's based in the family of course. And (...) that they arrange that with the relative, what she wants, because on that it'd depend, wouldn't it? (...)

But, generally of course, the family is the first (...)

Ida: So, especially the children, because, at the end of the day the parents have also cared for the children, haven't they? In most cases [laughs] (...). So therefore one has, I think, indeed a certain responsibility, to then also care for the parents.

Ingrid: Yes, I also think so, yes.

The main theme raised here is the one of filial responsibility which Finch (1995:55) describes as 'commitments between a particular child and his or her parent(s) develop[ing] by a complex process based fundamentally on reciprocity'. Finch sees the main aspect of filial piety in making sure that the elderly person is kept within the family, which refers to a stigma of institutionalisation and which will be discussed in

chapter 5. In this section I want to analyse the construction of filial responsibility and in particular focus on the idea of reciprocity and its meaning for the general construction of care relationships. Ivanhoe (2007) describes filial piety as a basic human virtue which, albeit subject to changes in the cultural, economic and ideological conditions of society, remains to be based on a special relationship between parents and children:

‘While traditional beliefs about filial piety may be out of date, the fact that humans have an enduring, distinctive, and emotionally charged relationship with their parents remains as true today as it was in the past and as true in the West as it is in the East’ (2007:297).

The relationship between children and their parents and the questions of indebtedness are one example of the construction of care responsibilities within families.³⁰ In a later section of this chapter I will analyse more broadly what family is and how these responsibilities translate into an idea of family (see also Fitzpatrick 2008); here I want to emphasise the reproduction of family responsibilities to care in the public discourse. How people talk about care and family shapes an understanding of who is responsible to deliver, organise and finance care for elderly family members.

³⁰ Grundy and Henretta (2006) discuss in this context the particular situation of those who are confronted with demands to provide care for their parents and their children at the same time.

Duty

Normative ideas about family responsibilities cannot be disentangled easily from particular relationships. In other words, cultural norms and conventions are both source and consequence of specific situations between people. A similar argument is made by Finch and Mason (2000:199) who state that '[i]n general, people do not seem to 'count' the quality of the relationship as a factor which legitimately puts limits upon the obligations of children to their elderly parents'. Limits are rather put in place by other responsibilities held by individuals. However, I will argue that there is a difference to be noted between general expectations and beliefs and personal actions, emotions and opinions. In the following discussion 'family commitment' is seen to not be expected anymore as much as it used to be. Interestingly, a clear distinction between responsibility and commitment is formulated which is partly explained by a change in culture and economic needs and pressures:

Bea: And so if they're local, yes, they can pop in, for limited times. And I do think they have a role. I do think that children should be, aware, of the situation. In my case it was one of my sons who came one time and said Mum you've had enough. What are you going to do about it? (...)

Fran: But there's less today of an elderly person coming to live with you. That used to be more

Bea: Oh yes,

Catherine: Yeah, my granddad came to live with us

Fran: The family commitment, you know (...) you cared for your family, you know

Bea: I don't think that that's expected now so much.

Fran: Well, no, it doesn't happen, I know

Bea: No, it doesn't happen.

Catherine: I think, it's, of cause, it's the culture, isn't it? Two people have to go out to work

In the following discussion, when Larry raises the question of responsibility for elderly people Pamela immediately mentions the family as the main unit. Will, however, starts to question this straightforward identification:

Larry: Who has responsibility? Is it the state, is it the family?

Pamela: It's the family in England (...)

Larry: Is it community? I don't know.

Will: again, I, I sometimes take issue with the family, uh, because, I, very briefly, I remember uh, been asked to go down to, to South-Wales to work, and I said, oh no, I can't, I can't move too far from the East Midlands, because my parents are there, and this guy says, but why? I said because I feel responsible. And he said, you didn't ask to be born (...) It was your parents who made the decision, you have no real responsibility. Now, I know society confers responsibility (...) and guilt (...) to look after your parents. And that (...) but this is quite important because, (...) some people are looked at and ostracised, because they're not looking after their elderly, you know, parents, and, (...) I would do it in a Christian way, but not because they are my

parents. I would look after them, as I would look after anyone. And I think, uh, I think there is an issue here that we shouldn't sort of, oh, wow, you know, he's, he's got children, (...) they shouldn't really have that responsibility even though society does confer on that.

This discussion is an example of a very interesting dynamic that could be observed in the focus groups. Will describes the abstract principles of family responsibility and discusses to what extent people have the duty to care for their parents. He also argues that children are expected by society to care for the parents and are denounced if they do not live up to these expectations. The idea that children are not responsible to care for their parents because they had not been present at the stage of being given birth is also emphasised by Ivanhoe (2007). Similarly to his conception of filial piety as the recognition of others as objects of concern, Will himself on the other hand said that he would care for his parents, as *I would look after anyone*. This tendency was relatively widespread, to distinguish between general principles and rules and personal motivations. Two aspects are particularly important: First, this paradox points to an ideal of care being done out of love, rather than out of duty and principles. Second, people often say they would generally agree with certain principles (e.g. children are not responsible for the care of their parents) but they themselves would not act accordingly. This again shows a reoccurrence of the distinction between abstract rules and the emotions of particular relationships. Care therefore needs to be understood as a particular relationship between people (see also the discussion on the ethics of care in chapter 2).

Love

Love as the basis for caring and reciprocal relationships is, in Ivanhoe's (2007:304-5) terms, the 'only appropriate response' to the love given by the parents, which should result in 'keep[ing] in mind the nature of their love and, in the warmth of this light, to cultivate reciprocal – yet distinctive – feelings for them' (Ivanhoe 2007:304-5). These feelings of love as a basis of care relationships should form the ideal for society and communal living. Gordon Brown's (then Chancellor of the Exchequer) contribution in a newspaper reproduces this strong relationship between care within families, the ideal of love, and the model for the whole society:

'Among the men and women who do so much for Britain are our carers. The six million loved and loving carers of those close to them are the very heart of our compassionate society and an immense force for good' (Daily Mail, 21/02/07).

Responsibility in the sense of duty is thus more often replaced by a notion of responsibility out of love. Smart (2007) argues that both love and commitment are important for functioning relationships of care. Separating the two would bear the danger of seeing commitment as good and care out of love as unreliable. She furthermore argues that a

'focus solely on commitment reduces the individual to a one-dimensional being, cognizant only of duty, and it robs the person of precisely the realm of the

‘magical’ and transformatory which imbues much of daily life with meaning’
(Smart 2007:78).

Smart’s claim of the combination of love and commitment is obviously important; in the discourses, however, the notion of love is even more prominent. In her qualitative interviews Ungerson (1987) noticed a strong gender difference regarding the ideas of responsibility and love used in the discussions. Women were much more likely to refer to normative obligations and expectations while ‘the word ‘duty’ was missing from the men carer’s vocabulary’ (Ungerson 1987:92) completely. Men, Ungerson explains, rather referred to love as the reason for their caring. While it has to be noted that these were mainly men caring for their spouses, which inevitably involves certain associations with love, Ungerson’s (1987) claim is interesting in that the expression of duty refers to a sense that is ‘generalizable from one relationship to another and it is largely unconditional’ (1987:92). Love, on the other hand, is bound to a specific relationship between two people, and seems to be emphasised much more in the current discursive construction of care relationships. Giddens’s notion of a pure relationship (1991:88), which is characterised by intimate, unconditional love and the absence of economic or other outside interests, might be a useful approximation of the idealised caring relationship which demands commitment for both the other individual and the social relation itself. Care out of

love would be an expression of a relationship between specific others while a focus on commitment would reproduce abstract, normative rules and rhetoric.³¹

Guilt

Another frequently mentioned issue in the context of family responsibilities is the feeling of guilt if one does not care or does not care enough for his/her relative. In the following extract Helma talks about the possibilities of arranging a live-in carer for her mother who could take over most of the caring tasks she is performing at the moment:

Helma: So, I have to say, under certain conditions, I could imagine it with every other person, but not with my own mother. I wouldn't want to do it with my own mother.

(...)

Uta: Then you can only put her into a [care] home

Helma: Yes, I would have to show this strength

Uta: Would you put her into a care home?

Helma: I, I would probably (...) until the end of my life, have to fight feelings of guilt

What is striking in this example is the clear focus on the family relationship. While she can principally understand it if relatives do not perform the care work

³¹ Giddens (1991:92) does mention commitment as a characteristic of the pure relationship. However, he defines commitment as going beyond love. My use of commitment in contrast to relations of love emphasises the former's basis in objective rules.

themselves, the situation with her mother is different. A difference is made between general rules about commitment and duty, and personal feelings of obligation (based on love for the particular other). Feelings of guilt are explained as being irrational and wrong (as one should not feel responsible to care out of general rules) but they occur due to the normative ideals of care out of love and the ideal of loving family relationships. Bahr and Bahr (2001) in this context even favour care as self-sacrifice and see it as a high virtue. They criticise self-sacrifice's connotation of self-defeating behaviour and argue that family reality differs to the normative, ideologically based idea of the primacy of individual freedom. Hence Bahr and Bahr consequently call for a recovery of 'the sacrifice of self or extensions of self, in the interest of priorities of persons whose needs we see as more pressing than our own' (2001:1232). They furthermore argue that changes in the conception of care (e.g. making it paid work and/or part of the market) would decrease the element of self-sacrifice in care (2001:1244) and would thus reduce the ethical value of it. It is important to understand that these ideas can be found in public discourses and people's own experiences. The moral superiority of care out of love (and maybe even self sacrifice) constructs an ideal of family care with very demanding connotations.

4.4 The construction of quasi-kin relationships

So far it has been argued that care relationships, which are constructed as family care relationships, are not necessarily restricted to relationships between kin or spouses. Because family in the context of care refers strongly to an ideal of particular (moral) values and virtues also other relationships are included in the discourse on

family. In this section I will use the example of the discourse on migrant carers working in and with Austrian families. In Austria one answer to the demands of care for elderly people in combination with a shortage of relatives who can or want to take over care has been the employment of migrants working in families and households. This example of rotational (Bettio et al. 2006) or pendulum migration (Glucksmann and Lyon 2006) clearly is a situation which consequently raises several difficulties for the construction of care as intimate labour. If, on the one hand, care is based on emotional proximity, love, intimacy and family settings, and the empirical situation, on the other hand, shows a widespread employment of migrant carers, how can these tensions be justified, discursively and morally? Care within family settings delivered by migrant workers is discussed in several national contexts such as the Mediterranean welfare states (see Bettio et al. 2006; van der Geest et al. 2004; da Roit 2007) or in Singapore (Mehta and Thang 2008). In the latter case Mehta and Thang argue that

[i]n the eyes of the society, as long as the elder person is kept within the family fold, his or her co-resident adult child is perceived as filial, even though most of the physical (and even emotional) care is being provided by a nonfamily member such as the foreign maid' (Mehta and Thang 2008:57).

Fictive kin

Barker in her discussion of care for the elderly outside family settings in the USA emphasises that often in these situations 'strangers act like kin' (2002:159) and she

identifies a development of these carers towards 'fictive kin', a process which is based on and allows for emotional proximity and social intimacy. Interviewees in her study refer to themselves therefore as being 'just a friend, not a caregiver' (Barker 2002:160) and define their work, similarly to family members' labour, as a moral duty (2002:164). The cared-for in her interviews likewise emphasised the kin-like relationship and referred to the 'grandchild I never had' (2002:165).³² Similarly Karner (1998) discusses the development in which carers are 'adopted' as fictive kin which again suggests that the quality of the relationship might serve as a replacement for higher status and payment. Bettio et al. (2006:272) summarise this development as a 'transition from a 'family' to a 'migrant in the family' model of care' emphasising the inclusion of the migrant worker into the family setting.

In Austria migrant carers are discursively included into family settings and are, through a process of discursive argumentation, constructed as belonging to the family under question. One example from a newspaper writes about '*families, who sacrificially care for their relatives at home with Eastern European help*' (*Kronen Zeitung*, 08/07/07), indicating that migrant carers are *helping* families to care, rather than simply taking over their caring tasks. The question arising is thus whether or not the establishment of a kin-like relationship is necessary and to what extent this creation of the fictive kin can be demonstrated discursively. The analysis of the

³² Interestingly, Barker also notes that in particular younger male carers (under 45) used kin terms. She argues that '[t]his is just one strategy by which they normalize their otherwise suspect relationship with their mainly very elderly female dependents' (2002:165). Due to the fact that the migrant carers in Austria are almost exclusively female this interesting aspect will not be discussed any further here.

Austrian discourse shows some aspects of references to kin-like relationships and bonds (*the two are grown together* (Kurier, 13/08/06)). Migrant carers are constructed in sharp contrast to professional workers as *good friends who help us* (Der Standard, 14/02/07). The following quote from Kurier (06/09/06) colourfully highlights the different aspects of the process of an inclusion of migrant carers into the family:

‘Two qualified Slovakian supporters took the family’s heart by storm. The two women devotionally looked after the 91 years old mother, who found new courage to face life in her own familiar home’

I also used this newspaper quote in the focus group discussions in Austria and people seemed to agree with the possibility of extending the family in that way. The following discussion shows that the possibility to be included into a family (through care) is also discursively related to certain cultural and social attitudes and identities associated with the women working in Austrian houses:

Walter: That the two qualified Slovakian, of course, if they are doing the work well, that they took the family’s heart by storm, is clear, isn’t it? (...)

Barbara: they have a specific charm, they have, these people

Walter: but as you rightly say, they have a, a very motherly and womanly quality

Barbara: yes, yes, they have a specific

Walter: (...) not too hard

Barbara: not too hard, they become, yes

Walter: that also counts for the Hungarian women, like, they do, there is also a

Barbara: uhum. yes, is also still softer.

In this quote there are very problematic assumptions about gender and ethnicity.

There is also, however a nostalgic element present. It almost seems that because *these women* are better in practicing family they are welcome to care for elderly people like family members. Intimacy between people is possible because these workers are in their identity constructed as being similar to family members. Many of the descriptions of the intimacy performed by migrant carers entail a reference to the family setting as a sign of an ‘adoption’ of the migrant workers:

‘When Mr B. got dementia, Kati and Maria entered his life. Today, the two Slovaks are for the family more than only cheap care-workers’ (Der Standard, 14/02/07).

Becoming part of the family includes a rejection of the label care worker. These women are particularly *not* seen as employees or professional workers, but rather as informal, familial friends or family. In the following extract from a focus group two members of a family talk about their experiences with two migrant carers who cared for their (grand)mother who is living with them in the house. I quote this discussion

in some length as it is a very useful example to demonstrate the process of inclusion into a family.

Caroline: Yeah, we also indeed often call our Slovaks, uhm, the Slovakian angels [laughs].

Gita: Yes, now, for three years I have now had the same ones, mother and daughter (...) and she again had also a daughter, there was also a grandchild, (...) because the woman who was not with me at that moment, was then caring for this other child. (...) And mother and daughter have switched places at mine, and this really was one unit indeed.

Brenda: they were lovely, yes. The really were (...)

Caroline: Yes, it is, they have actually become part of the family. (...)

Gita: they have just belonged to the family - but unfortunately it has now been the case (...) that the mother got ill now herself, and she's got rheumatism, that she couldn't work anymore and hence, the daughter could of course also not go to work anymore (...) Yeah, now I've lost both, right. (...) Because of that I needed two new ones, and there I have also noticed with my mother that she was in heavy decline, because then she's (...) since then she is absolutely incontinent, which she hadn't been before (...)

Caroline: Yeah, with the Slovakian nurses I must say, they really become part of the family, (...) this daughter indeed, who cared at ours, she also brought her daughter with her to ours from time to time, during school holidays or so. (...) They've also

brought their dog with them once, because they didn't know where to put it, because the friend was also not there, so

Gita: You also know the problems of these Slovaks

Caroline: You really become personal [familiär].

Gita: and you discuss the problems, your own, with them

Caroline: The Slovaks, then we also, from time to time, it maybe was like that, that we did it, half an hour, or an hour, if my father was there then, we went for a coffee with them and things like that (...) it is like that, they become part of the family.

Absolutely.

The discussion starts with a representation of the carers' identity as 'angels'. There is also a description of the links that have developed over time and various aspects characteristically for a close family bond are mentioned (discussing each other's problems, knowing each other's friends, going out for a coffee). Additionally, the importance of this familiarity for the wellbeing of the cared-for is emphasised. As a consequence migrant carers are constructed as quasi-kin 'with all the ambivalence, obligation, exasperation, trouble, joy, and pleasure that kin relations entail' (Barker 2002:166 with reference to Sussman). Brigit Anderson in her discussion of migrant workers quotes one woman saying that 'the problem is they treat me as a family' (Anderson 2000:123). The recurring discussion of the commitment, the reliability and the 'angel-like' devotion to the elderly people demonstrates the ideological relation to a moral grammar based on family responsibilities. I argue therefore with Glucksmann and Lyon (2006:6.4) that the employment of migrant carers 'is done in

order to sustain the practice and ideal of family care as delivered through love and personal connection'. It can be said that the construction of migrant carers as kin-like members of an informal network does rely on (obviously gendered) notions of closeness, intimacy and affection. Understanding care not only as a practice but also as a cultural and moral symbol in society can help to explain the paradoxical situation identified by Glucksmann and Lyon (2006:6.4):

'much of the labour of care is performed by a relative stranger in a cultural context which prizes kinship in care. This might help explain the widespread depictions of fictive familial ties and the caring qualities of the migrant women themselves'

A relationship is emphasised which relies on physical proximity and social intimacy in which migrant carers are discursively constructed as intimate friends or family members. The following extract also demonstrates the enormous intimacy that can result from the very relationship, and which, eventually, is used in the discourse to describe the relationship between cared-for, migrant carer and the family:

Ida: And my mother also has, (...) when I came to visit her at the end in the hospital (...), she was hardly approachable anymore, (...) and, when the carer came to visit her then in the hospital, her eyes were gleaming. (...) And in her arms she then also died. (...)

Ingrid: This was her attachment figure

Paul: attachment figure, exactly.

Ida: There she was sparkling, because Martina, that was absolutely her favourite. (...) there she was really gleaming, with me she wasn't gleaming, and with Martina she was gleaming. And in her arms she also died.

Using the example of the employment of migrant carers in Austrian families I could demonstrate that the discourse on family care can be extended to other care options as well. It has also been shown that the discourse on migrant carers reproduces the notions of what family is, and how care and being there for each other within a family is constructed. In other words, 'family' beyond ties of kin is possible. If the discussion is used to understand what family means for people it can be argued that family is characterised by notions of love, intimacy and being there for each other and care within the family is understood as being based on 'affective, quasi-familial, and asymmetrical relations' (Bakan and Stasiuskis 1997:10).

4.5 What is family?

The family is thought of as the central realm in which care relationships take place and I have described that values and ideals of care are closely linked to a construction of the family. I have also argued that these values and ideals can be found beyond the family, in other words, intimacies can be contracted out and employees are constructed as fictive kin. In this section I investigate the meaning of family in people's understanding of care and responsibilities. Smart (2007:7) argues

that the term family 'generally conjures up an image of degree of biological relatedness combined with degrees of co-residence'. Williams (1989:75) draws attention to the state's relationship to the family in terms of dependency, domesticity, reproduction and sexuality. Social and public policy making requires an image of what family constitutes and Williams elsewhere (2004:34) asks whether there is 'a new normative family emerging from law and policy?' If this image, however, does not live up to the empirical situation of carrying out family responsibilities I suggest to rethink the concept of family and focus more on the underlying moral and ideological values people associate with family.

Are accounts such as Beck's (1998; see also Beck and Beck-Gernsheim 2001) notion of family as a 'zombie category' and Giddens's (1991) idea of a development towards 'pure relationships' what Smart (2007:20) calls 'a cultural Zeitgeist in which increasing despair about families is on the verge of becoming conventional wisdom'? With Smart I would argue that families still have enormous meaning for the arrangement of people's everyday lives and in particular for an understanding of care and the construction of care. Clarke (1995) reminds one that families are not stable units and that family means different things to different people and lived family practices constitute the idea of what family is (see also Morgan 1996). Williams (2004) puts the effective social practice therefore in the centre of her analysis and focuses rather on what we *do* than on what we *are*. Smart (2007) also adds imaginations and memories to a complete picture of what family means. While these accounts are certainly true there still is an element of what family traditionally

means. In any case, family does describe certain values and ideas which strongly feed into the discourse on care and caring relationships.

Describing family

In describing what family means one needs to be careful to distinguish between descriptive and normative understandings of family. How do people understand family? According to which meanings do they act and how do people think families ought to function? Fitzpatrick (2008) describes two main models for understanding family relations. The 'Indebtedness Model' describes family responsibilities as 'a moral repayment' for received care (either seen in terms of reciprocity or in the sense that emotional bonds established between parents and children create responsibilities and the positions of responsible actors in later life). The 'Friendship Model', on the other hand, focuses more on independent actors.³³ Phillips (2007) additionally points to the family solidarity framework to understand the role families play in care (see also Bengtson and Roberts 1991; Bengtson et al. 2001). I have already discussed how responsibilities are understood in the public discourse on care. Here I want to draw attention to what these responsibilities tell about an understanding of family relations. The question cannot be reduced to 'who owes what to whom?'; rather a focus is needed on what the expressions of responsibility mean for care and those who do the care work. In other words, to what extent does the understanding of family affect the concept of care and vice versa? In any of the

³³ Ivanhoe (2007:307) disagrees with a notion of friendship to describe filial relationships: 'For friendship characteristically exists between equals or at least between people similar in status, power, and abilities'.

above mentioned models families are understood as relationally and emotionally laden networks, not as conglomerations of fixed roles (Fitzpatrick 2008:154). Even though Ungerson (1987:94) describes family relations as a bond which is 'based more on willing and highly committed acceptance of an ideology of what family relationships should be like rather than on any particularly strong emotions' the analysis of the discourse on care points to an inclusion of an ideal of emotions into the understanding of the family. Families are the incorporation and the realm of exchange, reciprocity and affect (Qureshi and Walker 1989) based on a mutual reinforcement of personal feelings and normative values (Walker 1995:207). Williams shows the importance of the meaning of people's personal relationships (and the quality of these) with their children, partners, kin and friends for their very own sense of identity and happiness (2004:73) and Twigg (2003) points out that emotions and feelings within relationships are crucial for care.

The naturalness of family

In the discourse the notion of family as a loving bond of individuals who are committed to each other often manifests itself as a focus on the 'natural' form of family (Fineman 2002), in which family and family care are understood as natural processes, as the two quotes below exemplify:

Fran: That in a way is almost a natural process, isn't it? Looking after the people of your family.

Ingrid: But, care for relatives, that is generally a normal, human, social duty, I'd say.

Ungerson (1987:129) also describes this 'naturalisation' of family involvement in care through which particularly women thought they 'fulfilled their sense of duty to their parents'. Family care in this context is embedded in a specific moral discourse, which does refer to an ideology of 'natural' traits, practices and identities of women which 'bear such a close resemblance to the practices based on the experiences of mothering and hence are construed as 'natural' aptitudes of women' (Ungerson 2000:636). The next extract is an example in which the natural process of family involvement in care is described by the use of references to animals. The process of 'learning' to care and to be there for your relatives is described as a natural cycle, which, unfortunately, is disturbed by modern cultural influences and economic pressures.

Will: We care for our own children (...)

Larry: look at (...) the animals

Will: [it's] natural to care for our elderly. But, (...) in between, we get greedy and selfish. (...) And other elements of man comes into play, and we become, we lose, well, I'm afraid, the present generation of parents, not all by any means, but a lot of children are brought into this world, because, uh, it's expected. (...). And so, they, this caring element doesn't seem to be quite the same as it used to be, so maybe adults

are not learning the skills that they should be, in, how to care for children and, stopping off work, for a few years, I'm not saying whether it's the woman or the man, it could be either, (...) and working a relationship up, that seems to be getting diluted, and so forth. And that is a worry that the next generation may not have the care skills, (...) they may just not have a clue, how to care for their (...) parents.

It is important to see the emphasis on the natural connection between family relations and the care of elderly people in these accounts. The idea of family as a reciprocal relationship is reproduced but the emphasis is on natural feelings, emotions and love, rather than on considerations of justice or fairness. In a commentary in *The Guardian* on children exploiting their elderly parents Alexander Chancellor says:

*'But it appears that children are the main culprits. How can they be so callous? Their parents are sitting ducks, of course. They tend to trust their children and can't imagine that they would want to do them any harm. (...) It seems incredible that they should allow greed to override their **natural affection** for, and duty of care towards, the men and women who brought them into the world and nurtured them through childhood' (The Guardian, 23/02/07, emphasis added).*

The natural bonds are emphasised and duty of care is described as being related to natural instincts and feelings. The aforementioned reciprocity should not be misunderstood as resembling an economic exchange; rather, the 'natural' relation and affection between people favours an ideal of care given as a 'priceless gift'. And the notion of a gift involves an idea contrary to payment and financial exchange. In a commentary, launching new policies for carers, Gordon Brown emphasises particularly the pricelessness of care and sketches care as being rooted in love for those close to one:

'It is far more a matter of love than of duty – caring that expresses itself in the priceless gift of sustained and dedicated support for people close to them' (Daily Mail, 21/02/07).

Family care as love labour

Because care is associated with love and the idea that 'unconditional love lies at the heart of the family experience' (Kendrick and Robinson 2002:294) non-family care arrangements challenge the ideal and the idea of the family itself. If someone rejects to care for his/her own relatives the family relations between those people are questioned. Due to the construction of family as the natural unit in which care happens, family care is seen as a very distinct form of care arrangement, specifically in relation to emotional needs, as Marion for example argues:

Marion: Of course, psychologically, I think it is more ideal, if it was the family, and the being there for her (...). Because, (...) the family knows what the elderly person needs. (...) My mother, my grandmother doesn't need to talk. I know what she wants.

This points to a differentiation of forms of care made by Lynch (2007) in which she describes love labour as one form which, due to the necessary emotional involvement, cannot be substituted by formal arrangements. Adam in another focus group session highlights that care within the family involves many different aspects, particularly tasks such as cleaning, nursing and cooking but also emotional engagement. Family care is therefore seen as the one form of care in which an elderly person can really feel at home. With this form of care tasks are not artificially divided; rather the boundaries between minding, being there for someone and caring are blurred. Adam furthermore emphasises the possibility that the whole family (including the elderly person) can and should be involved in contributing to the wellbeing of the family:

Adam: so that everyone, uh, had his tasks, and was therefore contributing to the general well being of the family.

The question of what constitutes family care in particular and the ideals of family in general is especially important for an understanding of other options of care

arrangements. Social and economic changes often require care and intimacy to be imagined in new (family) settings (see Roseneil and Budgeon 2004) and I have described the process of the creation of fictive kin above. If current notions of intimacy and care are not directly linked to a traditional, ideological understanding of family how do 'non-normative intimacies' (Roseneil and Budgeon 2004:138) define the constitution of family? If family refers to a moral and emotional framework rather than to links between people based on kin and marriage, alternative forms of care are possible. In other words, is 'family environment' without 'family care' mentioned in the discourses? One example has been demonstrated in the discussion of migrant carers and in the following extract Nathan describes an alternative form of living for elderly people which comes close to his first preference of being cared for within the family:

Nathan: Within the family, or within an environment that is a Christian environment. I've seen in Canada (...) my uncle (...), he is actually living in a complex that is a huge complex, that consists of tower blocks of flats that families live in. (...). And they have the ability to do, to what we would call a rest home situation which doesn't involve nursing care. There would be a rest home in place, so he could move from his apartment, when he could no longer cope, from the apartment into the rest home if he then needs nursing care he could move into the nursing home.

Metha and Thang (2008) in a contribution on Singapore also challenge the traditional idea of family care, arguing that this image does not reflect the complexities of family care in which also other players, such as domestic workers, exist. Family thus can be understood as an expression of particular values and ideals, which are not necessarily bound to kin ties. Ambivalences can be noticed in people's understanding of family: On the one hand, family values are extended beyond the traditional limits of blood and kin ties, on the other hand, family represents more than people having responsibilities for each other. Rather, relationships tied to care are constituted in a particular way, sketched in relation to the image of family care.

4.6. The re-constitution of relationships

If 'family' is an image against which care relationships are constructed, the process of the constitution is essential for an understanding of the very relationships. In this section I focus on challenges caused by care relations to families. The main aim is thus to analyse the extent to which shifts in relationships, which are caused by caring practices, determine the formation of new relationships.

Separating care aspects

One aspect mentioned frequently is that not every aspect of care should be done within the family. There is a discursive image that physical nursing care could be done outside the family setting:

Fran: It depends on your needs, surely

Christine: It does, doesn't it?

Fran: Incontinence and yes, physical needs, which need nursing, really nursing. That personal stuff, really, you'd rather get nursing, than somebody from the family, wouldn't you?

A clear differentiation between care as an emotional closeness, as being there for each other and care work in the sense of performing physical tasks is created. In chapter 8 I will focus more on this separation and in section 4.4 I have already discussed the possibilities of contracting out intimacies. For relationships it is important, however, that physical care can only be outsourced if it is clearly separated from emotional and intimate minding. This is one reason why migrant carers have been included into family settings as their work (and role) bridges both aspects. Whereas care work can possibly be outsourced the aspects of loving, relational care are inherently family related ideals.

Mary: I can only speak for myself (...), for myself it would be emotionally more comfortable if somebody would care for me who is from the family, who does already know me for a while. So, yes

Marion: emotionally, yes

Mary: of course, that's what I said.

Marion: the other thing is

Vera: and especially, I think that this person, the person in need of care, she just notices that family members, these well known and close persons, are there, yeah. Indeed, that this person is not left to his own, (...). I believe they feel that, they do notice it.

Thus, it is seen as reasonable if physical aspects of caring are performed by care workers. This allows a focus of family care on the characteristics discussed above: emotional support, love and being there for each other. In that sense formal care services can actually strengthen family ties (Qureshi and Walker 1989) if they allow a more rigid separation between physical work and emotional, intimate attentiveness.

Rejecting the notion carer

Baldwin (1995) emphasises that financial remunerations for caring for an elderly person can threaten the carer's standing in the family as it challenges norms and values of 'normal' family life and family relationships. The following extract exemplifies how care can challenge a particular form of relationship in which a person feels that an official recognition as carer (in order to claim benefits for carers) would undermine the family ties:

Betty: It's the issue that was raised earlier when people are afraid to claim benefits. (...) Do I really need, is it for me to claim the benefit, or being called a carer or not

while all I do is this, this and this, what I normally do, without realising that this is the job of a carer? It, it's the same sort of, uh, it's the cash (...) really, do I claim benefits, I care for her anyway, or shall I be paid for something I'm doing all the time, you know?

Nathan: I think too, it puts it in a different relationship. (...) It changes the relationship. [some agreeing] And, a lot of us would think it changes the relationship so therefore I wouldn't want to be classed as a carer.

Clearly, an arrangement in which people are paid for their care work challenges the notion of a loving family conception. The uneasiness with the term and the identity of a carer can also be seen in the following example taken from *The Guardian* in which a daughter talks about her relationship to her mother who is in need of support:

'Should I really claim to be her carer? After all, she's not living with me and I'm not responsible for her every minute of the day (...) Carer really is too grand a term. What I am engaged in is brinkmanship' (The Guardian, 20/01/07).

Henderson and Forbat (2002) describe these 'unwanted identities' of people who do not want to be reduced to an official term. The relationship would be challenged by the inclusion of such an attribution:

‘The terms care, carer, and caree prevent the construction of assistance being expressed as a normal component of the relationship. The terms suggest ‘otherness’, which places meaning outside of the interpersonal arena. This highlights a tension between meanings conveyed in policy and those constructed by care participants in their lives’ (Henderson and Forbat 2002:683).

The relationship which is based on family ideas and values would be threatened if images and narratives of other areas of life would penetrate. People who are asked to combine roles as carers with other activities as family members (Twigg 2003:425) are confronted with discourses which create caring either as part of a family identity or as paid work. Alfred in the following example points to the situation that also elderly people themselves might not really want to move into their children’s home as this would change the relationship they have with their kin.

Britta: I’m surprised that so many are still cared for at home (...) now, I will feel responsible for my parents for all my life, but I can’t imagine

Alfred: I think that’s natural

Britta: If you have a half decent relationship, yes. But I can’t imagine it, that I take my parents into my home, and give up my job, and (...)

Alfred: that’s also the question whether the parents would want that then, right?

Challenging identities

Family roles but also dependency relations (see also chapter 7) can be challenged by

a reversal of roles. Typical for that are parent-child relations in which the parent now becomes dependent on the care of the child:

Eloise: I would have, somehow earlier, made sure, that it has to be a home somehow, yes. Because, I think, it was uncomfortable for both sides. Because the mother felt of course, to be mothered, by the own daughter [laughs], that's somehow funny.

Similarly Claire talks about the challenges arising from the situation in which she cared for her father in her own house:

Claire: And I have really, like you imagine it in a care home, cared for him. Of course the role play was there, yeah, because there was now no mother.

