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A Question of Ethics: A Responsibility to Care

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Abstract

This thesis draws upon both traditional and feminist care literature as well as psychoanalytic theory to inform a reading practice that addresses the following questions: How does a feminist ethics of care represent the best interests of women? Feminist literature theorises the context of knowledge production as a discursive site where the capacity for care within mother and daughter relationships can only be represented within historically patriarchal cultural prescriptions. In this context the representation of an 'ethics of care' continues to be theorised within the paradigm of a nuclear family setting and a liberal knowledge based economy (KBE). How are women's best interests to be interpreted within this theoretical framework? The reading practice draws upon the feminist psychoanalytic writings of Luce Irigaray to consider a woman's responsibility to care, the significance of mother/daughter relationships and a feminist ethics of care within a contemporary global economy that places a greater emphasis on home care, amid the changing face of traditional families and an increasing 'presence' of women within the public domain.

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Dedication

For Margaret and Jessie

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PROLOGUE: The beginning

My mother was a quiet gentle, intelligent and well read woman. Her family history, from a cultural point of view, could be seen to be one of immorality, crime and poverty, all of these being prerequisites for cultural exclusion. Her mother had travelled to New Zealand on her own from Glasgow, had a child out of wedlock and married my mother's 'father' when my mother was about two years old. My mother was unaware of this, my grandmother being consumed by the guilt presumably from the immorality of it all. They lived a transient life, my 'grandfather' accrued large debts wherever they stayed and his dealings were sometimes less than legal, so they never stopped long in one place. My mother disliked him intensely and was pleased when he eventually moved on without them when she was around ten years of age, after her mother had refused to shift again. My grandmother worked as a sewing machinist to support them both and after my mother married, my grandmother requested that she tell her children that her husband had died, to avoid us knowing of the second great 'shame' of her life, divorce.

My father was a 'family' man. As a builder, he provided diligently for his wife and family, growing vegetables and maintaining the home and property. He served as treasurer for a local sports club in Wanganui for over thirty years and mentored children who pursued the sport. At home however, he was controlling of the actions of his family and possessed an uncontrollable, unpredictable and frightening temper. His attitude toward women hinged around morality. There were 'good' women and 'bad' women, the 'good' ones were the ones that you married.

He refused to let my mother work, initially because it was her responsibility to stay at home and look after the children, and when that no longer was applicable, because she had no skills so therefore was unemployable. He gave her a housekeeping allowance that covered food only and he looked after every other financial transaction and purchase relating to the household. My mother accepted this with a resigned silence, immersing herself in her books and undoubtedly the interesting, quiet and tranquil places that they would take her and she lived her life within that

oppressive nuclear 'institution', with a gentleness and dignity equalled only by the way she 'lived' her death. That was twenty-six years ago.

Late in 2006, in preparation for a research proposal assignment that developed into the beginnings of this project, I sat down to what was the first attempt to describe the last weeks of my mother's life and her subsequent passing. The beginning of this narrative is as follows:

My mother and I enjoyed a close relationship in a home environment that was patriarchal and working class. Unfortunately, she passed away at the age of fifty-nine after some suffering. Towards the end of this suffering, I became her caregiver. She had decided to die at home as she was terrified of being at the mercy of the hospital and its staff. My father was against this [her being cared for at home]. I sat with her at night so I could be with her to reassure her if she awoke. Any sleep I tried to get during the day was interrupted by my father telling me that mum wanted something and he did not know what to do. In this short time, I went from the most dependent member of the family to the most capable and controlling in the eyes of those around me. I had no choice. It was a role that was thrust upon me and I owed it to my mother. She insisted on getting out of bed constantly, not wishing to be a burden or wishing to be in the undignified position of being washed and cleaned. She had cared for both her own and my father's mother in the days preceding their deaths and knew exactly what this entailed.

I read this now and despair at the difficulties inherent in describing a caring mother and daughter relationship, in terms other than familial caregiving, burden, debt and responsibility.

CHAPTER ONE: A responsibility to care - Existing literature

When approaching the idea of research regarding 'caregiving', a research design that included the interviewing of participants who had cared for dependent relatives and the transcribing and subsequent analysis of these interviews seemed appropriate. After all, 'caregiver' was a word I had used to describe the caring relationship I had shared with my mother. After reading O'Conner's (2007) research however, regarding the 'positioning' of caregivers, I began to feel uneasy about this process. O'Conner interviewed a selection of participants caring for relatives. During the research process, O'Conner noted that some participants had begun the research process as those caring for family members and during this process had started thinking of themselves as caregivers. This subtle change in position initiated changes in the 'carers' behaviours toward the 'patient'. Those identifying with the label 'caregiver' were found to distance themselves from their 'patients', referring to them through references to their diagnoses as opposed to their names or relationships, for example, 'Alzheimer's patient' as opposed to 'mother'. They also began referring to themselves inclusively as 'we', the caregivers as opposed to 'I', the daughter.

O'Conner (2007) identified this 'distancing' as a good thing for the 'caregiver', given that it opened the doors for public assistance and support through carers' organisations. However a major problem with this was that it seemed rather detrimental to the health and wellbeing of the 'patient'. It concerned me that researching 'care' with an ill considered construct was a dangerous practice that could cause discomfort to those close to the participants, even if this remained unbeknown to those involved and these discomforts and their effects were in need of identification before I could possibly proceed with such a project that included the word 'caregiving'. Therefore, before I could seriously entertain the notion of conducting research pertaining to caregiving, I first needed some insight into what that construct actually meant and the connotations and consequences of its use within research on participants and their families. Little did I realise the enormity of this project and the huge volume of traditional care literature in existence as well as the conflicting opinions on what constitutes 'care' and its application.

The first words written by myself, describing the death of my mother produces a myriad of discourses and confusions that predominantly feature within psychological texts regarding care. The most obvious of these is the assumption that caring is a woman's job and this particular type of care, a care that sees women responsible for the welfare of their families, is one that belongs within a private domain, a place that incorporates motherhood, child nurturing and responsibility. There are many others however, such as the loosely used words 'caregiver' and 'burden', as well as the fact that this culturally located personal narrative was played out within the boundaries of a welfare state and a patriarchal 'perfect' nuclear family setting. In effect, this was an attempt to describe a bond that can only be viewed by the author and articulated within cultural mother-daughter and intergenerational prescriptions.

The death of my mother occurred twenty six years ago. Much has changed since my mother was denied the right to work by my father, or more accurately by the cultural mores of the day. Private and public discourses of care are confusing within economic policy that advocates the increase of home care and self-responsibility (Roper, 2005). Our economy is now a global one, one from within which a contemporary psychology, a psycho-economics is seemingly emerging (Donzelot, 1991a; Gordon, 1991; Halpern, 2004, 2005a); where one's well-being is measured through the accrual of human capital that is inclusive of corporate knowledge (OECD, 1996); where women are entering the workforce in greater numbers (Belich, 2001) and the private domain of care is being measured within an economic framework (Dyson, 2004; Gomez Luna, 2007); where liberal politics of global productivity or a 'third way' preaches equality and sustainability; where a feminist ethics of care sees these changes as beneficial to women (Sevenhuijsen, 2002) and itself as a major player within these dynamic relationships (Barnes, 2006).

A neo-liberal ideology of autonomy and decentralisation sees those in need of care as more dependent on intra-familial support (Belich, 2001; Gordon, 1991; Roper, 2005) and perhaps in some circumstances, a worthless bi-product of a global accounting system. A look at literature incorporating economy and health, such as economic incentives for improved childcare (Halpern, 2004, 2005a; Warner, 2006) exposes the hierarchical nature of its implication (L. Becker, 2003; Lloyd, 2004). The care of children sees a high expenditure worthy of a long term investment. Health problems

experienced by adults need to be weighed against the loss of productivity and the poor health, as opposed to the good health of the elderly that must surely be of low priority, when illness seemingly equates to cost with no return for its outlay. Donzelot (1991a) sees this as the reason for the increased encouragement for the home care of the elderly, where the reduced cost of care can be seen to be set against the strength of family ties.

As modern psychological texts increasingly call for new gender role theories to replace what they consider to be obsolete (Barnett & Hyde, 2001), somewhere lays a lost connection, a connection that still cannot exist outside contemporary mother-daughter discourses (Irigaray, 1985a, 1985b), a forgotten capacity for care, perhaps, outside the bounds of a cultural responsibility. It is this cultural responsibility that was first investigated by Carol Gilligan (1982) as a key element within women's morality and that has remained as a mainstay of a feminist ethics of care.

A feminist ethics of care

Gilligan (1982), a Harvard psychologist specialising in moral development, challenged the influential approach of her colleague and mentor, Lawrence Kohlberg, regarding the morality of women. Gilligan was disillusioned by the fact that Kohlberg's theories on moral reasoning were based mainly on findings from male research participants and women that were studied were measured against these findings; therefore women's powers of moral reasoning were considered to be inferior. According to Hekman (1995), Kohlberg drew the conclusion that few women attained the highest standards of moral reasoning; therefore including them in his research would taint his findings.

Gilligan's (1982) theorising was influenced by Chodorow's (1978) mother-daughter writings that advocated a continued importance of the relationship between mother and daughter. Gilligan, unsatisfied with Kohlberg's seemingly one-sided approach, engaged in research that attempted to establish women's morality as different but equally valuable. She came to the conclusion that men reiterated a moral voice of justice whereas women spoke with a moral voice of care (Gilligan, 1982; Hekman, 1995) or in other words, the conventional voice of the feminine. In this regard she

became the 'pioneering' voice in the discussions surrounding a feminist ethics of care.

This feminine culminates in a 'morality of responsibility' and it is this particular responsibility that sees a woman's path differing in the pursuit of moral maturity. A man's path to moral maturity, it seems is through a 'morality of rights' or in other words, individuality and justice. Within this scenario a man finds moral maturity within autonomy and justice, whereas women must always be bound to others by a sense of responsibility. Gilligan (1982, p. 127) suggests that [women's] "thought and concern for individual survival comes to be branded as selfish and to be counter opposed to the responsibility of a life lived in relationships." Gilligan warns of the enormous power of the judgement of selfishness of women and in so doing emphasises the connection between women's morality, responsibility and their 'propensity' to care.

Gilligan's (1982) theory of morality and responsibility within a feminine care has inspired a great deal of feminist debate although little of it evolves from the discipline of psychology. Although her theorising was based on the importance of mother and daughter relationships, this emphasis has since been questioned by those within the disciplines of philosophy and political science.

Hekman (1995), for example, as a philosopher, sees discourses of morality as cultural products that are multiple and varied. These discourses are contextual and historically located. Hekman suggests: "When engaged in moral argument and/or action, the discourse provides clear standards of right or wrong" (p. 126). She sees morality as a 'practice' or a 'habit'. This 'practice' within the concept of 'care' or 'caregiving', or in other words, the capacity or the production of care aligns with the 'moral responsibilities' attached to care within a patriarchal western culture. These particular discourses, that include both justice and care discourses, are multiple and varied and need to be pieced together to form the appropriate moral voice. These are worked in to suit both the situation and the socio-economic circumstances of the 'subject'. However, she feels that although Gilligan (1982) has opened up a path towards a feminist ethics of care, it is incorrect for her to assume that both the moralities of care and the moralities of justice are afforded the same respect. The

morality of justice is most certainly favoured over the morality of care in patriarchal social relationships. To be a subject one must engage in moral practice, therefore morality discourses must surely favour men over women within a patriarchal society as in the case of my mother not being permitted to work by my father. This masculinist construction of moral theory has most surely dominated the west, particularly since the enlightenment. It is hierarchical, exclusionary and silences the voices of women in any other form than those that are culturally sanctioned, set within accepted cultural, familial western discourses. Hekman (1995) calls for the reconstruction of the moral subject, but would this be enough to attain a voice for women other than the one that speaks from the maternal and espouses a responsibility to care? Perhaps not, if paradoxically, this reconstruction could only be voiced through the moral discourses of men.

Gilligan (1982) highlighted the 'absence' of mothers from developmental lifespan theory and drew attention to a separation of 'care' from the 'public domain' whereas Erikson (1987), whose contribution to psychology was also borne from such gendered understanding (Gilligan), saw the propensity or the capacity to care as being a pursuit that is developed progressively and reaches fruition for middle aged men within the seventh stage of lifecycle development, generativity within the public domain.

Kathryn Morgan (1988) explores ways in which patriarchy destroys and distorts a woman's ideology. She likens this state to confusion and moral madness, these being used to argue for the moral inferiority of women. She names four different traditions and manoeuvres that have served to advance women's moral denigration.

The first of these, that she calls a classical philosophical stance, questions the capacity of women to possess full moral agency. Through the search of universal truths concerning the world in general, only men are capable of philosophical thought and therefore capable of taking a moral point of view. Morgan (1988) sees this line of thought as being generated to support a patriarchal society and its political institutions. It should be noted here that this is the tradition from which Kohlberg and Erikson have emerged, although Browning (2004) sees Erikson's

(1980, 1987) care as a 'universal' and 'virtuous' morality, the seeming 'inclusiveness' of which perhaps merges with Morgan's second tradition.