In chapter 7 I will focus in more detail on the constructions of independence and dependency which also underlie the relationship between carer and cared for. For an understanding of the importance of relationships for care it needs to be noted here that caring relationships are fundamentally based on these dependency relations. It is also important to note that most relationships people engage in are not exclusively based on contractual arrangements. The family for example is a combination of mutual reciprocity and one-sided support, played out on a basis of emotions, feelings and social structures (see Fitzpatrick 2008:155). And the realm of emotions and

feelings is in particular the ideal that is emphasised in relation to family care. In discussing the case of migrant carers in Austrian families I stated that family values can be extended beyond traditional kin relations. In the remaining part I now want to turn to formal care arrangements and how relationships between cared-for and formal care workers are constructed in contrast to the construction of family care relationships. In the first discussion extract Helma talks about her experiences as a volunteer in palliative care and the relationships emerging with the people she is dealing with:

Helma: And then, in this time, because this is of course some kind of intimacy, unbelievable relationships develop (...). Uh, something very nice, (...), in fact something really new. And that [they] then with him, or her, in most cases it's women, but we also have some men who do that, talk about the most intimate things of their lives. Simply because it's a need.

The following discussion shows exemplarily how relationships with care workers are negotiated in contrast and in comparison to family relations. Vera presents a very common view that care workers are, in contrast to family carers, emotionally not involved with the person in need for care. However, Mary disagrees and describes how for her mother the situation is clearly different. Interestingly, she uses two main arguments in favour of care workers. Firstly, professionalised, and therefore more

qualified care, and secondly, the inability to distance oneself from the engagement with the people cared for:

Vera: And with a family member you don't have that, so, you do have emotions and those you take with you, whatever, [it's] not possible, you can't switch that off.(...)

And a professional [carer] just doesn't take it with him, must not take it with him. So, yeah, they must not identify with, I think, [laughs] with the situation and so (...)

Mary: No, I don't really think so. So, firstly, I hope and I think, that there's a difference of quality, because at the end of the day there's a lot of medical professional knowledge behind it. (...) And secondly, I think, it is not true (...) that you have some distance from it, because I see it with my mother. She's working in care and, maybe she should be able to do it, but often it is very difficult to, yeah, switch off, and also to really keep the distance. And she, so I experience that with her, she's taking a lot of it into her daily life, that's a big topic in conversations. It comes up, it's certainly half of the time we're talking, is about her work, and about the cases she is dealing with, also in the hospice. So it, it moves her massively, and it also gets to her. So it is not true that you can simply switch off. And I do think that, that she's doing professional work, and high-quality work. So

Vera: Yes of course.

Mary: Insofar I think that it is just a prejudice, and she has indeed learned methods to, yeah, to deal with it, but she's still taking it with her into her life. And I'm not sure in how far it gets to her even more, because she's confronted with a number of cases,

than, than for example, uhm, care in the family, where it is just one case, that gets to you. So, I'm not sure, whether it is not a bigger burden.

Vera: Yes, but, you have to, if that happens to your husband, or to your child, or to your families, so with a close family member, you have emotions, yeah, I mean, memories and, (...) a whole life spent with this person. So, a care worker, even if she is very qualified, they always try to research and investigate the biography of this person, that's clear, but they, they don't have the experiences with this person at all. (...) And especially, I mean, this emotional connection, yeah, you have, you have experiences with this family member.

How the two women talk about professional and family care in this discussion exemplifies the idea that care is intrinsically based on emotions and feelings of love and closeness. Care is also based to some extent on an idea of sacrifice, as discussed above. At the same time, interestingly, the idea of professionalisation seems to contradict the notion of selfless care to some extent. In order to 'defend' the image of care workers, Mary needs to emphasise their inability to distance themselves from these emotions which, and this is discussed frequently in other groups, arise through the experience of caring. An understanding of care built on trust, commitment, relationships and love can be interpreted as a protective cocoon that enables 'ontological security' (Giddens 1991) which affects the creation of identity significantly. Because people can draw on repertoires of values about care and commitment, worked out through relationships with others (Williams 2004: 41-2), they gain a secure self-understanding and a conscious (or even proud) position as a

carer. In situations in which these values are challenged (such as care relations outside the family setting) a dichotomy between loving, emotional being there for someone and professional care work seems to arise. The general dichotomy between care work and the emotional aspects are also often challenged by experiences. Qureshi and Walker (1989) for example argue that people often feel that caring for is an expression of caring about. However, they agree that a differentiation between practical work and emotional engagement could be possible:

‘Affective benefits can be delivered independently even though, within a particular caring relationship, the expressive and instrumental aspects of caring may be inextricably mixed. Warmth, affection and interest do not have to come wrapped around practical tasks, and neither is the performance of practical tasks necessarily accompanied by such expressions in either the informal or the formal sector’ (Qureshi and Walker 1989:23).

This idea will be taken up again later in this thesis (chapter 8).

4.7 Conclusion

In this chapter I have presented data to describe how relationships in the context of care are strongly defined by values and virtues associated with family care provision. I have demonstrated that in public discourse the family is positioned as the main unit and focus in the context of care for elderly people. Even though it is obvious that there are also other actors involved in the provision of care the family still remains

the main association. This happens through an emphasis on values and virtues linked to the family so that family care always becomes the point of comparison. People seem to be confronted with two opposing cultural discourses: firstly, families are seen to be the ideal care framework and secondly, care within the family is due to economic and social developments not always possible anymore.

The family as an institution has experienced substantial changes over the last decades, though no signs of fragmentation (Fitzpatrick 2008:143); in the discourse it is still the main association in the context of care. In that sense all other options available are judged and evaluated in relation to values such as emotional intimacy, traditionally associated with the family. However, I have also argued that this does not necessarily mean a straightforward assumption that family members are seen to be responsible for the provision of care for their elderly relatives. Rather, a complex web of principles, emotions, affections and beliefs, influenced by public, normative ideas, determine individual attitudes and responsibilities. I also demonstrated a possible differentiation in the public discourse. People do express abstract ideas and beliefs about responsibilities which do refer to notions of justice and fairness. At the same time, however, these rather abstract principles are compared to personal relationships in which emotions and feelings equally shape the idea of responsibilities.

This points to a broader theme which can be called the relationality of care. In chapter 7 I will focus specifically on these relational aspects. For the moment it is enough to understand that certain values about care relationships and how and by whom care should be done are heavily affected by values about 'proper' family situations. Svašek (2008:222) points out that 'rules about "proper" emotional behaviour (expressed in discourses, enacted through practices and felt through embodied experiences)' are internalised through family practices. Thus, how family is normatively seen to be, influences the ideal caring situation. The values emphasised in the discursive construction of the family strongly refer to an idea of 'natural' traits, attitudes and opinions. Not out of abstract principles one should want to care for his/her parents but out of a natural desire to do so. In other words, the ideal of care is care out of love and not the fulfilment of a commitment. Care as the labour of love inherits this idea of emotional attachment and intimacy (see also Hochschild 2003a). Additionally, the family is seen as the natural realm in which dependency and the need for care can take place; these concepts are therefore privatised into the family unit (Fineman 2002:218). Family norms are often the result of legislation and justified biologically (Scott 2004). This chapter also showed that families are the result of moral constructions of values and virtues and that therefore families cannot be seen as 'incarnations of the truth of nature' (Scott 2004:231). When Silva and Smart (1999) advise a linking of benefits, taxes and pensions to practices of care instead of forms of family or marriage (1999:11) they recognise the potential of care to create forms of 'family' beyond the restricted normative understanding.

The question was raised whether family values are restricted to relationships of kin but the analysis of the Austrian migrant carer discourse showed that these values can also be reproduced beyond the immediate family. It can therefore be said that the notion of family can be rethought as being defined by certain values, virtues and practices, which are strongly related to care. It is not by definition, however, a kin or blood relationship. In practice the work of care and the feelings related to it go hand in hand but in the discourse a separation between the physical work aspects of care on the one hand and love for the cared for on the other hand seems to take place. This again raises the question of the possibility of other care options, e.g. the employment of professional care workers. Due to the discursive construction this becomes questionable as Groenhout (2004:27) for example warns that '[w]hen a relationship becomes one of rational calculation rather than one of care, the relationship is no longer sustainable'. In chapter 8 I will focus on the discursive split of intimacy and the market and its consequences for the construction of care but at this stage I want to draw attention to Zelizer's argument that traditional proponents of a family model of care use this split against any involvement of financial transaction in the realm of care:

'Note that opponents of state-paid family caregiving invoke the now-familiar dual ideas that the intrusion of the marketplace into the sacred space of the family inevitably brings corruption, while introducing sentiment into the workplace reduces efficiency' (2005:171).

Because care is seen as being closely linked to concepts such as affection, love and intimacy it is related to a particular kind of relationship. Interestingly, people talk about caring for their mother, *with the help of a Slovakian woman*; but they say *putting away* to a care home. This is an example that shows that some forms of care are completely taken out of the family bond. Subsequently, because the care home does not offer family care, the relationships within the institution can never be real caring relationships in the ways they have been constructed as ideal or idealised family care relationships (I will discuss the geographies of care in chapter 5).

So far the question of *what does care mean* could be answered by highlighting the focus on values and virtues of family relations. I have shown that care requires a certain form of relationship and equally that care produces relationships. Care in that sense is understood as a particular form of relationship itself. The link between family ideals and care also leads to a situation in which care is constructed in a way how family is ideally lived and practiced. I have argued that a focus on who owes what to whom, on issues of reciprocity, duty and obligation misses an essential aspect of the construction of care as 'anti-market' form of care. In this form of care the family is the main realm because the family and the own home (see chapter 5 below) secure a care relationship protected from the market-logic based system. At the same time a focus on individualism and post-familial relations seems to be an over-reaction to changing social structures. Values and ideals incorporated and represented by families remain the main feature of what care means to people and what being there for each other means to people. It is not an archaic universality of

the family (Burkart 2002) which makes family such a persistent aspect of the discourses; rather it is the meaning these relationships bear for people. 'Family' in the context of care is not (only) about *who* but about *how* care is thought of. Care so far can be described as an expression of family values such as intimacy and emotional relation. But care is not restricted to an image of close relationships. In order to explore the question of what it means to live an ideal life, other aspects associated with care need to be evaluated. In the following chapter I will focus therefore on the specific living arrangements which build the realm in which care takes place.

5 Geographies of care

‘Caring tends to be associated not only with women, but with those private places where intimate relations with women are found. Specifically, caring is associated with the home and family’ (Hilary Graham, cited in Parks 2002:22).

5.1 Introduction

In chapter 4 I have demonstrated the ideological links between relationships and the ideal of care. I have argued that the construction of family is a representation of an imagined ideal which can also be embodied by non-family members. People’s homes bear a particularly important meaning as the nexus of intimate relationships. In this chapter I will discuss the geographies of care in more detail. The meaning of care is closely linked to an idea of the good life and the utopia of the home represents an important part of this ideal. The dichotomy between loving, affectionate care, and professionalised, institutionalised work will be situated in people’s understanding of spaces and places of caring. To understand the consequences and mechanisms of this reproduction the idea of ‘home’ must be seen in two separate, but inevitably interlinked ways. These attributes are reflecting common sense notions of the word ‘home’ but go beyond them, in the sense that they represent a particular meaning in the context of care and being cared for. First, ‘home’ should be described as an ideological realm symbolising values attached to care. ‘Home’ therefore is constructed as the quintessential realm of care in which different images, emotions, attitudes and situations can manifest themselves symbolically, as Holstein argues: ‘It

connotes family, security, comfort, treasured memories, and even “independence” (cited in Parks 2002:11). Secondly, ‘home’ is a particular physical space in people’s minds and it is therefore associated with particular feelings towards this very place. These two aspects are produced and reproduced in public and private discourses and are therefore deeply embedded in people’s understanding of care. I will first (5.2) examine the relevance of home as a concept, discussing its meaning in academic and public discourses. I will analyse the distinctions between the physical space of home, the materiality of owning a property and the emotional associations with home. This will be followed (5.3) by an illustration of how home is constructed in the discourse on care. For this endeavour I will use the discourse on migrant carers in Austria as an example in which the ideal of home is created and constructed. I will show how home represents a central feature of what it means to be cared for. Discussing migrant carers’ roles in the household will help to understand the relationship between the place of care and its meanings and connotations.

Parks (2002:11) points out that ‘home care symbolizes all the positive associations we have with hearth and home’, a space in which a “kinder, gentler” form of health care’ can be delivered and in which people ‘can remain in the bosoms of their families’. Traditionally, the home used to be the space in which informal care is located; the market and the public space are identified with formal care. Taking up Said’s idea (2003) that an imagination of home also needs an imagination of other places in order to establish what is *not* home, I will describe the discursive image of the care home in section 5.4. Institutional care places are constructed as the

antipode to loving, affectionate care and they feature prominently in people's stories and narratives. What real care is must be understood by grasping how care homes are constructed. The question arises, whether or not the ongoing blurring of boundaries between formal and informal care is also related to a challenge to the notions of different spaces in general and the 'home' space in particular, as suggested by Milligan (2003). In section 5.5 I will analyse this creation of dichotomies in some detail. Feminist criticism of the public-private distinction will be used to show the effects of the creation of a dichotomy of spaces, between the loving, caring space at home and the cold, institutionalised space of the care home. In the conclusion I will take up the theme of ambivalence which characterises many of the issues discussed. People's feelings, associations but also opinions and arguments about care show an ambivalent relationship to places in general and home in particular. Before I turn to the issues of nostalgia in chapter 6 I will discuss the meaning of these ambivalences in relation to an idea of what people imagine as ideal care.

5.2 The meaning of home

Being at home is for many people the quintessential expression of feeling comfortable, safe and welcome. Some authors describe home therefore as a place where one feels ontologically secure (Easthope 2004), where one's identity is shaped and kept. The link between home and people's identity is based on the physical space but also on an imagined closeness with this physical space. Bachelard

(1969:15) in his book *The Poetics of Space* describes the relationship between the material house and the ideas associated with home:

‘The house we were born in is more than an embodiment of home, it is also an embodiment of dreams. Each one of its nooks and corners was a resting-place for daydreaming’.

Stereotypically home represents ‘warm’ feelings and positive associations with family, love and comfort. Images of being cared *for* and being cared *about* reflect similar sentiments and feelings and home becomes a central feature of positive imaginations of care. In the literature home is a contested concept (Easthope 2004) which conveys various meanings for both individuals and society in general. Whereas Bachelard (1969) emphasises the importance of images, dreams and imaginations for the lived experiences of a place, Massey (1995) focuses on places as locations of particular sets of social relations. Easthope (2004) shows that home means places which are inscribed with social, psychological and emotive meanings. Similarly to Massey (1995) Easthope (2004) disagrees with a rigid definition of home and favours a procedural meaning of home for places are always in the process of creation. In the context of care the meaning of home represents, on the one hand, the realm of caring, where care is delivered and experienced; on the other hand, home represents a sentiment of what care is and which symbols and images are attached to it (see Martin-Matthews 2007; Andrews and Phillips 2005; Conradson 2003). Home inevitably embodies all those aspects at different times for people. In the following sections I want to identify a few of the main features of people’s associations with home.

The materiality of home

I first want to discuss the material aspects of the property, of the house and of the possession and use of one's own home. While home relates to many emotive values and ideals it also needs to be understood as a system of boundaries in which one can be in control, in which one can hold possessions and in which one has the power to exclude others. Martin-Matthews (2007) therefore refers to home as a relation of territory and boundary, of control and cooperation and of symbolic significance.

Blunt and Dowling (2006) emphasise that physicality/materiality and emotions/feelings always influence each other, that those spheres are not separate but bound to each other. This conception of home does justice to the theoretical framework (see chapter 2) in which the emotional sphere and the materialist world are intrinsically connected to each other. The understanding of the creation of an ideal of home is inherently related to economic possibilities and structures. Owning a property, a notion that was particularly prominent in the UK discourses, is significant in several ways: In the discussion about people having to move into institutional care settings, the aspect of having to sell the property to pay for the care home is often mentioned as important materialistic consequence. This expresses on the surface repugnance against being forced to sell a property which people have, over many decades, invested their lives in. But the aversion goes beyond that. As I will establish later in this chapter the care home is related to other-determined, other-controlled living. By having to sell one's property the psychological aspect of having to give away one's home reinforces and exacerbates the aspect of giving up one's individuality and personal identity. Losing one's home means that one has no control

over his/her surroundings. Milligan (2003:466; see also Young 2005a) refers in the following statement to the fact that losing one's private home also means to lose the power related to home:

'Institutional spaces are not seen as belonging to residents but to staff, with significant areas of the home 'off-limits' to residents and their families who, in turn, have limited ability to establish spatial exclusion. The application of the term 'home' is thus something of a misnomer and the power balance exhibited within the private space of the domestic home is reversed.'

This quote also points to the fact that the feelings associated with home, and the material possession of a property, are not separate aspects in people's experiences. Rather, the possibility to exclude others and the protection of one's *own* sphere are inherent to the idea of owning a place. Gal (2004:261) therefore argues that while "Private Property" is a defining feature of a capitalist economy' the idea of private represents at the same time 'those intimate relationships that are ideally protected from economic calculation'.

The discussion on home, and with it the construction of an ideal of home, happens in particular socio-economic contexts and is therefore bound to and influenced by the economic circumstances underlying care. And these economic and social circumstances lead Parks (2002) to argue that a positive notion of home is exploitative and alienating for those providing care work in it. Simply because care at home 'falls outside the market economy' and because it is therefore socially and

politically invisible (Parks 2002:19), it exploits those who have to fulfil unrecognised and unvalued work; work that is largely not even understood and recognised as work. The home has a particular ideological meaning that hides socially necessary work away from public recognition and adequate economic remuneration. This reiterates Fraser's (2003a, 2003b) claim for both recognition and redistribution. In the locus of the home it becomes clear that recognition of marginalised groups (e.g. those caring) is closely linked to economic inequalities. Only those who can afford it can afford the ideal of home.

Blunt and Dowling (2006:100-1) argue that public discourses present

‘a dominant or ideal version of house-as-home, which typically portrays belonging and intimacy amongst members of a heterosexual nuclear family, living in a detached, owner-occupied dwelling, in a suburban location’.

Phillips (2007:117) shows the impact of class or educational levels on the access to home care. She demonstrates that the higher the education, the greater the geographical distance between parents and children, which inevitably influences the possibilities to provide and/or arrange care at home. In these situations the idea of home as a luxury, in the sense that only those with sufficient funds can afford the positive associations with ‘home’ is at least partly challenged. This discussion will again be taken up again in chapter 8.

Feeling

Additional to the materiality of the house, associated feelings, emotions and

sentiments play an important part in the meaning of home. Again, for the construction of care at home these associations are extremely important as they affect people's preferences and wishes for their living conditions. The following extract from a discussion exemplifies some of the most common associations with the own home as a familiar space and a well-known environment. The affirmation of this familiarity contrasted with the unknown, unfamiliar and hostile realm of the care home is however not reduced to the practicability of living, as might appear at first glance. The home is associated with comfort, safety, and feeling at home whereas the institutional space is thought of as potentially hostile, mean, and lonely. When Adam argues that in a care home people are on their own and have to manage alone without any help, the experience of an individual within the space of a care home is constructed as secluded, lost and isolated.

I: I'd like to briefly talk about care at home, (...), that's what all have said actually, it is better for those who are cared for? (...) or, it's easier, or more comfortable, if that happens at home? (...)

Barbara: Yes, the familiar environment.(...)

I: What are, what are the reasons, that it is nicer, better at home?

Adam: Because the cared-for person has probably lived there for 20, 30, or 50 years, in this environment, knows the people (...) and if he's now going to move somewhere else, he doesn't know anyone, he doesn't know how mean the people are. He doesn't know the house customs, he is, if he's getting away from home in the first place, he

has no support at all, he's on his own, and he's dependent on them, right, on, on the whole system, dependent on the carers (...)

Barbara: Then, additionally, the old people very often start being dement

Adam: yes

Barbara: they then don't have a proper sense of orientation; (...) they don't know anymore where their things are. At home, they know exactly, this I have there, that I have there, and this they forget again in a new environment, if they have dementia for example (...).

Barbara's reply, in which she introduces dementia as another factor that worsens the experience of a loss of familiarity, points to the aspect that home is also the space that provides an established self-identity. People with dementia might lack memory and a coherent self-narrative, and therefore they also lack 'home'. The meaning of homelessness as a socio-economic phenomenon can easily be extended to the loss people experience if they have to move away from their life's narrative. This process is then visualised by a move into an institutional space, and the apparent absence of home even more. This feature of home as providing the story of one's life is a very prominent association in the discourse. Young (2005a; 2005b) describes the home as an extension of bodily habits, particularly for older people who are marginalised in society and whose expression of their own identity is somewhat limited to their own home. Similarly, Milligan (2003) sees the home as an embodiment of identity and self-expression, as an anthropological space. In the home, Milligan argues, there are limits to the 'extent to which an individual can be objectified and depersonalized –

stripped of their history and identity – to become anonymized within a collective (institutional) regime’ (2003:462). This feature of an anthropological space, in which people are by definition (of home) independent subjects within a familiar environment, feeds into the association between family and home.

Home as an extension of family

Underlying many of the discussions on care in general and the idea of home in particular is the assumption of care as a family issue, as described in chapter 4. The idea of place and space in which care takes place is of utmost importance in the context of the discussion of possible solutions and alternatives to family care (see also Mallett 2004). The home, with all its aforementioned attributes and associated feelings, well summarised by Young’s (2005b) idea of dwelling, is the physical manifestation of what is commonly associated with family life and being comforted by a familial environment. Mallett (2004:63) argues that home ‘locates lived time and space, particularly intimate familial time and space’. In the quote below there is also some underlying notion of blame (of the family and/or the state). The importance attached to the own home has important consequences for family members and often results in feelings of responsibility and guilt. People often express that securing care for their elderly relatives in their own homes (or in the relatives’ homes) would mean for them to fulfil their duty as a relative. That people are not preventing it that relatives have to move into a care home, is a recurring theme which underlies feelings of guilt and discomfort. The following extract from a focus group discussion represents this relation between feelings of family obligations

and the home as a physical space. The discussion also points, however, to the meaning of home for the reproduction of family relationships:

Caroline: I think, always the question with bad conscience. It is, I believe, not only the conscience which says (...) she has raised me, she has always been there for me, she is my mother, and now I put her away? And shift her off? (...) they have somehow still a bad conscience then. Plus there is still the question, would my mother maybe have lived longer if she had stayed at home? In the known environment.

Gita: Yeah, my mother wouldn't live in a [care] home anymore.

Caroline: Because many seal themselves off, they retreat,

Gita: Neither my aunt

Caroline: if they come into a care home

Gita: They both hadn't lived anymore in a home

It is this projected association between the home and the idea of care as a family issue that particularly defines women's role different to men's. Extensively discussed by feminist writers (e.g. Held 1990) the house is the realm of the private and traditionally associated with women. Family relations are still seen as the most protected form of privacy, against the public world of markets, bureaucracy, politics and paid employment. The emphasis of the importance of home has hence a particular gendered connotation of family relations. Parks (2002) points to the gendered consequences due to a construction of home in relation to family values:

‘Caring is tied not only to women but to the private sphere where intimate relationships flourish. This is primarily the sphere of the home and family. Since women have been linked historically to the private sphere of the home, the task of caring again comes full circle to an association with women. And women internalize this association with caring such that feelings of guilt arise if they are charged with not caring enough or, worse, not caring at all’ (2002:21).

These feelings of guilt bear a heavy burden, in particular but not exclusively for women. By reconstructing the realm of home as a sphere of comfort, security and familiarity, family members and especially women are put in a vulnerable situation. Bearing the responsibility of providing, ‘home’ for their relatives becomes a task that is not limited to practical arrangements but more and more based on a symbolisation of home. The own wish and the own position within family relations are then partly defined by the availability of home for frail elderly people. Vanessa, in the following extract, exemplifies that and also links the importance of securing a home for her mother explicitly to her identity as a woman.

Vanessa: And again, it was the men who were rather in favour of a [care] home. (...) And we’ve seen, however, that it goes relatively quickly, and therefore I said, no way, there’s no question about it. We give her the time at home. (...) And she also wished that very much, to be at home.

Blunt and Dowling (2006) point to the long-existing ideological separation that men build and dwell and women preserve. They argue that the idea of the home as a

retreat is a male construction 'for whom home is a refuge from work, but certainly doesn't describe the lives of women for whom home is a workplace' (Blunt and Dowling 2006:16).

Living Preferences

'Who wants to go into a home anyways?' (Kurier, 23/10/06)

A theme and narrative that also appeared frequently in the discourses is the emphasis, or the assumption, of the preference of care at home rather than in institutional settings. Discursive argumentation strategies such as 'every old person wishes to stay at home' or 'old people want to live and be cared for at home' show the unquestioned and unchallenged assumption of the choice for the own home. This is furthermore reproduced by warnings about taking old people out of their familiar environment and to 'push them off' into a home, or even 'to deport them' to a home. This is constructed as a bipolar opposition to people's wish for a self-determined life, away from any institutions. The home, in contrast to institutionalised, other-controlled existence, entails a possibility of independence, and independent living. Maria describes what independent living means for her:

For me it means living in one's own home surrounded by one's own familiar belongings and lifestyle. It means privacy. It means still being able to get out to the theatre/cinema/social gatherings if desired

Kontos argues that it is one particular feature of home that it 'unlike many other accommodation options available to frail older people, does not compromise their independence' (1998:168). Home can therefore be seen as by definition enabling and guaranteeing independence for those living in it. People living in their own homes, being visited by carers, or even living with a live-in carer (such as in the case of the migrant carers in Austria) are not necessarily 'more independent' than people in institutional arrangements. It is the connotation of 'home', however, that secures this experience of independence for people. Kontos similarly states that home is associated with independence

'by defining a space that is controlled by and is uniquely the domain of the individual. Home is a space in which to pursue personal interests and also, as it is resonant with experiences and expectations, it is a vital facet of self-identity' (1998:189).

Clearly, independence is here not necessarily linked to real living situations but is rather a result of the definition of home and its attached values. In chapter 6 I will discuss the imagination of independence at home and the idea of 'dependent' living in care homes in more detail. Here I simply want to point out that the ideological construction of the home has important consequences for how people see themselves. Living at home (and being cared for in one's own home) represents an independent life style combined with a familial and familiar atmosphere. Other arrangements will inevitably fall short of this ideal. In the following section I will demonstrate the importance of the idea of home for the construction of care within

family settings. The discourse on migrant carers in Austria demonstrates that home is enabling a family situation even though family members are absent.

5.3 The realm of intimate care –migrants caring in ‘homes’

I will describe the example of the Austrian discourse on care in some more detail in order to illustrate the consequences and meanings of the association between home and family relations or communities. As mentioned in chapter 4 the discourse on migrants who are living with elderly people in their apartments in order to care for them reproduces the general dichotomies present in the discourses on care.

The analysis of the discourse on migrant carers in particular suggests that the home is constructed as the sphere in which informal care based on affection, love and duty can be practiced, even when performed by non-family carers. Bettio et al. (2006) observe a widespread aversion against institutionalisation in Italy and link this to the motivations to employ migrant carers (see also Degiuli 2007). Similarly the analysis of the Austrian discourse suggests that the home is constructed as the sphere in which informal care based on affection and love can be practiced, even when performed by non-family carers. In other words, the employment of migrants as carers in people's own homes, described by Martin-Matthews (2007:231) as 'strangers who attend to her in the most intimate settings', reproduces the idea of home as the realm of family care and the notion of family care is therefore extended to non-family members. The following newspaper extract clearly shows the kin-like function of migrant carers in the household. Starting with the terminology of 'Granny' the whole

description of the situation suggests that living together at home is constructed as the building up of a family relationship. The last sentence then presents the alternative (here mentioned as the only alternative – a limitation often found in this particular discourse), the care home. It becomes clear that the carer prevents the cared for to be ‘pushed off’ to a care home.

“When Anna is gone, Granny gets ill.”

Anna does really everything that comes up. She cooks, washes, does the housework. But over everything else she faithfully looks after “Granny”. For many years Granny is dependent on others’ help. The almost 90 years old woman has Alzheimer and is bedridden. Additionally, a chronic lung disease causes problems. Anna helps Granny onto the wheel chair, washes her, supports her with the daily tasks. “But especially during the night she is there”, Margit says. “That’s the greatest thing for us. But only the illegals do that. Otherwise one cannot afford that.” (...) Today everything’s different. “The two are extremely close. Every three to four months, when Anna goes to see her family in Slovakia, Granny gets ill. She relapses – and that every time.” (...) A care home, however, is out of the question for the family. Margit: “Mother always refused to be pushed off.” (Kurier, 13/08/06)

For family members’ performance of intimate, affectionate care the most important feature is the provision of care in people’s homes and the analysis suggests that family members can fulfil their moral duty, resulting from their familial connection to the person in need, at least partly by arranging their relatives to be cared for in their

own house. Mehta and Thang (2008) focusing on the situation in Singapore argue that there society approves of people's filial responsibility as long as care at home is ensured. Reflecting the Austrian discourse, *Der Standard* (07/02/07) writes that it is beyond doubt that the goal of policy making in the context of care is *to enable care and minding at home*. Thus, migrant carers who live with the cared-for ensure the execution of informal care, also in replacement of family members. People whose moral duty might be thought to be actively involved in intimate care for the elderly can be engaged by ensuring that their loved-ones are *saved from or prevented from* care in institutions. And in this context migrant carers take the role of domestic, informal carers and are therefore able to provide the services that are usually restricted to family members. When the *Kronen Zeitung* (08/07/07) therefore writes about '*families, who sacrificially care for their relatives at home with Eastern European help*' the inclusion of migrants into the home seems to correlate with an inclusion into the family. Migrant carers living *with* the cared-for person are constructed as the logical actors who ensure informal home care:

'Thank god they exist, the good women from the new EU-East (...), four truthfully nice supporters from Poland (...) lived one after the other with her and cared for her' (Kurier, 16/08/06).

The constructed ideal care relationship described in chapter 3 can therefore be established by living with the cared-for person. Due to the strong link between the own home and real care and the importance of the former for the latter migrant

carers are constructed as the only available option for people. Anything else (especially institutional solutions) would challenge the idea of care itself:

The first impression: There are two that really get along well – even though they see each other 24 hours a day. For two years, since Mrs P.'s stroke, the young nurse Maria cares for the 67 years old Viennese. (...) [L]egal 24 hours care is too expensive (and difficult to get) and she panics to go into a care home: "I have experienced that with my mother. I don't even want to think about it." What's left? Maria. (Die Presse, 14/08/2006)

In the context described above 24-hours care is only discussed as care 'at home'. Even though a reference to care at care homes can be found the label is almost exclusively attached to care within the own home. The following extract is a reader's comment that appeared in an Austrian newspaper in response to the political discussion on the then illegal status of employing migrant carers in people's own homes. It describes the possibility of people staying at home and being cared for in their own houses as a situation that is honourable and which should be supported. Politicians and the political process is criticised for interfering with what is happening in the own home. This links to the argument about the construction of the public and the private sphere, the idea of natural communities and the interference of politics and bureaucracy (see chapters 6 and 8). Politics is constructed as the opposite to a natural arrangement of care:

We have really reached a point in the state of Austria! Now, apparently, you get already penalised if you don't push your helpless, old parents off into a care home, but let them be cared for by foreign care workers in their own familiar home! This falls under the sector of humanitarian help and this is, as one knows, tax free! As many employers enrich themselves without paying taxes the state should reduce the employment of the many thousand illicit workers in the construction industry and other areas and not slash at private individuals who don't want their own flesh and blood to die dishonourably. (Kronen Zeitung, 19/08/06).

5.4 The care home – institutionalised other-determined living

In the sections above I have pointed out that the home is ideologically and discursively linked to 'warm' feelings about closeness and intimacy. The discourse on migrant carers working and living in Austrian households has shown that their role is constructed as preventing people from being 'put away' into a care home. In this section I want to focus in more detail on the construction of the antipode to the home, namely institutional care arrangements. If care is so closely linked to someone's own home, is care in an institution a contradiction in terms? Which consequences does a construction of care homes as quintessential 'cold' and intimacy-free places have for the ideal of care?

In the context of care the notion of home is often compared and opposed by another ideological construct, the care home. In all the focus group discussions the topic care home came onto the agenda, usually without being introduced by the facilitator.

Frequently, participants tell stories and anecdotes about the life and situations in care homes and demonstrate knowledge about the legal and political circumstances. These anecdotes and narratives can usually be characterised by negative connotations, emotions and opinions. Similarly to the discussion of home, care homes feature very prominently in people's ideas, stories and narratives about care and old age. However, rather than seeing it exclusively in the context of particular, personal experiences, care homes need to be understood as a concept, symbolising 'homelessness' as defined above. The concept of care home stands for an institutionalised, professionalised and de-personalised form of living, and hence is constructed as the counterexample for dignified living and loving care. Furthermore, the discursive construction of the care home already points to a general ideological aversion against professionalisation and institutionalisation, an aspect I will discuss more prominently in chapter 8. The broader dichotomy is reproduced in the construction of home and care home as two opposing symbols. The archetypical opposite to independent, self-determined living is the institutional arrangement. The care home symbolises everything that challenges a good and fulfilled life and by using this symbol people can express their fears, worries and negative feelings about old age, being frail and needing care. People in the focus groups argue that in *care homes, dementia is rising, that people are closing off, that they are forced into an unknown environment, an alien environment with alien people where there is no individuality and no dignity*. Whereas the own home (i.e. 'home') secures individualisation, individual meaning and personal identity (see Young 2005a) the care home is a 'placeless space' (Twigg 2000b), a site that lacks anthropological

meaning for those inside. Milligan (2003) uses Marc Augé's (1995) concept of non-spaces to describe the institution as a site in which personal histories, narratives, feelings and identities are absent. That the care *home is definitely more impersonal* is an expression that refers to this lack of subjectivity and individuality.