Her second distinguishes between a private and public morality and claims that only the public domain is worthy of full agency. Within these discourses, a life of moral virtue can be seen as the closest a woman can get to being granted full moral agency (Morgan, 1988) although it would seem that this is a substitute or alternative version of man's 'full' morality and can only be achieved through appropriate virtuous and responsible behaviour within the context of a private domain.

The third consists of a set of double binds, an example of which could be perhaps a woman being responsible for the care of her mother as well as being responsible for the care of her husband and children. The meeting of one responsibility requires the neglect of another. According to Morgan (1988) these conflicting responsibilities may lead to a sense of bewilderment and moral madness. These cultural positions also include the pathologisation of normally occurring physical processes, such as childbirth, menstruation, pregnancy and menopause. There have been many physiological reasons put forward by science in the past to explain the 'moral and intellectual discrepancies' of women, many of these relating to the reproductive organs. For example, 'hysteria' a condition once thought to be purely a female 'malady' gets its name from an ancient word for womb (Young-Bruehl, 1990). In this way, a stereotype of the hysterical woman is also produced (Morgan, 1988).

Finally Morgan (1988) highlights the invisibility of women and therefore the invisibility of women's morality. According to Morgan there are certain areas of women's lives unworthy of moral consideration. These areas incorporate motherhood and unpaid domestic labour. She attributes this to discourses that portray motherhood as a natural attribute: women therefore do not award themselves any moral worth for the application of these tasks. It seems that it is naturally a women's place to perform domestic work and provide sexual service in disconnected and private ways within a most exploitive domestic framework (Morgan, 1988). These four traditions are all powerful forms of political control (Foucault, 1977) and hint at a scenario where the combination of knowledge and care are indeed a potent combination that sees exclusion from a public domain delegate women a

responsibility that is afforded to them as 'defective men', played out in the guise of wives, mothers, carers or lovers.

So it appears that within a feminist ethics of care, there are two moralities, one belonging to women, a morality of responsibility, and one belonging to men, one of justice, a superior morality of individual worth (Gilligan, 1983; Hekman, 1995; Morgan, 1988). The first is played out in a private domain, one of family, motherhood and nurture and the latter, a public domain, one of economics, education and philosophy. A public domain is one of economic stability and the philosophy of man that is expounded in discourses devoid of women (Morgan). It is here that the responsibilities of the state lie along with the morality of justice. This is the place that Morgan describes as lacking private property as well as sexual and family relations. So from this we can ascertain that a woman's position within the private domain has, in the past, been maintained by dominant political discourses to retain a status quo that enhances the virtuous, rational and philosophical attributes of man.

Mullet's (1988) feminist ethics of care calls for practices that redress the exclusionary discourses of a patriarchal society through the 'alteration' of consciousness and she proposes that this occurs within three dimensions. The first, moral sensitivity, advocates the exercising of a moral consciousness, calling for the awareness of violence, victimisation and pain. She sees a voicelessness and lack of awareness in the private realm as being supportive of the status quo. Bartky (1990) also describes a feminist consciousness as one of victimisation and sites recognition of this as the key to the breaking the shackles of unexplained guilt. Mullet's second dimension is named as Bartky's concept of 'ontological shock' that refers to the recognition of relativity as opposed to reality and therefore present cultural structures are not the only possibility open to 'mankind'.

The third dimension suggested by Mullet (1988) is the concept of 'praxis' or 'living the change', working on alternative relationships. Although Mullet and others advocate strategies for change, these voices are few and far between within a feminist ethics that insists on theorising within current cultural prescriptions. It would seem that the consciousness that Mullet (1988) and Bartky (1990) speak of is unrecognisable and seemingly unattainable when viewed within an ethics of care and

this raises questions regarding the situatedness of its 'production', that perhaps should be considered as a separate entity to its 'capacity'.

Political scientists Sevenhuijsen (2002) and Tronto (1993) see care ethics as a political, historical and socio-economic concept, the application of care not being influenced by the formation of gender identity and subsequent transitional crises, meaning that gender anomalies in care practice can be addressed by bringing care into the public domain. A great deal of feminist ethics of care literature is based both on Tronto's elements and definition of care, although she is scathing of psychoanalytical mother/daughter relations theories being influential within care ethics. Tronto feels that the application of psychoanalytic theory to caregiving relationships creates restrictions and biases. She suggests psychoanalytic theory posits gender as the only difference that is relevant to care and therefore it is as biased as Kohlberg's theories of morality. To her, gender disparities within a public and private domain are political in nature, borne from the exclusion of women from positions of power. The preservation of these domains is necessary for the maintenance of Tronto's perception of the social order and her 'equality' is a possibility within this existing framework.

According to Tronto (1993) there are four elements to a feminist ethics of care. These are attentiveness, responsibility, competence and responsiveness, all of which are integrative. Attentiveness provides the awareness needed to recognise the 'need' in others. Apparently, putting the needs of others first is a vital step toward appropriate care; although this is not to be practiced to the detriment of one's own health. Being able to recognise the needs of others makes you a caring person within this scenario. Tronto's needs are 'real' and universal: she does not see them as relational, positional or culturally contrived. Here are two scenarios that allow us to ponder the relativity of need.

The 'immoral' in New Zealand, such as those giving birth to 'illegitimate' children, have not, in the past not been considered at all worthy of care, in fact they were described in the early twentieth century by those advocating the encouragement of 'better breeding', such as eugenics advocates, as hypersexual and mentally and socially defective, immorality being recorded as such in New Zealand legislation

(Belich, 2001; Dalley, 1992; Tennant, 1992; Wanhalla, 2007). Another example can be seen in the latter half of the twentieth century when it was deemed unnecessary for the parents of a hospitalised small child to be granted extended visiting rights. My family experienced this in the late 1950s, when as a 4 year old child, I was hospitalised with acute appendicitis. This suggests that perhaps the investment of worth attached to the wellbeing of mothers and children has changed somewhat in line with the political agenda of the day, children being considered as potential 'human capital' and humanity's 'future', therefore the appropriate treatment of them is considered within contemporary society as paramount.

Tronto's (1993) second element of care, responsibility, sounds familiar. Once a 'need' is identified, everyone has a 'moral responsibility' to ensure that the 'patient's' needs are adequately met, although as this review unfolds it will become apparent that the relationship between responsibility and need is problematic. The third element, competence, implies that responsibility is not enough, competence is required, and a contemporary knowledge based economy (KBE) as well as the carers' community provides many courses where these skills can be learnt. The fourth element, responsiveness, requires us to remain alert to any harm that can be caused due to the vulnerability of the cared for. However, it seems to me that the concept of a fixed view of care creates many pitfalls for those relegated to the position of the need to be cared for. Interestingly, a diverse group of care advocates, such as Barnes (2006), Hollway (2006), Schofield et al. (1998) and Sevenhuijsen (2002) use Tronto's definition and elements of care as a starting place from which to engage in discussion on care and this is problematic. If viewed from Hekman's (1995) standpoint, a reconstruction of morality is necessary for the voice of women to be heard, and therefore speaking it from a public domain of universal truth may not be deemed as representational of 'women'.

To care and to be cared for

Hollway (2006) sees the capacity to care as an attribute acquired from early mothering experiences. Her emphasis on the role of the mother derives from Kleinian psychoanalysis, where the child's first mothering experiences form its identity and the ensuing conflict and ambivalence formed between mother and daughter/son.

This, simply put, derives from a child's love-hate relationship with her/his mother that is linked to whether the child's ruthless demands are being met, or in other words, whether the mother is a good or a bad one. The capacity to care is borne through the long suffering care of the mother and the inter-subjective parallel relationship between mother and child within which the child also learns to care for its family, inclusive of siblings.

According to Schofield et al. (1998, pp. 3-4) "[f]amily caregivers are people who are under a kind of obligation to care because of their close kinship or emotional bond to the care recipient." There are apparently two components to caregiving, the activity and the emotional relationship (Schofield et al.) or as Tronto (1993) puts it, caring for and caring about. Or perhaps we could describe these as the production of and the capacity for care. Schofield et al. sees a difference between 'caregiving' and 'servicing'. A carer feels a sense of 'responsibility'. An example given is that although a wife may tend to her husband's needs, she is ultimately not responsible for him; therefore within this definition she is there to 'service' him, which seems an unfortunate separation of difference in understanding, that may not ultimately be that far from a wife's particular reality.

For Hollis-Sawyer (2003), there are certain individual differences ascertainable in those with a heightened propensity to care. This text describes one of many research projects that have sought to measure the levels of neuroticism, agreeableness, openness to experience, conscientiousness and extroversion present within the personalities of caregivers to ascertain the ingredient necessary to make women 'better at it'. These individual differences affect the way that women deal with stressful situations (Graber & Brooks-Gunn, 1996) and therefore these differences affect the positivity and organisational capacities, work ethic and general caring skills of the caregiver. Apparently though, these attributes/individual differences can be learnt through relational experiences (Hollway, 2006), as well as being shaped through appropriate education and guidance (Skeggs, 1997). Therefore it would seem that an understanding of the production and the capacity to care through the study of personality differences would be a complex and difficult task, as, it seems is the unravelling of what defines caring for and caring about.

Walker, Pratt, and Eddy (1995, p. 402) suggest that a common definition of caregiving amongst researchers has been seen as “occurring when one or more family members give aid or assistance to other family members beyond that required of normal everyday life.”

However, it seems that the definition of caregiver is not at all clear cut. There is a great deal of confusion as to what tasks are considered caregiving. For example, a daughter may take her mother shopping and consider this an act of caregiving, whereas another daughter would consider it an act of friendship or perhaps ‘aid’. Even if a mother was incapable of shopping for herself, the daughter’s intervention may not be considered caregiving (Walker & Pratt, 1991). Walker, Pratt, and Eddy suggest that dependence is an insufficient criterion to differentiate caregiving from intergenerational aid. Dependency itself is difficult to assess. However, despite this difficulty, Walker and Pratt found that the definition of ‘caregiver’ was based more on the perceived functional state of the care receiver than the duties performed by the caregiver.

Walker, Pratt, and Eddy (1995) suggest also that affective change both influences and affects the quality of the relationship between caregiver and care receiver. Much of the care literature therefore is generated through the confusions surrounding this construct, and that in some part may help to explain its conflicting nature. It does not however, address the issues surrounding terms used to describe care relationships, such as burden and ambivalence. The measuring of constructs researched that are ‘associated’ with caregiving, such as those borne from transitional crises within psychoanalytic theory such as woman’s ‘stress’, ‘burden’, ‘ambiguity’ and ambivalence, are not questioned as to their relevance and are accepted as unquestionable social effects of familial caring relationships. Nor does it address the power relations that ascertain who is worthy of care and who is culturally designated to perform these tasks.

A recent meta-analysis conducted by Pinquart and Sorenson (2005) involving 165 studies researching caregiver stress revealed the following findings. Women are more likely to perform a caregiving role and these tasks include both more general care and personal tasks. They are more likely than men to assume a primary

caregiving role and are more likely to continue within that role under stressful conditions. They are less likely to seek outside help, either formal or informal. They are more likely to feel pressured to assume a caregiving role and have fewer psychological coping resources to cope with that role. Men, on the other hand are more likely to see a caregiving role as one of choice.

Hinrichsen (1991) in a study investigating informal caregivers to depressed elderly patients suggests there is a difference between coping levels, depending upon familial relationships. Husbands are more detached and therefore are considered to cope better and daughters experience more relationship strains than sons, or in Hinrichsen's (p. 637) opinion, 'females' experience "poorer adjustment" and greater burden.

Lloyd (2004) points out the pressure society places on the frail in regard to the prolonged nature of a death. Society has values around what it considers to be either a good or a bad death. Literature that concentrates so heavily on caregiver burden does little to reassure the elderly that a prolonged illness is socially acceptable. This puts into question the legitimacy of informed consent regarding elderly care where decisions may be made under pressure of becoming a burden (Ellis, 2003) and also the arguments surrounding 'elective death' (Prado, 2003).

Depression, it seems, is not only confined to frail elderly patients. Older caregivers suffer from higher levels of depression, and lower self efficacy than non caregivers. They have both less psychological and financial resources and less stress buffering roles. They are less likely to be employed or have additional caring duties such as dependent children and are therefore unlikely to suffer from high levels of psychological stress. These findings support the view that multiple roles are stressful, although it could equally support Morgan's (1988) suggestion of women's double moral binds in as much as stress may be precipitated by conflicting caring roles such as care for the husband, children and elderly parent or relative. Older carers are also less likely to access formal support, or indeed be aware of its existence (Pinquart & Sorenson, 2005).

There are two troubling conflicting findings here, the first being that older people involved in care indulge in less buffering activities, like work, for example, that have been found to create a positive carryover effect to domestic caring, and are therefore 'more' susceptible to stress (Barnett & Hyde, 2001). The second reveals that because they do not work, they are 'less' susceptible to stress (Pinquart & Sorenson, 2005).

Shaffer, Dooley and Williamson (2007) studied aggressive behaviour amongst caregivers. They found that potentially aggressive behaviour accompanies resentful feelings about caregiving burdens. This adds another confusing aspect to caregiving literature. Women are considered as those predominantly expected to care (Pinquart & Sorenson, 2005) and are therefore portrayed within an aggressive role in relation to their charges. However, it is more likely that women are required to perform caregiving roles within discourses of burden and aggression. Cicerelli (2006) suggests that with siblings who care for their aging parents, those who are most dominant make decisions pertaining to the requirement of care, regardless of its appropriateness in regard to the wellbeing of the patient, and these siblings are usually male. Perhaps there is some connection here to a woman's responsibility to care, its conflicting messages and the angst that accompanies it residing within a private domain that is predominantly associated with women.

It is suggested by O'Conner (2007, p. 165) that there is "an assumption that there exists some distinct entity known as a 'caregiver' and that this entity is clearly recognisable." This particular statement is borne out by the large body of caregiving research, the following examples of which study 'caregiver burden' (Essex & Hong, 2005), 'caregiver attachment' (Cicerelli, 1995), 'caregiver strain' (Bernard & Guarnaccia, 2003), and 'caregiving skill' (Schumacher, Stewart, Archbold, Dodd & Dibble, 2000).

O'Conner's (2007) research, that entails interviews with forty-seven family caregivers, found that in many cases, carers had not considered themselves as performing this particular role until it had been pointed out by others, such as in reading materials, by health providers, support workers and other caregivers. It was also noted that there were several participants who identified with the role of caregiver as a result of participating in this particular piece of research. This new

understanding of positioning changed participant's attitudes toward their familial/dyadic relationship in a most depersonalising manner, for example, the referral of 'we' as in caregivers to 'I' as in daughter. It also seems to be the key to accessing public medical support, suggesting that modern caregiving discourses are public and medical. Participants also experienced greater social acceptability as caregivers (O'Conner, 2007) and this was also noted by Barnes (2006) who suggested that carers situated in the private domain are seemingly devoid of citizenship and therefore more isolated and less empowered.

O'Conner (2007) found that 'caregivers' were more likely to make decisions that were against the wishes of their aging parents, feeling more empowered to make decisions for them as opposed to with them. Further confusion is emphasised in research conducted by Hall-Lord and Larsson (2005) who found that the patient's perception of the quality of the care received and the amount of pain suffered by the patient differed between patient and caregiver. Therefore given the subjective nature of the experience of pain and what constitutes adequate treatment, it is a difficult task indeed for the caregiver to adequately judge the needs of the patient, made all the more confusing by the differences in emphasis from different positions, such as the public or private domain, caregiver or relative. It seems, that no matter how convinced a carer is that they are perceptive to a patient's needs, there is no guarantee that they have judged them correctly, and this is further emphasised by research that identifies strategies employed by those in need of care to cope with the decisions made for them on their behalf by others.

Duner and Nordstrom (2005) studied the coping capacity of elderly care recipients and found that the elderly employed a range of adaptive strategies to cope with their dependency, ranging from active attempts to maintain independence to passive dependence. The use of adaptive strategies only affirms the vulnerability of the elderly in regard to the position of their carers and society in general.

In contemporary terms, a 'good' death is now seen as one that creates little 'fuss' and is economically viable. This is especially hard for women who again make up the bulk of those needing care in old age, given that they live longer than men and are also less likely to be financially well off, due to the limited earning capacities

throughout their lives, in turn created by gendered employment and caring responsibilities (Fingerman, 2003).

This can only serve to widen the misunderstandings between carers and the cared for, this being apparent within the changing discourses employed by caregivers and the relational distancing between caregiver and patient. For example, caregivers were able to distance themselves from a relational connection between the two, noticeable in references to 'the patient' or 'them'. A greater emphasis on diagnosis was also observed by those who strongly identified with a caregiving role (O'Conner, 2007).

Pinquart and Sorenson (2005) suggest also that there are very few studies based on complex models of caregiving that take its many facets into consideration, such as the socio-economic constraints as well as the paid and unpaid, compulsory or voluntary aspects of care. They felt that most of the studies analysed were based on selective relationships. If this is the case, it is difficult to compare these studies given the complex natures of different caring relationships, such as mother/daughter, daughter/mother, wife/husband or husband/wife.

It is this complex nature that sees caregivers and researchers alike intertwined within depression, stress, burden, personality and the responsibility debates, these debates based around the capacity for, or the production of care and ignoring the agency and the positioning of the carer in relationship to the treatment received by the 'cared for'. The fact of the matter is that there remains a group of people who are facing dilemmas that are either not being questioned or are being marginalised and/or misconstrued within current caregiving research. Lloyd (2004) discusses problems facing the aging and those who fit into categories of old age, chronically ill and dying. Historically, cultural values placed on both childhood and old age are dynamic (Becker, 2003) and within pre-industrial times, less emphasis was placed on child death. Now within a post industrial age, where the worth of children is seen more in an economic light, such as the potential of human capital, the emphasis has shifted. Elderly who are diagnosed with a terminal illness, may be entitled to palliative care, however, those who are old and who suffer from bad health and have not received a diagnosis are less likely to receive adequate support. Lloyd sees this lack of support leading to a 'social' death and points out the high rates of depression

and suicide amongst the elderly. Although such rates are higher than that of youth suicide, the majority of resources continue to be directed towards the young.

This view is reinforced by Gordon (1991), who adds that familial caring of the sick is prompted by a mixture of security, in the form of minimised cost and protection of the optimum norm. Within this scenario, public assistance could be framed as compassion that is manifested in the form of a social duty, or as Gordon explains it, a social duty of 'men' in society as opposed to a duty of society. So here perhaps we see a glimpse of care as portrayed as something other than a moral responsibility, one that resides in the 'social' world of 'men', something tangible and countable that equates to the worth of the family 'unit'. In fact it may be fair to say that the capacity to care has been overshadowed here by its political production.

The expectations of familial care

Intergenerational aspects of care and caregiving are also increasingly coming to the fore given these dynamic generational values and the changing face of families. These are in some part based on contemporary adaptations of Erikson's (1987) eight stage lifecycle model (Williams & Nussbaum, 2001) and deal with care as an intergenerational function.

Although Erikson (1987) incorporated care within the seventh stage of his eight stage lifecycle model, generativity versus stagnation, the negotiation of each step was considered as a pre-requisite to develop the capacity for care. His definition of care is as follows: "Care is the broadening concern for what has been generated by love, necessity, or accident – a concern which must consistently overcome the ambivalence adhering to irreversible obligation and the narrowness of self concern" (Erikson, 1987, p. 608). This model, like Kohlberg's concept of morality, is developed in the absence of women (Gilligan, 1982) and the cultural caricatures of the latter are plainly visible within the development of 'man's' capacity to care.

The eight stages of this model, initially inspired by Freud's writings regarding the early stages of life, stretch from infancy to old age (Erikson, 1987). The first stage/crisis occurs in infancy. He labels this, basic trust versus basic mistrust and this

is related to 'hope' and the trust that develops within the baby's maternal world. This stage incorporates the baby's management of the pain and dissatisfaction with the lack of adequate services and abandonment delivered by the mother, such as breast feeding and weaning. The second transitional stage occurs throughout early childhood, autonomy versus shame and doubt and is aligned with 'will'. Within this stage the child is becoming mobile and developing strength. It is also being introduced to such binary oppositional terms as 'yes' and 'no', 'good' and 'bad', 'right' and 'wrong' as well as ownership properties such as 'yours' and 'mine'.

The third stage sees the play age, initiative versus guilt, or the development of 'purpose'. Within this stage, all going well, the child has progressed (and these stages although integrated to a certain extent, are viewed as linear) to the place where she/he develops 'initiative'. The child is also becoming aware of sexual difference, as Erikson (1987, p. 603) explains:

The fate of infantile genitality remains determined by the sex roles cultivated and integrated in the family. In the boy, the sexual orientation is dominated by phallic-intrusive initiative; in the girl, by inclusive models of attractiveness and 'motherliness'.

School age, the fourth stage sees the struggle between industry and inferiority or the drive towards the development of competence. It seems that successful negotiation of this stage equips one with the skills with which to become a successful biological parent and the provider for one's children. This stage also initiates the quest for knowledge and provides an entry into the world of technology and the economy.

The fifth stage, adolescence, or identity versus confusion sees the crisis of 'fidelity'. Puberty sees the end of childhood, where identity is integrated into the occupational requirements of adulthood (Erikson, 1987).

The rapidly growing youths, faced with the inner revolution of puberty and with as yet intangible adult tasks, are now primarily concerned with their psychosocial identity and with fitting their rudimentary gifts and skills to the occupational prototypes of culture (Erikson, 1987, p. 605).

It is within this stage that man sows his 'wild oats' and it is here that he creates another type of woman, the immoral one, who is apparently created through no fault of her own because she is a necessity for man to successfully develop within the life-cycle, a sacrifice made so man can develop this capacity to care. Woman's receptivity is a necessary requirement here for care to develop (Erikson, 1987).

Intimacy versus isolation forms the sixth stage of this model within young adulthood, where 'love' becomes the focus. It is at this stage that 'man' abandons his pursuit of "passionate sexual unions" and settles for "intimacy and solidarity." It is here that Erikson (1987) sees the first similarity between the sexes developing and these apparently occur within "consciousness, language and ethics" thus creating 'ambivalences' (Erikson, 1987, pp. 605-607). It is this stage that sets the scene for the development for a capacity for care. Erikson (p. 607) continues:

Man, in addition to erotic attraction, has developed a selectivity of *mutual* [italics added] love that serves the need for a new and shared identity in the procession of generations...The problem is one of transferring the experience of being cared for in a parental setting to an adult affiliation actively chosen and cultivated as a mutual concern within a new generation.

In other words, Erikson sees the capacity for care developed within the mutual and passive consent of marriage and heterosexuality and this is done through successfully negotiating the aforementioned life stages and arriving at the seventh stage.

The seventh stage sees 'man' within a stage of 'maturity' produce the capacity to care in conjunction with the 'silent mutuality' of his wife: generativity versus stagnation. Generativity is the concern for the guiding and the perpetuation of continuous generations. It manifests in both the procreation of children and the education and guidance of the next generation's youth. Erikson (1987, p. 607) states:

Evolution has made man the teaching and instituting as well as the learning animal. For dependency and maturity are reciprocal: mature man needs to be needed and maturity is guided by the nature of that which must be cared for.

Hence the quote: "From the crisis of generativity emerges the strength of care" (Erikson, p. 607).

Here man, through the successful negotiation of the Erikson's life stages, has reached the pinnacle of his caring, guiding and nurturing capacity, he has now become the ultimate caring and learning animal, in conjunction with the passive support of his wife.

Erikson's (1987) notion of generativity forms the backbone of much literature and research regarding caregiving for the older adult which is paradoxically theorised within the private domain. Within this notion he refers to the productivity and creativity of parenthood. His concern is centred on the guidance of the next generation within a community-spirited display of altruism, a collective nurturing and mentoring of the next generation and man's perpetuation of the species through the propagation of his children (Erikson, 1980, 1987). This generativity gives us a version of how care is not only produced within such cultural prescriptions as heterosexism and the nuclear family but also a formula that sees man able to gain the necessary attributes to form a capacity to care.

The final stage, old age, is dominated by integrity versus despair, or the seeking of wisdom. This is a time when man sits back and views his life and its impending end and ponders the ethical dilemmas created by his participation in Erikson's lifecycle model and the corresponding religious and philosophical influences by which he is surrounded (Erikson, 1987). It is hard to see how despair is avoided within a contemporary context when failing health becomes an issue for the elderly to deal with. Within this stage, however, man's wisdom is sought within the generative cycle to maintain the production of care and the production of its capacity, presenting us with two scenarios, the 'unwell' aging adult, who is a liability in monetary terms, yet a political tool for the adhesion of families, and the 'well' aging adult, whose worth lies in the perpetuation of the cultural knowledge he has accrued through successfully negotiating each of the cultural crises within his designated lifespan development.

Williams and Nussbaum (2001), however, feel that literature suggests that a child-elderly parent relationship is usually a mutual affair that is reliant on the historical and social positioning of family and family members. They site two contemporary intergenerational theories which may explain this. These are intergenerational solidarity theory, borne from the discipline of sociology and psychology's lifespan attachment theory. Intergenerational Solidarity Theory forwards a structural solidarity in the form of the nuclear family. Within this framework, families utilise this structure to reinforce lifelong bonds and small group identity. Lifespan Attachment Theory proposes that attachment between a child and his/her parents extends throughout the lifetime. This is achieved through a symbolic attachment, one that is possible when day to day contact is not a possibility. There is no question within this literature, of a difference between the development of boys and girls that equate to differences in attachment and this is not surprising considering the tradition from whence they came. However, it should be noted that although once the absence of women within the literature was said to be caused by the fact that women were not included in the initial research, the argument now is that women are no longer discriminated against, so therefore a mutual language is acceptable. However, this is in itself discriminatory in that it denies sexual difference, thereby excluding women as participatory subjects in their own right.