A word and concept that is reoccurring and which seems extremely important in the construction of ideal care is dignity. It is almost generally assumed that dignified living cannot take place in an institutional setting but is related to the own home, the presence and proximity of people close to one. Ingrid clearly understands a dignified life as living at home, by oneself:

Ingrid: That's the bad thing, I think. In the home they not only take their (...) individuality, they also take their dignity.

The possibility of dignified living in a care home is then often rejected and denied. Ingrid describes the situation when a family member moves into a care home as a *very brutal solution* and that people do not want to *put away* their relatives. The discussion on migrant carers above has shown that for many family members it seems to be an essential part of their relationship with their relatives to avoid and prevent care in a care home. The following two extracts illustrate that. First, Ingrid speaks about a promise given to her mother which symbolises the close and familial relationship between them. The care home almost symbolises the outside world that would penetrate their relationship and their bond. The second is an extract from a

newspaper article about a woman caring for her husband at home. Again, the relationship is defined by their mutual aversion against care and living in an institutional space, the care home.

I: And why, what was the motive, to do it like that, and not (...) a care home?

Ingrid: Because I have, when my mother was still doing well, I promised her to never put her into a home. (...) And this promise I've kept.

"I would never put him into a care home"

She employed a nurse for three nights. For 211 Euros. "But that drove me mad", her husband says with a soft voice. "You are shepherded that much and still you feel constricted if someone comes after you even to the loo." (...) As long as it is medically justifiable her husband should stay in the environment he is used to. "That's the only thing I can give him in this situation", she says. "I would never put him in a home. With this illness it is so important to have somebody around. Those who are alone don't have a chance to get better." (Kurier, 13/08/06)

Caroline and Brenda focus on the experiences of people at home when they describe the shortcomings of institutional care arrangements. In the home, they argue, care can be really experienced, even by dement, and possibly even paralysed people. In other words, people can still experience and sense home. In the care home, however, this experience is taken away and cannot possibly be made:

Caroline: The environment, she is at home in a house, really normal. Even though she can't, in a sense, express it, realise it, but the feeling is there. The family, the familial situation there (...) you do feel that, she does indeed sense it. Even though she can't, anymore (...) express it.

Brenda: Yes, you're feeling that through all senses

Caroline: Exactly! And in a care home this is, of course, gone

*Brenda: Whether she's smelling it, or, or seeing, or, yeah, you do sense that indeed.
(...)*

Caroline: Exactly, exactly! In the care home this is of course gone, it's a cold environment

Neglect, abuse, starving

Neglect and abuse are regular themes appearing in newspaper articles about care homes. By making it the primary narrative a particular link is established between care homes and the occurrence of these practices. The following examples chosen from several UK newspaper headlines are reflecting the relevance of these themes:

Half a million old folk are mistreated says charity (Daily Mail, 06/02/07)

Elderly 'need new rights to protect against abuse' (The Times, 15/06/07)

Catalogue of abuse in NHS care homes (The Guardian, 17/01/07)

Damning report highlights 'harsh reality' of care for elderly (Daily Mail, 10/01/07)

Issues of neglect, abuse or mistreatment also play an important role for the analysis of the article-internal context³⁴ as care and carers are often discussed in the context of news on abuse cases. Some newspapers (*e.g. The Sun*) focus particularly on these issues and care is mentioned mainly in this context. Mistreatment and awful living conditions are also continuously recurring themes in the discussions. The first associations with care homes are often stories, experiences and emotions related to maltreatment. Many people do have own experiences or know stories about problematic practices in care homes and a general anger with care homes can be noticed. Brenda for example speaks about the experience that carers in homes do not take the time for patients, that they *put the food there and cleaned it up again. Useless, because she couldn't eat anything anyways.*

Brenda calls this an *eat or die* practice, and this kind of problem is mentioned in many different contexts. Similarly Peter tells a story about a care home a friend of his went into. In his account some classical aspects of maltreatment appear, such as the massive rooms and the television constantly being switched on:

Peter: (...) the difference between care homes (...) the one that Lucy was in (...) it was horrendous (...) and, uh, Lillie quite openly said if she'd have to stay in there she would have committed suicide. Even though she didn't believe in suicide, uhm, but there was a sort of place where it was a massive room, (...) sort of set off into smaller

³⁴ The term 'article-internal context' refers to the particular stories and themes in which care appears in newspapers (see chapter 3).

places by bookshelves but would be Television in each section and they'd be on different programmes, all very loud.

Another symbol for the unattractiveness and undesirability of care homes are stories and images of smelling, cold and dirty places. John's statement can be taken as an example for associations many people share about care homes:

John: And then slowly, you start getting a picture. Uhm, but I suppose if I go into a care home and if I, if I smell, unfortunately can't but say urine, that immediately puts me off (...) if I go into that place.

Another reoccurring image related to care homes, that could be said as symbolising the 'coldness' of care homes, is mentioned by John in his account of the care home his mother was in. Care homes are described as marketised, profit-seeking institutions, characteristics that do not relate smoothly to the demands people have of care arrangements.

John: But what I do find out that an ideal care home should be a place of security. An environment uhm, and clean and properly staffed. Also, there is the social implications of it. Uhm, particularly regarding my mom because the first thing the social worker to mom, who was greatly ill, said (...) 'you've got to sell your house. Have you got your own property? You've got to sell it'. So in one sense there's not just, there is the financial aspect of it.

Very often, a strong focus on the costs of care homes and the difficulties in meeting these costs leads to a felt separation on economic grounds. Living in a home (in the symbolic, ideological sense) is hence seen as a luxury, and only those who can afford it, can get a real 'home' (Young 2005a). The issues of the care home as being an institutionalised and therefore also marketised space is furthermore emphasised in a discussion in which the cold, bureaucratic working styles of care homes are emphasised. People working in care homes and the institutions themselves cannot act like 'home' because they are part of the economic sphere of life. The bureaucracy, administration and working arrangements on the other hand are also examples and illustrations of the fact that a care home is not home in the ideological sense. People employed as carers in institutional settings face a situation in which they are working in paradoxical surroundings for, on the one hand, their work space is constructed as the antipode to home and, on the other hand, the ideal of their work is seen as providing 'homely' care. The commonly held understanding of care can almost by definition not be offered in a care home. People often refer to the hard work carers are performing and that nurses often give everything they have. This however, can never meet the requirements and characteristics associated with care at home. In the discussion carers are then often understood as (inevitably) withdrawing from the people they are in charge of and are seen as only fulfilling some tasks:

Caroline: (...) And for that I have nurses sitting there? (...) I mean, I'm one myself, but there is a reason why I'm not active in care anymore. There is a reason. Because I can

indeed deal with difficult cases, cases of death etc., but with those things not really. Because, when I stand there alone and work myself to death (...) really many rather sit together for a coffee, and then even tell me, I don't integrate myself into the team, because I don't want to drink coffee with them.

Failing to respond to individual needs or, more generally, failing to acknowledge individuality, seems to be one of the recurring criticisms of care workers in homes. As the examples below show, however, it is often not the care workers who are accused; they are rather seen as being part of a system that is the problem.

Paul: and they can also not deal with that there, obviously. (...) I mean, if they once get to know them and if they had the time, then they could

Ingrid: to respond to individual needs

Paul: to individual, uh, demands, or rather, individual readiness for action of those, who work there. Whereas I don't want to, uh, accuse them of something

Ida: Yes, take make an effort anyways

Ida is again referring to the problem of food being served and taken away again, without taking the time to feed the person if that is necessary. She, however, says that the nurses or care workers would do it but that the institutional arrangements are the actual reason for the maltreatment of elderly people in care homes. Similarly, administrative work of care workers is often mentioned as the main obstacle to them being 'real carers':

Ida: the assistants (...) they come, they clear it off then again. And whether he has eaten, the patient, or not, that doesn't matter, right. Sometimes a nurse takes the time and feeds, but, I mean, they are also very busy, also with writing work, right. One is constantly sitting at the computer, and...

Also social services, care services or other forms of mobile intervention can meet the demands only insufficiently. Because care in the own home is constructed the way it is, and because of its definition as being more than completing particular tasks, formal arrangements must be experienced as disappointing. Zechner and Sointu (2008) describe how formal services in people's own homes are used as 'medicine against loneliness' but it also seems inevitable that these are not equipped or prepared to fulfil this anticipated role. Similarly in care homes carers cannot offer what is essentially necessary to fulfil a particular ideal of care. Lack of staff and restricted availability of funding are reasons commonly mentioned that carers in homes can only do the physically necessary tasks. They cannot, however, 'really care'. Being at home implicitly means a blurring of the boundaries between medical or nursing tasks and personal attention. To get some notion of 'real' care in nursing homes care workers would need to give additional concern and work with the ideal of selflessness. In the following extract the discussion revolves again around this problem, the impossibility of the right attention in care homes, and potential ways to bridge the separation between home and care home.

Adam: Yeah, and there's also something else with the care home. I, I was there now, and I've also been told, in [town] there's also an old people's home next to the hospital (...) A former hospital, (...). Yes, and they're sitting there, if there are no additional, volunteering supporters, they sit in their rooms, and whine, (...) don't mind whether or not they have eaten anything the whole day

Walter: Yes

Adam: This is also no care, is it? Clearly, the one person, or the two women, or men, who are doing the care there, they also can't care for 41 or 50 old people, uh.

Walter: That's right

Adam: that's (...) problem. And that's again, as you're saying, that's what's missing.

Walter: it's a question of money (...). If nobody cares, then you'll have the poor old lady (...) sitting with her spinach and can't move the spoon (...)

Adam: that's it.

Walter: and what's missing, you always say, (...) idealism, of course, that's just an employee there. You mustn't forget that.

All those examples show an aversion against institutionalisation and professionalisation as those processes are by definition in contrast to real, loving care (this theme will be explored further in chapter 8). The home as the realm of domesticity, idealism, selflessness, love and intimacy is opposing the sphere of professionalisation, marketisation and bureaucratisation. With Twigg (1997b:228) therefore home can be defined as 'a secure haven against the hostile world of work'. Bowlby et al. (2009) use the concept of ontological security (see also Giddens 1991;

Shilling 1997) in this context to describe care's potential to give security and stability over the life course. The construction of home as a family refuge, and in it embedded safety, comfort and individuality, provides the means for an imagined steadiness of one's own identity, outlook and purpose in life. The home in public discourse is a manifestation of unchanging relationships and ongoing personalised, independent living.

5.5 Dichotomies

Since the care home is the quintessential antipode to loving care a clear dichotomy is created between the home and the institution. In this section I will focus on the implications of this dichotomy in all its variations. At the end of the last section I have mentioned the aversion against institutionalisation in context with an aversion against markets and the public sphere. In this section I want to explore this thought further. To what extent is the home constructed as a 'haven' against this public sphere? What does that imply for an understanding of care?

Public/private

Criticism of the public/private dichotomy has a long history in feminist thinking and politics (Scott and Keates 2004; Landes 1998). In the context of care Martin-Matthews (2007:246) situates 'home at the nexus of the private and the public spheres' and Blunt and Dowling (2006) convincingly argue that dualistic thinking about home which creates clear dichotomies and relations (emotions-rationality; tradition-modernity; private-public; feminine-masculine; local-global) is wrong as

both categories of this dichotomy can always happen simultaneously. Home only exists through the contrast and the confrontation with the outside:

Home is not separated from public, political worlds but is constituted through them: the domestic is created through the extra-domestic and vice versa' (Blunt and Dowling 2006:27).

I agree with their criticism of dichotomies and the discourses show that the creation of the dichotomies is of enormous importance for the construction of care. Because people use categories in their thinking, their experience is shaped by these ideas. Since the home is a strongly gendered space it seems necessary to briefly focus on the gender implications of places. The construction of home as the traditionally private space obviously entails an implicit reference to traditional gender constructions. Young (2005b) for example focuses in her discussion of home on preservation, 'a typically feminine activity'. She argues that preservation, in contrast to the sphere of markets, politics and industry, is traditionally women's work and as such de-valued and unrecognised. However, it is an inevitable part of human existence and the home can be seen as a manifestation of this. In the public discourse the link between women and the realm of the home becomes obvious. Hardly any person specifically mentions women as those who should do domestic work and stay in the private sphere; the construction of home care, however, shows clear gender connotations. In the following quote Claire refers to care that has been lost in modern society. In both child care and care for elderly people it is the women's involvement in the labour market that prevents real care in the own home.

Claire: the women go with the first bus to [city] to the [supermarket], at 5 in the morning, come home with the last bus, the old person has to be put away to the day care centre, or into a care home, the children have to be put away to nursery, and then?

In chapter 6 I will discuss the nostalgic connotations of these ideas further but here I want to point out that through the ideological construction of care at home women in particular face a vulnerability to exploitation. Home also ceases to exist as a private space through care. Care, it can be said, makes home public. As mentioned above, formal services fit only unsatisfactorily into the idea of the private home.

Twigg (1997b) describes this process as being based on spatial oppositions between public and private in the home-space itself, and that, in the process of tasks performed by care services the private space, the home, is blurred and partly loses its poignant characteristics. This blurring of public and private spaces through caring does not only cause problems for the power situation between carer and cared-for; it can also change the meaning and the experience of home in general. Similarly, Phillips and Bernard argue in this context that 'a blurring of the boundaries between these dichotomous spaces (...) has increasingly occurred, challenging in its wake our conceptualizations of care' (2008:87).

The power to live a self-determined life in the context of a care home is restricted and can manifest itself in resistance to the care staff, as Kontos describes:

‘The tenants adopt strategies which allow them to retain control over many aspects of their lives and maintain the fabric of home at standards they recognize as being appropriate for themselves’ (1998:180).

It is important to link these ‘acts of gaining control’, or resistance against the care home staff to the broader discourse on the ideological construction of care homes. In defining home as a place in which power is held by those living in it, the care home is inevitably bound to fail.

Nathan: And as one says, that really puts it on the door front, that says ‘my home is my castle and you’re not coming in’

‘Home’ in opposition to the outside world

I have mentioned before the potential gain of ontological security that can arise from the home, which, as Milligan (2003:461-2) concurs, must be seen as ‘a familiar and ‘safe space’ from the threats of the outside world’. It is interesting and a sign of the ambivalence associated with people’s imaginations and constructions of spaces, that the traditional, bourgeois, middle-class ideal of home must then also be seen as an antipode to the capitalist world of work, employment and markets. Young (2005a:156) in this context states however that

‘Consumerism encourages people to focus on the private spheres of their homes; to this extent home is a counterpart of the capitalist marketplace and a detriment to the solidarity of community and assertive public participation’.

The home as a manifestation of care can then be seen as the moral context in which a life in opposition to market forces can be lived. It is in care in the home that solidarity, selflessness, family and community are seen to manifest themselves.

Mallett (2004:71) argues that the public sphere 'is associated with work and political engagements and non-kin relationships' and that the home, on the other hand, is perceived as haven against an imposing, threatening and dangerous outside world. While Mallett (2004) points out that these associations are often not reflections of reality it is important to understand that as an image and as a nostalgic feeling they bear important consequences. Young raises therefore the question whether 'an end to such exploitation requires rejecting entirely the project of supporting identity and subjectivity embodied in the patriarchal ideology of home' (2005b:130). In other words, does the positive affirmation of the construction of home inevitably lead to gender inequalities and exploitation? Young (2005b:151) argues that feminist thinking and politics should adopt a dialectical approach in relation to home:

'Feminists should criticize the nostalgic use of home that offers permanent respite from politics and conflict, and which continues to require of women that they make men and children comfortable. But at the same time, feminist politics calls for conceptualizing the positive values of home and criticizing a global society that is unable or unwilling to extend those values to everyone'

A more procedural approach is needed in order to understand the home-making practices for both men and women (Blunt and Dowling 2006) and which role care plays in this context. While everyday practices are undoubtedly important the

ideological construction of homes still presents a rather static image. The ambivalences present in some accounts of the public discourse need to be taken seriously and need to be understood as attempts to link everyday practices with public moral expectations. Home's implicit connotations of relations with others can be seen as '*part of* rather than *separate from* society' (Blunt and Dowling 2006:14).

5.6 Conclusion

In this chapter I have discussed the geographies of care by analysing the importance people attach to certain places in the imaginations and experiences of care and caring. People continually express to wanting to be cared for at home and a link between idealised loving, affectionate care and the home is established. Institutional care arrangements, on the other hand, are the quintessential places which lack intimacy and thus care and care homes are constructed as complete opposites to what is associated with care. The analysis of the discourse on migrant carers has shown that home can create family relations, even with non-kin members. I have also argued that the construction of a dichotomy of home and the institution represents ambivalences which are inherent to care. The care home is seen as a manifestation of other-dependent, individualised living whereas the own home represents family ideals and values. What home means to people is affected by everyone's own historical experiences and Blunt and Dowling (2006:245) summarise the constitution of home as something that is *made*:

'home is a *process* of creating and understanding forms of dwelling and belonging.

Home is lived as well as imagined. What home means and how it is materially

manifest are continually created and re-created through everyday home-making practices, which are themselves tied to spatial imaginaries of home'

In this chapter I have demonstrated, however, that certain ideas and ideals attached to a notion of home have important and pertinent consequences for the construction of care. Practices of home-making are important, but need to be seen in the context of the discursive construction of home. With this chapter another step could be made in exploring the meaning of care and its moral underpinnings. By looking at the construction of the space in and through which care is provided the point could be strengthened that family ideals, as described in chapter 4, are also a representation of a desire of safety and intimacy in a world which is experienced as overwhelming and market-driven. It could be shown that the home in the context of care is constructed as a refuge from economic demands 'outside'. The home can therefore be seen as the physical and spatial expression of what care means to people, an ideal of 'being there for each other'. The very values can be seen as being in opposition to the dominant, hegemonic market ideology. Success, competition and self-interest are counter posed by a particular imagined world. This world, I argue, manifests itself in the notion of home. Similarly Young (2005b) describes the potential of the private space as an anti-capitalist refuge in which people can resist the enforced political and economic structures of the public sphere. She (Young 2005b:149) argues that this resistance 'requires a space beyond the full reach of those structures, where different, more humane social relations can be lived and imagined'. In another text Young focuses on the significance of 'a material meaning of home as a necessary support for and enactment of personal identity' (Young 2005a:155). Personal or

often group identity can therefore be enacted when the physical circumstances allow it. The home she sees as the material space that represents individuals, groups and their identities. This point is extremely important for an understanding of the complex connotations the positive and emotive affirmation of home has for many people. In the public discourse the focus on home both as a symbol and as a physical space goes much beyond an uncritical favouring of traditional family structures and ways of living (which are present nevertheless). In fact, home also bears a potential disconnection from societal marketisation and economisation. The ideological symbol of the home opposes market domination and the materialistic aspects provide an imagined shelter. Whether these values can provide a 'leverage for radical social critique' (Young 2005b:146) needs to be seen.

However, in the current economic, political and social circumstances home care can only be lived and experienced within the dominant, hegemonic social structures. In other words, the emancipative potential of home, as described above, is met by the penetrating socio-economic conditions. Parks (2002:28) for example points out that 'the high rate of at-home care by black family members may be a labor of love – and may be wrapped up within an ethic of family and community' but that it has serious consequences for those being disadvantaged and marginalised in the first place.

Generally, the unifying values of home inevitably create an 'other' that is excluded from this 'better world'. At present a positive reference to the home without an affirmation of traditional excluding and exploitative conditions seems to be unlikely if not impossible. Under the conditions of neoliberal capitalist economy, the

construction of home, as discussed in this chapter, reinforces divisions and stratifications and reproduces social inequalities in terms of gender, class, ethnicity, disability and age. In particular for women the ambivalence of both home and care at home needs to be kept in mind and any policy intervention needs to start with a recognition of this ambivalent associations with home.

Because home represents a particular ideal of real care in association with values such as family, community, independence and intimacy, policy thinking and policy making needs to be conscious of the implications care at home has. The discursive construction is powerful and shaping people's ideas, imaginations and experiences about care. At the same time the 'ideology of home' is also, as Robertson (1995) argues a response to recent claims of 'homelessness', and 'rootlessness'. Home represents an image which is both nostalgic (as it might represent traditional family ideals) and progressive (in opposition to a neoliberal world). The next step will be a further exploration of these feelings of the nostalgic imaginations of the ideal of care. An extension of both family relations and the ideal of home can be seen in the notion of 'community'.

6 Longing for Community

6.1 Introduction

In chapter 4 I concluded the analysis of relationships in care discourses by arguing that 'family' does not necessarily refer to *who* is providing care but *how* care is provided. Similarly the discussion of geographies of care has shown the importance of the home as an idealised space in which real care is possible. In this chapter I will take up these themes of imaginations and ideas by looking at the discursive feature of the notion of community and more precisely an expression of a societal yearning for community. As in the case of home, community is to some extent a physical entity, often a particular living arrangement within a specific area, such as a neighbourhood; community, however, also refers to a conception and agglomeration of particular values, feelings, emotions and associations. Community entails

'all forms of relationship which are characterized by a high degree of personal intimacy, emotional depth, moral commitment, social cohesion, and continuity in time. Community is founded on man [sic!] conceived in his wholeness rather than in one or another of the roles, taken separately, that he may hold in a social order' (Nisbet 1966:47).

In this chapter I will discuss the narratives, emotions and values that constitute community and their significance for the construction of care. I will start with identifying the discursive patterns, narratives and images that emphasise the significance of community within the discourse (6.2). The feeling and subjective experience of a decline of community is closely linked to the cultural, social and

ideological meanings of care and its discursive construction. In the discourses around care and carers community is always something that is gone; it is an ideal that a society should strive towards but can never, due to its idealised conception, reach.³⁵ Following the trajectory of this thesis it can be asked, whether this concept can be seen as a counter-force to processes of 'modern' life, such as individualisation, de-traditionalisation, marketisation and economisation? Community, similarly to family or home, is the realm that provides safety in a world of market-determined lifestyles. Robertson (1992) therefore speaks of an extension of the ideology of home, which is not restricted to the physical space of the house, but also includes neighbourhood and community. Community often reflects a particular design of society. Using Tönnies's (1955) highly influential distinction between *Gemeinschaft* and *Gesellschaft* an ideological separation of the modern from the non-modern world can be identified. Robertson (1992) argues that it is globalisation that is the prime source for a particular nostalgia for community living. Bauman (2001) emphasises that modern living together has become a political process of negotiations until a consensus is reached. This can be contrasted to a more traditional situation (*Gemeinschaft*) in which people are there for each other, they know their role in the community and their responsibility towards each other.

Care for elderly people in and by the community is often discursively linked to issues of child care, urbanisation and depersonalisation of life, work and relationships. In section 6.3 I will use related discursive themes (such as child care, neighbourhood) to

³⁵ At the same time it could be argued that community is also unimaginable since a complete and detailed sketch of the imagined community would destroy the image. Benedict Anderson (1991) writes about nations as imagined communities which cannot be described in detail.

demonstrate the broader ideological meaning of community for the very discourse. Community is idealised as the realm where relational living is possible and can be performed. This idealisation inevitably leads to a longing for community, which I will discuss in section 6.4. Which role does a nostalgic focus on temporal distance (the past) or geographical distance (other countries) have for the meaning of care? Care as an expression of living together and being there for each other is constructed as in need of a conceptual and physical realm. Are community and neighbourhood thus images of another life? A life that is desirable and a life in which being there for each other, i.e. caring for each other, is possible? The element of nostalgia also means that community represents another way of living, which is, due to economic, social and cultural arrangements, not reachable or achievable. In section 6.5 I will explore to what extent the notion of community can be seen as resistance to marketisation, individualisation and an economisation of life. Because of the absence of the ideal community present care arrangements can always only be a second best solution. In this sense one can understand the challenges and difficulties related to the idea of 'care in the community'. Care is closely linked to what is meant to be community but can never be performed by the 'real' community that is available. Community is a moral ideal, outside the market and based on an idea of general altruism (Firth 2007:72).

This chapter tries to focus specifically on the *how* of care. How is the ideal caring environment (physically, morally and culturally) imagined? And what does this imagination mean for the construction of care and people's wishes to be involved in

care? If the ideal of community is seen as the quintessential opposite to an individualised life model, is care as a moral practice contradicting the market-oriented society? Does therefore the imagination of community provide the possibility to construct certain aspects of the nostalgia with an emancipatory and progressive moral framework?

6.2 Narratives of community

First I will identify the specific narratives in which community appears in the discourse on care. Having stated above that community represents and reflects more than a physical entity (a particular neighbourhood) and also more than an imagined group (the people living close to each other or people who have something in common with each other) I here want to discuss the ideological connotations of the idea and the ideal of community. I will analyse the particular discursive constructions of community trying to identify the specific contexts community is discussed in. I will then analyse three exemplary discursive connotations of community, the community as an extended family, the dichotomy rural/urban and a discursive construct, which I call 'natural community'.

Community and community values need to be seen as an idea that reaches beyond a geographical or cultural entity. A community is constructed as a realm in which compassion, support and mutual affection dominate living. Ivan Lewis, then minister for care services in the UK, makes this link explicit in a commentary published in *The Observer*:

*'there are few more important challenges than the way society treats older people. (...) [C]ommunity networks, led by the **voluntary sector and faith groups**, should be supported to deploy **volunteers and 'good neighbours'** to tackle loneliness and social isolation. It is not the state's job to provide befrienders, but it is the **duty of any community that has a right to the description 'civilised'**. (...) [W]e want older people to be valued as active citizens, mentoring and acting as role models to young people and, likewise, young people to be supported to befriend and 'adopt' older people' (The Observer, 24/06/07, my emphasis)*

In this quote several values and virtues can be found. The neighbourhood is constructed as the realm in which community happens; faith groups and (obviously unpaid) volunteers are, apart from family members, the main actors in securing community. The last sentence also emphasises the importance of a notion of inter-generational coming together. The idea of civilisation will come up in other contexts as well. A close and well working community is seen in this example as an essential asset of a civilised society.

Extended family

In chapter 4 I have demonstrated that care is imagined to have a close link to the family and family values. Here the link to community will be established, for community is constructed as an extended family arrangement. Tönnies (1955) in his famous distinction between *Gemeinschaft* and *Gesellschaft* clearly links the family to a notion of *Gemeinschaft*, i.e. values associated with the idea of community:

‘Family life is the general basis of life in the Gemeinschaft. The village community and the town themselves can be considered as large families’ (Tönnies 1955:267).

It appears that not only is community seen as an extended broader family construction; community is also seen as constituted by family units. This already points to a rather organic, naturalist construction of the ideal of community. Nathan in the following extract reflects on what he calls family and neatly describes the link between family and community, as he understands it:

Nathan: but there's lots of issues as who is family? (...) I mean from a church point of view we seek to bring a safe place in the community for the community. Which means that we try to help each other, (...) and seek to be an extended family, really.

At another point in the discussion, referring to a concept of ideal care and which kind of care people want for themselves, Nathan highlights the close connection between family and community ideals. The basic, commonly repeated assumption is that both seem to have been lost at present day (I will discuss this idea of nostalgia below). Also present in this statement is a very common process of contrasting the ideal, homely care with bureaucratic, official and institutional practices and procedures. Dench et al. (2006:4) in their discussion of changes of a particular London neighbourhood highlight the link between ‘impersonal welfare provisions’ and the loss of traditional ‘kinship support’. An interference, for instance through political,

economic or legal regulations, penetrates the notion of both home and community as caring places.

Nathan: And, the reality is, that whereas though I wasn't around 70 years ago, the family units tended to care and (...) the people on the street would actually care either. In fact, my first [job], was in an environment where families were close knit and if someone was ill (...) the local individual's family and of the neighbours would actually pop in, they would do the cooking, they would bring meals, they would clean. The nursing staff would pop in, the district nurses. And everything seemed a lot less complicated. As before the European parliament and everything changed, bring in health and safety, uh, and cost factors (...). But a lot of it used to be handled by, by family and I think, to a certain extent, I don't have a big family, but what I would like is that kind of personal care.

Community here is the extension of family values beyond the family. A notion of 'being there for each other', within a particular neighbourhood and setting. Political or legal regulations, here 'the European parliament' and the 'health and safety' regulations, are said to interfere with a more natural emergence of community. It is a main feature of these narratives that an image of community is created. In the section on nostalgia below I will discuss the meaning of this post-hoc romanticisation of certain times. Beck and Beck-Gernsheim (2001:129-30) argue that

'The truth is, however, that the pre-industrial family was mainly a union born of necessity and compulsion. (...) And the strong social cohesion, praised in later

times as an example of love of one's neighbour, stemmed mainly from an awareness of mutual dependence'.

For the ideological and moral meaning of community, however, the idealisation of past community as extended family is very significant. It is not the most important aspect whether or not the ideal that is created post-hoc actually fits reality; rather, the ideal of community derives its significance out of a discursive consensus that other times (or other places) managed to be more caring than today.

Urban/rural

Another feature of what constitutes community is a reference to the countryside. The (village) neighbourhood, which is the quintessential realm in which ideal community can strive, is often contrasted to anonymous city life. This distinction is also present in Tönnies's (1955) discussion of the association of *Gemeinschaft* with rural villages and *Gesellschaft* with the emerging cities. The discursive associations are reproduced in the sense that the rural, as the ideal place of community is associated with neighbourhood, care and families, as exemplified in the following discussion:

Walter: And, I must say, caring at home, if possible somehow, that the person is allowed to live by himself, where he, is visited, once in the morning, and then in the evening the son comes by, or someone else. That is definitely, the, the very best possible, yeah, (...)

Vanessa: I believe that this can actually work very well here in the countryside (...)

Barbara: True. Very true. (...)

Vanessa: There is still neighbourhood, there are still

Barbara: Also, yes, yeah

Walter: Yes.

Vanessa: Families that do mind (...) and take care. (...) In the city this is of course extremely different

Adam: that's different.

Barbara: That's true

Vanessa: There this is less the case.

Barbara: This is also a big difference. Uh, the rural area, and the urban.

Here again I want to draw attention to the construction of a dichotomy between the rural and the urban where the latter is associated with, as Raymond Williams (1973:291) put it

‘capitalism or bureaucracy or centralised power, while ‘the country’ (...) has at times meant everything from independence to deprivation, and from the powers of an active imagination to a form of release from consciousness’.³⁶

From the extract above it can be seen that the construction of community mainly works through certain associations. Vanessa mentions neighbourhood and family as aspects that do ‘work’ in the rural areas but which, almost by definition, do not happen in the city. This association could be related to an understanding of the rural

³⁶ Williams (1973) also mentions an idealisation of old urban working class communities similarly to rural areas. These communities are also partly present in the discourses under review and the discursive construction works in a very similar way to the idea of rural neighbourhoods.

community as the natural, in contrast to the man-made city, in which negotiation, politics and economic participation dominate. Lefebvre (2000:190) speaks of the city's independence of natural cycles and argues that the concept of urban society is based on an imagined evolution or historical development stating that '[u]rban society rises from the ashes of rural society and the traditional city' (2000:189). The contrast between country and city, as Williams (1973:289) argues, 'is one of the major forms in which we become conscious of a central part of our experience and of the crisis of our society'. If care and community are associated with the rural, the ideal, namely care in the community, is always seen as an ideal of the past. I will discuss the significance of this historical dimension below in the section on nostalgia.

The 'natural' community

Community as an extension of family values and the rural neighbourhood as the ideal realm of community are specific discursive manifestations of narratives related to feelings, wishes and hopes about what constitutes community. Another narrative used in the context of community is, as I have mentioned above, a strong link to an intergenerational idea of a 'natural' community in which *all* come together. I have pointed to the notion of the 'natural' already a few times (especially in the discussion on relationships). It is important to understand that people continuously refer to a notion of naturalness which touches on biological categories (e.g. kin relations are mentioned) but which goes beyond the biological. People 'naturally coming together' and caring for each other is put in contrast to other notions of negotiations, contracts and regulations. The narrative of natural communities goes beyond the

nuclear family and bridges generations and other separations constructed through modern life arrangements. It expresses a feeling of being together regardless of social identities and attributes. The following discussion between Mary and Marion demonstrates the discursive realisation of this notion and its links to (naturally) grown communities:

Mary: I actually don't think that it works so much in one direction. I think in, at least in Austria, it's pretty much split, that it is either very much outsourced to the family, also in rural areas for example, or in the city for example, that it works very much via institutional care. And I think if there are any compromises, then only bad ones.

That's my opinion. And I think that basically, until now, there are no possibilities to somehow, to combine it more with each other. To have good care, in living arrangements, in which (...) old people are integrated, with professional supervision, just like all, or most of the people would wish for. I think there is no middle course at the moment.

Marion: Whereas in my village, yeah, I also rather grew up in the country, there are, a house was built, where now the old people live (...) from there. They weren't really uprooted, they are still in the same village, they just have a new apartment now, they live together in this house, these are 10 people, and the families got together, and they are always looked after, and yes, they have like a timetable, who has time and when, and then they come and help. Yeah, they have really there, 10 families, have found each other, that was then built, uh, by the council, and, I believe, that is not so bad (...), but, they can at least live alone like that.