Williams and Nussbaum (2001) do agree however, that caregiving is disproportionately a female occupation. They suggest that the nuclear family structure is the institution that puts us above the animal kingdom, creating a civilising influence on parents, deterring them from abandoning their babies and keeping close ties until parted by death. This is consistent with Erik Erikson's (1987) capacity to care which grows from the nuclear family structure and elevates care as sanctioning mankind as superior to his surrounding environment (Kai Erikson, 2004). Women, according to Williams and Nussbaum (2001) are the caretakers of society and therefore seemingly play a secondary role within the civilising environment of a patriarchal nuclear family environment, the implementation of care as opposed to its production, perhaps.

Erik Erikson's (1980, 1987) lifecycle model is important because it has formed the basis of theory surrounding both intergenerational caregiving and education.

Therefore it is not surprising to see a resurgence of interest in his concept of generativity versus stagnation, within a contemporary society that places its worth upon productivity and the development of human capital in both the young and the growing aging population and sustainability, the perpetuation of the species and their resources.

According to Kai Erikson (2004), it is the concept of generativity that sets the human race (the learning/caring animal) apart from other animal species and this culminates in a sense of obligation, lineage and family. de St. Aubin (2004) describes this difference as a human need to seek symbolic immortality, through the propagation of memes or memories, a paradoxical projection of one's past into the future. In a cultural sense, Kotre (2004) suggests that generativity provides a framework of meaning, a necessary provision within which children can make sense of the world, manifesting in the generative desire to 'make a difference'.

Generativity is also seen to exist also within narrative form, such as in stories of redemption and renewal. A protestant work ethic and religious parables are examples that serve to perpetuate and accentuate the virtues of hard work, endurance, fairness, and random acts of kindness. They also accentuate the roles of women as 'kin-keepers' (Fingerman, 2003) and the nurturers of children, and men as the 'keepers of meaning' or those seen within a social field as teachers, mentors and leaders (Kotre, 2004). In this way generativity underpins voluntary Christian and community care groups (Dillon & Wink, 2004). Generativity also becomes increasingly pertinent within an aging population and there is increasing amounts of interest within the concept of the sharing of knowledge and skills between grandchildren and grandparents (Kessler & Staudinger, 2007).

Van Hiel, Mervielde, and De Fruyt (2006) question whether generativity and its counterpart stagnation exist at the opposite ends of a continuum. They conducted research within which they expected to find altruism to be associated with generativity and narcissism connected with stagnation. However, they found that those considered as 'stagnants' such as those who did not participate within the community, did not show increased traits of narcissism. This is interesting in that it

questions whether Erikson's seventh (1987) development stage is indeed an altruistic one of care or a narcissistic one of self perpetuation.

So perhaps from within Erikson's (1980, 1987) culturally masculine model of care, which sees each development stage of man and women positioned differently emerges the caring roles of women. He clearly differentiates between the good and the bad woman both of which are necessary ingredients in the making of his own capacity to care. Ussher (2006, p. 47) suggests "[c]ultural representations of idealised femininity juxtapose the monster feminine with the beautiful mother, the Madonna with the whore...good and bad women" and these are central to whether a woman cares or does not.

Ussher (2006) speaks of the monstrous feminine, borne out of the biological transitions of women such as premenstrual tension and menopause, where the pathologising of such stages affords this place, a place where women can disassociate themselves from their caring roles without guilt, where emotions and frustrations can be split off from the realities from which they come, such as the endless caring and nurturing roles bestowed upon them. This is a place where paradoxically the pathologisation and hysterisation of women affords them shelter from the endless demands of family.

The contemporary integration of work and care

The renewed interest in generativity and its oppositional term, stagnation, since the early 1980s (McAdams & Logan, 2004) coincides with the rise of neo-liberalism and global 'third way' politics (Roper, 2005) and the corresponding changing demographics within families and the workforce (Halpern, 2004).

Halpern (2004, 2005a) draws attention to these changing demographics. The predominance of the two parent single waged family harbouring 2.2 children remains only "within the imaginary world of black and white TV" (Halpern, 2005a, p. 398). She believes this particular structure of family as being mainly a fictitious one, the one where father knew best. She says "in reality, poor women have always worked, rich mothers have always had childcare, and many women from all socio-economic

levels, with and without children, have worked in informal arrangements that have not been captured in official tallies.” From my own particular standpoint, I find these to be rather sweeping statements that do not take into consideration a more authoritarian and patriarchal nature of the development of the working classes (Belich, 2001). This is accentuated by the following quote by Belich in his description of working class masculinity: “The brawny arm holding the hammer had thick hair on it as far as these blokes were concerned. Masculism, perhaps, joined racism as a unifying and activating force in the New Zealand working class” (p.144). In other words, working class populist culture within New Zealand was inherently sexist in its attitudes and steadfastly upheld the views that a women’s place belonged within the private domain and that a man should be entitled to a wage that was sufficient for him to support his wife and family (Belich, 2001).

So to say that working class women have always worked (and I know this to be correct in my maternal grandmother’s case) is perhaps to deny them or to gloss over the particular hardships they would have endured in doing so, such as the sexual harassment, the limited gendered forms of employment available, if any at all and perhaps, at times the unemployment, the quantities of which have in the past probably remained unknown.

Halpern (2005a) also mentions the increasing number of women entering the workforce and the growing aging population, “the greying of America” (p. 398). She points out the significant increase in the number of people undertaking caregiving duties and this gives food for serious thought to employers who have endeavoured to ignore the multiple roles that women need to perform along with their paid employment.

Indeed, it seems women are more likely to continue their participation in the workforce as well as their care responsibilities despite the inferences of caregiving research regarding the burden that caring may inflict upon the carer. Martire and Stephens (2003) suggest that adult daughters and daughter-in-laws make up the largest group of informal caregivers. About 70% of mothers in the United States with small children are employed in the public domain (Halpern, 2004). The Family Caregiver Alliance (n.d.) website suggests that in the United States, the average

caregiver is a forty-six year old woman who earns around \$35,000 a year. In New Zealand, 60% of work performed by men is paid, whereas 70% of work performed by women is unpaid, this work including housework and caregiving (Statistics New Zealand, 2005). However, Barnes (2006) questions the reliability of such statistics, given the confusion around the definition of caregiving and the duties it entails.

Tasks considered by both men and women as being caregiving tasks also differ. Many women do not equate assistance to an elderly relative as caregiving and therefore statistics are unreliable and prone to fluctuation (Barnes, 2006). On the other hand men consider tasks that they would not normally perform as caregiving tasks. Roles within a dual working family are also noticeably gendered. For example, although men may spend more time with the children, these tasks most often include child minding and playing as opposed to traditional women's roles of feeding and washing (Johnston & Swanson, 2007; Sabattini & Leaper, 2004). However, Halpern (2005a) insists that within a modern concept of family, caregivers are not predominantly women and in support of this, Chesley and Moen (2006) offer us conflicting statistics that show that 24% of men engaged in dual role working families consider at some stage they have engaged in caregiving activities.

From this, Halpern (2005a) concludes that the issue of 'work and family' is no longer coterminous with 'work and childcare', that this is no longer a 'woman's' issue, it is a family issue, although strategies that alleviate stressful situations for 'workers' that include the clash of work responsibilities and caring duties, such as the provision of childcare or more flexible working hours would be helpful. Somehow the fact that the majority of those 'workers' involved in work-care situations are women, seems to have slipped from Halpern's equation. So has the fact that she has just removed the word 'woman' from the debate and replaced it with the alternatives of 'worker' and 'parent', thus dismissing arguments of 'difference' and 'agency' from the equation.

From here our attention is drawn to a disturbing trend within psychological literature to regard the 'gendered nature of care' as a topic that is fast becoming redundant. Barnett and Hyde (2001) see theories of gendered care as obsolete. With the increasing numbers of women entering the workforce, the burgeoning numbers succeeding within the education system and the growing number of women holding

positions of importance within the public sphere, theories that pertain to women's disadvantage and subordination are overlooked or marginalised and fail to account for the experience of women. Carroll and Campbell (2008, p. 24) claim that literature that promotes men as handling the managerial side of care while women and caregiving are related to the "maintenance of family relationships" is outdated. They describe this concept as "a fossilised remnant of family tradition" prescribing to the notion that contemporary changes that see the increase of women within the workforce are a sign of women's 'equality'. This is yet another example of contemporary research that seeks to deny the differences between women and men, sighting these differences as obsolete within a society that creates equal opportunities for all.

Hollway (2006) also sees the changing shape of families under neo-liberal philosophies of individuation and feminist discourses of individualisation as a sign that feminist discourses surrounding gender and subordination of women are out of date. According to Hollway, mothering now equates to parenting. Fathers can 'mother' (parent) and are apparently doing so with more frequency. However, it still seems impossible for mothers to 'father'. Mothering relates to a responsibility, an identity, a moral obligation to care, whereas fathering relates to a procreative genealogical role that it would seem mothers are excluded from. It may now be possible discursively for fathers to do both, but it is impossible for mothers. The duties that men perform under the term parenting seem also to differ to those performed by women.

Halpern (2005a) mentions the diverse structure of contemporary families. These are many and varied and include "stepfamilies, same sex parents and couples, grandparents raising second-generation children, childfree couples, singles, surrogate parents, foster care, families with disabled parents and children and all sorts of informal family arrangements" (Halpern, 2004, p. 4). Contemporary Americans marry later, have fewer children and are more likely to pursue an education. However this is a pursuit of the wealthy, it seems. These privileges are not as readily afforded to the less well off, accentuating the gap between rich and poor and the drop in the numbers of those considered to be middle class (Halpern, 2005a). As psychology widens its definition of family, so does its perception of change,

accommodating the changing roles performed within it. Therapies for problems within families can be seen as changing to strengthen these institutions. Boss's (2006) concept of ambiguous loss sees the individual guided to adjust their perception of family, in order to accept the changing dynamics brought about by family grief. Family systems analysis therapies treat families as biological single entities, within which its members are seen as part of an ecological process or 'feedback loop'. This entity is surrounded by membrane that varies in permeability, depending on what it includes or excludes, which of course affects the workings of this 'being'. Each relationship within is a sort of sub-entity. Within this scenario, the family is a natural phenomenon, and therefore each role within it is pre-ordained (Goldenberg & Goldenberg, 1985; Walrond Skinner, 1977). While the naturalisation of families may seem odd within a contemporary setting, given that same sex families are not consistent with current concepts of 'natural family', they are sanctioned under contemporary legislation that allows, for example, same sex civil unions (Civil Union Act, 2004) and therefore included within this contemporary embracing of a family unit that is controllable and countable within modern economic 'third way' strategies.

From here also it is worth considering how technology binds these families together within the information age, an age that sees technological advances produce new family relationships that are yet to be understood. Jackson (2005, p. 41) describes this scenario as "wired families" and warns us of a scenario in which cell phones and e-mails make private space near to impossible to access.

Technological demands of a KBE means that the education levels required for each generation is rising. These demands must be met to ensure that socio-economic status remains the same, although education in itself can be costly. Education and computer skills are prerequisite for better paying employment (Halpern, 2005a). Lifelong learning is therefore now a requirement to keep up with the rapid pace of developing technology (Esping-Andersen, 2005). Halpern, (2005a, p. 399) suggests that "this may be the first generation in which children and grandchildren are teaching technological workplace skills to older family members." This is only one way that technology encroaches on our personal space.

Boundaries between work and home are being redefined through technologies such as e-mail, fax machines and cell phones as well as increased expectancy of employers to be able to access their workers at home (Jackson, 2002). Low wage earners face a different set of dilemmas. Longer hours of work are required to meet burgeoning expenses. The majority of low income workers are unable to afford health insurance, seriously limiting options in regard to care received as well as precipitating a financial crisis in regard to loss of income (Halpern, 2004). Care it seems is fast becoming a commodity that is not available to all, only those whose incomes deem them worthy.

Modern mothering and work discourses

Ganster, Fox and Dwyer (2001) in a study of health care cost accrued by 105 nurses, found that it was not workload alone that caused stress; it was a combination of workload and a lack of control of work related experiences. Halpern (2004) suggests that the combination of both work-related stress and home stresses result in physiological and behavioural consequences. These include lack of sleep, the increased consumption of unhealthy foods, lowered immunity, depression, anxiety, obesity and the increased consumption of alcohol.

However, there are at least two conflicting streams of work-care research regarding this matter. One of these relates to a competing demands hypothesis, that suggests that multiple responsibilities on top of a work-mother identity causes added stress and is detrimental to women's health. This stress culminates into depression, high blood pressure and other lifestyle diseases (Gopalan & Brannon, 2006; Johnston & Swanson, 2007; Martire & Stephens, 2003). The second advocates an expansion hypothesis and suggests that work-care is actually good for you and promotes self-esteem, mastery, identity and social and material gain (Martire & Stephens, 2003). Both hypotheses, although opposite, are consistent with contemporary discourses of work/life balance when seen in conjunction with modern 'third way' policies that advocate more flexible working hours and increased child care facilities to encourage the increasing flow of women into the workforce.

Modern mothering/work discourses also seek to demonstrate the compatibility of the two. This is borne out by Johnston and Swanson (2007, p. 455) who found that the majority of working mothers develop an integrated worker-mother identity by adapting the construction of responsible mother discourses. These discourses claim that employment improves motherhood, such as "It makes me a better mother because my kids have a break from me and I have a break from the kids." Good mothering is also associated with increasing financial support and valuable pre-school socialisation. Halpern (2004) herself provides mother-work discourses by suggesting that it is poverty that is bad for children and not working mothers. Therefore she perpetuates discourses through which a mother could be blamed for not going to work to provide a better environment for her child. It has also been suggested that working mothers spend no less time with their children than do full-time mothers (Barnett, 2005; Galinsky, 2005; Bianchi, 2000). Apparently in a time where women stayed at home, they spent less time with their children.

Conflicting discourses within maternal care literature is described by Galinsky (2005) as a gap between popular opinion and the findings of scientific research. However, Gottfried (2005) suggests that early research regarding mother/work failed to consider such factors as economic status, the number of children, work hours, as relevant to maternal care. This apparently was due to the fact that psychoanalytic theory had provided us with the impression that maternal deprivation was an inevitable consequence of mother/child separation that is obviously still in operation within Bianchi's (2000) research, where she suggests that mothers spend just as much time with their children under contemporary conditions. Bianchi feels that the amount of time spent by non-working mothers within the home has been exaggerated, as has the amount of time a working mother spends away from her children. Families apparently support fewer children and those children are more likely to attend pre-school facilities that provide some balance between the amount of 'maternal' time allotted by both working and non-working mothers. Gottfried (2005) feels that until research questions are framed in a more positive light, conflicting findings are inevitable. This is disturbing if one ponders the possibility that science's findings are dependent on the wording of its questions.

The blurring of the boundaries between work and care within a modern economy can also be seen within the increased necessity for qualifications. It is becoming evident that skill development is now seen as a necessary component of caregiving itself. Schumacher et al. (2000) suggest that due to the increased requirement of home care, the levels of skill required for home carers has increased and many are ill equipped to cope. Therefore, the capacity to care is becoming dependent on the acquisition of the appropriate skills.

It would be naïve to believe, however, that the increases in work/care discourses were produced purely for the benefit of working mothers. Harrington (1999) suggests that the American public see child care as that which belongs within the private domain and that public policy needs to be introduced that takes into consideration the changing face of families, the fact that it is now economically necessary for both mothers and fathers to work as well as provide childcare to enhance the adequate development of the child. Warner (2006) cites a case in 2003 where a mother in Brooklyn employed at nights by MacDonaldis was placed in a quandary when her child minder failed to turn up in time for her to leave for work. Faced with the decision between leaving her children at home alone until the caregiver arrived and loosing a night's wages, she left her children and went to work. Her apartment caught fire, killing her children. She is now in prison, for failing to provide appropriate care for her family, a moral failure, ultimately leading to their deaths.

The American Psychological Association, according to Halpern (2004, 2005a), highlights the need for more attention to be given to the dilemmas of 'parent' workers. However, Warner (2006) suggests that before this can occur, the full complexity of the child care market must be understood. Child care is made up of formal, informal and non-market care, as well as public, for profit and non-profit providers, creating difficulties for economic developers to "recognise economic development strategies to strengthen the sector" (Warner, 2006, p. 3).

According to Warner (2006), childcare is both a 'public' and a 'private' good. Publicly, society benefits from the investment in human capital as well as the long-term career benefits for the mother, or as Warner puts it 'parents'. He believes Government intervention is necessary to ensure a high return in regard to human

capital because competition within the childcare business has seen the increase of the ratio per child/teacher to reduce overheads and increase profits. Warner cites three principles of economic development; exports, productivity and sustainability. He sees child care as having the greatest impact on productivity and sustainability and is therefore a key factor in achieving a balance within economic policy. So it can be seen from this angle that adequate child-care and education is a necessary requirement for a technological age that sees its subjects as 'human capital'.

Human capital policy was first introduced by Gary Becker (1964) and according to Drago (2005) underpins the concept of a KBE, also suggesting that this theoretical construct enables women to fight for equality within the workforce. Boyle (2005) sees the liberal economic model applied to such countries as New Zealand, Australia, the United Kingdom, the United States and Canada as one that holds the work ethic as its core measurement of value. New Zealand's economic policies regarding women's work-life balance are highlighted by the *Action Plan for New Zealand Women* (Dyson, 2004; Kahu & Morgan, 2007) that plans to introduce a system of 'satellite accounts' to assess the economic worth of the unpaid care activities of women.

Carneiro and Heckman (2003) see the acquisition of human capital as a dynamic process that sees the accumulation of worth over the 'life span', nourished by families, schools and workplaces, a sort of psycho-economics, if you like. Indeed, Shonkoff and Phillips (2000) suggest that different stages of the life-cycle are critical to the formation of different types of abilities. Therefore Carneiro and Heckman feel that missing the opportunities to ingratiate particular skills at the appropriate time within the lifecycle is ultimately a costly oversight for society. They state that although cognitive ability is undoubtedly a factor for success, cultural values and social skills can be improved and/or instilled through mentoring programs, thus adding to the worth of human capital. Therefore psychological constructs such as self-esteem and other such pro-social attributes can be enhanced through the appropriate education at the appropriate stage in life and can overcome any disadvantages caused by socio-economic discrepancies. This appropriate education can be seen within care as it becomes an increasingly skills-based pastime, a profession, in other words. Such appropriate education can be seen within responses

to a focus on care, and a resurgence in care training within contemporary society (Skeggs, 1997) as it becomes an increasingly skills-based pastime, a profession that is perhaps a vital part of the underpinnings of the economy. Therapies for those considered to be suffering from caregiving stress are increasingly favouring those with a psycho-educational base, such as up-skilling programs, that improve such skills as time management, coping skills, knowledge pertaining to their patients' condition and practical skills (Gallagher-Thompson & Coon, 2007).

Employment based skills are also seen to enhance caregiving competency. A study by Hequembourg and Brallier (2005) that examined brother-sister gendered caregiving roles with aging parents found an ideological transformation where women with professional careers were valued as carers as they were understood as having 'specialised knowledge'. For example a sister, as a professional social worker, was valued as a carer by her brother, because her profession legitimised her capability for 'dealing with things' and a brother valued the 'confrontational' skills required for the performance of economic and organisational skills, legitimised through his sister's profession in real estate. These caring enhancing skills were also identified in legal, medical, research and state policy discourse (Hequembourg & Brallier, 2005).

While the transformation may seemingly provide value for women's professional status, it fails to recognise the masculinist value placed on the production of care and the gender neutrality of the less legitimate caregiving relationship that is predominantly performed by women is excluded. However, literature still begrudgingly acknowledges that it is women who perform the majority of caregiving work, even if this is increasingly being described within a language of neutrality. Mother-daughter care relationships remain buried within these wider concerns for competency.

Mother-daughter relationships

There has been much written about the motherhood discourses that inscribe meanings for women within western culture. Biological motherhood requires the carrying of and giving birth to, a child. Motherhood within western cultural

prescriptions expresses motherhood as the production of, as well as the responsibility requiring the nurturing and caring of that child. Chodorow (1978) suggests that within this cultural framework, there exists an assumption that because women physiologically produce children, they are naturally endowed with the corresponding attributes to care for and raise them. In other words, there are specific cultural narratives that inscribe meaning on the understanding of mother-daughter relationships. These narratives are inherent within mother-daughter literature, including that which is feminist in philosophy (Hirsch, 1989). For example, Arcana (1981, p. 4) states “of all the roles required to fill in this society, daughterhood is universal.” Mother-daughter relationships, it seems, within Arcana’s standpoint, can only be viewed through dominant cultural prescriptions and universal truth.

Hirsch (1989) suggests that mother-daughter relationships are portrayed within a ‘psychoanalytic plot’. This plot works on the assumption that a rupture is necessary between the two to facilitate normal healthy development. Within this scenario, the omnipotent mother, having become overly attached to her daughter, is devastated by this necessary parting, further exacerbating this split within a display of anger. This narrative suggests that the mother exists solely for the development of the child and that her ambivalence is a natural phenomenon. The mother sacrifices her own subjectivity in order for her to allow the daughter to develop in a culturally acceptable manner, that manner leading to the passive acceptance of her femininity, marriage and ultimately sacrificing herself in the pursuit of reproduction.

This narrative has supplied a base upon which to theorise mother-daughter relationships as well as care that is considered to have evolved from mother-sibling care. Erikson (1987), Gilligan (1982), and Hollway (2006) are three such theorists who base their theses on cultural narrative. Freud saw the birth of a child as the ultimate in female fulfilment, yet deemed the tragic rupturing of this union as a necessity (Freud, 1977a, 1977c). The cultural restrictions placed on a mother-daughter relationship prescribe it and yet simultaneously silence it. A caretaker relationship is the only possibility, a passionate relationship between mother and daughter being out of the question: a reciprocal relationship of love is untenable.

Hirsch (1989) sees several troubling analogies regarding cultural perceptions of motherhood that are emerging within feminist post-modern writings. Motherhood is perceived as an empty function, given that it is inextricably linked to men's maternal perceptions within a patriarchal culture. Rich's (1976) concept of matrophobia pertains to this within the perception of 'victim', where a daughter is seen to suffer from a fear of 'being' one's mother. As Rich puts it "[o]ur personalities seem to dangerously blur and develop with our mothers, and in a desperate attempt to know where mother ends and daughter begins, we perform radical surgery." In other words, a daughter rejects the cultural equivalent she sees as her mother in an effort to avoid ending up within the same oppressed and stifled situation. Ambivalence is caused here, not by the natural severing of mother-daughter relationships, portrayed within psychoanalytic theory, but by the daughter's conscious efforts to break free of cultural prescriptions of motherhood.

This prescription of motherhood is also seen to exclude dimensions of women's experience and consciousness that are seen to go beyond 'reason' and 'control' and are not culturally inscribed as part of the process. Therefore women's maternal experiences are greatly restricted by cultural expectations. Spelman (1988) cites a 'condition' framed as 'somatophobia' that she explains as a women's fear of bodily discomfort and failure pertaining to conception and subsequent nurturing. Motherhood, according to Hirsch (1989) is often highlighted by a discomfort associated with the lack of control and vulnerability attributed to maternity. Therefore, within these vulnerabilities, feminist discourse excludes dimensions of women's consciousness and experience that go beyond reason and control, relating instead to dominant discourses of motherhood.

Chodorow (1978) sees a contemporary society based on production and the institution of the nuclear family basis (one married couple with children per household) and produced as an economically viable unit. The mother is the primary caretaker. Chodorow states:

My interpretation of the Oedipus complex, from a perspective centred on [Kleinian]object – relations [theory], shows that these basic features of family structure entail varied modes of differentiation for the ego and its internalised

object-relations and lead to the different relational capacities of boys and girls (p. 92).

Through this understanding of the relational, psychoanalytic research continues to emphasise the cultural importance placed on the girl's relationship with her mother and the way her relation to her father is added to this.

Ussher (1989) sees the production of motherhood as nurturing as a means of perpetuating an ideology in the guise of the motherhood myth. The ideal mother is seen to nurture selflessly and is always in control. For Ussher, the production of a nurturing mother is a perpetuation of an 'ideal mother' fantasy, one that sees the continued oppression of women within a male dominated culture, where women ensure that the culturally required needs of the children will be met.

The position of daughter, prepared through her relationship with her mother, is produced through obedience to the social laws of 'femininity' as dutiful daughter (Ussher, 1989). These laws include the compassionate and caring duties, to which women are assigned through their phallocentric positioning as 'other' to masculinity (Grosz, 1989). Through technologies of self-surveillance and social power relations, feminine bodies are also inscribed through plastic surgery and fashion (Bartky, 1988; Foucault, 1977). Using Foucault's notion of social power, Bartky argues that feminine bodies are allocated restricted space, and their movements confined within those spaces, and resistance is met through social sanctions.

As Ussher (1989) points out, women are judged on their mothering attributes even before they become mothers. If, for some reason, a woman decides not to, or is unable to become a mother, she is treated suspiciously by others (Arcana, 1981). In other words, women are judged in relation to motherhood whether they produce children or not. Some women who are deemed to fit into the norms of society may be judged unfit for motherhood. Lesbians and those with learning difficulties or a psychiatric diagnosis have been seen to fit into this category. Ussher emphasises "...sterilisation highlights the extremes to which society will go to prevent certain women who are deemed unfit from having access to motherhood" (1989, p. 101). A woman's identity, it seems, revolves around motherhood, or the lack of it.