What is significant in this extract is the construction of clear distinctions by Mary between institutional arrangements and family care, and the impossibility or at least difficulty of combining these aspects. Marion then challenges this dichotomy referring to her experiences in the village she comes from. Interestingly, the example she describes shows significant aspects associated with ideals of family, home and natural community. When she argues that the elderly people are not *uprooted* this association with naturalness become obvious. The idea that all help each other and all are there for each other is the core of the construction of community in particular and the construction of caring in general. In another discussion group Helma is emphasising the relevance of natural growth for communities. Shared accommodation, as in this example, can therefore become under certain circumstances communities.

Monica: I mean generally a shared accommodation (...) that's, let's say, if it works like that

*Helma: if that **has grown** like that*

Monica: that's great.

The discursive construct of 'natural' community also entails an emphasis on the natural development of communities and neighbourhoods. Communities are spaces that have grown, in which people relate to each other as social beings (de Certeau et al. 1998:13) through common histories, ways of life and memories. But as de Certeau

et al. (1998:142) also emphasise, these notions are felt to not have a place in modern life anymore.

The relevance of community as a particular safe, secure and comfortable neighbourhood is also discussed in the following extract, in which John explicitly refers to the 'close-knit communities' that are gone now. Particularly through Nathan's reply it also becomes clear what security in the context of communities and neighbourhoods means for people. It describes an assurance that people care for each other and are there for each other.

John: There was an instance I know in our [community], where they been living in [area], and Mum lived on her own, she had no central heating, it was just a normal coal fire, and the actual neighbours, bless them, were actually going in and giving her at least one meal a day and they, they, that's the old-fashioned way of how it used to be, (...) on a larger scale before. I mean they used to say you can leave your back door unlocked and people would just walk in, but now you can't do that, and I suppose, (...) from the 1960s, when they started to build these high rise flats and started to flatten the slums and everything, then suddenly, the close knit community was just sort of scattered. And so in a sense, that we've lost a lot of that, of that close knit community, uh, but here there is a strong sense of community within the warden-aided places. But out from that, I would say, uh, there isn't that

Nathan: The warden aided places are great here because they give security, and, and the give security not only in the sense of the thinking but there is a knock on the door every morning, there's conversation, there's community.

Interestingly, here a rather positive description of old age living outside the own house can be found. 'Warden-aided' accommodation is discussed in the context of care and it is clear that the positive attributes associated with this form of living closely resemble the values and characteristics of home. De Certeau et al. (1998) in their focus on the everyday life identify the community or neighbourhood as an extension of the home, of the private space. They argue that community is therefore also a secure, safe and restful space, a space in which people seek refuge and care.

The significance of the collective enterprise, which I describe as the discursive notion of the 'natural' community, is furthermore constructed as an ideal for broader society. As already pointed out above in Ivan Lewis's commentary, the decent society is discussed as a tight unit that has to and wants to look after its elderly people, identified as people who share some family-relations with the rest of the community. In other words, the decent society is built on an understanding of care for 'our elderly'. To give just one example from the *Daily Mail* referring to the treatment of elderly people in the community:

*'How can **we** say **we** are civilized when **we** treat **our** elderly no better than prisoners?'*
(*Daily Mail*, 23/01/07, my emphasis)

The use of personal pronouns, as shown in the example above, is instrumental in creating an imagined community between all involved in this discourse. It emphasises the significance of familial bonds and bonds beyond the family in the context of care. By establishing a shared familial responsibility for those in need of care, a community is created which is based on specific ideals, traditionally and organically linked to the context of families. Care for the elderly is constructed as accountability of the decent people in a community who have a responsibility for 'our elderly people'. The following commentary in *The Times* exemplifies the significance of dedication and selflessness for the existence of a decent community and society:

'Society owes an enormous debt of gratitude to the hundreds of thousands of relatives and friends who, out of love and the kindness of their hearts, assist the elderly to lead comfortable and fulfilled lives. (The Times, 15/06/07).

6.3 The ideological meaning of community

In the section above I have shown the main narratives in the discourse of care in which community plays a role. In this section I now want to explore the ideological significance of the construction of community. Which role does the use of the idea of community play in the discourse on care? What is the ideological and moral meaning for the broader discursive arrangements? By identifying various contexts in which community is appearing I want to show how the illusion of an ideal world is sketched. These discursive patterns come up in discussions on community values and are more

or less strongly related to the moral conception of what community might be. This will furthermore highlight the fact that community reflects an emotion and an idea and, as Bauman (2001:1) argues, it bears an important significance of social life and society:

“Community’ feels good because of the meanings the word ‘community’ conveys – all of them promising pleasures, and more often than not the kinds of pleasures we would like to experience but seem to miss.’

This already points to the fact that what community means to people is, to a large extent, missing; it is rather an imagination of what should be and what people would like to be a situation in which caring is really possible. I agree with Nisbet when he states that ‘[c]ommunity forms the ideal sketch of the life that is desirable’ and community relations ‘come to form the image of the good society’ (Nisbet 1966:47). And this, I would argue is an extremely important aspect of the meaning of community in the discourse on care. It sketches an ideal, an ideal society and an ideal way of living and caring for elderly people represents one part of this better way of living.

In the discourse there are recurring associations. Community and the impossibility of ideal care are almost always related to other problematic developments in society. So, even though the discursive patterns, i.e. the other themes discussed in relation to an absence of community, often differ, there is a feeling of discomfort with the developments of society. In the following I want to cite an extract from a discussion group at length which demonstrates the many associations between unhappiness

with the situation of care for the elderly and general societal developments. This discussion starts with Claire telling an experience at her work place (a care home), which relates to the theme of intergenerational 'natural' community, mentioned above. Alfred mentions the role animals can play and later associates this way of living with rural communities. Claire interestingly blames the development of local economies for the change in societal structures and developments:

Claire: recently I had a really lovely experience with a two years old child. (...) One of the residents is visited by her grandchild, with the great-grandchild. And she is looking for granny, and I say, they all sit outside today, I said, and you can of course have a chair and you can take your daughter with you outside, I say, nothing can happen. And yes, they were sitting outside for two and a half hours, which had never been possible, and the mentioned lady, who screams after five minutes, please, nurse, in the bed, please, please, please, she's sat there, and watched the child placidly, but how, only from the facial expression, from the gestures, how satisfied, how happy she appeared. (...)

Alfred: yes, but that's the same with animals, they

Claire: Yes, yeah, we do have dogs and cats every once in a while, we have, yeah

Britta: that does also work the other way. You can't learn more from anybody than from the elderly people, they have just experienced so much already, and they can, communicate so much (...) and give you something, that is so valuable.

Claire: Yes

Britta: but, I do think, there are really great projects. Where care homes and nurseries are next to each other. (...) and I think that it, in times like these, it is difficult to leave it to the family alone (...)

Alfred: Yes, and I think, that it rather works in rural communities, where people know each other, where the, the groups are, so to say, small, and where people indeed, one generation after the other, grow up. And do know each other, not like in the city, in the city area, where people are more or less anonymous there

Claire: yeah, it is in the country, through the economic structures, I can only tell for us, Alfred, everything's changed a lot, because look, we used to have the industries in town, (...) You had factories, you had everything, like, even if the woman went to work, she was in the town, yeah. You still had the corner shop, so you could quickly send the granny to go shopping. With a list and money in her hand, you sent her shopping and the children were still in town, now, with centralisation, people go, (...) the women drive to Vienna to [supermarket chain] at 5 in the morning with the first bus, come home with the last bus, the old person must be put away, to a day centre or a home, the children must be put away to the kindergarten. (...) Whatever you want to call it, but, they don't have a shop, where I live now, they don't have a pub, a centre of communication, because there I also could send a child, that didn't go to school yet, to go shopping. When I had said, be careful, you have to stay on the pavement there. Or the old granny has just taken the child. That was still possible. But today, to send someone into the centre, that's already dangerous.

Alfred: Yes, yes, it also used to be (...) that you didn't need to stay on the pavement (...) because, when I was I child, we also played on the streets, also on the main street.

In another discussion Fred raises a different issue of economic and political interference with communal living. As an example he mentions the closing down of post offices in local neighbourhoods in Britain:

Fred: one of the worst things (...) they've done, to me, (...) is closing down the post offices. (...) Because a post office is a personal contact with someone. And once you close them down, there's an awful lot of people out there, who can't cope.

Institutions and places like local post offices, local groceries and other shops or pubs and cafes are seen as fundamentally essential for the cohesion of and within communities. The closing of these places is itself leading to a decline of community; it also is a sign, however, of this very decline. The absence or the decline of community is an expression of unhappiness with societal developments on a broader scale. In the chapters above I have already noted the ambivalence people show in the sense that, on the one hand, societal changes are seen as necessary and inevitable, and, on the other hand, there is a feeling of decline and yearning for an alternative situation. Positive counter-examples for community can be experienced in places where modern society (and the world of work and politics) does not

interfere with people's way of living (e.g. the bridging of generations in the care home, as mentioned by Claire in the extract above).

Another often recurring pattern is the discursive relation between elder care and the way children are raised and treated, which also demonstrates discontent with the way people relate to each other (i.e. the way communities work). The reference to changes in the economic situation, in the discussion above, also re-constructs and reproduces the dichotomy of capitalist production and ideal community. Similarly, Caroline in the following extract from another discussion group refers to the economic situation and compares the demands in Austria with the advantages of 'having less' in a particular African country she knows:

Caroline: Because it's simply like that, the richer we are, and the better we have it, the less we can care for the elderly. Because in [African country], the family doesn't have money, they live in tiny houses, (...). I just have to say that the expectations are just different, because the people also don't want huge houses, down there. You just have the time, firstly, they also don't have to clean their small houses the whole day, they're done in an hour, they simply have a very different way of life. (...) Because the more you want, the bigger everything has to be, the more work it is, and the less time you have for your family. (...)

Gita: it's also that you not only don't have time for care, but also not for the children, I mean, (...)

Max: yes, but then you also must say that 100 years ago it was like that here as well

Caroline: it also has to do with what we are used to (...)

Max: Yeah, it's not that long ago that it was like that here as well

Caroline: Yes

Max: the extended family (...)

Brenda: yeah, in the country, in the country definitely. In the city that's a long time gone, but in the country there were extended families.(...)

I: Would it be better, such an extended family?

Brenda: In my opinion yes. (...)

Caroline: I personally experience it as better, so, when I'm down in [African country], I love the family relations down there.

Again, the distinction between country and city is emphasised but, more importantly, an uneasy feeling with the current living situation is expressed. This criticism, however, is not directed at oneself; rather it again expresses an aversion against the economic and social developments of society. The discussion continues with the argument that a move back to those times which are nostalgically remembered is not really possible. Again, ambivalence about economic and social developments is expressed. Dench et al. (2006) in their study of the developments of the London East End emphasise the significance of community, neighbourhood ties and family relations for the experience and feeling of safety and security. Community and community relations balance the demands of modern capitalist society:

‘Family ties gave people the support and security which made life tolerable, and provided a model for organizing relationships with close neighbours. Being a

member of a family gave you kin and quasi-kin locally, and made the world a safe place' (Dench et al. 2006:103).

Obviously, the element of nostalgia in this account (as in the accounts of people discussing community in the context of care) has to be remembered. To some extent it is a myth that close family ties gave security and safety; however, today these ideas have an important ideological and moral function in dealing with the demands of modern society. In other words, even though these ideas are myths they give people the possibility to imagine other options and thus help to reinstate a particular *everyday morality*. As shown in the extracts discussed above, the possibility of community, and hence the possibility of this safe place is felt to have been lost, it is something from the past, or from another area. In the following section I want to discuss the relevance of these discursive expressions of a nostalgic feeling. Which role does a longing for community play in the context of arrangements of care for elderly people?

6.4 Nostalgia: longing for community

Looking at the construction of the moral ideal of community a tendency to situate this ideal at another place or at another time becomes obvious. A particular longing for community, neighbourhood and consequentially, care, can be identified in many discursive materials. In that sense the notion of nostalgia provides some useful insights into the mechanisms of these processes. Davis (1979) convincingly shows that nostalgia is not only a psychological, personal expression (which is often described as similar to homesickness) but needs to be understood as a social

emotion as well, a widely shared attitude in society. Davis (1979) situates nostalgia as a yearning for the continuity of identities in a time when people experience subjective discontinuities. Below I will discuss Beck's notion of individualisation and the pressures of economic and social expectations. Here it should be held that the yearning Davies describes must be seen in contrast to people's materialist life situations. The present life conditions are 'felt to be, and often *reasoned* to be as well, more bleak, grim, wretched, ugly, derivational, unfulfilling, frightening, and so forth' (Davis 1979:15).

While Bauman (2001) thinks about community primarily in a historical context as something that always had been in the past or will be in the future, there is also a locational perspective involved. This section follows Alleyne's (2002) description about the construction of communities as always being displaced in time (past) and space (other countries). The link between other countries and the past can clearly be identified in the discourses on care, following Alleyne's (2002:611) observation that people feel that 'we' have individuals while others have community (which we once had).

Another important aspect for an understanding of nostalgia and a longing for the past (or some imagined distant place) is the creation of myths. Coontz (1992) demonstrates how in US discourses the image of the family has been idealised and a (white, middle class) myth around this idealised family has been created. Coontz (1992:9) argues that the imagined ideal family of the past is 'an ahistorical amalgam

of structures, values, and behaviors that never co-existed in the same time and place'. This resonates as being very important for the construction of community and community values in the discourse on care as well. Community, how it is constructed, is not a historical (or, as I will argue, local) phenomenon, but a combination of feelings, ideals, wishes and emotions. However, for Coontz (1992) the existence of nostalgia is also related to a feeling of being unsatisfied with the economic demands and pressures. He argues that

'[m]ost individuals still attempt to carve out space for personal commitments, family ties, and even social obligations, but they must do so in *opposition* to both job culture and consumer culture' (Coontz 1992:178-9).

In thinking about the meaning and the consequences of a nostalgia for community Coontz's (1992:6) argument that myths 'bring [people] together and reinforce social solidarity' might, however, also give some indication of a positive, progressive use of the very longing. If times of social solidarity are longed for, community could potentially represent a more progressive way of life in society. As mentioned above, community is constructed as an ideal for the better society, or, as in the newspaper commentary below, the civilised society:

*'One of the yardsticks of **a civilised society** is the way that it looks after its elderly. A **decent country** would ensure that its old and infirm received the best possible care, not least as a mark of respect that should be afforded to the elders of the community. Judged by this standard, Britain is becoming progressively less civilised. For British citizens, the experience of ageing is increasingly beset by hardship and*

neglect, both at the level of individual families and the institutions of the state. In other European countries or in Asian societies where family life is still very important, people venerate their elders and assume it is their duty to look after them when they can no longer look after themselves. In Britain, by contrast, expectations have changed along with a profoundly altered way of life. People are too busy and too self-centred to assume such responsibilities. In particular, many women who once would have assumed it was their duty to look after aged parents are now themselves in paid employment. In addition, family breakdown is increasingly snapping the vital bonds of attachment between generations. (...) As the Health Service staggers under its own financial crisis, elderly or chronically sick people are being discharged from hospital into 'community care', only to find that the community doesn't care at all and that neither nursing nor other essential services are available. (...) It is only in rethinking the welfare state from first principles, and moving from underfunded dependency to personal and family responsibility, that our elderly and long-term sick will ever receive the care they need' (Daily Mail, 11/01/07, my emphasis).

The ideas of the *civilized society* and the *decent country* are clearly linked to a particular arrangement and provision of care for elderly people. A historical perspective is applied, that tries to show that the change of lifestyles in the UK has led to a situation in which community does not care anymore for its elderly members. At the same time other countries and cultures are constructed as being the havens for elderly people. These (inevitably rather abstract) places are described

in opposition to modern Britain as being based on a culture that not only deals differently with elderly people but shows a different public morality in general. And finally, the provision of care is linked to a broader discussion of social conditions. Self-centredness, economic involvement and family breakdown are linked to an image of the busy, self-absorbed and selfish modern society. Even though this particular commentary needs to be understood as delivering its own (rather traditional and conservative) agenda, the idea of linking the situation of care for the elderly to a moral category and categorisation of the conditions of a society and culture is representative for the general discourse. The notion that community is something from the past or from other cultures and does not fit in with the present societal arrangements is very strong in the discourses, whether this is seen positively or (as in most cases) negatively. Nostalgia in the context of this thesis can be described as longing for a community which, people imagine, existed in the past, or exists at other places.

Time

The first perspective of nostalgia is a yearning for past times. The ideal community or neighbourhood has been lost over the decades as reflected in Nathan's comment (I quoted a lengthier extract of his statement above):

Nathan: And, the reality is, that whereas though I wasn't around 70 years ago, the family units tended to care and the people on the street would actually care either.

Again, Dench et al.'s (2006) study of the development of the London East End gives interesting insights into the construction of the idea of a loss of community. They argue that in particular in economically difficult times there 'was commitment to local community – involving concern for the needs of *others* – which served you best in the end' (Dench et al. 2006:47). With the economic, capitalist development the 'need' for community as direct economic support got lost. Dench et al. (2006:106) however argue that this has also produced losers, namely those being dependent on local communities. As I have argued before, it is important to not take these accounts as a literal reflection of reality. What is interesting is the construction of the ideal community by sketching a certain image of the past and linking changes to economic and social developments. The notion of 'civilisation' is particularly interesting in this context as it often refers to an idea of progress and progression of societies and countries. In the discourse on care, however, civilisation is often linked to an ideal of real care, situated in the past, whereas current socio-economic developments have pushed society away from civilisation.

People in need of care were definitely dependent on families, local social networks and neighbourhoods to get support for living their lives. The notion of a longing for community is therefore often related to times of the past in which people could rely on their existing communal networks. The extract above highlights the perspective of nostalgia. Nathan says that even though he *wasn't around 70 years ago*, he *just knows* that there was care and that there was community. I want to highlight this statement as an expression of what I have called *everyday morality*, the sentiment

that people just know what is (and was) a better societal arrangement. Specific personal experiences are merged with ideas, emotions and ideologies into a social 'experience' that community is something from the past.

Space

The other source for nostalgia is situating the ideal community in other countries and/or other cultures. In the following extract Caroline refers again to the situation in an African country she knows well:

Caroline: Down there it is still, firstly, unemployment is different there, secondly, there's a different living situation there. It is very normal down there for example that you do have a yard, where, however, 5 entrances come together, from different houses. The houses are of course considerably smaller than here (...) and in one lives the aunt, in the next one granny, there the sister lives and there the brother lives, so the whole family lives there. (...) And all of them on this yard together. It also means that, as far as children are concerned, it doesn't matter at all, whether it's about an old person or children, the care, the social willingness to be there for each other, is very different. Because they have the opportunity, though.

The link between economic development and work demands and the possibility of living together and for each other (i.e. community) becomes obvious in Caroline's comments. Additionally this way of living is also often described as better and more fulfilling, which can also be seen in Helma's arguments below. But it is always

emphasised that this (better) way of living, this communal lifestyle, is nowadays impossible in people's own societies. Bauman (2001) in this context points out that community is always safe to be desired as, ultimately, it is something imagined that is not available in a globalising world.

Helma: I really was in (...) countries, in Nepal and Tibet, (...) there are for (...) hundreds of kilometres, there's one (...) doctor and there the people live in huts, and still they all came smilingly and beaming with joy towards me.

Monica: yes, but there the family relations are very different, in these cultures, I think.

Uta: Yes (...) Here there also used to be the extended family, the village, or

Helma: Yes, that's again a human factor, a human situation. Why has it happened like that? Why is the, the disintegration of family, why has that developed like that?

Another striking feature of this discursive pattern is that this situating of the ideal community in other countries, the ideal that has long been gone in people's own society, can also be found with reference to different 'cultural' groups in 'Western' societies. Larry in the following extract mentions different ethnic groups as having different constructions of community:

Larry: It varies, across the board, through different (...) levels of society, and also, different ethnic groups as well. (...) If you look at the Indian community you'll probably find (...) generations, all living in the same house.

Pamela: oh yes.

Larry: but there, there they have this ethos, ethos of care, going all (...) the way through I think. Same for the Chinese as well,

The impossibility of community

Later in this discussion Will comes back to the idea of communities in other countries and other ethnic groups, telling his own positive experience of family and community abroad. Pamela however links the loss of community in the mainstream society to economic and educational advancements, arguing for a historical perspective in which community will also change within other ethnic groups as an inevitable consequence of progress and development.

Will: Oh, oh, yes indeed. yeah, I agree, but I mean, it, it's this sense of family, that the Indian community, and many of the European communities, I've now just been to [European country](...) but, you know, the hotel we stayed at, there were 3 generations of that family, running that hotel and there was this, just sense of family, we joined that family for the, you know, and there's that sense of family, ok, because (...) they've probably lived all their lives, in that little, little town, (...)

Pamela: I actually think that as the generations go on and as people get more and more educational opportunities (...) even within the Indian community, this strong sense of family will,

Will: Yes

Larry: it will, it will change

Pamela: it will change, (...) that's right because nothing stays the same

Morgan: we don't go back to the sense of family that there used to be

In both of the two groups quoted above there is an idea that some change has happened and that this change has been inevitable. So it can be said that nostalgia for a particular idea of community includes a realisation that this form of community is impossible (see also Anderson 1991) at the moment and to some extent unachievable under current conditions. I have already mentioned the emphases on education and economic development which have led to faster, more individualised life conditions. Bauman (2001:46) rightly argues that

‘nothing endures long enough to be fully taken in, to become familiar and to turn into the cosy, secure and comfortable envelope the community-hungry and home-thirsty selves have sought and hoped for’.

Many discussions revolved around an idea of change of culture in which people want to and have to move around and in which people do not want to be a burden on those who have to react to economic necessities. Fred for example argues that

as there has been so much more mobility (...) you can't expect your family to look after you (...) because how can somebody come back from the other end of the country every weekend?

Fay agrees with this idea that family cannot be the main provider of care anymore. She, however, argues that there will always be and should always be

a community looking after you, and I think that's the way.

The discussion then focuses on a notion of community that is detached from a shared history or family ties; it is a notion that emphasises personal responsibility within a neighbourhood as a replacement for traditional social ties. Personal responsibility, instead of trusting that the state will help, is seen as being lacking:

Otto: What's lacking in this society is responsibility

Silvia: yeah, I agree (...)

Olive: people don't take responsibility, you know (...)

Fay: I know what you're saying, and to an extent I agree but when it comes to care for the elderly, I don't think it will be that simple

Fay summarises this idea of community as the modern expression of being there for each other:

Fay: it's just that society is so different now, but I think that is, the community, we can only deliver the services we need, through the community, and paid for by the state.

Nostalgia and longing for community therefore must be seen as an ambivalent discursive construction, as a longing for ideals of being there for each other and the construction of various ways of how to achieve this. Many of those alternatives

relate to ideals of the past or other cultures; some, however, present a more forward looking alternative to traditional responsibilities. Because community is not only constructed as an ideal but also as an impossible ideal it provides the safety and comfort against an imposed social reality. People acknowledge that they cannot live up to the ideal (which might be characterised for example by living a more 'caring' life) because the ideal is impossible. To some extent, the possibility of personal agency to take over responsibility for the other is challenged by a discursive construction of the impossibility of community. Through the construction of a longing for community people take away their own agency in the societal arrangements.

6.5. The ambivalence of community

I have so far pointed out that people's ideas about community can be characterised by some ambivalent feelings. I have identified specific narratives and discursive patterns in which community is constructed as a warm realm in which people are there for each other. I have then described how a nostalgic association creates community as an impossible ideal due to social and economic developments. This ambivalence also reproduces the construction of dichotomies which can be found in much of the discourse on care (see also the discussion in other chapters). In this section I will try to disentangle some of these ambivalences about community. First, I describe a discursive feature in which community is seen as a positive ideal, but not necessarily as a reproduction of traditional patterns. Rather, community is constructed as a counterforce to neoliberal societal arrangements. After that I

present some accounts in which people construct community as a negative experience and societal developments are put in contrast to an old-fashioned idea of community. This will enable some general considerations about the possibilities of a progressive and emancipatory understanding of community and its potential consequences for care for elderly people.

Community as a counterforce

Tönnies's definition of *Gesellschaft* as 'formed and fundamentally conditioned by rational will' in contrast to natural communities, which he calls *Gemeinschaft* 'in which natural will predominates' (Tönnies 1955:17) already shows a dichotomy between rational constructions of societal arrangements and naturally grown forms of community. Modern bureaucratic capitalism, the 'most distinct form of *Gesellschaft*' (Tönnies 1955:28), and globalisation have increased this ideological distinction even further. Castells (1997:60) for example identifies a clear reaction of people against this development and states that

'people resist the process of individualization and social atomization, and tend to cluster in community organizations that, over time, generate a feeling of belonging'.

This resonates with Thompson's (1991) story of the struggles in traditional working class communities against the capitalistic developments. He describes these communities as 'defending their own modes of work and leisure, and forming their own rituals, their own satisfactions and view of life' (Thompson 1991:85). Local

communities are a potential answer to the dangers, fears and pressures of capitalistic developments, but they are in most cases

‘defensive reactions against the impositions of global disorder and uncontrollable, fast-paced change. They do build havens, but not heavens’ (Castells 1997:64).

Similarly Bauman (2001:1-2) describes community’s strength in creating safety in a dangerous world by making it possible that ‘we are never strangers to each other’. Political, economic and social developments are an expression of a culture that has alienated people from each other and their community units. An ethic of individualisation as a ‘duty to oneself’ (Beck and Beck-Gernsheim 2001:38) replaces former reliance on family and community. The main problem, Beck and Beck-Gernsheim (2001:xxiv) argue, manifests itself in a society with ‘growing inequalities *without* collective ties’.

The legal, organisational and financial arrangement of care for elderly people is one such sign of alienation from each other as it can always only be a second best solution. In an ideal world, it has been argued in some discussion groups, we would not have an issue of care for the elderly, as people would be there for each other anyways. Community is then almost constructed as a counterforce to the current economic and social arrangements. Whereas Barrera (2008) positions the church and theological ethics as a moral counterweight to individualisation and the market, Dench et al. (2006:232) propose a rediscovery of ‘small groups as a source of civic virtues’:

‘The culture of individual rights has obscured the value of family ties and local community for many people. The most practical way to resist that culture may lie in strengthening family. It is significant that one of our strongest findings is of the value of family and community ties in keeping ordinary people in control of their lives’ (Dench et al. 2006:232).

The construction of the treatment of elderly people in general, and care in particular, as opposed to the selfish, rationalistic, economic world of employment, labour and busy living are again positioned as the ideal for a decent society. A ‘community’ in this society is then a concept or a way of living that is ultimately founded on values of emotion, dedication and friendship. A reader-comment on abuse of the elderly in the online version of *The Guardian* suggests that mistreatment does not have a place in the communities sketched earlier:

‘I wonder if this abuse of the elderly takes place in small tight-knit communities? Perhaps part of the problem is that we are all now “individuals” who are less restrained by societal norms than by laws’ (The Guardian Unlimited, 23/02/07)

Political competition is also constructed as belonging to a sphere of rationalist, materialist decision-making. This is again contrasted with an ideal of care and community that opposes the world of work, markets, politics and impersonal relating. Rather, the ideal of care should be understood as an example for better living. In Britta’s comment below she argues for a communal way of living as an old

person's answer to, or an exit from, the hardships of work, loneliness, and care needs:

Britta: So, I think that there has to be an intermediate stage, where it is pitched to people that they have to go away from this alone at home. And that they become interested in moving together with like-minded people. Because I think that the need for care then only comes later. Rather than if you are alone at home and you fall, and nobody finds you for a very long time, and then, the complications are also immediately much worse, than if you live in a community, where someone finds you immediately, or supports you, where everyone helps each other.

Disadvantages of community

However, individualisation and being anonymous also offers potential advantages to some. Thus, some participants in the discussion groups expressed their own desire to not be part of the community all the time. Similarly to Bauman's (2004:62) claim that '[f]or most of us (...) 'community' is a Janus-faced, utterly ambiguous phenomenon, loved or hated, loved *and* hated, attractive or repelling, attractive *and* repelling', in the public discourse the disadvantages of community were mentioned. Claire for example, herself a nurse in a care home, emphasises her own needs of respite which would be challenged if she was employed in a care home in her own community:

I: And does the distance also play a role, from the people one cares for?

Claire: Indeed, so for myself, I did question that for myself, because I might have had the possibility to work in [her home town], we do also have 2 care homes. (...). And I had worked for 15 years in the village, and, I thought, no, I am glad that I'm away from home. Because indeed, it, it is like that in [work place], I am at work for 11 hours there, think I do that for myself, alright, but when I leave, I leave the luggage inside. (...) And when I now go to the farmers' market in [work place], and meet some colleague or so, ok, but I can't meet any relatives, who can complain. (...) In [home town] that would have been very different. At every corner, this doesn't work, and that doesn't work. I've seen that, I've worked there for one month on trial, only to see for myself, whether I want to work in elderly care at all. And even in this one month I have experienced it, the aunt comes, this person comes, everyone, and I think, no, that's not what I want. There, I'm anonymous. There I do the care work, there I'm known by nurse Claire, that's it. When I come out, I can go cycling, can call [a relative], can go to Vienna, it doesn't matter.

Claire points to some aspects of community, which she experiences as negative and challenging to herself as a person. I argue that this relation that is based on her position as a care worker emphasises and reproduces the dichotomy between community as the realm of personal relations and where all are 'naturally' there for each other and the bureaucratic, individualised realm of work and employment. Community as a progressive, modern counterforce against economisation is seen to provide security and cohesion within a risk society (Beck 2009); it should, however, not fall into reactionary communitarianism:

‘The basic mistake of communitarianism is to react to individualization. It is ‘reactionary’ in its attempt to recuperate the old values of family, neighbourhood, religion and social identity, which are just not pictures of reality anymore’ (Beck in Beck and Beck-Gernsheim 2001: 208)

Bauman (1993:151) also describes this form of community

‘which represents community as a unit held together by the *awareness* of unity, by a fraternal sentiment which makes it family-like without making it a family, as a territory of unqualified cooperation and mutual help,

Bauman (1993) warns for an ideology as nostalgia which is itself resulting from a tendency of neighbourhoods and families losing their authority. In summary the discourse on care shows elements of a counter-discourse to traditional, reactionary ideas of community, recognising the positive and progressive elements of an ideal of community. It remains doubtful, however, whether this counter-discourse is strong enough to provide answers to the ambivalences which are hegemonic in the societal construction of care and the community.

6.6 Conclusion

‘Between the symmetrical errors of archaistic nostalgia and frenetic overmodernization, room remains for microinventions, for the practice of reasoned differences, to resist with a sweet obstinance the contagion of conformism, to reinforce the network of exchanges and relations’ (de Certeau et al. 1998:213).

In this chapter I have focused on the idea of community in the discourse on care. Community does not mean one specific theme or topic of discussions, articles and speeches; rather, community represents a combination of interrelated thoughts, emotions, wishes and ideals. Building up on the preceding chapters, community can be understood as an ideological extension of family, and the neighbourhood in which community happens as an extension of the home. Both the traditional family and the traditional community are felt to be under threat by economic developments (e.g. globalisation, see Robertson 1995:30) or are felt as having taken place in other times or at other places. This chapter has also shown the significance of parallel discursive narratives, such as childcare, neighbourhoods and lifestyles. Taking these different but interlinked aspects of the discourse on care together, a picture of the ideal of community can be shown which enables security and safety in an ever faster developing environment. Or, as Bauman (2004:61) put it:

‘To insecure people, perplexed, confused and frightened by the instability and contingency of the world they inhabit, ‘community’ appears to be a tempting alternative. It is a sweet dream, a vision of heaven: of tranquillity, bodily safety and spiritual peace’.

Community is constructed as a counterforce to economic, political and social developments which people perceive as hostile, individualising and pressurising. Robertson (1995:30) even argues that because of its counter-movements ‘globalization has involved the reconstruction, in a sense the production, of ‘home’, ‘community’ and ‘locality’’. However, ideal care, as taking part in the community and being carried out by community is not really possible if community itself is not

available. Another question raised in this chapter was whether a conception of 'community' is exclusively a tradition based, anti-modernist notion. I have tried to argue that community also needs to be seen as a counter-discourse within an individualised, economised and marketised world and I have also pointed towards the positive aspects of a de-traditionalised form of care and responsibility for care. Trying to combine these aspects I mentioned a tendency in some discussions to see community as a modern answer to the demands of care for elderly people. With reference to the discussion of the theoretical framework (see chapter 2) Bauman's claim for general responsibility for the other can be incorporated into an ethics of care and therefore extend this ethics beyond the primary family structures. If family care is not possible (or not wanted) community could step in and take over responsibility. Maria neatly describes the need for a new construction of care arrangements which focuses on responsibility but not on traditional family- and community ties:

In the days when we lived in small communities care could be shared among all members of the community and/or extended family. (...) But in today's crowded yet fragmented society we need a different kind of care. (...) Society as a whole does have a responsibility – people work all their lives for the economy of the country and deserve recognition and respect when they reach 'old age'. This means a system of support and care regardless of income and need, just as we [support] and care for children.