Donovan (2005, p. 134) suggests that both historically and presently the mother-daughter bond has been acknowledged as extremely intense and fraught with difficulty. She suggests that as daughters, “we cannot know the first, and perhaps the most powerful, influence on us in any directly comprehensible way.” Rich (1976) writes:

Probably there is nothing in human nature more resonant with charges than the flow of energy between two biologically alike bodies, one of which has lain in amniotic bliss inside the other, one of which has labored to give birth to the other. The materials are here for the deepest mutuality and the most painful estrangement (Rich, 1976, pp. 225-226).

The tension between closeness and differentiation (Donovan, 2005) resonates with a mother-daughter separation (Chodorow, 1978; Magrab, 1979) that reproduces the mother as responsible for the daughter’s resistance. Mother-daughter care relationships are theorised within the bounds this separation and its accompanying resentment and ambivalence. Therefore it seems that within a cultural context, this relationship is destined to be fraught with discourses of ‘long suffering’ and ‘burden’ thus equated with the passive acceptance of the duties of motherhood (Ussher, 1989) and the incessant demands of the infant (Hollway, 2006).

Mother-daughter care

Mother-daughter care research suggests that mother-daughter relationships are indeed emotionally complicated (Luescher & Pillemer, 1998; Troll & Fingerman, 1996). A mother’s well-being is seen by Seltzer and Ryff (1996) to hinge on how well she performs her corresponding culturally prescribed responsibilities of motherhood. Mainstream research also intimates that ambivalent relationships between the pair can be mutually damaging. Weak relations between mother and daughter have been correlated with poor health, psychological stress and higher mortality rates (Barnett, Kibria, Baruch & Pleck, 1991; Davey & Eggebeen, 1998; Kobrin & Hendershot, 1977; Pruchno, Peters & Burant, 1996; Umberson & Gove, 1989; Welsh & Stewart, 1995). So it seems that relational weaknesses between mother and daughter may be life threatening. When considering these poor outcomes, it is

pertinent to reconsider the confusions and conflicting constructs around 'caregiving' and 'familial care'. Are these weaknesses framed within the constructs 'caregiver' and 'patient' or 'mother' and 'daughter' and perhaps this is the time to ask the question; when do mothers become patients and daughters become caregivers and what are the differences in 'strength' between the two?

Henwood and Coughlan (1993) studied mother-daughter relationships within a feminist social constructionist theoretical framework. They interviewed sixty-one mothers and daughters in total and found them willing to talk about the closeness or lack of it within their mother-daughter relationships. The interviews were then analysed as intergenerational discourse. An interesting interpretation was that shared experiences were no guarantee of closeness between mother and daughter and therefore relational difficulties may well be attributed to 'earlier development transitions'. The researchers argued that to truly understand elderly mother and adult daughter caregiving relationships, an understanding of the discursive construction of that relationship is necessary. Henwood and Coughlan (1993) suggest that the study of the way women discursively construct their own relationships and identities are necessarily located within their historical and cultural context.

One of the largest mother-daughter studies to date was conducted by Fingerman (2003). She studied forty-eight mother-daughter pairs, each mother being over the age of seventy, independent and in good health. Data was gathered through interviews, questionnaires, observation and measurements of intergenerational ties. Fingerman (2003) proposes a form of matriarchy, where daughters maintain filial ties with their family of origin throughout adulthood. She sees girls as being socialised to remain close to their mothers whereas boys are encouraged to be independent. She also acknowledges a level of intensity between mother and daughter ties not apparent within other parent sibling combinations. She suggests that "the maternal role appears to have special psychological salience for women" (p. xv) with the mothers' investment in their children being greater than that of their fathers'. She suggests that women are socialised to value familial bonds and to keep family members interconnected, whereas men are socialised to succeed in an extra-familial world. This role is coined as 'kin-keeper' and is considered an extension of the maternal

role that not only incorporates the keeping of families intact but also caring for the sick.

According to Fingerman (2003) caregiving is a central part of mother-daughter dyads, applying the definition of caregiving to the interactions between healthy, independent mother-daughter pairs. This is apparently derived from the sense of nurturing or being nurtured, a reciprocity, perhaps an altruism, that sounds much like Murdoch's (1971) and more recently Ruddick's (1989) 'attentive love' concept, within which maternal thinking, attention, and a virtuous love are enmeshed to form a love, a truth that is unable to be destroyed by knowledge. However, Fingerman points out that caring can also be seen as a source of irritation, interference and ambivalence and a resentment of the demands of assistance from their mothers.

Mothers see their relationships with their daughters as familial, whereas daughters see this relationship as more exclusive. Fingerman (2003) suggests that mothers retain a central space within a family setting and they divide their attention equally amongst siblings. Daughters, on the other hand see their relationship with their mothers as exclusive and the mother's actions as targeting them alone. Advice given to daughters regarding the upbringing of grandchildren is seen as interfering, whereas from the mother's point of view, this is part of her family responsibility. Daughters find visits involving only their mother far more satisfying. It seems they are not that keen on sharing her with family members. Within this research, daughters' conversations revolved exclusively around their mothers, whereas the mother's conversations included a wide array of other family members. To the daughters, it seems mothers remain mothers, the exclusive property of their childhood and to that end, it seems ambivalence surrounding this positioning is retained (Fingerman, 2003).

Fingerman (2003, p. 79) favours a generalised "developmental schism framework" to explain the tensions between "parents and offspring" (noting here that the mother and daughter relationship has now been neutralised within this argument). According to Fingerman, this tension is caused by the conflicting needs of 'parent' and 'child'. Fingerman surmises that in all intimate relationships, participants bring conflicting goals and beliefs. When these goals are not synchronised, tensions ensue. Tensions

may evolve from such situations as the existence of the child that curb the parents' work ambitions or else the daughter, becoming aware of her own mortality in middle age, subsequently pays too much attention to her parents needs in over-compensation (Cicerelli, 1988). It is interesting how ambivalence is explained here outside the confines of mother-daughter relationships when it is clearly connected to mother-daughter discourses.

It seems also that the financial vulnerabilities brought about by longevity, decreased income, vulnerability, dependence and widowhood are not considered primary reasons for strong mother-daughter ties. These endure whether or not mothers and daughters are rich or poor (Fingerman, 2003). In fact there is some evidence to suggest that mothers feel they have failed in their responsibilities if their daughters are in need of their support (Pillemer & Suitor, 1991; Ryff, Lee, Essex & Schmutte, 1994).

Cicerelli's (1993) study of mother-daughter relationships, argues that the daughter develops a paternal attitude towards the mother, as the mother's health deteriorates and she becomes more difficult to care for. This paternalism sees the daughter making decisions that are perceived to be in the best interest of the mother. Cicerelli argues this practice is understood as stabilising and influencing the patterns of communication between the two. Decisions are apparently made on relational history and therefore intergenerational influences are important in understanding individual decision making.

During the midlife period, according to Fingerman (2003), daughters are more appreciative of the different attributes and strengths that their mothers' possess. However, the same situations that contribute to these strengthened bonds and appreciation also harbour tensions and 'ambivalence'. Apparently there are several ways that a shared history can contribute to these tensions. Problems encountered in earlier life can persist into old age. During the confrontation of new challenges, old conflicts can arise; therefore both pleasure and tension can exist simultaneously within these relationships. Studies in the past, such as those performed by Umberson (1992), have shown that little conflict is reported within mother and daughter relationships. However both Fingerman (2003) and Henwood and Coughlan (1993)

report an unwillingness to discuss interpersonal conflict within a mother-daughter relationship, despite such conflict being readily available within dominant discourses.

This collection of care literature varies in age and much of it is conflicting, reflecting a lack of coherence in a field where there is no shared understanding of what care actually is and who does it. What was held in common between accounts, however, was that the concept of family in relation to care is supported. Although its structure has changed historically, its strength is no less necessary for the control of its participants. For example, discourses that suggest that work care is both harmful and good, support the institution of family which ever way because both are theorised within the bounds of western cultural mores that embrace the concept of the nuclear family and accommodate its changing shape. In effect, they reproduce the notion of appropriate care as a bi-product of normal family life and that 'normal' family life is subject to a dynamics that necessitates contemporary and technological change. What was also common across accounts was the gender neutrality of parent and/or caregiver roles that enables an understanding of the gendered social power relations that are embedded in care.

A feminist ethics of care sits within the realms of family and knowledge production. It promotes the dual concepts of care, a private one and a public one, thereby acknowledging a difference in the caring capacities of gender; it wears the 'responsibility' and weaves that responsibility into its definition, whatever that responsibility may be. It sees the entry of care discourses into the public domain as a victory for women, seemingly unaware of the power relations involved in this 'care's' accompanying 'neutrality'. It encourages the problematic nature of discourses that succeed in ensuring the invisibility of women.

Within psychoanalytic cultural narrative, gender identity is defined by the oedipal crisis and a child's discovery that it either does or does not have a penis (Freud, 1977b). Psychoanalysis defines a mother's connection to her daughter, a maternal one, one of teaching the daughter the passive cultural position that she must undertake, this happening after the daughter's initial rejection of her mother followed

by realisation that she can not attain a penis through an alliance with her father (Irigaray, 1985a, 1985b; Hirsch, 1989).

Hirsch's (1989) perception of mother-daughter relations may be helpful here. She sees them as being defined by the institution of heterosexuality. Understanding mother-daughter relationships is dependent on the questions being asked.

The question that needs confronting is one of definition. What is mother? What is maternal? It is a question that situates itself at the breakpoint between various feminist positions: between presence and absence, speech and silence, essentialism and constructionism, materialism and psychoanalysis. Is motherhood experience or institution? Is it biological or cultural? Is mother present or absent, single or divided, in collusion with patriarchy or at odds with it, conformist or subversive? Can an analysis of motherhood point to liberation or does it inevitably ensconce feminists in constraining cultural stereotypes (Hirsch, p. 63).

These are pertinent questions and ones that are more likely to inform women than the answers ultimately available within a cultural paradigm; questions formed and asked by women each from a particular standpoint, each of us revealing something different, an instability of text which eases our and other's perception of the world and our positions within it. Perhaps the cultural pursuit of universal knowledge is not the 'answer', given that it is knowledge that may have imprisoned us between its lines and the discourses that continue to see us trapped within a cultural family system of compulsory heterosexuality.

With this in mind, the following questions have emerged from my reading of the available literature as pertinent in the pursuit of the cultural meanings of care and caregiving within contemporary society, given that care has been delegated as a responsibility of women. How does a feminist ethics of care represent the best interests of women in the context of knowledge production where the capacity for care within mother and daughter relationships can only be represented within historically patriarchal cultural prescriptions and the representation of an 'ethics of

care' continues to be theorised within the paradigm of a nuclear family setting and a liberal KBE?

Tronto (1993) believes care is political and there is no place for mother and daughter relationships within the production of social policy and this is in contrast to Hollway's (2006) care, underpinned by Kleinian psychoanalysis, that is dependent on a mutual developing relationship between mother and child. I see the development of gender identity and politics to be mutually inclusive and inseparable. For this reason, this project takes the form of a psychoanalytic critical reading of selected care literature, regarding mothers and care within modern families and their corresponding liberal economic setting. Psychoanalytic theory describes the formation and maintenance of mother and daughter relationships within a phallogentric society. It not only addresses the development of these relationships, but also allows us to theorise these through questions relating to language and discourse, opening up a different possibility for moral responsibilities within the political social order other than a women's responsibility to care.

CHAPTER TWO: Feminist psychoanalysis

It is a little known secret that psychologists measure more often than carpenters but with nowhere near the same sort of precision (Halpern, 2005b, p.14).

It becomes clearer, when sifting through the enormous amount of caregiving literature that much of it is conflicting and ill considered, given that it affords little consideration to the origins of the constructs it studies and the outcomes of this research on the people it researches. Within a concept of care, there is little agreement as to its meaning or the many individual and social influences that not only confound these findings, but influence the direction in which researchers of care are driven. It also influences the formulation of social policy with little consideration of the ongoing consequences for all of those concerned. The above quote appealed to me as summing this up perfectly. The production of, and the capacity to care continue to be dissected and measured, although there are conflicting accounts of their construction or the constituents of their performance. Within this process, sight is lost of those who are consequentially affected by how care is produced and how, by whom, and from where it should be administered. Mother and daughter relationships are portrayed in culturally appropriate ways, ways compatible with a culturally appropriate capacity to care and played out within economic sanctions that are partitioned by a perceived public and private dichotomy. Contemporary politics produce care in keeping with its dominant cultural mores, shifting these boundaries to accommodate and change the meanings of discourses, ensuring that they remain supportive of the status quo.