How these new forms of care arrangements are designed and what the new form of community looks like, is, inevitably, not classified in clear terms. It involves, however, the attempt to reconcile the freedoms gained from economic and social independence with responsibility for each other. Community thus tries to break out of the traditional dichotomy of security vs. freedom and community vs. individuality (Bauman 2001). The following discussion is a perfect example for people struggling to find terms, images and concepts for the care arrangements they would favour:

Larry: It (...) works the other way, my late parents lived in [city] and they had fabulous neighbours and we were in [other city] and we used to commute up and down the motorway, but we knew that we could always also ring Andy and Jude, if we (...) have got a problem, so it is a two-way traffic. And of course with this changing society where (...) parents are going to the country from the kids, and they're moving around, you've the

Will: Well of course, the family unit is, uh, is totally changing

Larry: is changing yeah

Will: and although I've said, that really we shouldn't be responsible for our parents, the breakdown of the family unit in the UK, (...) and that is what is causing a lot of the (...) problems. Because, for instance, I know families in [town], who, for instance, old mining communities, who are still there, 3, 4 generations. (...) The sense of family there, is so much stronger than, than where I live, because they, they've not moved more than maybe 5 miles away.

*Morgan: it's not a breakdown of the family though, is it? Where are **your** children, you know?*

Morgan's rhetorical question *where are your children?* summarises the ambivalences that can be found in the discourse on how care can be arranged and how communal living could be possible. It has been a main aim of this chapter to take these ambivalences in people's ideas, opinions, emotions and experiences seriously. The discussion above continued with a focus on the requirements of mobility of modern society and the labour market and the expectations of and from people who want to succeed in this economic system. These discursive patterns could be found more often and it appears that, even though there is recognition of community being in contrast to marketisation and individualisation of modern life, it is not seen as something that can be brought back. Rather, the changing family structures, increased mobility and education, the roles of women in society and other social, cultural and economic developments are often seen as starting points for a new definition of community. The example Larry gives of the neighbours who looked after his parents, is an illustration of an extension of community beyond naturally grown ties. Beck (1998) describes this experience of longing for community but not wanting to go 'back' as a collective fate, arguing 'no one wants to go backwards. The sacrifice of a bit of hard-won freedom is something that everyone, man or woman, expects only of others' (1998:34). Mirroring the discussion above in which community was described as an ambivalent concept which also includes negative experiences and pressures, Bauman (1993, see also Smart 1999) in his discussion of ethics, describes

the role of community as having changed from an individual's security to an individual's burden. He furthermore argues however that a re-constitution of community, as a community which constitutes morality and 'which reinforces moral commitments and inclinations' (Smart 1999:168), could lead to a new moral framework. Community is fundamentally based on commitment towards each other (Bauman 2001) and a duty to help each other.

Finally, I argue that it would be useful to disentangle two interlinked aspects of the discursive meaning of community described above. Firstly, community is constructed as a unity of people who have something in common, people who share something (e.g. religion, nationality, ethnicity). Care is here seen as a duty between people who share some ties, similarly to the ideal of the (extended) family. Secondly, however, community can be and is also understood as being born and sustained simply and exclusively out of the dedication of its members (Bauman 1993). Whereas the first notion of community is based on the sameness of its members, and therefore linked to a necessary absence or exclusion of the other (Bauman 2001) the latter version is based on a recognition of, as Bauman (2001:150) puts it, 'sharing and mutual care'. This more egalitarian form of community can be described as 'a community of concern and responsibility for the equal right to be human and the equal ability to act on that right' (Bauman 2001:150). When community is imagined as the ideal realm and context for care for the elderly it is important to emphasise the possibility of this more progressive form as the future for long-term care responsibilities.

In combination with the chapters 4 and 5 this section has provided an answer to the question of what care means to people and how care is ideally imagined. It has also identified aspects of how responsibilities to *be there for each other* are formed and what community responsibility can mean in this context. The argument of nostalgic expression and the impossibility of community enable at least a partial answer to the questions of the relation between the neoliberal societal framework and the ideal of care. The socio-economic characteristics of society define how care can be delivered ('real' community care is seen as impossible) and care is seen as outside the design of the current societal arrangements. In a sense individual freedom and participation in the market driven society is in tension with what care means to people. But does that mean an impossibility to reconcile independence and care? How are those who need care constructed in the conception of care as an idealised desire of being there for each other? In the next chapter I will explore the social reality of depending on someone further.

7 Depending on people

7.1 Introduction

In this chapter I discuss the theme of 'independence' as a category in the discourse on care for elderly people. Independence appears widely in the public discourse. In the focus group discussions, however, it needs to be understood as a secondary theme which means that as a theme it emerged from the discussions without being deliberately introduced by the facilitator (Krzyżanowski 2008). All of the discussions have shown some references to the ideal of independence and the main aim of life as living independently.

Originally mainly an economic classification (in relation to work enabling or preventing independence) Fraser and Gordon (1994) describe the rise of dependency as a moral/psychological and therefore political category meaning that those being dependent on others are constructed as being morally inferior to the idealised independent person. The wish for being independent in the discourse of care is mainly concerned with those being cared for; however, these people, in particular the elderly, are themselves totally absent from the discourse in the public realm, in the sense that they do not feature in articles or other contributions as individual actors. This absence can be seen as a result of the particular social construction of care, for those in need of care are defined as being passive and dependent on others and they are not seen as actors in their own right.

In a study analysing people's perceptions of and opinions on issues of dependency and independence Dean and Rogers (2004; see also Ellis and Rogers 2004), drawing on interview data, report that dependency is generally seen as a negative state which people should try to avoid. Dean and Rogers (2004) furthermore argue that their interviewees continuously distinguished between deserving and undeserving dependency. People related these attributes to the specific life circumstances and individual behaviour. Dependency is thus a negative state which is only seen as acceptable for some members of society (e.g. people with certain disabilities) and not for others. Personal responsibility for making specific choices is seen as the main factor to avoid dependency. Confirming Fraser and Gordon's (1994) focus on the moral nature of independence Dean and Rogers (2004:72) add 'material sufficiency, referring either solely to financial independence (...), or identifying practical and physical aspects of independence alongside the emotional and psychological aspects'. In other words, material independence merges with moral constructions of self-reliance and self-sufficiency to form a moral ideal of personhood. Dean and Rogers (2004) also found some (ambiguous) awareness of interdependence in their interviewees' accounts and '[p]aradoxically, (...) even those who denied their own interdependency demonstrated an acute awareness of the necessity that others should depend on them' (Dean and Rogers 2004:74). This last aspect of an acknowledgement of others' dependence on oneself in combination with a denial or a rejection of one's own dependence is an important feature of the discourses analysed below. The ideal of giving is contrasted to the 'horror' of taking and being the one others depend on is constructed as a favourable state. In political discourses (for the UK see Harris 2002) this ideal of

independence in combination with a duty to give and to 'help' dependents has featured prominently over the last decades. The idea of caring as a citizen obligation (see also Doheny 2004) constructs a clear divide between those being independent actors and those being dependent on someone's care.

I therefore aim to demonstrate the construction of both the aversion against dependency and the ideal of independence (section 7.2). I will then (7.3) focus on possible challenges to the very notion of dependency. I will ask whether a rejection of dependency as a social construction is useful and desirable. For this endeavour I will discuss two major perspectives which both focus on dependency and independence as moral and structural categories. First, authors of the Disabled People Movement (e.g. Shakespeare 2000; Oliver 1990) focus on the societal construction of dependency and argue for emancipation and support of people with disabilities in order to avoid unnecessary dependency. The position of writers of the feminist ethics of care (e.g. Noddings 2003; Groenhout 2004), on the other hand, emphasise the shortcomings of a model of independent beings and argue for a recognition of the inevitability of interdependence of social actors in society. Do these perspectives offer a fruitful challenge to the fear of dependency? To what extent do public discourses show references to these positions? Does a focus on people's interdependence reproduce the idealisation of mutuality and reciprocity and thus fall short in threatening the ultimately negative idea of being dependent on others. The main aim is to depict the ideological fear of dependency and to suggest embracing dependence as a foundation of personhood (Dean 2004). In section 7.4 I will explore the relations between a

rejection of dependency and people's ideas about wider social structures. To what extent is the focus on independence recognised as an expression of neoliberal society? An acknowledgement of dependencies might enable an approach that social life is fundamentally defined by interrelated, often but not always mutual, dependencies, a conception which fundamentally challenges economic and social ideals.

7.2 The ideal of independence

Independence can be seen as a dominant paradigm of current welfare state arrangements (Mittelstadt 2001; Fraser and Gordon 1994) and social, political and economic life in general. Independence as one of the key themes of a good social life is very strongly integrated in people's conceptions of their own existence and the societal structures, or as Oldman (2003:45) puts it: 'It is almost impossible to contest the concept of independent living, as it is hard to challenge motherhood and apple pie'. Other authors, such as Glendinning (2008) emphasise the relevance of the ideas of individual choice and self-reliance in more and more fields of social life and social policy.

Independence and dependency as ideals and principles have a long history in philosophy (Held 1990), economics, policy making but also in everyday public and social discourses. Fraser and Gordon (1994) convincingly show that the term and the concept of dependency have substantially changed over time, fitting the ideological and political demands of the respective systems. Especially during the enlightenment the values of independence and rationality have led to an idealisation of the

autonomous male, white, middle-aged, able-bodied subject as the quintessential social actor (McNay 1994; Watson et al. 2004; Shakespeare 2000). Work and employment, which used to be a sign of depending on somebody else, are now seen as an escape from dependency (Fraser and Gordon 1994). General societal structures and life circumstances define the ideal citizen as an independent, self-reliant actor. Any divergence from that is seen to be inferior to the ideal. However, there have always been groups of people (women, slaves, the young) at whose expense this independence has been created. Additionally, there have always been groups of people who could not embody the ideal of independence due to their position in society or their conditions of life. One question arising is whether anyone can actually live 'independently', i.e. being totally autonomous from everyone else? In fact we are always dependent on others; dependency is inherent in any social being, and it is, as Kittay (2002) argues, an integral part of human existence and human nature (see Groenhout 2003, 2004). Shakespeare (2000) draws attention to the fact that there are no two distinct natural categories of dependency and independence; rather reasons for dependency are inherent in human life: 'Everyone is impaired, and all people have areas of vulnerability' (Shakespeare 2000:9). Fine and Glendinning (2005) point out that there are different aspects of inevitable dependency, such as economic, physical, emotional and political dependency and Groenhout (2004:10) portrays individuals under the basic premise of an acknowledgement of necessary dependency as 'physical beings who live lives that are inescapably structured in terms of dependence on other humans and on the environment in which they live.'

However, it also needs to be held that some dependencies in public life are valued differently to others. Some dependencies are stigmatised and disregarded whereas others are seen as normal and 'natural' (see Fraser and Gordon 1994). The dependency of children, for example, represents an uncontroversial situation whereas dependency in the context of middle aged people with disabilities is seen from a different perspective. A distinction of various dependencies is then often related to moral blame for some dependencies rather than others (Dalley 1996; Murray 1990; Dean and Rogers 2004). In this chapter I discuss the discursive construction of dependency and independence in relation to elderly people. A dichotomy is created in which older people are portrayed as passive, totally dependent non-actors who are in need of care and whose life is determined by others. This essentialisation of someone's dependency is then linked to the idea that this is not a decent, desirable life. At the same time a fear of becoming a burden on others is present, which will be described as a fear of dependency.

Construction of care as a dichotomy of dependency

Care is constructed in a dichotomy of dependent and independent actors. Conceptually there is one person being active in the process, being the independent actor, and there is another person being dependent on the former. Care is then seen as the often dirty, unpleasant and intimate reaction to dependency. Eva Kittay starts her important and highly influential book *Love's Labor* with the sentence: 'Dependence requires care' (Kittay 1999:1). Lloyd (2004:247) describes care as taking 'into account the needs and rights of those too young or too old to be the active 'independent' adult citizen'. Both

accounts represent the general understanding of care as being based on a dichotomy of dependency and independence.

Bobbio in his description of what it means to be old argues that old age marks an end, a final stage, and that it is 'mainly depicted as decadence and degeneration: the downward curve of an individual' (2001:24). In the discourses this feeling of old age as an end is very prominent. Old age is very easily equated with dependency (Plath 2008) and old people are seen as passive victims who need to be looked after, in other words, they are constructed as 'the other' in relation to the healthy independent actor. In the following extract Helma talks about the act of caring itself, describing how an old person can help the process of caring. This is a good example of the idea of 'othering' (Oakley 2007:108) old people.

Helma: Because I really believe (...) and I also know old people, who are like that, uh, adorable, quiet, grateful, not that they are now dismissive (...) but, dignified grateful, yes, that you like to have them with you, and that you like to be there for them (...)
Now, there are those, and then it would be, the whole caring would be much easier, because they, yeah, they simply would also be there

With Hughes et al. (2005) one can argue that disabled people, and this is very similar for old people, are continuously infantilised, disempowered and degraded in public, social, cultural and political discourse (see also Sennett 2003). Shakespeare identifies a construction of a 'polarity between dependent, vulnerable, innocent, asexual children

and competent, powerful, sexual, adult citizens' (2000:15) resulting from this process of infantilisation. Hockey and James (2003) in this context point out that certain periods during the life course are seen as metaphors for stages of dependence/independence (for a similar argument see Dean and Rogers 2004). In that sense elderly people are recurrently associated with children, as the following discussion exemplifies:

Barbara: And on the other hand, somebody has given me this recommendation and I have also seen that, that you can indeed also scold the ill person a bit, and also the person in need of care (...) and not having to always do everything for them, and having to give in. Because they forget it, that you have told them off, this they forget again anyways, but somewhere, something remains with them, that it isn't entirely fine, what they're doing (...) So you can really once, of course not all the time, but you can really once also have a strict word with them. Because (...) it goes better after that.

Vanessa: and they, I think, like small children, test the boundaries

Barbara: That's it, yes, that's it, yeah. (...)

Walter: yes, that's it. It is like, that you can really say, they become small children again. (...)

Adam: and children test the boundaries, how far they can go, but the old people do it as well.

Barbara: or, you also have to tell them then, uh, that's not possible now, and now like this, and, and, but rigorously, otherwise (...) nothing works, right. (...) And you're doing it for their good, don't you. You want to mean well, you do mean well.

As in the extract above, the infantilisation of elderly people is often linked to an expression of reassurance that this is done in their best interest. Agency is therefore systematically taken away both in practice and in the conception of the situation. Similarly, Larry in the following discussion on elderly people, who are cooking for themselves in care homes, emphasises the necessity to act in this empathic way, in the sense that actions of restriction are performed in people's own interest:

Larry: and I believe, if the person's got dementia, or something (...) they can have a kitchen, but (...) it's got a master switch that turns the whole kitchen off, if necessary, let them boil the kettle, anything beyond that, (...) they are not allowed to (...) [to] control, not in, in the nicest way possible, in their self-interest.

Another aspect of the public discourse on care deals with the fact that some people express an extreme anxiety of dependency, of being helpless and in need for care. Euthanasia is frequently discussed in this context, a theme I will take up below in the discussion on 'being a burden'. The idea and the image of being in need for care cannot be combined with a dignified life.

Alfred: So, I have in that sense thought about it, (...) that I say, right, I don't want to get that old. If it doesn't go anymore, then away, away, away. And there, I think, I'm agreeing with my mother. She also ran until the last moment. And then, when it got critical, she gave up. Then she died within 2 days. (...) So, of care, she was horrified, that she will be in need of care, that she would be dependent on other people. And I do

understand that very well. I don't want that either. Then, I rather want to go before that. (...) So, care, no, then I'd really like to go.

Britta: I mean there certainly is something worse than dying, and that's suffering.

Alfred: It is worse, if you are in need of care. Yes. It's worse, for example, if, if physically you can't, but mentally you're fully aware, yeah.

Plath (2008:1355-6) points out that the construction of elderly people as dependent and marginalised is not due to a natural process of ageing but that it rather must be seen as 'a socially structured state, maintained by dominant ageist values in society'.

There is also a creation of a clear separation of the time when someone is healthy and independent and the time when someone needs care. It is imagined that care begins when agency ends. What characterises a reasonable life is therefore defined by those who are not in this situation. Secondly, there often is an emphasis on the dependent person as being completely passive, as not understanding *what's going on in life* as also exemplified by Paul's statement below:

Paul: She was in [care home] for seven years, and she has hardly recognised her daughter then. And is, so to say, kept alive by law (...) That really wasn't a life in the sense, how we imagine it, or, how we, or what we understand by it.

There is a strong connotation of 'othering' those who are very dependent on others as *they do not have a life in the way we understand it.*

Home vs. institution

As discussed in chapter 5, independence is also a main feature of the aversion against institutional living, in particular living in care homes. Theodora mentions that

those people who cannot buy into a super private home have basically an institutional lifestyle forced upon them. They lose their home, their pets, their belongings.

An 'institutional lifestyle', as mentioned by Theodora, is the antipode to independent living. Similarly Maria argues that in a care home

they lose pets, personal belongings, familiar rooms/furniture/neighbours, they lose space and privacy, and unless they can buy into a good quality care home they basically live in a hostel. There is no individuality or stimulus, just a sense of being bundled into 'god's waiting room'

For this chapter the aspect of the 'institutional lifestyle' is particularly important. It describes a way of living that is characterised by dependency on others. Someone living in an institution must follow rules and laws set up by others. The institution is constructed as a place where one has to follow strict rules which do not allow making one's own decisions and the whole way of life is determined and regulated by others:

Ingrid: In the home there are also these strict rules. So, whatever, to eat supper at half past four already, one also has to get used to that indeed.(...) for example if someone

wants to stay up longer, he doesn't have a chance there, or watch TV longer, that's all not possible in a home

By that the institution becomes the quintessential 'dependent living' arrangement. In the discursive construction all the negative attributes about dependency are combined to manifest themselves in the idea of an institution. Through that institutionalisation is created as a stigma (Phillips 2007) for those living in it. Living in a care home is a clear and obvious sign of not being independent. At home, on the other hand, this stigma is not apparent as, regardless of the actual situation, independence is potentially possible there. The idea of a loss refers back to the concept of homelessness described in chapter 6. This loss is combined with a deficit of subjectivity, or individuality. The care home is the ideological manifestation of this loss. The unfamiliar setting produces even more dependencies and thus works in a disempowering way (see Phillips 2007). Losing one's subjectivity is sometimes described as quasi-death, or social death (Froggatt 2001) and this association is furthermore strengthened by a clear relation between moving away into an institutional setting, a shortfall of identity and the end of life:

Nathan: there was a space in a nursing home and he was taken in there and he gave up.

This again reproduces a pathological view of old age but also creates a clear logical relationship between old age, life in institutions, dependency and death.

At first sight a possible contradiction could emerge. People's strong preference for independence and independent living correlates with a strong emphasis on care at home, the family and communal living (as discussed in the chapters above). It is in and through social, political and cultural discourses that meaning is given to these concepts. Living in the community, preferably in one's own home, is by definition to not live in an institutional setting. Dependency is therefore always less distinct at home in comparison to the institution. Thus, it is not only ambivalence in feelings and emotions between wanting to be independent and staying in the safe haven of family and community; the construction of dependency as a concept is closely related to institutions and therefore fosters this affectionate construction of independence, exemplified by Fay's wish for arrangements for her mother, that

allow [...] her to stay in her community that she wants to be in, you know, with her own independence.

This refers to a relationship between community and independence in which community is something which is consciously chosen, in opposition to an institution which excludes any possibility of personal action. Independence might be an expression of this active, reflexive choice of social relations and social networks that some authors associate with the specific demands of the current economic and social situation (e.g. Beck and Beck-Gernsheim 2001:35). Living at home, within the community and the family, is a choice that enables independence and is at the same time an expression of independence. Vera for example emphasises the conscious

decision of the whole family against a care home and for care within the family, highlighting the importance of this *choice* for the family and its cohesion and vice versa:

Vera: for example, we do have a care institution close to us. (...) That's, not far away from us. And we have decided to not take up this option. Firstly, because this institution is horrible, but regardless of that, because we have simply said, ok, we stay together, so, the family sticks together, simply (...) It was our decision.

Within the community the (own) home is then seen as the place in which individuality and independence can remain. Carol for example links the preference of being at home to people's character, in that those who are independent characters want to stay at home. This resonates with the discussion above, when it was argued that independent characters reject the idea of 'institutional living'.

Carol: I think, uhm, if a person is of an independent nature, they will probably prefer to be in their home, in their own home as long as possible.

Oldman (2003:50) argues that underlying the concept of independent living, as it is promoted by the British government for example, is 'the notion that living at home is better than life in an institution'. This straightforward relationship between independence and the home is of course not only a political strategy but is produced and reproduced in everyday discourses. In chapter 5 I have also discussed the

significance of the physical entity of the home, the house people live in. Fraser and Gordon (1994) point to the fact that in earlier times, independence meant to own a property and to therefore be able to live without the need to perform paid labour. The question, however, remains, whether the concept of independence and independent living is also related to the idea of owning a property, and consequentially, living in one's own property. Dalley (1996) highlights the importance of economic independence (which is often linked to the possession of a property) for any concept of independence. Economic independence gives other principles meaning. Morgan in the following statement also points to the fact that people's independence is related to having their own house, and that therefore moving into another form of accommodation is synonymous with giving up one's independence:

Morgan: I think also that, the point you've made about the grey pound and I think economically, despite the credit crunch and everything we hear, the older generation are better off than they were previously and obviously more people own their own homes, and or more independent, in that way. (...) So there's an awful lot to give up.

Kontos argues that it is one particular feature of home that it 'unlike many other accommodation options available to frail older people, does not compromise their independence' (1998:168). Home can therefore be seen as by definition enabling and guaranteeing independence for those living in it. There is no definite meaning of the concept of independence; rather it symbolises ideas, emotions and imaginations which seem to be very important for people, particularly in the UK discourse. People living in

their own homes, being visited by carers, or even living with a live-in carer (such as the case of the migrant carers in Austria) are not necessarily 'more independent' than people in institutional arrangements. It is the connotation of home however, that secures this experience of independence for people.

The institution signals the quintessential dependent living arrangement. In the discursive construction all the negative attributes about dependency are combined to manifest themselves in the idea of an institution. At home, on the other hand, this stigma is not apparent as, regardless of the actual situation, independence is potentially possible there.

'Although she is much better cared for [in a nursing home] than formerly and she admits that she enjoys the food, the whole situation is an affront to her independence. It's hard to believe she will ever actively enjoy institutional living' (The Guardian, 24/03/07).

Change in relationships

Another important aspect defined by constructions of independence and dependency is the relationship between carer and cared for. Relationships between people are fundamentally based on dependency relations. However, dependency bearing enormously negative connotations, the discourse shows many attempts to define care differently, in order to sustain a relationship between independent individuals. The family for example is a combination of mutual reciprocity and one-sided support, being

based on emotions, feelings and social structures (see Fitzpatrick 2008:155). However, as Beck and Beck-Gernsheim (2001:85) argue, transformations in the family have also changed its constitution to what they call a post-familial family. Underlying these conceptions is, however, a recognition that care is very often not an outcome from rights held as individuals, 'but from what is due us by virtue of our connection with those with whom we have had and are likely to have relations of care and dependency' (Kittay 1999:66). Many relationships are characterised by both contractual and emotional arrangements. In chapter 8 I will explore the tension between these two aspects further.

In chapter 4 I have discussed how care can lead to a redefinition of particular relationships in which a person feels that an official recognition as *carer* (in order to claim benefits for carers) would change and challenge this relationship. An arrangement in which people are paid for their care work challenges the notion of a loving family conception. In a different way dependency relations can be challenged by a reversal of roles. Typical for that are parent-child relations in which the parent now becomes dependent on the care given by the child:

Eloise: I would have, somehow, made sure earlier that it has to be a home somehow, yes. Because, I think, it was uncomfortable for both sides. Because the mother felt of course, to be mothered, by the own daughter [laughs], that's somehow, funny.

I now briefly want to turn to those people responding to dependency, those who Kittay (1999) calls 'dependency workers'. One of the main differences between most forms of conventional work and dependency work lies in its relationship to the person in need of care. Whereas in a Marxist account one works to sell labour, often with no interest in the work as such, in care the interest in the wellbeing of the other is the main characteristic of the work (Kittay 1999). The relationship itself is therefore one being based on mutual interest and dependence. This clearly excludes the possibility of the dependency worker as the imagined free, male individual. Eleanor's statement shows the distinction between the 'normal' independent worker and the dependency worker:

Eleanor: Perhaps one should be looking at, how people are going to be encouraged to want to live the sort of life, where they are caring for other people, because society now is very much geared to, you are successful if you're making a lot of money, and you live in a mansion you're your children are going to boarding schools and to the continent; (...). In fact most of these places [care homes] run on part-time workers, and that of course saves them certain expenses, national health wise, doesn't it? Stamps and things. So, probably that's one of the biggest things that needs to be looked at, how to make people, attract them to this kind of work, and to giving.

Hughes et al. (2005:267) argue that those who do the care work 'place themselves in a domain of peripheral value outside the masculinist boundaries that define proper productivity and, therefore, have no claim upon the values of success, dignity or respect.' Working as a dependency worker therefore places oneself in opposition to

the model of the independent agent (see also chapter 8 in this context). Hughes et al. (2005) also question the Disabled People Movement's focus on the employment relationship as this means that ethics remains in its masculine, bourgeois meaning, which clearly contradicts an ethics of care. Performing work under these conditions clearly takes away one's independence and possibility for control over one's life situation. Kittay (1999:183) states the importance of dependency workers for the existence of independent citizens and workers:

'The purchase price of independence is a wife, a mother, a nursemaid, a nanny – a dependency worker. Whether the care of dependents is turned over to a woman with whom one shares an intimate life or to a stranger, unless someone attends to the dependencies that touch our lives, and inevitably touch the lives of all, we cannot act the part of a free and equal subject featured in the conception of society as an association of equals.'

Carers (especially family members or migrant carers) are dependent on the cared for and the relationship of care. Therefore the independence of people staying in their own house often is at the expense of other people's dependency. The emphasis on loving, dedicated and selfless care often creates a relationship that contradicts other ideals of independence and autonomy.

Becoming a burden

Related to the very negative construction of dependency is an aversion against becoming dependent on others. In the discourses this is often related to an expression of not wanting to be a burden on others. The theme of burden reflects a topic that is

very characteristic for the discourse on care (Shakespeare 2000) and closely linked to being dependent on others. This has also been a theme of much of the care related literature in its aim to point to the work that is been done in an often unacknowledged and undervalued context (Shakespeare 2000). Similarly, social policy making, which focuses strongly on the needs and the situation of carers, leads to an emphasis on an idea of burden, as Hughes et al. (2005:261) argue: 'Social policy constructs male and female recipients of care as a burden and a drain on scarce resources.' This emphasis on the burden in academic, political and public discourse, however, obviously reproduces the negative connotations of dependency and the very negativity appears as an objective problem, since somebody needs to carry that burden. In the discourses this is often realised in an expression that people value caring, and even express their willingness to care for their relatives, friends or neighbours; they, however, do not want to be cared for by anyone close to them. This interesting situation in which people want to make the decision to care and to be there for others (representing the heroic, sacrificial, selfless virtue of giving), but in which they do not want to be in need of care (the horror of taking) clearly shows how dependency is thought of and constructed as a fundamentally passive, negative stage of existence, as Sennett (2003:63-4) argues: 'Care of oneself can mean additionally not becoming a burden upon others, so that the needy adult incurs shame, the self-sufficient person earns respect'. The worry about being the reason that others (usually people close to oneself) have to carry out an undervalued and unrecognised work is obviously part of the fear; secondly, however, conceptions of oneself and the strong aversion against becoming dependent and therefore helpless are reproduced. Imagining oneself

through the narrative of care in a situation of helplessness and dependency is a very negative idea for many people. Being in need for extensive care is described as something different than the life *as we know it*. Care is seen as a pitiful stage in life, a situation people would like to avoid by all means. The following extracts give an impression of people's wishes for their own old age:

Pamela: I would never ask my children, to look after me.

Will: No, and I've made that clear

Pamela: I know that very clearly, and that's very clear because I just don't think it's fair, I'd like to be near them, so that I could see them occasionally...

Nathan: My prayer is that I keep healthy, till the day I die (...). And I never need looking after.

People often express anxiety to having to live a different life to what is seen as a 'normal' life. People express their unwillingness to live a life of *being a burden* and effectively of being dependent on others. This leads to a wish to die healthily without needing any care, but also includes a discourse in which euthanasia is repeatedly thought and talked about. An example from Germany states in this context that every third German would rather commit suicide than being in need of care (Die Welt 2007). Ingrid for example declares that she would consider ending her life in response to a discussion on the possibilities of being in a care home:

Ingrid: If I'm able to, to do it, to understand my situation, and I can't see a way out, then I would make use of my right, to determine the point of my death.

This discourse is of course not reproduced by everyone in the same way. Depending on moral and spiritual attitudes, the option of euthanasia is discussed either as a positive option, as a choice against dependency and being a burden, or as something to be frightened off, as the example below demonstrates. However, in either case there is a clear link between being independent and having some worth for society. Even in cases when people fear that society disregards its elderly members they reproduce an association between age, care, dependency, and value of life.

Nathan: And it will be, 'you're too expensive to keep, (...) let's put you out of (...)'. And euthanasia, she thinks, euthanasia might well be an answer, that a government of the future decides, is legitimate, because...

Peter: a lot of elderly people who aren't welcome thinking it's the only way. Because a lot of them do say 'I wish, I wish I could go. I wish that the lord would take me now.' (...)

Free decision making is one of the most significant aspects of these discursive themes. Often people argue that people ought to make choices before they become dependent on others, to ensure that nobody has to carry the burden without his/her acceptance. Not making decisions for the future is then seen as a weak attitude of not really taking responsibility for one's own independence for the future:

Monica: And then she says: Yeah, yeah, and if I'm once a case for care, then I don't notice it anymore anyways. [laughs]. And with that it's difficult to fight against, and to argue against

Helma: Yes. They're always like that [...] Self-responsibility, shifted off. Yes, yes.

In the following newspaper extract from *The Observer*, this decision making process is very much emphasised. Own choices and decisions are presented in opposition to an image of old age, in which elderly people are dependent, passive and vulnerable to abuse, neglect and infantilisation. This example reproduces the idea that old age is closely related to being completely dependent on the good will of some abstract other; that, through planning, choosing and conscious decisions, however, one could escape from this trap of dependence:

It wasn't just the sociable nature of the enterprise that appealed [of moving into a home together]. It was the thought that we were going to be one bunch of oldies in charge of our destiny. We will choose everything from menu to morphine and thumb our nose at the cruel convention that the elderly are to be treated like children. We will show the curious visitors that you can be in your sunset years and still be interested in the news or in seeing a good play; we'll exchange views on the Booker shortlist and Gordon Brown's long-term future. No one will take our savings, jeer at our incontinence or nod-nod, wink-wink at our sexual frolicking. (The Observer, 09/09/07)

Dependency is constructed as an other way of existence which is undesirable, feared and rejected. The creation of a dichotomy of dependency and independence means that being dependent is seen as completely defining someone's identity and people are seen as either dependent or independent and these stages are complete opposites.

7.3 Challenging dependency

Do the discourses on care show any questioning of the dichotomy presented above? Are there any variations and nuances in the way people think about, talk about and construct elderly people? Is it possible to identify any challenge to the creation of the dichotomy of independence and dependency? In this section I will present two positions appearing in the public discourses which are also resembled in the academic and political sphere. Firstly, I focus on the idea of empowerment and support of elderly people in order to avoid passivity and dependency. The second position focuses on mutuality and reciprocity as normal parts of human interactions and interrelations.

Empowerment and support

The first perspective challenging the equation of elderly people with passivity and dependency emphasises practices of support and help, rather than care, in order to enable independent actors (Smith 2005; Ryburn et al. 2009). The discussion so far has followed the traditional conception of care as a response on behalf of those who have the capacity to respond to the needs of others (Groenhout 1998:177). An important argument brought forward by the Disabled People Movement (DPM), however, is the focus on replacing a notion of care with the terms help or assistance (Shakespeare

2000), seeing care not only as an answer to but also as a cause for dependency (see also Hughes et al. 2005). There often seems to be an understanding of people cared for as passive recipients, and not active, 'independently' acting people. Following the classic liberal rights model of promoting independence for everyone (Ellis and Rogers 2004), the concepts of help and assistance bear a meaning of an emancipatory concept of independence and self-determination (Hughes et al. 2005), whereas care bears the tendency to objectify and construct dependent people (Shakespeare 2000). Drawing on the social model of disability the main aim is to reject notions of pity and victimisation (Smith 2005) and instead focus on emancipating and empowering people. Do people express a notion of help as enabling and securing independence over a notion of care which produces independence, as the argument, in a simplified version, goes? John in the following quote discusses a photo of a young man fitting new light bulbs and an elderly men standing beside him:

John: Yeah, and the greatest thing that a carer can do in that situation is actually (...) not lord it over them (...). So actually they're not invading his privacy. He's still taking part, and inviting him, even to hold something, (...) 'can you hold that for me', (...) just not exclude them from the activity but make them feel as though they are part of it, and in fact, that they're the boss.

One problem arising with the concept of empowerment is the agency of the assistant involved in the process. Oliver and Barnes (1998) therefore argue that being empowered by someone else is an inherent contradiction and ultimately represents

disempowerment (see also Smith 2005). Additionally, whereas the importance of a rejection of an objectifying notion of care cannot be underestimated it is also important to analyse the consequences of this distinction for what care means to people. Watson et al. (2004:339) therefore raise the question whether the term assistance does actually 'capture the combination of emotional and practical care and the ultimately gendered nature of care and care work'? The focus on commodified relationships (Ungerson 1999) in which strangers provide intimate services bears the danger that 'the contract to care *for* had been fulfilled, but with a loss of the sentiment of caring *about*' (Ungerson 1999:591). Sennett (2003) also asks whether caring without compassion might actually be a more fruitful endeavour. He (2003:142), however, concludes that

'[i]mpersonal caregiving is a very pessimistic view of the human condition; it supposes people are likely to do others injury by caring for and about them personally, so that the human elements of judgement and response to need should be eliminated.'

Another problem arising might be in some ways that the focus on help instead of care can reproduce the dichotomy between independent and dependent recipients of assistance even further. In other words, does the focus on help potentially construct those who really need *care* as different to those who simply need help and assistance? It could be argued that a mutual relationship between people is sometimes simply not possible or even desirable (see also Fine and Glendinning 2005). Another discursive feature that reproduces the aversion against dependency and the praise of independence I call 'elderly but fit'. Elderly people are presented and talked about very

fondly, in relation to an emphasis of their fitness, be it mental or physical. Eloise for example, talking about respect for elderly people in general emphasises how great old people are who still are active and intelligent:

Eloise: and age itself, now, that's not really a merit.

Britta: uhum, uhum.

Eloise: But, I mean, it is, it's great if, everyone, I know many old people, who I also like, yeah, where I think, that's great, how they are still interested in things, and how smartly they can talk, but age itself, that's not it.

Similarly, in the following extract people who deal with elderly people on the basis of voluntary work emphasise how some elderly people are very active, funny and witty. Highlighting that someone who is in their late nineties is active and still going on holidays, the discussants present an ideal of an elderly individual which is the opposite of a dependent, passive person.

Peter: This is very important because there is some prejudice against elderly people and invalided people but, uh, people tend to walk past and they are probably fully aware insight their brain. Fully, with a 20 year old brain (...), 30, 40 year old, instead of a 70 year old person. (...)

Patricia: Our favourite lady at the moment is 98

Nathan: She said she wants to go to Australia

Patricia: next year

Nathan: For a holiday

Patricia: Yeah.

Nathan: At 99

John: It's amazing

Patricia: And she came in the other week and she said 'Patricia, I'm a bit worried', I say 'Why (...), what's the matter?' She says: 'I'm beginning to feel my age' [laughing]. And I: 'I'd worry about it when you start acting your age' [laughing]. 'cause she doesn't act her age [...]

Nathan: at all

It is important to understand that it is this emphasis of older people's abilities, actions and cognitive skills, which reproduces the dependency-independence dichotomy. Due to the emphasis that elderly people are still fit and healthy, the negative associations of dependency are perpetuated. In these accounts elderly people are presented as independent, self-reliant actors, and brought in opposition to those who really are in need of care and support. Similarly Will in the following statement, talking about his neighbour, emphasises the engagement with the 'modern world' as a praiseworthy character trait. He also admits that this characteristic of his neighbour makes the contact with him a pleasure. Again, an othering of dependent elderly people is clearly happening here:

Will: my neighbour, (...) he lost his wife 2 years ago, (...), he's now 91, but at the age of 90 he bought himself a brand new (...) car, he bought himself a computer [some laugh].

He's got a mind like, and, and I, I visit him obviously, at least once a week, and it's always a pleasure, it's never a, a chore, because his conversation, you know, he's, ok, he's got his aches and pains, but he's, he maintains a 3 bedroom detached house, no cleaner, no, he cooks for himself and everything, you know (...). He's 91, and he's, but he's got, the essential thing is he's got his brain, he's got his brain

Pamela: And he's got a mental attitude.

Will: Yes, yes.

This aspect points to a public norm in which the “normal’ healthy body is a moral obligation’ (Oakley 2007:117). The very positive representation of elderly people as being fit, healthy, smart, funny and active until old age reinforces the moral responsibility to stay independent. And it also assumes that people are in the position to make certain choices during their lifetime to avoid dependency. Lloyd (2004:251) expresses this important aspect and emphasises its connection to an ideal of independence, arguing that this focus ignores significant characteristics of the general human condition:

‘In contemporary western societies, independence has become the ideal quality of the adult human being and the sine qua non of public policies. (...) The concept of ‘active ageing’, so prevalent in contemporary policy discourses, stresses the importance of older people being able to function in ways that best approximate to the ideal of the independent autonomous adult – and for as long as possible. In contrast, a focus on the whole lifecourse enables us to see more clearly our essentially social nature and the ways in which vulnerability and dependency are experienced by all human beings at different times.’

The emphasis on independence and self-determination has led to a focus on empowerment of people and participation in public life. As much as these aspects are important in many cases, they also bear the danger of focusing on traditional connotations of what independence means. Harris (2002:277-278) rightly argues that

‘Whilst these strategies are important as a way of countering a view of older people as a passive burden, they inadvertently reinforce a concept of citizenship which defines people’s status according to their contribution to the economy, as well as reinforcing a sharp distinction between the young-old/old-old and the grey pound/grey drain’.

I agree with Phillips when she argues that ‘[k]eeping older people ‘independent’ has been translated into a message of keeping them fit and active whereas it should mean giving people more choice and control over their lives’ (2007:135). I would add, however, that the way, in which the concepts of choice and control are used in public and political discourses and policy making, they are also idealised aspects of an imagination of independence (see Glendinning 2008). Glendinning (2008) also shows that the concepts of choice and control often create and support a market-situation in the care sector. A successful deconstruction of independence needs to also focus on issues such as choice. Individual autonomy needs to be re-imagined within a context of constant interdependencies.

Choice is also seen as an expression of not being in need of care. In other words, some people are seen to need help and some people are seen to need care. This situation is described by Will in the following extract. Here the dichotomy between care and help,

a dichotomy that reproduces the binary of dependency and independence, is distinguishing between oneself and the others. Whereas Will sees himself and his fellow participants as those who can plan their old age actively in an independent and self-reliant way, he describes others as those who *can't help themselves*. They are described as passive recipients with no own agency involved.

Will: I mean, fortunately (...) we will be able to do that, and I thank God, I have been given that choice, because I've had a good life and it's given me (...). The people we are really, really talking about, are those that, can't help themselves. And, (...) have lost out on, on life, for whatever reason, some have not bothered (...) and you say, well, they don't deserve it, but you still gotta look after them, whatever.

Mutuality and Reciprocity

This section refers to a discursive theme in which people underline reciprocity and mutuality of relationships. In contrast to the representation of elderly people as passive and dependent, here the opposite is emphasised. Being a helpful citizen is seen as the counterexample to the elderly, dependent person:

Lisa: I think it's very difficult to preserve a person's, dignity, and sense of worth, when they, become, less, yeah, a bit helpless. (...) And I think (...) they need to be aware that they are treated with respect for them, and for their dignity and their pride in as gentle way as possible. And an understanding way. And I also think it's important, to help them keep their sense of purpose, in life. When so much, gradually goes from them.(...)

That they need to feel wanted

Carol: And a helpful citizen.

It is also the idea of not being a full member of society that makes feeling dependent such a negative experience. Society, especially in its meritocratic conception, is constructed in a way that favours individual contribution to the whole. Being passive, receiving and dependent is an unwanted, inferior status to take on. In the discourses people continuously talk about the worth of elderly people in terms of their contribution to society and their value for others. In the following extract the importance for one's feeling of self-worth as a consequence of *fulfilling tasks* is emphasised:

Barbara: here in [town] there is this elderly home, it was there, and even then, I don't know, 200 years ago, or longer (...) people had to do simple tasks (...)

Vanessa: yes, that just keeps fit

Barbara: Yeah, and this was actually very smart, intelligent from this, this founder, and who has ordered that they are asked to do simple tasks (...) that you are not feeling useless. Because that's a very heavy burden

Vanessa: uhum, uhum

Barbara: a psychological burden, I think

Adam: That was of course also the advantage, when the family lived from the great-grandfather to the great-grandson, in one union, usually in a farmers house, right, that then the old people could at the same time look after the children.

What can be noticed here is a recognition that some people need help or care but that they also give something back to society. *Feeling useless* and not contributing anything is seen as *a very heavy burden*. In that sense elderly people's contribution to others (in relationships) and to society as a whole is highlighted. In these accounts people are not reduced to being passive and dependent but mutual interdependence is identified. But it is not only in people's self-interest to fulfil certain tasks and to contribute something. Also society is seen to be benefitting if elderly people's contributions are acknowledged. Later in the discussion, Vanessa, raising the point that respect for older people and the acknowledgement of people's worth for society needs to be increased, argues that the elderly should be much more integrated again. In a discursive theme that links back to the creation of nostalgia (see chapter 6) the intergenerational exchange between grandparents, parents and children is emphasised.

Several analysts (Groenhout 2004; Fine and Glendinning 2005; Noddings 2003) argue to replace both dependency and care with the concept of interdependence, describing a process of 'reciprocity between partners, exchanges between dependent actors over time, and the networking of these relations of dependence' (Fine and Glendinning, 2005:612). The ethics of care approach positions interdependence and a sense of self in reference to others against the (masculine) ideals of independence and individualism. The feminine is thought of as being related to receptivity, relatedness, responsiveness (Noddings 2003). The moral relations between people are characterised by the absence of generalisable, independent actors but happen as social relations between concrete others (Kittay 1999; Smith 2005).

However, even though interdependence seems more promising for an understanding of social relations and 'human relationships and the interdependency they entail are a good in and of themselves' (Dean 2004:193), there is still a questionable tendency to emphasise aspects of mutuality, reciprocity and, potentially, deservingness. Kittay (1999) therefore describes the concept of interdependence as a fiction arguing that there are some dependencies which are not socially constructed and through which actors cannot engage in mutual reciprocity. Kittay elsewhere (2007:56) argues that '[c]are relationships have many characteristics that suggest paternalism' as they are usually based between unequals. The answer, however, might rather be a 'theory of equality that embraces dependency' (Kittay 1999:xii) in contrast to a focus on people's mutual contributions. With her I argue that an approach which embraces dependency can manage an integration of care and autonomy in the sense of relational autonomy (Ellis 2004). Ruddick (2002:219) agrees, arguing that '[c]ommon feminist ideals of interdependence and mutuality are inadequate counters to domination in dependency relations'. Another option is favoured by Silva and Smart (1999) in arguing for a life-course perspective as people encounter various stages of dependency and care throughout their life. Interdependence is happening not in mutual reciprocity but over the period of one's (and the other's) life.

Within a care relationship everyone always gives something to the other. This, however, should not be confused with a focus on mutuality as a normative aspect. In other words, a theory of equality that embraces dependency does not deny that people also 'give' something. It rather shifts the attention away from mutuality as a

necessary prerequisite for relationships. Reciprocity needs to be rethought and challenged in order to avoid a shift of vulnerability and dependency into the private domain (see also Ellis 2004). Dean (2004) argues for a social inclusion approach that allows the recognition of one's dependency on others. I have mentioned earlier that many people in the focus groups expressed a willingness to care for others but rejected the image of being cared for by relatives themselves. This observation fits in with Dean's (2004:195) study in which they found that

‘The paradox we observed in our research was that those who most vociferously denied their interdependency were those who most strongly asserted the importance of their own dependability for others’.

Once again, being the independent actor on which others can rely upon is seen as superior to being dependent on others. If, however, dependency is seen as a neutral and normal aspect of human existence (Kittay 2007), without a focus on reciprocity or mutuality, a politics of dependency might enable a new way of thinking about social relations and the course of life. At the same time, however, dependencies do exist and create real difficulties for people. An important point is made by Groenhout (2003) when she warns about the danger of romanticising vulnerability and dependency. Finally, I want to emphasise the importance of keeping a notion of justice and equality in a construction of a new politics of dependency. A re-conceptualisation of dependency must not disregard these values. Kittay (1999) and Feder and Kittay (2002) make it very clear that care and dependency do not inevitably lead to subordination. Rather, they see the challenge in how a society can ‘deal justly with the demands of dependencies that constitute inevitable facts of human existence, so that we avoid

domination and subordination with respect to care and dependency' (Feder and Kittay 2002:3). Tronto (1993) tries to combine the concepts of an ethics of care with strong ideas of justice and equality and Nussbaum (2002a:198) convincingly argues for an inclusion of 'ideas of equality and dignity' into a care ethics:

'we will understand that issues of justice require us to think well both about care and love and also about human needs for a wide range of other human capabilities (...). The resulting theory may still be critical of some familiar liberal theories; and yet it will also draw in important ways on what is best in the liberal tradition, on its ideas of equality and dignity, its conceptions of the need for freedom and self-respect'.

Kittay (2002), in a reply to Nussbaum and other critics, acknowledges the importance of a combination of the values of justice and care and argues that people have the potential to fulfil the demands for both. Additionally dependency needs to be taken out of the realm of family (Sennett 2003; Fineman 2002) in which it is traditionally hidden. The attempt of combining a sense of justice and a morality of care might enable a conception of dependency which is not an 'evil state of existence' (Groenhout 2003) but which allows for some 'consciously accepted dependency' (Kruse 2005). In the discussion so far I have addressed the discursive construction of independence and dependency and I have presented the need for an ethical position which embraces dependency. At the same time I have argued that empowerment, justice and equality are extremely important aspects of a progressive ethics of care. However, issues of justice, freedom and mutuality need to be understood as currently being linked to a market logic and market driven understanding of liberalism. An ethics of care which, in

Fraser's (2003a, 2003b, 2005) sense gives rise to recognition, redistribution and political participation also needs to understand the meaning of categories such as freedom and autonomy in the context of specific societal arrangements. In the next section I will explore further the meaning of these categories in relation to care within the social reality people live in.

7.4 Self-reliance and Independence as a burden of modern times

Despite the general agreement and tendency to favour independence and self-reliance by all means these concepts also bear problematic connotations. Some ambivalence can be found in the discourses in the sense that independence and self-reliance are also seen critically as concepts that put burdens on people, in particular on elderly people. The following two extracts from discussions offer an insight into why independence can be experienced as a burden and why institutional living can under certain conditions be a relief:

Ingrid: She was very happy that she didn't have to pick up things she let fall anymore, and it was reduced to that, that she didn't have to care anymore, that she got something to eat

Caroline: like you said! You have at some point, I also think, if you've done that for your whole life, you're fed up to some extent with cooking (...) Doing the laundry and these things, everything that's then done for you (...) But you're still your own, you have your

own room, you have your privacy (...) You're your own master, you come and go, as you like.

In particular the second extract shows the ambivalence that can be found in the discourse on institutions. On the one hand the institution takes away the burden of having to live independently and self-reliantly, on the other hand, however, there is a notion of remaining *your own master*, in other words, to not becoming a dependent in the institution. Phillips (2007:109) shows that people can 'face 'forced independence' through stereotyped and romanticized notions of home' (Phillips 2007:109). But not only the focus on the home, but also the general construction of the preference of independence, might cause substantial difficulties for people. Dalley (1996) argues that it is the construction of the capitalist society that constructs 'those who cannot work (for wages) through physical or mental impairment, or those who have passed beyond the age limit imposed by society on the end of working life' (1996:98) as dependents. Whereas I agree with her argument that the social construction of dependency needs to be challenged I think it is equally important to recognise that for some people the category of independence is not useful in describing their current and future life situations. Mittelstadt (2001) for example demonstrates how economic self-sufficiency has replaced dependency in the post-war welfare discourse in the USA and has therefore created a feeling of obligation of being independent in all areas of life.

Plath (2008:1364) criticises that the dominant understanding of independence 'places the emphasis on older people doing things alone and making decisions alone' and

argues for an understanding that also includes alternative aspects such as access to community. She also argues that the traditional focus on 'doing things alone', 'making one's own decisions', 'physical and mental capacity', 'having resources', 'social standing and self-esteem' (Plath 2008) all can bear negative consequences. This formation and Caroline's quoted statement above clearly relate the dominant conception of independence to the demands of society's capitalist construction. Oldman (2003) also bases the difficulties of independence on a societal level and criticises the state's complicity in the process of construction. The focus on independence is closely linked to capitalist development and a main feature of what is described as a protestant work ethics (see Weber 2001; Fraser and Gordon 1994). Bauman (2001) for example has shown that those who are seen as very successful and productive in modern society are also characterised by independence and self-reliance. This link between (economic) success and independence also leads to a moral rejection of dependency created by the discourses shaped by the successful and powerful (Bauman 2001:50). Care in this conception is clearly a break of the possibility of two independent, mobile, flexible and therefore successful actors (see Phillips 2007).

It seems that the dichotomy between dependency and independence also reproduces the notions of success in the market versus a life based on relations. It furthermore seems to assume that care, which includes the acceptance of the existence of dependencies, is in opposition to a successful, market based life (Zelizer 2005). This distinction is then often essentialised and directly related to personal attributes such as gender (see Mann 2002) or age:

Walter: the old ones not anymore, the youth that's the, the youth is the important thing. The youth is the future.

Adam: yes.

Barbara: Yes, the youth.

Walter: the youth is the one, that brings the money.

Barbara: Yes, everything's calculated like that.

Walter: The youth is the one, that works, and the old guy, whatever, he uses, well he, yeah, we also have to provide for him.

In this extract the dichotomy is reproduced but also a link to the world of work and capitalism is established. I will explore this aspect further in chapter 8 and want to emphasise the importance of the contradiction between dependency and capitalist 'usefulness' which people mention. Eloise in the following example seems to also reproduce the dichotomy mentioned above. She, however, positively refers to a character trait which makes an acceptance of dependency possible. In talking about her mother's approval of the situation in the care home she refers to her upbringing and the fact that economic success and productivity were not the main determinants of life:

Eloise: the period before that (...) even though she was in a care home, my mother has always been (...) a satisfied type, yes. So, war and these things (...) and then you just didn't have that much, and generally she also didn't have such, huge demands, and she

was also always very grateful, yes. And this has actually then, in the care home, also worked really well.

In the beginning of this chapter I discussed a quote from a focus group emphasising gratefulness and I argued that the 'ideal' elderly person is described as passive and accepting. With the last section I wanted to demonstrate that being dependent is not only seen as a passive existence but also as a rejection of particular values and demands of the capitalist society. Care in that sense is understood as an image of a counter-force to neoliberal requirements of self-reliance, independence and constant activity.

7.5 Conclusion

In this chapter I have discussed the persistence of values of independence and self-reliance and its consequences for those involved in caring relations. Independence has always been a male ideal of self-definition. In particular in 'advanced liberal democracies acknowledgement of the reality of dependency is denied through the promotion of an ideal of individual autonomy' (Fine and Glendinning 2005:613). Beck and Beck-Gernsheim (2001) describe the demands to have and to design 'a life of one's own' as fundamental to post-industrial societies. Rights and duties and the conception of a good life are intrinsically related to a notion of independence. Lloyd (2004:236) convincingly argues that for those who are more dependent on others than the imagined average individual this conception causes important problems in their strive for justice and participation:

‘We do not have a language that represents adequately the nature of social justice and rights for those who are dependent on others for support and care. In contemporary British social and political life, these concepts are inextricably linked with independence, autonomy and citizenship’.

Societal structure and life circumstances define the ideal citizen/human being as an independent, self-reliant actor. Any divergence from that is seen to be inferior to the ideal. Secondly, care is constructed in a dichotomy of dependent/independent actors. Ideologically there is one person being active in the process, being the independent actor, and there is another person being dependent on the former, i.e. this is the dependent, passive ‘actor’. Care (in particular in its later stages) is then often seen as dirty, unpleasant and really intimate contact. Not being able to do these things oneself is scary and the very manifestation of dependency. When we talk and think about caring, we do refer to these categories. Therefore, in particular in the context of care it seems that people imagine a state of being left to others’ goodwill. Interestingly, this is much more seen to be happening at institutions than at home. In the home, there is some assumption that a self-reliant life is possible, even though people are in need of care. However, the chapter has also discussed that dependencies do exist and create real difficulties for people.

Recognition of the human nature of dependencies would potentially challenge both the stigma attached to the need for care and the power relations in a care relationship. However, I argue that a focus on mutual dependencies, i.e. interdependence and its manifestation in the discursive themes, is again focusing on mutuality, deservingness

and self-relying actors. It does not necessarily involve a new understanding of human life and relationships. Kittay (1999) describes the concept of interdependence as a fiction arguing that there are some dependencies which are not socially constructed and through which actors cannot engage in mutual reciprocity. She rather argues for a theory of equality that embraces dependency (Kittay 1999:xii).

I have furthermore discussed a paradox and ambivalence emerging from the discourse on care for elderly people, namely: people want to care and be there for each other, and value (in emotive terms) caring and being there for each other. People however do not want to be cared for and do not want to be dependent on others. This links to an understanding of care as a heroic action, emphasising the virtue of giving, whereas being cared for is passive, and linked to the horror of taking as a passive recipient. Sennett (2003) identifies giving as a better virtue in earning others' respect than being an independent, self-sufficient actor. As dependency is seen primarily as a problem and as something negative the definition of dependencies becomes very important in the public discourse. As dependencies are furthermore often related to services arranged through the welfare state, dependency and deservingness are very often defined in medical terms (Dalley 1996). One topic example would be the arrangements of the Austrian *Pflegegeld* (see chapter 3), paid to each person in need of care according to his/her care needs, which are defined through a doctor's assessment. Through this medical definition a process of pathologising of dependency instead of accepting it as normal part of human existence (Kittay 2002) can be noticed. If, however, dependency is seen as a natural aspect of being human, and ideas of justice

and equality start with this premise, a reinterpretation of care and old age could be reached. This would enable a different ideological version of the important values of independence as a form of 'socially inclusive independence' (Plath 2008) which does see dependencies and relations as social ties. Groenhout's (2004) image of a 'dance of intimacy' in which both caring for and a recognition and promotion of independence and separateness of others are possible and interchangeably appearing seems a good approximation of this idea. However, one must not forget that for some people the engagement in relations is mainly based on being dependent. But not leading the dance does not inevitably reduce the possibility of enjoyment of the social relations underlying it.

This chapter contributes to an understanding of what care means in society and how the actors in care relationships are constructed. The analysis of the construction of the dichotomy of independent and dependent people allowed a further answer to the question of what constitutes a good life. Care in society also means an acknowledgement of dependencies and it means the requirement to deal with ambivalent emotions. In the last section of this paper I have emphasised that people also link the necessity of independence to the demands of a market-driven society. This helps to answer the question of how care is positioned within the current societal arrangements. To some extent care (and with it the acknowledgement of dependencies) is constructed in opposition to neoliberal conceptions. People's fear of dependency is also seen as an expression of a rejection of economic demands. In the

last chapter I will continue investigating this creation of an opposition of care on the one hand and the world of markets on the other hand.

8 Opposite worlds of care and markets?

‘Can work be done for pay, and still be loving?’ (Nelson and England 2002:1).

8.1 Introduction

So far I have described the themes emerging from the discourse on care, how care is constructed in society, how care relationships are understood, which role geographies play in the context of care and how care is imagined in past, present and future. In this chapter I want to focus on a theme which has been running through all of these accounts. In all the accounts above I have pointed out that dichotomies are constructed. I have so far shown that care is ideologically and morally positioned in opposition to work, employment, politics, bureaucracy and markets. This is based on a strong aversion against institutionalisation, marketisation and professionalisation of care. In this chapter I will elaborate more on these themes emerging from the discourses on care. I will combine these themes by presenting what ideal care means and in particular by sketching the opposite, the creation of a form of care which is undesirable and rejected. This also requires a rethinking of carers’ identities. I have pointed out already (see for example chapter 4) that care is not primarily understood as the fulfilment of a set of divided tasks; rather it is a complex relationship between the person in need of care, the carer and the environment (such as the community or society). The carer is referred to not as someone providing certain services, but rather as *being the carer*. The focus thus is on the identity of a caring person rather than on the fulfilment of tasks, the delivery of services or the provision of a certain

form of labour. What does the combination of a rejection of a marketisation of care and the emphasis on the identity of carers mean for an everyday morality of people in the context of care?

This research has presented several care discourses so far. Hochschild (2003a) distinguishes between four main models of care discourses: the traditional model (in which women stay at home and provide care), the postmodern model (based on individualisation and the rejection of traditional bonds and the burden of care), the cold modern model (focusing on practical and efficient institutionalisation of all care) and finally the warm modern model (in which institutions provide some care and men and women join in equally). While I agree that these models present useful parameters for discussion, in practice they appear interlinked and interrelated to each other. What is important, however, is that they all draw on an ideological and moral split between work, rationality and markets on the one hand and care, family and intimacy on the other hand. In this chapter I will particularly draw on Viviana Zelizer's (2005) concept of 'two hostile worlds', referring to the ideological creation of a dichotomy of intimacy and financial exchange. In the chapters above there have been elements of this idea. The construction of care traditionally follows many dichotomies, such as virtues versus skills (Macdonald and Merrill 2002), private and public, lifeworld and system, unpaid informal care versus paid, formal work and love and work. Care as being based on the idea of family values was discussed in opposition to paid work (chapter 4), the notion of community and the nostalgia for a better society in which care is arranged informally, showed important signs of a

rejection of neoliberal market logic and pressures (chapter 6). The home was constructed as the quintessential realm of anti-institution sentiments, as the refuge from markets and politics (chapter 5), and the fear of dependency was contrasted to the ideal of independence (chapter 7). All levels of care discourses show some split between the two worlds of intimacy and marketisation.

In public discourses over the last decades care has become a prominent issue. Politically and socially carers have been praised, and the foundations of care have been reproduced. Referring to the discrepancy between moral appraisal and economic, social and cultural support, Hochschild (2003a:2) argues that '[i]deologically, "care" went to heaven. Practically, it's gone to hell'. Ungerson (1999) points out that the academic discussion around care has presented it in opposition to work and argues for a breakdown of the boundaries of care and work. She thinks that 'marketisation, privatisation and consumerism have been locked into a symbiotic relationship' (Ungerson 1999:585) and have somehow created an dichotomy between paid and unpaid care(work). Voluntary commitment and informal care are praised and valued highly, not only for the importance of the work output for individuals and society but also for their characteristics as morally significant work. James Crabtree (2009) and the magazine *Prospect* in this context even argued for a compulsory citizens service for young people which should, beside other aspects, strengthen people's moral attitude. The idea of a 'compulsory voluntary service' seems paradoxical due to the moral construction of care (and

other 'voluntary' dedications) but it represents a strong desire of labelling commitment and care as ideals for society.

Zadoroznyi (2009) describes the importance of established cultural codes and typifications which function as recipes for how to think and behave in relation to care. Similarly Glucksmann and Lyon (2006) emphasise that there are different levels of appropriateness between the state, the market and the family that are constructed when it comes to the provision of care. In this chapter I will analyse the process and the consequences of the construction of these moral assumptions in order to answer the question whether a commodification of care is possible and/or desirable. This will specifically allow me to answer the questions of how an ideal life is sketched within (or in contrast to) the current societal arrangements. I will thus first (8.2) present several themes of discursively constructed aversions in the context of care: aversion against institutionalisation, aversion against professionalisation, aversion against instrumentality, and aversion against bureaucracy and politics. This will set the scene to understand the moral condemnation of a commodification and professionalisation of care and the deep rooted negative sentiments. Section 8.3 follows to combine these themes to present the creation of a dichotomy of 'two hostile worlds' (Zelizer 2005) of care and economics. The section will present two main realisations of this dichotomy, the public – private split and the separation between work and care. With this focus the moral meaning of care in opposition to work will be established and the situation carers (paid and unpaid) face will be described. This is followed (section 8.4) by a discussion of the consequences for

those involved as carers. The question asked is to what extent the split between work and care creates a carer identity. How are the demands on a carer identity constructed? To what extent can care be split into separate tasks? And what characterises a 'carer identity'? Which role do professional carers play and which moral assumptions and difficulties do they face? Finally, I will conclude the section with a return to the main questions: Does a discursive construction of care in opposition to markets make professionalisation and/or commodification of care impossible and/or desirable or is a combination of intimacy and markets morally thinkable? What possibilities are there for social and political intervention in order to improve the situation for those being in need of care and for those wanting or having to care?

8.2 The ideal of informal care

The nature of care and its relation to intimacy, empathy, love and affect have been discussed already. However, these values are specifically emphasised in informal settings. How is care interpreted and constructed if it is delivered in professional, formal contexts? Does a commodification of care change the nature of what care means to people? Kendrick and Robinson (2002) emphasise care's (and nursing's) nature as 'acts of loving' and Laabs (2008) points to the religiously based roots of nursing, arguing that morality should bind strangers together 'as moral friends'.

Professions involving care, such as nursing, are therefore in the centre of the question of a possible commodification of intimacy. Ungerson (2005:189) highlights that as care relationships involve physical touch it bears the potential to promote

specific forms of intimacy between strangers. In the context of a commodification of care one can thus speak of a 'marketization of intimacy' (Ungerson 1997:363).

In this section I will analyse the discursive themes which all lead to an aversion against a professionalisation and commodification of care. These discursive themes create a dualism of care and work which will be discussed in the following section in more detail. However, new developments in the context of care have challenged the boundaries of paid and unpaid work (see Ungerson 1997). An understanding of care as being clearly divided between, on the one hand, informal, family based care at home and, on the other hand, commodified, professional care in institutions is misleading and does not reflect the reality of hybrids of love and instrumentality (Ungerson 2000) and contract and affect (Glucksmann and Lyon 2006). Examples of intermediary arrangements are non profit services which are not necessarily governed by market principles (Held 2002a) or voluntary schemes which focus on the 'altruistic and idealistic motives of volunteers' (Glucksmann and Lyon 2006:6.2). Beside Held (2002a), Timonen and Doyle (2007) emphasise the differences between care in public, private and non-profit sectors. Interestingly, in the Austrian case study it appeared that people were strongly favouring social insurance solutions if necessary over for-profit, market arrangements which are seen as not caring by definition:

Ida: it would have to be a social insurance, which then isn't in it for some private profits.

I will pick up this idea again in section 8.3 discussing ‘fractal distinctions’ in the context of care discourses. At this point it is important to note, however, that commodification and professionalisation obviously do not refer to *one* particular arrangement; rather these concepts describe a range of possibilities and developments. I will discuss whether commodification and/or professionalisation of care are in some contexts desired and valued. Are there different forms of commodification which are seen as good and others as bad? However, albeit different nuances can be noticed the discourses are largely defined by specific ideas of broad categories: Commodification and professionalisation on the one hand, intimacy and care on the other hand. A main aim of this chapter is also to shed light to the nuances without losing the focus on the importance of the grand categories.

Additionally, a paradoxical narrative concerns the role of the state. Many contributions in both newspapers and focus group sessions declared that the state (and society) should look after its citizens. At the same time, however, some element of self-reliance was advertised by the participants, usually in the sense that rich people should not spend all their money and later expect society to care for them. But if people have been working hard then society should provide for them later on. In relation to non profit arrangements, care is still constructed in an informal, loving way. How does the work change in different contexts and in diverse socio-economic modes and locations (Lyon and Glucksmann 2008; Glucksmann and Lyon 2006)? Glucksmann’s (2005) total social organisation of labour approach shows that there is an interconnectedness across boundaries between paid and unpaid work, market

and non-market, formal and informal sectors (2005:28). I will start the analysis with the theme of institutionalisation, taking up Zadoroznyi's (2009) claim that care tasks bear different meanings in different spatial contexts such as home or institutions.

Aversion against institutionalisation

As described in chapter 5 the home is constructed as the realm of care and in opposition to institutionalisation. Here I will briefly discuss the consequences of the idea of institutionalisation for the meaning of the care work carried out in, for example, care homes. Guberman et al. (1992:613) describe research arguing that institutions are seen

‘as being cold, rigid, normalizing places where feelings of love and self-sacrifice are totally absent. [People] were convinced that the care receiver could never get the same care there as in their family’.

The fact that care in institutions is provided by paid employees contradicts care's foundation on love, devotion and affect:

Walter: There's missing, as it is said, (...) idealism, of course this is only an employee there. You must not forget that!

However, carers in institutions were also often portrayed as being restricted in their devotion by the very fact that they work in institutions:

Paul: the individual willingness and effort of those, who work there. Whereas I don't want to say anything bad about them

Ingrid: Yes, they try anyhow.

Paul: that they are not

Ingrid: as far as possible.

Paul: that they don't want to, but that they are not in a position for it.

Professional carers are not seen as 'worse' people than those caring at home, nor are they criticised for delivering care in institutional settings; rather the institution is by definition (and additionally due to economic pressures) a realm in which intimate, loving care is not possible. In the next quote Bea exemplifies the frustrations arising from the contradiction between the awareness of what care means and entails and how the institution is arranged and organised:

Bea: The other thing is that, when you're talking about carers, I know it's years ago, mid 90s, 1991 it was, (...) there'd be 2 carers for 22, 23 people. (...) They'd all got to be bathed or washed, put to bed, and given their nightly pills and they were lonely, it's simply because, however kind you felt, you had to share. (...) You know, it'd say, share and talk to them, of course, they were full of what they wanted to say to you. And you could only stop and listen for a few minutes to that person.