An intriguing thing about care is the obvious changing discourses within this literature that are readily identifiable within the changing face of global politics. As Gottfried (2005) puts it, researchers should be studying the positive aspects of work/care and not the negative ones and it seems that these 'positive' ones are those that are more amenable to contemporary political and economic agendas'. Of course as positivist scientific enquiry is 'value free', must we unquestioningly believe that this is not influenced, for example, by modern economic trends or those with vested

interests, such as political pressure groups planning to change the global face of care?

For example, Wohl (2005, p. 237), in describing dialogue during a committee meeting of the Child Care Action Campaign (CCAC) states: "Late in the summer of 2001, as the organisation worked on its strategic plan, one fact seemed both clear and unarguable. The national dialogue on care was truly stuck." The CCAC is a non-profit organisation in the US that is dedicated to strengthening families, providing childcare and participating in the formation of government policy. It is from this position that it plans to change existing discourses surrounding care. Yet this position is not value free. Within mainstream caregiving research, the family is consistently reproduced. Although discourses surrounding what is good for families and care are conflicting, they all support families; therefore the CCAC policy must do more than support families, it must support families in particular ways, ways that support dominant cultural perceptions of what families should represent. Wohl's 'unarguable' truth now takes on a different meaning, one which harbours a hidden agenda, an agenda that Wohl may not even be aware of. As Weedon (1987, pp. 122-123) suggests "the interests that a discourse serves may be very far from those that it appears, at first sight to represent."

Discourse, as interpreted by Gavey (1992) is a broad concept referring to ways of constitutional meaning that are specific to particular groups, cultures and historical periods (Gavey, 1992). It both constitutes and is reproduced in social institutions, modes of thought, and individual subjectivities. Within any discourse, subject positions are available to, although not necessarily aligned with the individual and can also be conflicting (Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984). In this way, subject positions offer us ways of being, behaving and understanding ourselves as well as events in the world (Gavey, 1992) and in this case presents us with a framework from within which to question the seemingly many meanings of 'care'.

So it is here that an insight into the value of existing research lies, with the study of the discourses within which it has been created. As Weedon (1987, p. 139) emphasises, "every act of reading is a new production of meaning". Our above

example sees an intention expressed to change care policy through discourse that has a different agenda perhaps to its organisation of origin. This expression of intention gives rise to the following question: whose agenda is this? It is not necessarily the discourses themselves that create new avenues for interpretation but conflicts between the discourses that in turn allow for the creation and/or recognition of new forms of subjectivity.

Discursive psychology therefore is useful in its application as a tool to critique existing psychological text although this is not to be taken as a critique of its authors, merely the discourses available through which the author creates her/his understandings (Henriques et al., 1984). According to Hollway (1984) the term discourse refers to an interrelated system of statements which cohere around common meanings and values, products of social factors, of power and of practices, rather than an individual set of ideas. Language is created within discourse (Hollway, 1984). There are a limited amount of discourses available at any given time; therefore these discourses compete for meaning and this meaning is always political in nature (Weedon, 1987).

Because of the relationship between discourse, power and subjectivity, women are likely to be positioned within hegemonic discourses, although this positioning will always be to some extent partial, as it is interrupted by other discursive possibilities (Gavey, 1992). Subjectivity is fragmentary and any individual's subjectivity would never be entirely consistent with a unitary subject position from any one discourse (Gavey, 1992). It is a process that is likely to be the transient, always changing, product of a discursive battle (Weedon, 1987).

Knowledge, according to Code (1991) is constructed within discourse. It differs in its telling across languages, depending on the dominant emphases within cultures. She explains:

...it would be unacceptable to characterise language as a neutral or transparent medium through which experiences pass untouched on their way to becoming knowledge. Problems of interpretation, understanding, and evaluation attend all speech acts and linguistic exchanges: most acts of communication are –

more or less successfully – acts of translation. Feminists have contended that women in patriarchal societies have to perform these acts of translation twice over: to translate from idiolect to idiolect and from an androcentered language that can achieve some connection with their experience (Code, 1991, p. 58).

From the many meanings of care and caregiving that serve to confuse the findings of care literature it is not unreasonable to conclude that care is not a valued concept within western society, when the limited vocabulary it is afforded is considered. The meanings of care are therefore open to interpretation. Given the sizeable academic and medical economic investment in ‘care’ it would seem perhaps that the power that it yields, given that people’s well-being depend upon it, is maintained through the strict control of this. Care underpins our society, yet is severely underrepresented in a discursive sense despite its large input within cultural knowledge production and positivist science. Another explanation for this may be that ‘care’ isn’t what we think it is and there are other words that cover the construct more adequately, that care is merely a dynamic set of behaviours that serves to maintain and perpetuate a ‘civilised’, generative society, one that is superior to its environment.

Gavey (1989) describes the underpinnings of feminist poststructuralism to be trans-disciplinary and radically different to the positivist science that overshadows much of psychology. It is however, closely aligned with the rising interest surrounding postmodern psychology (Hare-Mustin & Marecek, 1988; Henriques, et. al, 1984). Gavey (p. 460) reiterates that a poststructuralist approach cannot be contained within psychology: psychology is itself a category. She points out the dangers of labelling poststructuralism as such, given its “resistance to definition”. Poststructuralism, Gavey (p. 460) suggests, is only a “loose collection” of reluctantly named theoretical positions and approaches that make individual and alternate realities a possibility. These positions include “Marxism, psychoanalysis, and the writings of Derrida, Barthes and Foucault” (Gavey, p. 460). It is valuable, however, given its potential to redirect psychology away from the study of ‘individualist’ and ‘community’ pursuits, allowing for historical, social and cultural locatedness to be seen as determining factors in regard to the production of ‘dominant’ discourses and cultural narratives.

Freudian psychoanalysis, upon which Lacanian and Irigarayan psychoanalysis has evolved, gives us a commentary of the culturally produced subject. The oedipal crisis is responsible for the formation or malformation of gender identity and sexual preference as well as the transformation of women into 'lack of' and 'mother' (Irigaray, 1985a, 1985b).

Freud

Although this reading will draw upon Luce Irigaray's feminist version of psychoanalysis, it seems pertinent here to provide the historical underpinnings that she herself critiques. For Freud, consciousness was a primary process whereas unconsciousness was a secondary one. Language constitutes our defence against the unconscious that sits underneath, concealing the desires that have been relegated there within the development process. Freud saw desire as being directly involved in the construction of identity (Minsky, 1996). This narcissistic development happens through a connection between the baby's auto-eroticism or self-love and the baby's imaginary self that it sees reflected back from an external object, either the mother or later, a lover (Freud, 1977a). This concept of narcissism is critical in the formation of Lacan's (2006) imaginary (Minsky, 1996).

Freud suggests there are four stages of development that are primarily driven by pleasure seeking, labelled by Freud as polymorphous perverse. The first of these is named as the oral stage, where the baby receives pleasure from suckling the mother's breast. The second is the anal stage where the baby derives pleasure from both the production and gifting of faeces (Freud, 1977b, Minsky, 1996). The third is the phallic stage, within which the penis and the clitoris are both active objects of pleasure (Freud, 1977c; Minsky, 1996). According to Freud's account of feminine sexuality, at this stage both boys' and girls' sexuality are masculine (Freud, 1977a). They both identify with and want to possess the mother, assuming that she also has a penis (Minsky, 1996). Later, however, during the oedipal crisis, the child discovers that the mother does not, in fact, possess a penis, but the father does and it is at this stage that the father enters the child's world as a rival for the mother's affections. The child's early identity with its mother remains fused until the oedipal crisis is resolved. The fourth stage, latency, sees the child's sexuality suppressed by the

traumatic loss of its love object, the mother (Freud, 1977a). It is the suppression for the desire of the mother that forms the unconscious; therefore identity is produced through a process of grief and painful family loss (Freud, 1977c; Minsky, 1996).

Up until the oedipal crisis, the development of boys and girls is the same. When the boy enters the oedipal stage, however, he is overwhelmed by the fear of castration, apparently initiated by a confusion to what has happened to those who don't have a penis, such as whether it has been cut off (Freud, 1977c; Irigaray, 1985b). This is fuelled by the love-hate relationship he has with his father, as his father is now a rival for the affections of his mother. Knowing that his mother doesn't have a penis, he is afraid that he might lose his also and with it his primary source of pleasure and phantasy. Therefore he permits symbolic castration by submitting to his father, who represents the external world, culture and the law and by giving up the desire for his mother, he is able to take his place in society (Freud, 1977a; Minsky, 1996).

The girl, on the other hand, has just discovered that she doesn't have a penis and nor does her mother. Therefore she angrily rejects her mother and moves her desires in the direction of her father (Freud, 1977c). Initially she feels she may be able to attain a penis, however, when she realises that this is not a possibility, she turns her attention to the possibility that one day she can have a baby as a penis substitute (Freud, 1977b). Once she has come to terms with all this emotional upheaval, she will realign herself with her mother, something she must do to achieve her feminine identity (Freud, 1977a, 1977c).

Klein

Klein's Object Relations Theory continues Freud's assumptions that gendered identities are biologically determined although modified by childhood experiences. Klein adapted Freud's concept of life and death drives developed by him to explain natural development (life) as opposed to aggression and masochistic tendencies to repeat painful experiences (death), transforming them into concepts of love and hate. The baby's first sense of identity centres on a love-hate relationship with its mother's breast with which it is infused. This identity is split between love, when the child's demands are fulfilled and hate, when the breast is removed or denied. This splitting

initiates the baby's unconscious attempts at separating good and bad phantasy objects, by the splitting of itself and projecting the bad bits onto external objects (Hollway, 2006; Minsky, 1996).

Therefore the baby cannot conceive of the mother as simultaneously good and bad so therefore the most important stage of the baby's development is the fusing of both into its perception of its mother. To surmount this problem, the child must make the transition from a 'paranoid-schizoid' state to a 'depressive' position. If this is successfully undertaken, the baby is able to 'introject' its experiences of mother/breast and the introjection of a sufficient number of good experiences makes for healthy, 'autonomous' development, or in other words, the culturally required severance from the mother. However, if this transition is not successfully surmounted, the individual narcissistically re-internalises the love object and becomes dependent on the same. This evolves into either a state where the self is taken as the love object, which Freud described as 'auto-eroticism' or 'projective identification' which starts with the baby's projection of its bad parts onto the mother, resulting in a fusion/confusion of identities, hence the suffocating controlling mother. Put more simply, the baby is destined to stay within a paranoid-schizoid phase of identity (Hollway, 2006; Minsky, 1996).

Klein's object-relations theory has served as an underpinning to mother-daughter identity speculation and its development of a capacity to care. Winnicott (1975) theorised that a child's identity was nourished through nurture, and separation from its mother was dependent on that mother performing her duties in a 'good enough' manner. Chodorow (1978) uses Klein's frame work, but sees the development of boys and girls as 'different', questioning the separation of mother and daughter. Hollway (2006) as mentioned, situates her capacity to care within this theoretical 'construct' also, going a step further and universalising this as a precursor to the application of 'elderly parent/adult child care' although paradoxically recognising the power and subjectivity of knowledge.

Lacan

Instead of Freud's and Klein's concept of a conscious and unconscious, Lacan interprets these as the symbolic and the imaginary. The imaginary is borne of the child's first attempts at identity that comes about around the age of six months when the child sees itself in the vision of its mother. Previously the baby had existed in a fragmented chaotic state with no discernable boundaries: a state that exists as a sea of conflicting emotions. Therefore the child's identity is formed from the outside source of the vision of its mother that it perceives to be itself. Lacan calls this the mirror stage. This is both narcissistic in that the child looks at the mother and sees itself and false in that the child bases its identity on something external (Grosz, 1990; Lacan, 2006; Minsky, 1998).

This particular illusion is partly shattered by the approach of the oedipal or symbolic stage. This occurs when the child realises that its relationship with its mother is not an exclusive one. The father, it seems, has exclusive rights to the mother. The father apparently has the phallus and the power it commands in the symbolic realm, although this ultimately turns out not to be the case. For both boys and girls to continue their relationship with the mother, they must relinquish the exclusivity and love they feel towards their mother and the desire that goes with it (that exists in the form of demand). Therefore they submit to castration, that is the only option, given that their symbolic identity is written and pre-ordained in language and it is necessary for them to take their place in the order of things. It is in this way that the concepts of masculine and feminine come into being. These concepts are signifiers controlled by the ultimate signifier, that of the phallus and this phallus gives meaning to all other signifiers, in a chain reaction, (meanings that previously were non-existent), that create false binary oppositions and are therefore only culturally appropriate. This culture is driven by the main signifier, the phallus that ultimately rules us all, including men. It is through this process that the imaginary forms the child's unconscious (Grosz, 1990; Lacan, 2006; Minsky, 1998).