In chapter 5 I have argued that the own 'home' is constructed in opposition to the outside world. I have stated that the traditional, bourgeois, middle-class ideal of home must also be seen as an antipode to the capitalist world of work, employment and markets. The home as a manifestation of care can then be seen as the moral

context in which a life in opposition to market forces can be lived. It is in care and in particular care in the private home where solidarity, selflessness, family and community are seen to manifest themselves. This points to the contradiction described above since the own home is the quintessential realm of love, intimacy and care and the institution must necessarily fall short of that ideology. As the institution is seen as quintessentially uncaring space people working and living in it are confronted with a discourse defining their own situation in these terms. This aversion against institutionalisation has obviously also consequences for paid carers in people's own homes. Martin-Matthews (2007) refers to an inherent contradiction in that people need to make sense of the 'stranger' in private places, the bridging of the boundaries between the workplace of the carer and the home of the care receiver (2007:233).

Aversion against professionalisation

Institutionalisation and professional care arrangements in people's own houses are both seen as representing a market-driven alternative to informal care.

Professionalisation is thus not discussed in relation to quality of care but to a large extent as the opposite of informal care. In the following extract the question arose whether carers are seen as heroes and whether they should be paid for it. Betty's argument that payment decreases the value of care raises important questions for those professionally involved in care work:

Betty: Most carers are happy to do the job and not getting

Nathan: Yeah. Most, most carers don't think of themselves of being heroes. (...)

Betty: You can't put a price on it

Nathan: No.

Betty: If you, if you're caring and you want to care for someone, putting a price on it begins the devaluing.

The question of caring as a gift has been discussed above (e.g. chapter 4). Payment is here seen as changing the care relationship and care itself. Real care is not something that can be provided in exchange for money. The following extract from a different group takes up the theme of professional carers and refers to a contradiction between payment, professionalisation and dedication, here referred to as vocation. Interestingly, Pamela emphasises that vocation is not everything but that professional training is equally important. Her reference to Africa, though, already suggests that carers are seen as being a particular type of person:

Larry: how much of it is vocational, as opposed to, or, you gotta give, you gotta have a living wage (...). But, as was nursing in years gone by (...) it was, to a certain extent it was a vocational profession.

Pamela: Yes

Larry: Someone wanted to go and look after. Humanly help people that were ill.

Pamela: And the best carers do have a vocation but it's the (...) you can see it very clearly in the carers in my mum's home, that the best carers are the people who have

come from Africa, basically, who are trained nurses in their own country (...) who have (...) much higher levels of training.

There is an inherent tension between the categories of training associated with quality of care and vocation, or having a caring identity. This tension lies at the roots of professional care and its differentiation from informal family based forms of care. The difficulty of combining the two categories of care is also discussed in the following quote from Mary again:

Mary: I think in, at least in Austria, it's pretty much split, that it is either very much outsourced to the family, also in rural areas for example, or, in the city for example, that it works very much via institutional care. And I think, if there are any compromises, then only bad ones.

So the question is arising whether different forms of care work can be commodified and other forms cannot. To what extent is professionalisation a hindrance to loving care, and, on the other hand, loving care a contradiction to commodified care? Are both ideal categories mutually exclusive? Lewis (2007) doubts whether all care can be commodified arguing that care is not only a task but an emotion and that unpaid care by friends and relatives can never be fully substituted by commodified versions of care. Lynch (2007) in her distinction between three forms of care labour highlights that due to the historical arrangement of care, love labour, which describes the most intimate form of care, is not commodifiable as it is 'emotionally agaped work' with

the principle goal of the well-being of the other.³⁷ Love labour is distinct from other forms of care work, based on strong mutuality and refers to 'the world of primary, intimate relations where there is strong attachment, interdependence, depth of engagement and intensity' (Lynch 2007:555). In that sense, Lynch argues, certain tasks are commodifiable but love labour is not:

'The emotional work involved in loving another person is not readily transferred to a paid other by arrangement; neither can it be exchanged. To attempt to pay someone to do a love labour task (...) is to undermine the premise of care and mutuality that is at the heart of intimacy and friendship' (Lynch 2007:565).

Lynch furthermore argues that

'What makes commodification of care work problematic is the attempt to commodify the non-commodifiable dimensions of it. Mutuality, commitment and feelings for others (...) cannot be provided for hire as they are voluntary in nature. The love that produces a sense of support, solidarity and well being in others is generally based on intentions and feelings for others that cannot be commodified as it is not possible to secure the quality of a relationship on a paid basis' (2007:565-6).

Lynch very strongly distinguishes between love and the rational aspects of work.

Important to her account is, however, that people need to be able to make a choice to commit oneself for the sake of the relationship and not for payment. Mary in the next quote challenges the dichotomy between professional work and emotional

³⁷ Beside 'love labour' the other forms of care Lynch (2007) describes in her work are 'general care labour' and 'solidarity work'.

involvement (I have discussed parts of this conversation in another context above).

In her argument she emphasises that emotional involvement is also always part of the professional job. In the way she discusses her mother's experience, however, there is still a strong reference to the differences between loving family care, and professional care work:

Mary: So firstly, I hope and I think that there's a difference of quality, because at the end of the day there's a lot of medical professional knowledge behind it. (...) And secondly, I think, it is not true (...) that you have some distance from it, because I see it with my mother. She's working in care and, maybe she should be able to do it, but often it is very difficult to switch off, and also to really keep the distance. And she, so I experience that with her, she's taking a lot of it into her daily life, that's a big topic in conversations. (...) So it moves her massively, and it also gets to her. So, it is not true that you can simply switch off. And I do think that, that she's doing professional work, and high-quality work.

Two aspects are really important in this account. Firstly, quality of care becomes an issue and professional carers are linked to providing better quality due to education.

This education, however, is identified as *medical professional knowledge*, and not necessarily ability to care. Secondly, in order to identify her mother as a 'carer' Mary emphasises the fact that she is also emotionally involved in the process of caring.

Being touched by it is constructed as a clear sign of real care and in order to establish the professional (here her mother) as a carer these characteristics are highlighted. So

is there a possibility of professional care in combination with personal intimate care? Lynch's (2007) account above suggests that a disentanglement of different parts of care is important to enable a commodification of some parts. I would argue, however, that care is seen as more complex and elements associated with professional and institutional care can also be found in informal arrangements and vice versa. It rather seems to be a certain attitude towards care that is rejected.

Aversion against instrumentality

Institutions are constructed as quintessential realm of instrumental care arrangements. Personal, emotional involvement is, by definition, not located in these spaces. Similarly, professional care is constructed as lacking the moral attitude necessary for ideal care. Care is defined as being not instrumental. Held (2002a) for example argues that people recognise the intrinsic and not merely instrumental value of the activity, as a market value is not appropriate in this context:

‘Women may resist the view that their paid caring work is simply a commodity, and they may resist even more thinking of the unpaid work they do at home, caring for children out of affection and developing bonds of trust and family, merely in terms of the market value to which it would be equivalent if paid for’ (Held 2002a:21).

In other words, the nature of caring work as affection, love and emotional labour (Hochschild 2003b) prevents it from being seen as commodifiable. Caring in this definition is not done out of instrumental reasons but out of concern for the specific other, an idea that strongly reflects an ethics of care (see chapter 2).

Commodification of care would thus mean a commodification of feelings (Hochschild 2003a) which is seen as contradicting the idea of care itself. John's comment points to the intrinsic versus the emotional rewards of caring:

John: People get so much out of it, not financially but emotionally, in terms of feelings. Away from official recognition.

The dichotomy between care and work leads to a situation in which self-sacrifice of carers is described as a decision against an own career. While work and employment are often identified with the (masculine) realm of 'hard' values such as reason and justice, care relates to conceptions of the (feminine) realm of nature and natural emotions (Hughes et al. 2005:265, see also Held 1990).³⁸ Held argues that due to a naturalisation of a split between the two spheres, this dichotomy appears normal and essential. This also reinforces a split between the public realm in which the 'human' is constructed and the household, in which the natural and biological is reproduced, a dichotomy which is traditionally identified with gender differences (Held 1990, 2002b). Similarly Zadoroznyi (2009) points out that a normative view remains that ideal care is naturally emerging out of the family in contrast to a decision to offer it as work. Referring to the naturalness of wanting to care within the family, Hochschild (2003b:74) shows that social roles within families are 'partly a way of describing what feelings people think are owed and are owing'. If natural bonds are emphasised this can be contrasted to a professional relationship, which

³⁸ Nelson and England (2002:1) beside others argue for a move away from a dualistic view that women, love, altruism and the family are radically different to man, rationality, the market and work.

inevitably involves some financial, economic transaction. Reciprocity within the family should not be misunderstood as resembling an economic exchange; rather, the 'natural' relation and affection between people favours an ideal of care given as a 'priceless gift'.³⁹ And the notion of a gift involves an idea contrary to payment and financial exchange.

It must be noted here that the bipolar construction does not only result from a reference to '*professional carers, whose commitment may be questionable*', as the *Daily Mirror* describes it (06/04/07), but is generally related to an ideal of care based within the realm of dedication, emotion and affection. By constructing care in opposition to work with an emphasis on natural values of love, affection and dedication and in contrast to materialistic goals and motivations, care for the elderly is designed as a model of ideal, selfless and committed behaviour. The good behaviour is done out of love and selflessness and can therefore not be included in the logic of the market and the payment of labour. As Gita argues, care at home, by the family, should simply be funded, without the need for forms, assessments or other evaluations and calculations:

Gita: and that's why I say, that's of course no question at all, that at home, care at home was the best, right. (...) And I don't understand why care at home is not simply financed.

³⁹ I have discussed the notion of 'nature' more extensively in chapter 6.

Aversion against bureaucracy and politics

In the focus groups but also in the newspaper discourses people express their frustrations with the tensions between the nature of care as a loving, dedicated emotion and the requirements of bureaucracy and administration. Care is seen as morally opposing aspects of bureaucracy and there is a notion that dealing with forms, evaluations and financial aspects should not be required in the context of care:

Bea: You don't want money worries, on top of that

Denise: No, no

Lisa: No, but actually, all those forms, that was a problem for her.

Rather, as mentioned above, the provision of family care should be enabled; the state should not intervene but rather foster informal, loving care. In the following extract the contradiction between care and bureaucracy becomes clear. Walter sketches the distinction by referring to humans, *not a machine*, who should not be forced to think about money issues in the light of care for some elderly family member:

Walter: yeah it is like that. The human is indeed a human being, and not a machine or something like that, isn't it? (...) Maybe one should be able to say, yes, he needs so and so many hours, without thinking about the money. (...) But when I say, ok, if you need that, you get it. Whatever it costs. (...) The state has to pay for it. That's it.

The distinction between the *human being* and a *machine* again points to the associations of real care with nature and against instrumentality, as discussed earlier. Similarly, common sense is often brought forward in contrast to bureaucratic arrangements and requirements:

Larry: We're lacking common sense.

Pamela: Yes, yeah, common sense in the end has to prevail.

Official (party) politics in this context is seen as inherently opposed to 'real' care. Others criticise the involvement of several agencies to control and check on carers and caring facilities for these institutions intervene with the real nature of care. It can also be clearly seen that some diverse discursive patterns emerge: on the one hand people want politicians and the state to act in providing support and in intervening when care provision falls below a certain standard; on the other hand they reject making care a political issue (see discussion below). Politics can thus be seen in two ways: firstly, people identify it with official representation, negotiations, business and economic decision making. Secondly, people see politics as a substitute for 'the state' or 'the society'. In this sense people express the wish that 'politics' should enable and foster care. But the former notion of politics is rejected in the same context. As thus, care is constructed as non-political or apolitical, i.e. as an issue that should not be the topic of political argumentation, campaigning, and legal regulation. Aldridge (1994) in this context points out that constructing issues as apolitical often

implies a certain moral relevance that cannot or must not be contested. With reference to Brown's contribution (see above) the *Daily Mail* states:

'Some issues should be above party politics. The treatment of carers is one of them. They are the cement which holds the nation together, selflessly giving up their lives for the sake of those they love. We applaud Gordon Brown for recognising their worth' (Daily Mail, 21/02/07).

Political competition is thus constructed as belonging to a sphere of rationalist, materialist decision making. This is again contrasted with an ideal of care and community that opposes the world of work, markets, politics and de-personalised relating. Using the same newspaper extract in the focus group discussions I have prompted people to think about the relationship between politics and caring.

Denise: So, a politician shouldn't use it as a way of getting support. They shouldn't be promoting good things for people just to get the votes.

This was a very common theme. There seems to be a real distinction between political confrontation and competition and the values of care. Below I quote from a discussion in more detail as it nicely highlights the ideas and themes that underlie the aversion against politics in the world of care. The extract shows the construction of two distinct spheres between the world of party politics, its relation to

competition, profits and rational behaviour, and the world of care, which is based on emotions and feelings, rather than on negotiations and conflict.

Patricia: I think it should be above party politics

John: I agree with that.

Patricia: never going to get it, above party politics, unfortunately.

Nathan: It becomes a weapon, (...) for the parties. But I think it's true that [carers] are the cement which holds the nation together.

Patricia: Yeah, yeah.

Nathan: Because they do, carers, we do save this, this country a lot of money. (...) So, in a financial sense, it cements it together but relationally it does too.

I: And why should it be above party politics? What do you think?

John: Party politics for me is, it seems that you can get into a quant mire, there can be a lot of (...) offmanship, gameplanship and all these thing can come into play, and actually, the thing about that, it can cloud the issues, and once you get, sort of, like, issues regarding care involved in that cloudiness, they, you not gonna get a clear picture, you not gonna get clear vision out of that. And some issues need to be kept out the party politics (...)

Peter: Who, who benefits from the party politics? It's not the person who needs the care. (...) It is the person who engages in politics. Are we going to be caring for people or are we gonna talk about it? (...)

Nathan: I think, what I would say is that everybody should be carer. (...) Not making caring a, a sort of political football. There should be a general sense of humanity, that

we look for the best, for each other. And that we work to that end. Rather than it just being, I mean it's something that parties have to talk about.

John: Yeah

Nathan: They gonna have to come to conclusions. You can't, you know, the spending of money etc., there's gonna be disagreements. But when it just becomes party politics, for the sake of a political football then that's a different [story].

The paradox of politics I described above can be found in this extract. The discussants clearly reject politics as counter to care. What real care is, can be described by Nathan's idea that it reflects *a general sense of humanity*. When Nathan argues that *everybody should be a carer* it again favours the direct, natural engagement of people over political, abstract decision making processes. At the end of the extract, however, Nathan acknowledged the need for politics, in the sense that *they have to come to conclusions*. However, the tension between care and politics clearly remains.

8.3 The creation of 2 worlds

The aspects of aversion and rejection described above create a broader dichotomy in which care is created. In this section I will focus on this general construction of a dichotomy between the intimate sphere of care and the hostile sphere of markets. I use Zelizer's (2005) model of 'two hostile worlds' in which she argues that

'Intimate care sentimentalizes easily, for it calls up all the familiar images of altruism, community, and unstinting, non-commercial commitment. From there it is only a step to a notion of separate spheres of sentiment and rationality,

thence to the hostile worlds supposition that contact between personal and economic spheres corrupts both of them' (207).

The dichotomy between real care and doing a job as an employee is not only a difference in arrangements (formal and informal) but also in mindset, attitude and character:

Fran: But then that varies, some carers do really care,

Denise: Yes

Fran: and love their job, and others, you know, are doing their job

However, especially between informal and formal care arrangements the two worlds are split and clearly separated. Zadoroznyi's (2009) definition of two forms of care reveals the most important distinctions. It thus becomes clear that underlying both informal, family oriented and formal, professional care are moral constructions and ideologies:

'Most notably, informal care is *diffuse* (that is, unspecified), *based on feelings* (which might be anything from obligation to love); it is provided by 'identifiable kin and friends' on the basis of a generally *ascribed* relationship with the person being cared for; and is oriented to a *particular* person with whom there is a relationship and affective ties. In contrast, the logic of (formal) care provided by professionals is based on *functional specificity*, *achievement*, *universalism* and being *affectively neutral*' (Zadoroznyi 2009:271).

Dichotomy public – private

The public – private dichotomy has a long analytical tradition in feminist work on care. I have discussed it above in chapter 5 in the context of the construction of home. Here it can function as one aspect of the creation of a dichotomy of two hostile worlds. The importance of having a private space becomes significant when formal care services enter this space. Formal services fit only unsatisfactorily into the idea of the private home since ‘they transgress a symbolically important boundary between the private space of the home and the ‘public’ space in which institutional care typically takes place’ (Zadoroznyi 2009:280). The clear separation between public and private spaces is furthermore related to an imagined different nature of care provided in different contexts. Below I will discuss the inherent differentiation between the private and the public space within both private and public spaces but I want to note here that the distinction is to a large extent a moral and ideological one. In reality people are often confronted with much more complex arrangements.

In chapter 5 I have also already discussed the relevance of owning private property and its potential to exclude others. Another feature of the discourse on institutions was the ideological relation between institutional, public spaces and the sphere of money and payment. This is important as the ideological and moral dichotomy is reproduced and re-established. The relationship between the private spaces and private relations is striking, as observed by Gal (2004) who argues that private property is a feature of capitalism but that private intimate relations are ‘ideally protected from economic calculation’ (2004:261). This paradox can be explained by

understanding the ideological and moral creation of hostile worlds and the public 'communication in which social organizations are imagined in nested ways' (Gal 2004:275).

Care – Work

The creation of dichotomies and the two worlds of care and work are implicit in the construction of the meaning of care. This is already present in the classical distinction between caring for and caring about (Ungerson 1999), where the former is sometimes associated with both private and public realms and the latter is exclusively related to the private sphere. Tim in the following quote describes this dichotomy between the person who completes the practical task, such as washing and dressing and people who are there for him, who do not leave him alone:

Tim: For this point in time I would just wish, that I wouldn't be alone, just, (...) that I don't have the feeling, ok, I now sit, whatever, in my wheel chair, stare out of the window for hours every day, and nobody comes ever by, or something. Who the person is who really cares for my health, if I, if I can't move at all anymore, so, who washes me, or who dresses me, or something, I don't really mind that much. More important would be, that people were there, where I know, alright, I can be sure about it, that they, if they have time, drop by, for an hour for a coffee and chat with me, even if I can't respond anymore and nothing, (...), but that there just is somebody

*there, this would be for me this ideal care, where you just, really don't have the feeling without anybody to be dead already.*⁴⁰

Tim clearly distinguishes between aspects of care work (or 'caring for') which can be delivered by anyone, also professional carers. The aspects of care which can be described as *minding* or *being there for someone*, however, he finds more important to be provided by people close to him. For many people, however, there is a unity of the caring tasks and being there for someone. Especially at home being there for someone cannot be split in specific tasks but requires the person of the carer as a whole:

Adam: Yes, but at home (...) care and minding, that goes hand in hand, that's blurred then. Especially if you are a family member yourself, who cares for someone older. (...) You cannot really separate that then.

The example also points to another issue which distinguishes care from work. In both newspaper articles and focus group discussions people medicalise tasks of carers, especially if these are done by others. Mary makes a similar distinction to Tim in emphasising the different tasks which are required from professional carers:

Mary: Is it about shopping or is it indeed about round-the-clock care, which means lifting and moving, and here it is indeed like that, that you need professional help.

⁴⁰ In chapter 7 I made a reference to the concept of 'social death' which Tim refers to at the end of this extract.

The following account about the experiences of working in care also shows some reference to something other than usual work relations. Denise describes her work as mainly *making them feel comfortable and happy*, and the reward is a relationship of gratitude:

Denise: I cared for people in a home, in a nursing home, I was only just an ordinary, uh, dog's body, [some laugh], care assistant, you know. Drinks, getting to bed, wash them (...). For just 10 months, not for very long. But it sort of really opened my eyes. And, also I wanted to carry on, because I liked looking after them because they were so grateful, didn't matter what you did, they were so [grateful], thank you, thank you. So grateful, even the smallest things (...) and that was, that was the greatest reward, of making them feel comfortable and happy,

In contrast to work, care is discursively related to particular kinds of relationships (see chapter 4). Ungerson (2004) demonstrates that different forms of funding have a different impact on the nature of care relationships. Uta in the following extract responds to Helma's account about a professional carer but emphasises that payment and employment do create specific working relationships which are distinct from unpaid caring relationships:

Uta: And I do think that's a big difference (...) such a carer, who (...) first of all she gets paid (...) which means, she is my employee, that's also how it'll be seen by many. Not everyone will be so nice and lovely like the one in [village] is. (...)

Helma: That's of course true. (...)

Uta: And what you're doing, that's a voluntary social service, which is unpaid, which means I arrive there, chat with her and I don't have an advantage of it, yeah. No use.

While a carer is paid for.

National policies of cash transfers which enable people to pay for care play a significant role in this context. These so called cash for care schemes (Ungerson 2004; da Roit et al. 2007) in a European perspective show many differences, not least in terms of people's freedom to use the money. If the money can be used to pay relatives or friends, however, tensions are created between the ideal of care and the financial (and publicly funded) remuneration of this care. Tensions between care as being there for somebody and care as a summary of specific services underlie the design of both policies and moral attitudes. How are these differences then constructed in the discourse? Commitment and love for people are themes that distinguish real *care* from the performance of *work*, as Adam puts it; some are seen as only doing their work, whereas others love the person in need of care:

Adam: And you also need to have a certain vocation, or love for it, because, if you're, whatever, rather becoming a builder, and you should care, he can't do that of course.

There are probably also always people in this area who do not 100 percent fit it (...) who just do that. You can see it in hospitals, they do their job, but they don't do anything more than that, and they just do it monotonously, like on a conveyor belt.

Barbara: So it needs a lot of idealism to do a job like that, that's your statement, isn't

it?

Adam: Yes

Barbara: yes, and also love for the older person in need of care

The emphasis of the natural is a reminder of the discussion on the ideal care relationship constructed in relation to family values (chapter 4). So is real care then possible in institutions if the right people are present? Or is there only work to be performed by employees? Nathan in the following discussion emphasises in the context of hospitals that people (nurses) would like to care, that the institution however prevents them from doing so. In other words the institution is organised as a workplace and not as a realm of care:

John: And I'm sure that if you are in an environment where you do have these dedicated staff, who really, really care and (...) dedicated to what they do, then I think

Nathan: (...) Part of the problem in our care system now is that nurses who went into nursing to nurse, are no longer permitted to nurse. That, they find themselves in situations where they are managing wards and it's become very, very management structured. It's become very much (...) time managing (...) So you end, you going to A&E, if you're there for longer than four hours, the hospital gets a fine, so you're pushed out to a ward somewhere, or you get, even worse, put in an ambulance and driven around to other hospitals just so that that hospital can actually hit its target and (...) not get fined. That isn't care to me. (...) But nurses like this [points to picture] are wonderful. It is a vocation, like Peter said, (...) it is a vocation but nurses are

pleading in this country to be able to nurse. (...) Rather than meeting targets, rather than just being in situations where they are so short staffed. (...) And it's not the fault of the nurses. The desire of the nurses that went in to nurse is that they do nurse. But they find themselves under so much pressure, because of those. And it is finance driven again. (...) You cannot put a budget to care in this country.

At the same time the institutional split of tasks, through which people are seen as separating themselves emotionally from the cared for person, is sometimes also seen as an advantage. In particular for the professional carer the separation of work and life sphere and the division of different aspects of care work are seen by some as positive (see also the discussions on dependency workers in chapters 4 and 7):

Britta: I mean at home it starts with, now if the bed sheets are dirty, at home you have to wash them yourself. In the hospital I throw it in the basket.

The relationships within professional care are thus complex and ambiguous. Performing a role that is based on a 'contradiction between command and obedience on the one hand, and sensitivity to feeling on the other (Ungerson 1999:586) challenges the imagined ideal of the identity of caring for and caring about. Ungerson elsewhere (2005) distinguishes between different emotional variations of relationships, labelling them cold, cool, warm and hot relationships according to the closeness to family-based idealised care relationships. Ungerson

argues that some commodified relationships can even represent hot relationships as is the case of migrant carers in people's homes:

'Such relationships are unprofessionalized and unregulated in exactly the same way as non-commodified informal care relationships are (...). But both sides in these relationships are vulnerable to forms of exploitation and even abuse particularly since the relationships are acted out behind closed doors within the domestic domain. Given the core vulnerability of frail old age on the one hand, and illegal immigration on the other, combined with spatial proximity, very low wages, and twenty-four hour availability, it is not surprising that these relationships are full of feelings, not all of them healthy or likely to underwrite reasonable quality care' (2005:202).

In other words, these arrangements do not represent work in its discursive construction but refer to an idealised notion of relationships. In this quote Ungerson also points to the potential vulnerability to exploitation involved in all caring arrangements, particular in those that reflect traditional *caring* relationships. Macdonald and Merrill (2002:67-8) argue that altruism, empathy and emotional involvement are inherent to the nature of care, but that care workers, however, are 'denied recognition of, and compensation for, this investment of self'. They argue that because care is constructed as 'nonwork' and (female) carers as 'nonworkers' people miss out on a full partnership between them and others (Macdonald and Merrill 2002:75). Finally, two accounts give an indication that a simple hierarchy of good and bad care, related to ideas of work and emotions, needs to be challenged. Firstly, Theodora gives an indication of a trap into which analysts of care can easily

fall. She does produce the classical distinction between (informal) care and work; she points however to a situation in which all people involved in caring face disadvantages and exploitation:

Theodora: Informal care is done through emotional coercion and dare you ask for recompense. Paid labour is like any financial contract; you do a job and expect a living wage.

Secondly, Mary argues that both professional and family carers can really be the caring person, *in a different way*, but both can be really there for someone:

Mary: I personally would just say, if the person's doing well, if the person, has everything, then she's well looked after, or cared for. And I believe that both sides can do that well. And, of course, in a different way.

Nelsen and England (2002:5) rightly point out that the focus on the separation of 'caring and intimate values from the infection of markets (...) also implies a vision of a fallen world of an evil elite "them", opposed by the forces of a virtuous but downtrodden "us"'. There is a process of 'othering' happening in relation to nostalgia of real care (see chapter 7). I will thus in section 8.4 turn to the creation of the identity of carers and the reproduction of the separation of the spheres of work and care in the construction of the carer's identity. Before that, however, I want to explore further some aspects discussed in this section. I have argued that the

aversion against professionalisation and commodification leads to (and is at the same time based on) a differentiation between the two worlds of work and care. I have furthermore shown that this distinction is a moral and ideological one, based on associations, feelings and ideals. Both worlds, however, can to some extent be found in both professional care and informal care.

Fractal distinctions

The distinction between informal and professional care is not the end of the process of construction; rather, the division is reproduced within the sphere of professional care. Lyon and Glucksmann (2008:114) for example argue that 'a simple dualism (...) cannot readily distinguish between different kinds of commodity or non-commodity relations'. Clearly, the distinction between real care and work does not strictly follow the trajectory of the split between paid and unpaid, or formal and informal work. As a consequence some people in professional care do work, whereas others really care. Claire giving an account of her own work as a care assistant, links the ideal care delivered in a care home to natural aptitudes of people (in this case not surprisingly women). She presents foreign nurses as the counterexample who are interested in the financial, organisational aspects and who treat the employment exclusively as means to earn money:

Claire: What does a mother need? She doesn't have any education. (...) And a bit of common sense, and what really needs to go with it is love. You can really hardly find that anymore in elderly care. (...) But when I see that we bring over nurses from

abroad (...), the first thought is how many hours can I work, can I work 12 or 14 hours (...)? How much do I earn? (...) And there I think, where's the human being in all that? Where's the humanity? What is now in the foreground? And for me care has indeed (...) drifted apart. We talk incredibly much, and train incredibly much (...) and document, yeah, the documentation.

The two separate spheres I have discussed above are ideological and moral constructions. Susan Gal (2004) identifies the emergence of the doctrine of separate spheres in the 19th century and since then it is

‘assumed that the social world is organized around contrasting and incompatible moral principles that are conventionally linked to either public or private: community vs. individual, rationality vs. sentiment, money vs. love, solidarity vs. self-interest’ (Gal 2004:261).

The ideological distinction between public and private is therefore not a spatial one but a discursive one. The split is not only between institution and home but is an ideological distinction, replicated in itself, called a ‘fractal distinction’ (Gal 2004). Gal (2004) gives as example for its self-replication that the private space of the house is again split into a public (e.g. living room) and private space (e.g. bedroom). The discussion above about the professionalisation of care can be seen in a similar light. The ideological and moral split between informal family care and professional and/or commodified care is reproduced in the context of professional care itself. Some professional carers are seen as ‘real’ carers and others are not. Another example is care delivered by non-family carers in the home setting. Twigg (1997b) describes this

process as being based on spatial oppositions between public and private in the home-space itself, and that, in the process of tasks performed by care services the private space, referred to as 'home' is blurred and partly loses its poignant characteristics. This blurring of public and private space through caring does not only cause problems for the power situation between carer and cared for; it can also change the meaning and the experience of both home and care. Similarly, Phillips and Bernard argue in this context that 'a blurring of the boundaries between these dichotomous spaces (...) has increasingly occurred, challenging in its wake our conceptualizations of care' (2008:87). To summarise, fractal distinctions are based on ideological and moral associations and constructions about care. In that sense commodification and professionalisation of care on any level have to deal with the very moral associations.

8.4 Identity of carers

This chapter has so far focused on the ideological construction of two separate spheres of informal care on the one hand, and professionalised, commodified care work on the other hand. I have also pointed out that those providing care are confronted with this moral and ideological construction. The construction of the person of the carer is embedded in the two worlds-dichotomy (which spreads into the different spheres as discussed in the section above). In chapter 4 I have described the ideal caring relationships as being based on an ideology of family values. I have argued above that care is not understood as a fulfilment of a number of specified tasks and services, but that care (in its idealised version) is based on the presence of

‘a carer’ whose availability is sought (Degiuli 2007) referring to a particular identity, constructed in the discourse on care. But how is this identity of a carer shaped in relation to a discourse emphasising values such as empathy, love and affection? And how can professional carers be described and understood in this discursive context? I will discuss these questions in two sections. Firstly, I will analyse a continuation of the dichotomy presented above, in the split between *doing* and *being*, whereas the latter signifies the sought after identity of a natural carer and the former reflects the tasks performed by a care worker. Secondly, I will raise the question of who is a carer and how the real carer is defined.

Doing vs. being

In describing the nature of care I have argued that care is constructed in a way that makes it impossible or undesirable to distinguish between different tasks; rather the identity of the carer is one of simply *being a carer*. In other words, someone is caring if he/she is there and is involved. Ungerson (1999:598) for example describes the nature of the work of personal assistants (whose occupation is to some extent similarly constructed to those of informal carers) as ‘essentially *unorganised* and *particular*’. The main good given by the carer is time, in particular ‘flexibly available, normally for very long periods’ (Ungerson 2005:193). This element of flexibility is a core feature as the carer as a person is constructed as someone who is ‘compassionate, emphatic, merciful and selfless’ (Winch 2006:14). And this construction enables a persuasive pressure on people to work beyond contract (Ungerson 2000). Ungerson (2000) points out that social care, seen ‘as a set of tasks’,

can easily be commodified; the nature of care, however, leads to a situation in which even paid workers are constructed as behaving similarly to informal carers in introducing feeling 'in the provision of total care' (2000:630). I have demonstrated this process in the discussion on the employment of migrant carers in Austrian families, who are paid for 'becoming family members' (see chapter 4). People want someone who cares, someone who is there for them. This must be distinguished from someone who does care work, who is performing certain tasks. In the latter case this can be bought, in the former case, however, this is not an optimal option, as the following short extract exemplifies:

Caroline: That caring does not only mean, (...) I do everything (...) but that caring also means, I'm simply there for you, and try to keep your dignity as well. (...) And this relatives can often do better, I think, than trained nurses.

It is important to understand that this aspect of being there for someone cannot be split in separate tasks. Carers in an ideal situation *do* care and are not following certain procedures. In the following account real care is described as being there, 'looking after the whole person':

Nathan: The other thing about care is, (...) we think in terms of care (...) for the elderly, as being the individual person. But someone who's coming in, and looking after the individual person, doesn't actually cut the grass, or cut the hedges. Doesn't actually look after the whole person. So [relative], I would come and at certain times

he was looking out of the window and seeing the sun shine and seeing the hedges growing around the area. He would say to me: 'Nathan, I can't see the people walking by, over the hedge. Can you cut my hedge please'? Now, a carer would never get a pair of shears (...) and say: part of the care for you, Ben (...), is that you want to see your neighbours going by, you want to be able to wave, you want to be able to, see, hear the children going by when they go to school, so you want your hedge at a certain level. (...)

Peter: Do carers do something outside of his remit, then (...)

Nathan: And then, cutting the hedge was never in the carer's remit. She was asked, well, she should have come in and helped him wash, get him tidy, get him clean, get him dressed, prepare his breakfast, tidy up where he lived.

As indicated in chapter 6 real care is often constructed as something of the past, in which people would not have restricted their caring to certain tasks but *they had gone the extra mile* (Nathan in focus group) in their spare time. The question of this section now is whether this represents a particular identity that is necessary in order to *be* a caring person, rather than *doing* care work. Is there a general perception of carers as specific types of individuals (Lloyd 2006)? A perspective drawing on virtue ethics in this context would stress the importance of certain characteristics of someone in order to be a caring person (Groenhout 1998). The following discussion shows how these virtues are also constructed in the context of formally employed carers:

Morgan: that's what's lacking a lot, I mean, I have to say, (...), I've worked in various hospices, there is just such a culture in there, that nothing was too much trouble. The people who work in there, it's supposed to be a burn-out period but they all went beyond that, because they loved it, and they found it rewarding and so they would do whatever was asked of them. If you look at nurses, you walk into QMC or City Hospital, you not gonna find nurses like that

Larry: a different kind of person

Morgan: Absolutely. (...) they're totally committed to what they were doing, and understood what was required of them and were able to give more than was asked, I think.

Pamela: yes, yes

Will: Oh yes, yes, and I, I have just seen a, (...) hospice, which is not, it's a day care hospice (...). But I mean (...) look at the volunteers, that, it wouldn't exist, we don't get any money (...) from the government (...) And the volunteers, I mean, are absolutely wonderful people, it just [effuses] out of them (...) the care that they have
Morgan: It's a privilege to be around them.

Commitment and dedication as values are emphasised (the volunteer personifies these virtues) but there is also a strong notion of the character of the caring people, both paid and unpaid; they are a *different kind of person*. Larry continues by focusing on the life cycle of caring, arguing that caring is a trait of character which is created through the care people receive in their childhood:

Larry: But where do you learn that? And I would put it to you, you learn it, when you're small.

Will: I agree.

Larry: You cannot evoke it, and bring it onto a person who is, a teenager already and, uh, later on in life (...)

Pamela: And you're entirely right, but I would add to that, that I think that people who give the most are the people who have been given the most.

Being the caring person, however, is often related to invisibility, and the 'housewife syndrome' (Beck and Beck-Gernsheim 2001) in the sense that the identity of being a caring person is (re)produced time and again (see also Ungerson 1987). Being a caring person is then a trait of character and identity, based on 'empathy, sociality, and respect for the different responsibilities involved in different relationships' (Groenhout 1998:175), rather than a requirement of the fulfilment of certain roles. The morality of being a carer is necessary to establish a recognised social identity (Harris 2002) and carers self-regulate themselves according to the very expected identity (Winch 2006).

Who is a carer?

Caring thus is regarded as being related to the presence and availability of a caring person. It is important to understand that this holistic ideal of care also includes the imagination of certain people who represent the characteristics of a carer. In many discursive accounts the label 'carer' is rejected by people, in particular if the care is

based on family relations (Lloyd 2006; Henderson and Forbat 2002). The idea of a 'carer' is sometimes linked exclusively to professionals. This fact, as Ungerson (1987) has pointed out already, shows that close relatives often do not call themselves carers as this is associated with a professional occupation (see also chapter 4). Henderson and Forbat (2002:683) describe that the terms care and carer 'prevent the construction of assistance being expressed as a normal component of the relationship' (see also chapter 7). 'The terms suggest 'otherness', which places meaning outside of the interpersonal arena' (2002:683), in particular because the notion of a carer is closely related to the world of political meaning and administrative, bureaucratic processes, which, as shown above, are seen as opposing the ideal of real care. This rejection of the term carer is interesting as it points to a feeling that the term has been appropriated by professionals and political actors. There is a contradiction between the imagined ideal nature of care and the terms and labels used in an administrative context. When Zadoroznyi (2009:280) rightly claims that 'we do not have a 'recipe' for a paid 'caring stranger'', it must be added, that because of the political and public discourse caring has to some extent been taken out of the realm of loving, caring relationships. Real care is not associated with the idea of a carer in the political context. There is a threat being expressed that care becomes another marketised commodity and is extracted from its basis on love, devotion and emotions. Will expresses the fear that because of the state of society people lose the caring identity and in fact the ability to be caring:

Will: [it is] natural (...) to care for our elderly. But in between, we get greedy and selfish. And other elements of man comes into play, and we become, we lose, (...). And so, this caring element, doesn't seem to be quite the same as it used to be, so maybe adults are not learning the skills that they should be, in, how to care for children and, stopping off work, for a few years, I'm not saying whether it's the woman or the man, it could be either (...). And that is a worry that the next generation may not have the care skills, (...) they may just not have a clue, how to care (...) for their parents.

This description points to the nostalgia discussed above (chapter 6) but here I want to emphasise the construction of a caring identity which seems to get lost. In the Austrian discourse on migrant carers there also is a strong element of describing the caring identity of the Eastern European women, as exemplified in the following extract:

Vanessa: Is this somehow a particular kind, these Eastern women?

Barbara: yes, they are a still different (...)

Vanessa: Yes, indeed.

Barbara: they still have (...) That's it (...), I find, that these women are still more like women. So, they still have a more womenly appearance. (...) Not yet like here, into this business world and these emancipated

Vanessa: yes, that really could be

Barbara: drives, yes, and this businesslike coldness (...)

Adam: yes, they do have a certain idealism

I specifically want to point out the references to the social and economic developments in society. The women are described as having *still* a caring identity and character whereas we have lost this *idealism* to care. There are obviously gender and ethnic stereotypes reproduced in this account. The migrant carer is constructed as the personification of the longing for what care ideally should be. The employment of migrant carers enables the building up of a relationship which closely resembles the idealised care arrangement and represents what is *lost* in Austrian society. The argumentation that Eastern European women are *still* different and that they are *still* more like women is a result of this nostalgia of an idealised notion of care which is thought of as an issue of the past generations (see also chapter 6).

What can clearly be seen in the following extract are the gendered aspects of the (informal) carer identity which shows many parallels between the constructed identity and the traditional, stereotypical female identity. A distinction is made between the care business and the *touchy, feely hands on care*, the latter representing an aspect associated with women:

Larry: it's the women who do the caring. I've seen

Pamela: yes, it is.

Larry: it's not, it's not a men thing. Yes there are certain men in the care business as

such, but when it comes to the touchy, feely hands on (...) And they don't care whether you're looking after men or women, it's the female of the species, [laughing] who in reality is the hands on person (...) who will go in and clean up an incontinent person or something,

Pamela: that's right.(...)

Larry: and this is a more natural (...) thing, is it not?

Morgan: Yeah. When I was up in [city], they have a voluntary sector organisation up there and that provided voluntary services for people who were dying in their home. And some of those were men, and they were telling me stories, particularly when it was a chap on his own (...) who was dying, they've gone into the homes, sat there, hold his hand, until he died, and he'd gone to the funeral, befriended the family and all of this. And I thought they were absolutely amazing, (...) and there were quite a few of them, so it's nothing stopping them.

The informal carer can be described as 'feminised' even though the difference in numbers between men and women doing the care work might not be vastly different in this day and age (Ungerson 2000). Hence, the term 'feminised' refers to those being involved in care regardless of their gender. The construction of a moral ideal around the notion of love and in contrast to work must be understood as highly feminised, in a sense that it reproduces discursive associations with femininity (Gilligan 1982, 1993). Gilligan and other authors of the ethics of care approach have shown that society's notion of morality and ethical values is traditionally based upon a gendered differentiation which also led to differences in the values attached to

certain modes of morality (see Held 1990; Bubeck 1995). Bubeck (1995) also links the constructed opposition of care and work to a vulnerability to exploitation, in particular for women. Williams (1989:7) rightly holds that the 'state's assumptions of female dependency and responsibility for care blinkered it to the fact that the welfare state was built upon the unpaid and the low paid care of women' (see also Sainsbury 1996). Fraser who states that 'affective care is actually women's labor, ideologically mystified and rendered invisible' (2003b:220) addresses this problem of the marginalisation of care and its reduction to self-sacrifice and moral responsibility. 'As a result', she writes, 'not just women but all low-status groups risk feminization and thus 'depreciation'' (Fraser 2003a:20). The feminised carer who does the work (which is often not regarded as work) is constructed outside a (masculine) citizenship which is characterised by income, employment, reasonable decision-making and economic reciprocity. Being confronted with this construction of roles and identities, those involved in care thus face a vulnerability to exploitation and domination (see Kittay 1999) just because he or she is the counterexample against a selfish, rationalistic and materialistic society. Carers are vulnerable because they are constructed as morally superior in a moral order that favours this moral responsibility but defines it as a priceless, emotional act rather than work. This vulnerability is also related to the tensions of the carer identity in the sense that an official carer identity is rejected but also needed in order to establish a full claim to citizenship:

John: And the most grinding aspect is that there is a hidden society. Those people who are looking, who are carers but actually are not on record as being carers and they're just sort of hidden in the background.

That means that people face a paradox situation in emphasising the loving family relationship and at the same time feeling that there could be a political 'abuse of love' in that caring arrangements are shifted off to those with a carer identity:

Marion: It can go either way – the carer may be sufficiently fond of the recipient for their relationship to remain warm and loving, something which can't really be achieved when the carer is an employed stranger. On the other hand, perhaps a balance between the two is the best we can hope for.

8.5 Conclusion

In this chapter I have shown the nature of the construction of care as intimacy, as a feeling, as love and as an ideal of 'being there for each other'. The aversions against institutionalisation, professionalisation, instrumentality and politics lead to a construction of a dichotomy of care and work through which care is positioned in opposition to the world of markets, paid work and economic individualism. In relation to the 'pricelessness' of care, the carer is constructed as offering a gift to the elderly but also to society. The following quote demonstrates how the idea of heroes who give up their lives for others is used politically in the public arena:

'Chancellor Gordon Brown unveiled the extra cash as he praised the unsung heroes of British society who dedicate their lives to looking after loved ones without being paid a penny (...) hidden heroes who keep families together' (Daily Mail, 21/02/07).

Praising unpaid carers as morally superior and presenting those who care as heroes and role models in an otherwise selfish, materialist and cold society leaves many people without a choice. Caring is constructed as being outside a normal citizenship and carers are affected in any choice they make simply because the discourse around care presents it as morally superior. However, this moral uplifting goes hand in hand with economic and social pressures faced by those who do care informally as there is less time and space available to care for each other (Hochschild 2003a), also remarked by Eloise:

Eloise: So, you know really a lot of admiration, and personally, I also always find it really admirable, if someone is taking that on, at home, yeah. But, on the other hand, there's no money for it. Of admiration (...) you can't live of.

This obviously links back to the discussion of Zelizer's (2005) notion of the two 'hostile worlds'. A combination of economic transactions and the realm of love, intimacy and attachment proves difficult in this moral consensus. As choice is an aspect of rational decision making and therefore often associated with the (masculine) sphere of work, employment and politics, it is seen as contradicting ideas of closeness, dedication and real care. With Zelizer (2005) I claim that the

construction of the two hostile worlds needs to be challenged, reconciled and overcome. Furthermore, the ideological and discursive distinction between the idea of a morally good person and the economic, political sphere of transactions needs to be questioned. This would help to enable an understanding of the particularities of care and the difficulties for those who do this work. Zelizer (2005) furthermore argues that the hostile worlds of sentiment and rationality have serious practical implications and divert from real solutions. Analysts of care (Lloyd 2006) have pointed to the problem of a systematic distinction between paid and unpaid carers in society, with the political and economic system needing 'carers to be heroic and self-sacrificing' (Lloyd 2006:952). Harris (2002) identifies a remoralisation of discourses under New Labour in the UK which leads to a reproduction of the split between economic exchange and emotional intimacy. A rethinking of the nature of relational work (Zelizer 2005) seems to be required which includes an assessment of markets, their limits, promises and consequences (Karner 2008:177).

I have also pointed to several arrangements that try to combine financial transactions with intimate care. It can be argued that due to economic and social developments a combination of these spheres seems desirable. In fact, markets and state arrangements do play an important role in many societies' organisation of care (Ungerson 2005). The logic of the market has challenged the moral understanding of care (Glucksmann and Lyon 2006) and new forms and mixes 'which transcend the public/private, market/non-market and paid/unpaid distinctions, as well as the love/money/duty nexus' (Glucksmann and Lyon 2006:7.1) have emerged. Intimate

care by professional strangers (Ungerson 1999; Karner 1998; Zadoroznyi 2009) is happening in people's own houses, and the employment of migrant carers has shown how care workers can be 'adopted as fictive kin' (Karner 1998). Barker (2002) furthermore identifies 'unpaid, nonprofessional nonkin caregivers' (Barker 2002) as bridging separate spheres which are underpinned by the moral construction. Zelizer (2005) also argues that we are constantly mixing relational intimacy with economic transitions but that the ideology of two separate spheres still remains. This causes many difficulties for those employed in what Hochschild (2003b:204) calls 'marketized private life':

'Each realm has its own kind of feeling rules. If those in the realm of work follow the feeling rules of a company, and those at home rely on the feeling rules of kin, those in marketized domestic life draw on complex mixes of *both* work and family cultures' (2003b:204).

In order to avoid exploitation and misrecognition of both paid and unpaid carers new concepts of making sense of the worlds of intimacy and economic relations need to be created. In the previous chapter (chapter 7) I have already argued that asymmetrical relationships need not be harmfully hierarchical (Nelson and England 2002) but are normal aspects of human existence. At the same time professionalism and employment do not necessarily mean a non-attachment, or an anti-emotional approach just as 'intimate settings do *not* stand out from others by the absence of economic activity' (Zelizer 2005:291). With reference to Fraser (2003a) Macdonald and Merrill (2002) convincingly argue that (professional) carers need both recognition as altruistic carers and redistribution in the form of better economic

remuneration as skilled workers. The question thus is not whether some commodification is better than other, or whether commodification and professionalisation is better in some parts than in others. What is needed is a reconsideration of the fractal distinctions present in the discourses on care. If economic exchange and intimate, loving involvement are not understood as contradictions anymore, political interventions can create new arrangements for those caring (in a professional or informal capacity) and those being cared for (at home or in institutional settings) which live up to people's desire for someone providing loving, intimate 'being there for each other', but which at the same time do not create vulnerability to exploitation for all involved in caring relationships. I have also pointed out in this chapter that politics has to manoeuvre in some contradictory discursive realm. On the one hand political decisions are desired to enable real care; on the other hand, however, politics represents a world of markets and rational decision making, which is rejected. I have argued that politics needs to be understood in a positive context as a substitute for state or society, as a concept which encompasses all levels of society. Another paradox is the tension between politics and markets which are, on the one hand, seen to be representing the same sphere and, on the other hand, politics is sought for as an escape from the market. These tensions and ambivalences need to be taken seriously as they underlie the ideological and moral construction of care.

The recognition of the ideological nature of the split between care and the economic sphere is essential in order to create a more just, democratic and compassionate

system of caring for each other (Zelizer 2005:303). This, however, does also mean an earnest and genuine appreciation of the motivations for the discursive construction. People's associations with and imaginations of ideal care need to be taken seriously in order to design a successful commodification of care. An ethics of care based on 'an understanding of its intertwined values, such as those of sensitivity, empathy, responsiveness, and taking responsibility' could help to 'adequately judge where the boundaries of the market should be' (Held 2002a:31). Caring and concern for each other are values vital for the functioning of a society and should be appreciated (Held 2002a). A process of commodification of care needs to be aware of the significance and substance these values possess.

9 Conclusion

In this thesis I have analysed the discursive construction of the moral context of care for elderly people. By analysing the discourses on care I could identify people's associations and assumptions about what care *is*. This approach allowed an understanding of how moral attitudes, moral concepts and the moral grammar are reproduced in the context of care. I could show that people use this moral grammar to make sense of an important social practice, care for elderly people. At the same time, people participate in reproducing and reshaping the discourses which create and form people's moral attitudes, dispositions and identities. I have described the moral grammar which influences individual decision making processes and which impacts on the general understanding of caring and being cared for. What this study has provided, is to fill a gap that appears in much of the care related literature, namely a focus on the relationship and interrelation between social practices (caring), social policy arrangements and ethical and moral constructions of society. The main aim has been to understand how care is defined within a neoliberal construction of modern society. Throughout the thesis I have demonstrated that care does not fit into an economisation of society, nor does it fit neatly into the individualisation thesis. Rather, care reflects an ambivalent desire of people which can be described as *being there for each other*. Care is often constructed in opposition to the dominant work ethic and the demands of the market driven society. This construction has enormously important consequences for all those involved in caring relationships (as carers and as those being cared for). Those involved in care cannot be characterised by the tasks which need to be done; rather

people's identity as *being the carer* and as someone in need of care are defined. Due to the construction of care as a moral practice, based on love, intimacy and being there for each other, people involved in those relationships are vulnerable to exploitation and face a marginalised position in society.

I have presented the discursive image which is created through dominant narratives, experiences and contributions. The themes of the chapters emerged from an analysis of both newspaper discourses and focus groups and they were representative of the most important themes in both countries, Austria and the UK. In the chapters 4-6 I have described the *who*, *where* and *how* of care. Who are those involved in the process of caring and how are these actors and their relationships constructed? Where does care take place and how are different spaces and places imagined? And how is care understood as a practice?

In chapter 4 I have discussed the construction of care relationships and their significance for the understanding of care. I have argued that two opposing cultural discourses have emerged: Firstly, families are seen to be the ideal care framework and secondly, care within the family is due to economic and social developments not possible anymore. I have furthermore argued that the construction of family care is a representation of an imagined ideal which can also be embodied by non-family members. In that sense, there is no straightforward assumption that family members are exclusively responsible for the provision of care for their elderly relatives. The

chapter has demonstrated the importance of aspects of closeness and relating within care. At the same time 'natural' traits, attitudes and opinions do play an important role in people's understandings of 'the proper thing to do'. 'Family' in the context of care is not (only) about *who* but about *how* care is thought of. For ideal family care the own home is of important significance as the nexus of intimate relationships. In Chapter 5 I have discussed the geographies of care with a focus on the utopia of the home and its opposite, the institutional setting. I have argued that the dichotomy between loving, affectionate caring, and professionalised, institutionalised work is reproduced in the construction of the physical place. I have shown that people continuously express a preference to be cared for at home and that institutional care arrangements are the quintessential places which lack intimacy and thus care. Similar to the notion of family, home subsumes certain values, virtues and aspects of social life which are to some extent in opposition to the dominant, hegemonic market ideology. In that sense home represents an image which is both nostalgic (as it might represent traditional family ideals) and progressive (in opposition to a neoliberal world). People's desires of home both as a symbol and as a physical space go much beyond an uncritical favouring of traditional family structures and ways of living. The nostalgia does also present an emancipatory rejection of the economic sphere. Aspects of nostalgia have been further explored in chapter 6 where I described the construction of community as an ideological extension of family and the neighbourhood based on a nostalgic imagination of ideal caring situations. Combined with the safe space of the home and the framework of the family, community is constructed as a counterforce to what is perceived as hostile, individualising and

pressurising economic, political and social developments. Community, I argued, represents ideals, emotions and desires about care in broader society. Similar to the traditional family, community is felt to be under threat by economic developments and it is located as having taken place at other times or in other places.

One discursive theme appearing in the discussion, particularly in chapters 4 and 5, has been the discussion of migrant carers working in Austrian households and I have used the significant discourses around it to illustrate various aspects, such as the construction of relationships or the concept of home. Within the discourse migrant carers are constructed as the ideal carers in the sense that their identity is seen as similar to traditional family carers. Socio-economic pressures and forces are said to require arrangements that partly challenge a society's moral framework. The discursive arrangements in relation to migrant carers, however, are used to enable a re-configuration of care by constructing intimate care as being bound to the own home and being performed by kin or fictive kin based on minding and supporting rather than care labour.

In that sense the discourse on migrant carers demonstrates how the aspects of the construction of a moral framework are connected. This discourse reproduces the notions of what ideal care is and it reproduces ideals and images of the notion of family relations. The employment of migrant carers in Austria needs to be understood as a paradoxical form of paid informal care. On the one hand the care arrangements are based on formal contractual relations; on the other hand,

however, the discourse on this type of care paints a different picture. Migrant carers are constructed in explicit opposition to professional care workers and the care they provide is seen in contrast to institutional, professionalised arrangements. Reflecting the discussion in chapter 8 the person of the migrant worker is sought and bought, as Anderson (2000), writing about migrant domestic workers, argues, their identity and their personhood is purchased and commodified. The migrant carer's identity is shaped by the emotional values and virtues similar to those associated with family members and the migrant carer is thus an example of a de-commodification of care, an absence of and an aversion against professionalisation and institutionalisation of care. For family members the employment of migrant carers enables their relatives to stay in their own home, which means a (symbolic) fulfilment of family care duties and desires. The construction of the care provided by these workers follows the themes of closeness, empathy, intimacy and minding which resemble traditional gender stereotypes. It is also an expression of a desire of real care, a theme I discussed particularly in chapter 6 in relation to a nostalgic imagination of care. As expected, it is mostly women doing caring work, but their status as women is furthermore constructed with particular connotations. Similarly to the way nostalgia for 'ideal' care is reproduced in the construction of migrant care, the relationship between women and care is reproduced as well. If 'ideal' care is imagined as a state of loving, devotional minding, it is important to be conscious of the potential reductions to gender stereotypes in this context. Migrant women in particular are constructed as 'the other', and they are representing the ideal of a caring identity. In

that sense, real caring, provided by migrant women in people's houses, is praised as representing the general ideal of being a morally good person.

Throughout this thesis I have discussed issues which specifically have consequences for women. In the introduction I stated that those involved in the provision of care are facing feminisation due to the moral and ideological construction of care. The ethics of care approach helped to identify that many of the associations with the ideal carer identity reflect the stereotypical feminised identity. A distinction between the caring, feminised subject and the career-driven masculine subject is established. Interestingly, men and women can fulfil both roles in the discourses, for example when Austrian women are described as being *business-driven*, in comparison to Slovakian women who still *care*. The gender connotations remain, however, as the dependency relations are seen to create clear boundaries between male and female characteristics. Beck and Beck-Gernsheim (2001:160) talk about the 'housewife syndrome' or 'silent help', describing people who are caring under the control of others but invisible to most others.

The dichotomy of care and the boundaries between those caring and those not caring are also present in the discussion of dependency relations itself. In chapter 7 I have shown that old age is frequently associated with dependency, passivity and suffering. I argued that people express anxieties of dependency and vulnerability and that a dichotomy of the independent, self-sufficient actor on the one hand, and the dependent, vulnerable, elderly care receiver on the other hand, is created. In this

image, there is one person being active in the process, being the independent actor, and there is another person being dependent on the former, this is the dependent, passive 'actor'. I argued that desiring and imagining the ideal of independent living as long as possible sketches an ideology that contradicts many values of care. The persistence of values of independence and self-reliance has important consequences for all those involved in caring relations. Any divergence from the independent actor is seen to be inferior to the ideal. Dependency is furthermore linked to life in institutional settings in which people are left to others' goodwill. The home, on the other hand, is constructed in a sense that it enables independent living. An interesting paradox, referring to the heroic action of giving (caring), was that people want to care and be there for each other, but that they do not want to be cared for and do not want to be dependent on others. The virtue of giving can thus be contrasted with a horror of taking. Some criticism and challenges of the dichotomy could be identified and a focus on interdependence, empowerment and mutuality could be found. However, I argued that the focus on mutual dependencies is again highlighting mutuality, deservingness and self-relying actors and it does thus not provide a new understanding of human life and relationships. The ideal of independence can and has also been seen as a demand and a challenge of society for many people.

Chapter 8 took up the theme of the creation of clear identities of dependent or independent actors and brought it together with another theme running through the whole study, the creation of dichotomies and the limits of a commodification of care. I have demonstrated and argued that care is ideologically and morally positioned in

opposition to work, employment, politics, bureaucracy and markets. The aversions against institutionalisation, professionalisation, instrumentality and politics lead to a construction of a dichotomy of care and work through which care is positioned in opposition to the world of markets, paid work and economic individualism. The 'pricelessness' of care is seen as a gift to both the elderly but also to society. Praising unpaid carers as morally superior places them outside normal citizenship and affects them in any choice they make, simply because the discourse around care presents them as morally superior. A commodification or professionalisation of care is difficult since the logic of the market challenges the moral understanding of care. Two 'hostile worlds' are created in the discursive construction of care and the dichotomy is reproduced in narratives, ideals and opinions. Additionally I argued for a rethinking of carers' identities. The carer is referred to not as someone providing certain services, but rather as *being the carer*. Care is not primarily understood as the fulfilment of a set of divided tasks; rather it is a complex relationship between the person in need of care, the carer and the environment. The sphere of markets is identified with a buying and selling of services and specific tasks, while the sphere of care refers to the presence and commitment of people close to one.

A new ethics of care

The construction of a moral framework around the notion of love and in contrast to work must be understood as highly feminised, in a sense in which it is 'characterised not by gender but theme' (Gilligan 1982:2). Authors of the ethics of care approach have shown that society's notion of morality is traditionally based upon a gendered

differentiation which also leads to differences in the values attached to certain modes of morality. Taking up my use of Zelizer's concept of the 'two hostile camps', laid out and applied particularly in chapter 8, the gendered notion of morality is also expressed in the construction of care in opposition to reason, rationality and economic transaction. Thus, the 'natural care relationship' is understood to be one based on emotional virtues, closeness and attachment rather than reasoning.

Bubeck (1995) argues that care as both an activity and attitude is deeply related to femininity (1995:160) and that the pressure on women to care is exercised indirectly through social norms and institutions constituting power hierarchies. Bubeck argues that the strong opposition of care and work that is created is the relevant force that exploits women in the realm of care. Williams (1989:7) holds that the state's focus on women's dependency and responsibility for care is related to the historical construction of welfare states and the organisation of care. Fraser (2003b:220) addresses this problem of the marginalisation of care and its reduction to self-sacrifice and moral responsibility. Women and all other low status groups are vulnerable because they are constructed as morally superior in a moral order that favours this moral responsibility but defines it as a priceless, emotional act rather than work. This places them outside the realm of work and citizenship.

Importantly, this thesis has also shown that there is some progressive value in the care discourses. On the one hand, the construction of care reproduces the marginalised and vulnerable position of both carers and cared for by focusing on the

idea of 'being there for each other'. On the other hand, however, this discursive practice also constructs care as a counter-discourse. Using associated discourses, such as childcare (see chapter 6), I argued that a picture of the ideal of community has emerged which enables security and safety in an ever faster developing environment. Community also needs to be seen as a counter-discourse within an individualised, economised and marketised world and I have also pointed towards the positive aspects of non-traditional forms of care and responsibility for care. I mentioned a tendency in some discussions to see community as a modern answer to the demands of care for elderly people; community might replace traditional forms of family responsibilities. The nostalgia also includes an acknowledgment that traditional forms of living cannot be brought back. Community in that sense rather describes a contrast to marketisation and individualisation of modern life. Similarly the construction and the fear of dependency (chapter 7) and the construction of dichotomies and the challenges for commodified and professionalised care (chapter 8) demonstrate a partial acceptance and acknowledgement of relating and being there for each other and showed some criticism of an ideal of individualisation and self-dependency.

The moral context of care might contribute to a new understanding of much of the literature on care provision, informal care, professional arrangements and vulnerability of both carers and cared for. By treating the two countries as case studies I hope I have demonstrated that broader moral constructions go beyond national social policy arrangements. Literature focusing on new concepts of care can

benefit from an understanding of the importance of these moral discursive constructs.

I also asked whether the moral conception of care can be contested and challenged and throughout the thesis I have identified potential counter-discourses, ambivalences and tensions in people's accounts. At the same time the question arose, what political potential the analysis of this discourses might give. Norms and values in society can be influenced and changed by political action in an attempt to combine a focus on the moral grammar in a society with the socio-economic context. The idea that collective action can and should lead to changes in the moral framework of a society (see Rosenbeck 1998) points to the possibilities of an active creation of the moral meaning of care. One example how political intervention can change a moral grammar of a society could be the Scandinavian Social Democratic discussion of gender (see Siim 1987, 1993; Karlsson 1998; Wærness 1998). Governments have implemented various policies with respect to gender equality, care responsibilities and the distinction between public and private in the everyday life (see Rosenbeck 1998) and it is argued (Sörensen and Bergqvist 2002) that the policies on issues of care and gender equality were also meant to abandon traditional roles and identities of men and women. This implies an explicit idea of social change through political intervention in which the notion of "gender" was conceptually transformed from a synonym for "divisions of work" to a synonym for "values" and "interests" (Skjeie and Siim 2000:354). As Hernes (1987; also Skjeie and Siim 2000 on the importance of social movements and Sörensen and Bergqvist 2002

on women's mobilisation) convincingly shows, the intended change was explicitly based on a notion of the acting subjects in two ways: women's agitation ('feminization from below') and the change of government policies ('state feminism from above').

For the discussion of the moral framework of care this means that a moral grammar can be challenged by political intervention. At the same time, however, other spheres of public discourses need to be considered in order to enable a reconfiguration of people's understanding of care. Another aim of this research was to explore the paradox that care is valued very highly but marginalised politically. In chapter 8 I have discussed people's ambivalent position to the role of politics. On the one hand politics is seen as interfering with the 'natural' provision and organisation of care, on the other hand, political intervention is desired to enable and secure the very natural care. I would argue that a rethinking of the dichotomy of care and work needs to be attempted. If economic exchange and intimate, loving involvement are not understood as contradictions anymore, political interventions can create new arrangements for those caring and those being cared for. It is inevitable for those involved in care but also for society in general to bring care and intimacy onto the political agenda. My research shows that care and politics, care and work and intimacy and markets are seen and constructed as moral and ideological opposites. Care is representing an ideal world but it is a world against the dominant, hegemonic focus. This is a broad reproduction of the public-private distinction, of the ethics of care against a work ethic, of feminisation against the masculine dominant ideology; it

provides, however, also a potential to intervene in the discourses which shape dominant societal arrangements. People's desires to be there for each other can be seen as a starting point for a political ethics of care. Consciousness needs to be raised that taking care out of the private realm and making it a centre focus for the public world need not mean to reconstruct it under the umbrella of marketisation and professionalisation. A public focus on relating and being there for each other needs to be reconstructed to allow attention for the negative and potentially exploitative consequences of traditional care arrangements, while, at the same time, acknowledging and valuing the desires and feelings people associate with 'ideal care'. Care as a concept challenging what Marcuse (2006) could be called the 'one-dimensional society' must not be understood as the imagination based on nostalgia in its traditional sense. As described in chapter 6 imagination of a different way of societal living also entails progressive, forward-looking aspects which would need to be strengthened and supported. The private space in its traditional conception, however, is not the focus of a progressive conceptualisation of care. Rather, the relational aspects and the aversion against instrumentalisation and institutionalisation can provide a new ethical understanding.

Care is constructed as intimacy, as a feeling, as love and an ideal of 'being there for each other'. In chapter 8 I have argued that the construction of the two hostile worlds needs to be challenged, reconciled and overcome. A combination of financial transactions with intimate care is happening and theoretically, asymmetrical relationships need not be harmfully hierarchical. In that sense professionalism and

employment do not necessarily mean a non-attachment, or a non-intimate relationship. A political recognition of the construction of dichotomies and problems associated with this construction is needed. Care should not be seen as an opposite to work and markets but as a prerequisite for the existence of those. In many ways care is only recognised as it can be described as 'work'. Carers are recognised for their contribution as they perform useful work for society. I would propose, however, that the focus on work itself is the problem and care needs to be recognised as a practice reflecting desires and wishes in and of society. Not because it involves work but because it is a deeply human practice care needs to be valued. That would also mean that individuals do not need to refer to traditional structures for the provision of care (which often lead to marginalisation and exploitation); rather care as a responsibility for each other should become a more prominent aspect of societal arrangement. Young (2002:55) talks about meaningful work in that context:

An ideal of meaningful work says that work people do ought to be clearly connected to social uses and should be recognized by others for its contribution to the well-being of persons or their dwelling environments or to the well-being of other creatures and their dwelling environments

The construction of care in contrast to the dominant neoliberal market logic can foster a progressive, emancipatory approach to a new understanding of society. What is needed is a new language and a new moral grammar which enable a combination of loving and dedicated 'being there for each other' with the values of equality, autonomy and justice. A new ethics of care, trying to bridge the demands of

a focus on relationality and individual justice, would help, on the one hand, those involved with and confronted by caring relations and, on the other hand, society in general. The paradox situation that people idealise care as a process of being there for each other, imagined as a process based on love and intimacy, and at the same time are anxious about becoming dependent on others, can similarly only be resolved by understanding what people associate with care and by valuing what care really means for them and for society. If the ideal of care (and its associated moral expression) becomes a dominant understanding in society tensions and contradictions in people's feelings and emotions can be addressed. For that the discussion in chapter 7 is particularly important. Independence in the sense of self-sufficiency as an ideological ideal needs to be challenged and replaced by an acknowledgement of mutual and sometimes not mutual dependencies on each other. Young (2002) argues that self-sufficiency is impossible but seductive. She proposes a different understanding of autonomy in which 'forms of dependence and interdependence (...) should be understood as *normal* conditions of being autonomous' (Young 2002:47). Autonomy, understood in this way requires social support and recognition of our dependency on each other. A political and discursive intervention starting with the recognition of dependency would enable an approach which fulfils people's desire for someone providing loving, intimate 'being there for each other', but at the same time does not create vulnerability to exploitation.

Caring is a moral practice in two ways: people who are in caring relationships draw on a moral grammar to understand their situation and to decide on what is the right

thing to do. Secondly, care represents a particular moral ideal for both the individual and society in general. Both of these aspects need to be recognised for the design of specific policies in the context of care, for intervention into the moral and cultural care discourses and for an understanding of what is imagined to be a good life.

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