Lacan argues that even in the absence of the real father, the child experiences the place of the father and the oedipal crisis through cultural substitutions that are primarily language and other systems of representation. These symbolically represent

an intrusion by culture into the fused bodily world of the mother and child and, crucially, a severing of the child from the object of its desire. The law of the name of the father, of what meanings are permitted in language, takes up the empty space left by the loss of the mother. The rational categories of language represent the cutting off (castration) of the child from its phantasies but they also represent the conversion of the child's need (to be the phallus for the mother) into desire (that can never be satisfied) but that subsequently provides the searching dynamic energy for knowledge and 'truth' that categorises language and reason. For Lacan, the only truth is that lack and desire' the 'want to be', underlie and undermine all identity and knowledge" (Grosz, 1990; Minsky, 1996, 1998).

Although both boy and girl are castrated, this is particularly cruel for the girl, considering her lack of a penis is proof enough that she doesn't have what it takes to interest her mother anyway, and this is doubly worrying in that it puts her in a place in a society that favours only the phallus. Therefore there is no language available to her within this society, that is based on a heterosexual and patriarchal model of control. Lacan sees women's sexuality as remaining unsatisfied in that it is incompatible with the phallic heterosexual version, which means that there is also no language available to describe it in its essence (Grosz, 1989; Minsky, 1996). The word he uses is *jouissance*, a French word, that according to Minsky (1996) is untranslatable given that there is no corresponding word in English, the closest definition being 'sexual bliss'.

Thus the desire for the mother is repressed and forms what Lacan (2006) called the imaginary and Freud (1977a, 1977c) called the unconscious. This desire forms the basis of mankind's ultimate quest for truth and knowledge and its unquenchable thirst for 'more'. It is an endless quest for a linguistic substitute for the mother's body: this desire can never be satisfied. Therefore civilisation rests on the impossibility of our desires. As women are 'lack' there is no place for them in the language of men. The unconscious, it seems, is where the language of women ultimately resides (Minsky, 1996; 1998).

Irigaray

During the pre-oedipal stage, Freud attributes masculinity to both little boys and little girls, the latter being described as a little man. The girl's libido is masculine and active and her sexuality is clitoral or phallic. However, the oedipal crisis completely reverses this position and the little girl is now positioned as the other, the non-masculine (Freud, 1977a). Her castration accentuates her lack. With castration comes the relegation to passivity, going from active and desiring to passive and a wish to be desired. Her sexuality moves from phallic (clitoral) and active to vaginal and passive, the woman becoming a receptacle for man's desires. Therefore she moves from a position of sameness to a position that is complementary to man (Irigaray, 1985b).

It is in this way also that men define the sexuality of women, the clitoris being an inferior model to the penis and the vagina being a passive receptacle, a sheath to accept the penis. Women's sexuality is therefore defined phallogcentrically. Irigaray suggests that women's true sexuality is both self contained and her erogenous zones are varied and not necessarily compatible with the phallogcentric heterosexual version of sexuality and pleasure (Irigaray, 1985b). Pleasure is not identifiable through cultural specificities and particular sanctioned organs. Irigaray's "image stresses the multiplicity, ambiguity, fluidity, and excessiveness, of female sexuality; it evokes a remainder or residue of *jouissance* left unrepresented in a phallic libidinal economy" (Grosz, 1989, p. 115). Irigaray (1985b, p. 25) suggests that women's sexuality as framed in western civilisation is "a masochistic prostitution of her body to a desire which is not her own."

It seems that language that describes women's desire is lost within different genres from preceding western civilisations. Therefore this desire is rendered incoherent and unable to be expressed through modern language. The remnants of female desire and language have been shattered and scattered, hidden by a femininity that, through the violation of women, is an identity formed by the position of other, what man is not, yet is, a masculine identity (Irigaray, 1985a, 1985b).

Irigaray (1985a) advocates that the breaking of the pre-oedipal maternal bond for girls is not as clear cut as it is for boys. Girls are not totally removed from the

maternal bond, even if it is expressed through the relationship with the father. Freud's options are limited in that they provide the girl with a phallic mother love object that must be abandoned for a castrated mother, the ideal model for heterosexual feminine identity. Therefore a renegotiation of the mother-daughter relationship is necessary to redefine it as something different from a relationship of mothering and nurturing, one that portrays a more accurate feminine identity (Grosz, 1989).

The pre-oedipal stage of development houses an exclusive love relationship between mother and daughter and this relationship, due to the phallocentric and heterosexist structure of society, inclusive of the incest taboo, has been driven underground or at least below the surface of acceptable modes of communication. It stands to reason therefore, that the most likely place to rediscover a genealogy of women, it being as fragmented as a child's pre-oedipal concept of itself due to the fracturing of the mother-daughter relationship, is to deconstruct existing phallocentric texts to expose the imaginary, that Irigaray suggests is a metaphorical position of femininity within existing culture (Grosz, 1989; Irigaray, 1985a, 1985b).

Women give birth to women, yet the generativity, the mother-daughter blood relationship between them is destroyed (Irigaray, 1985b). Irigaray, points out that although generativity is a masculine term, it is not dangerous to claim it for women although somehow I question the use of that particular term in translation, given that it was invented by Erikson (1980). The daughter must alienate herself from the mother and the mother can only see her daughter in respect to the patriarchal cultural family setting. The true connection between the two is unable to be articulated in Western culture. Motherhood, it seems can not be separated from the political given that it plays an integral part within a phallic economy (Irigaray, 1985b).

Irigaray theorises the existence of a phallic economy, or in other words a hom(m)osexual society. In this society relationships exist only between men; women are a commodity only (Grosz, 1989; Irigaray, 1985b). They are passed from father to husband, a process described by Ussher (1991, p. 262) as the "traffic in women." It is this process that maintains the patriarchal social order. Women are maintained in this position amidst discourses of 'romantic love' and 'responsibility', although in reality

each household unit is an economic one (Ussher, 1991). Women have no particular identity, probably because there are none available in language, and therefore do not exist as autonomous beings. They have been denied the subjectivity afforded to sons. Women therefore exist only as extensions of men. This is demonstrated by the fact the women are required to change their names to that of their husbands and to allow fathers to give away their daughters (Irigaray, 1985b). Irigaray (p. 65) asks the following questions:

Why are mother-daughter relations necessarily conceived in terms of 'masculine' desire and homosexuality?...Why should the desire for likeness, for a female likeness, be forbidden to, or impossible for, the woman?...Why should a woman have to leave and "hate" her own mother, leave her own house, abandon her own family, renounce the name of her own mother and father in order to take man's genealogical desires upon herself?

Important questions indeed when considering mother-daughter care relationships.

According to Irigaray (1985a), Freud's theories on female sexuality are merely accounts and not inventions. He accepts culture as the norm and does not consider the cultural and historical implications. He takes women's sufferings and symptoms as individual difference and fails to consider individual histories and discontents. In this way women are resubmitted to dominant phallogentric discourses and silenced in the process. In other words he is simply describing a culture deeply embedded in cultural discourse and philosophy in the form of psychoanalytic cultural narrative.

This particular society is built on the "incest taboo" (Irigaray, 1985b, p. 170). To avoid incestuous relationships men need to make sure that women are circulated amongst themselves. This incest taboo is at the foundation of our patriarchal social order. Mothers cannot be circulated, given that this would threaten the social order, and they are locked away to perform the maternal duty of perpetuating this society. Therefore the ownership of property both natural (virgins) and utility (landed and productive, re mothers) is the foundation stone of western phallogentric culture (Irigaray, 1985b).

Only subjects can see their mirror images. Man looks upon woman and sees only himself and she is expected to do his bidding. A woman sees only a replica of herself and this replica is the one that has been created within the language of man. So, according to Irigaray (1985b, p. 188), women are the “mirrors of and for man”. Therefore a hom(m)osexual culture is the only social order possible within this paradigm and heterosexuality is purely an assignment of economic roles (Irigaray, 1985a, 1985b).

It should also be noted that Christianity, along with its ‘sanctity of marriage’, is one of many influences of patriarchal discourses (Irigaray, 1993a). Irigaray (p. 20) states: “...male peoples are structured in accordance with civil and religious norms that drastically reduce and transform reality.” These ‘norms’ manifest in the discourses of compassion and altruism that are associated with caring (Farley, 2002) along with the well known women figures of care within religious narratives (Grosz, 1989). Such figures are used as role models in various therapies, for example Boss (2006), within her therapies pertaining to ambiguous loss uses religious parables to provide role models of ‘strong women’, whereas she is really reinforcing the passive positioning of women and their powerless social positions (Grosz, 1989).

Irigaray questions the presentations of religious mother-son or father-son portrayals and calls for the increased exposure of mother-daughter narratives and portraits to help counteract the former (Irigaray, 1994). Grosz (1989, p. 152) suggests:

The concept of god has been used by men to disavow their debt to femininity and maternity. Men conceive of a divine, omnipotent being, regarding themselves formed in His image and thus partaking in His divine creativity. At the same time they effectively contain women in a sphere outside the divine (women’s relations to god are mediated by men) while continuing to rely on women’s resources.

Irigaray (1993a) sees the structured nature of men within cultural (civil and religious) norms as drastically reducing and transforming a reality wherein the exclusion of women is perpetuated. She suggests the longer patriarchal societies are left to consolidate their power, the more likely cultural institutional prescriptions and

women's place within them will be isolated from 'individual truth'. This affords us a glimpse of a place where perhaps the inclusion of women as 'subject' was once more of a possibility than it is today, contrasting with historical and contemporary mainstream psychological discourse that would have us believe that this inclusion has all but been achieved, all within the framework of the nuclear family.

In a patriarchal nuclear family within a hom(m)osexual society, a father sees the mother as an extension of himself and this is an exclusive relationship, as established at the oedipal stage of development. It is through this extension of him, that the children are developed into their masculine and non-masculine societal roles (Irigaray, 1993b). The children desire exclusive relationships with their mother, although this is no longer possible. The mother can only communicate with her children through the discourses available to her within her boundaries as mother (Irigaray, 1985b).

Therefore post-oedipal mother-daughter relationships are fostered within this environment and of course, these relationships are strictly controlled and a site of much tension. Motherhood becomes confined to a phallogcentrically designed prescription (Irigaray, 1985b). Therefore a mother's identity is moulded by the functions she performs: a good and selfless mother or a bad and selfish mother (Ussher, 1989). This particular identity becomes the only one available within the constraints of this particular society and therefore the only form of expression towards her daughter (Irigaray, 1985b).

This expression in the forms of either the over-indulgence or the lack of it defines the mother in a social and cultural content. She cannot offer her daughter the power of the phallus, only a place as a commodity in the form of sexual exchange. There the mother-daughter relationship sees a repressed mother, whose relationship with her daughter is neither autonomous nor exclusive and a repressed daughter whose perceived relationship with her mother is exclusive, yet elusive. It seems that it is through this confused and disjointed relationship that is based on 'lack' that ambivalence becomes a discourse of mother-daughter communication (Grosz, 1989). There is no other identity other than this cultural prescription based on the 'haves' and the 'have nots' and this creation of false dichotomies gives us a further tool for

the analysis of discourse. Feminist care literature gives us a morality of justice and a responsibility of care (Gilligan, 1982), responsibility being that which is not moral (Morgan, 1988) and this is played out within either a public or private domain. Cultural narratives portray mothers as either good or bad (Ussher, 1989), good pertaining to cultural passivity, acceptability and long-suffering acceptance of the gendered role of motherhood, bad pertaining to everything that good is not.

Psychoanalysis allows for the exploration of the cultural categories of femininity and masculinity and this is particularly pertinent within a cultural care that is still inherently gendered, being performed by the culturally inscribed 'mothers' and 'others', but that is described in a language that is seemingly neutral (Hare-Mustin & Marecek, 1988). It gives us foresight into the various forms of violence that are perpetrated against women, be it physical violence or a violence against dignity and autonomy, such as the right to speak or be respectfully spoken about or spoken to, a verbal violence that exists where 'women' are berated for 'existing' or perhaps, 'not existing' and where no language exists for us to either confirm or deny this existence (Irigaray, 1985b). Within the cultural concept of gender, it would seem that the cultural 'feminine' is determined and therefore an unchallengeable 'truth'.

It offers explanations for and the descriptions of, the construction and the perpetuation of a phallogocentric society, a society that positions women as 'other', complementary to or the same as, men. Within this society sits the western nuclear family and the passive undertaking of the roles within it. In short, it serves as a commentary on contemporary society, and on offering us another dimension in the form of the unconscious, it gives theorists, such as Lacan and Irigaray, an opportunity to offer us alternative ways in which to view this particular world and to understand the complexities of its politics of control (Minsky, 1996). In fact it seems that it is within man's unconscious that women ultimately reside, given their absence within the symbolic, and with them, the responsibility of care.

Feminist poststructural psychoanalysis is underpinned by the ideology that gender identity is constructed through discourse, dismissing theories of the biological requirements of motherhood. It allows for the questioning of cultural prescriptions of femininity and sexuality as well as both the conscious and unconscious use of

language (Weedon, 1987). In fact Grosz (1994) calls for the extraction of the body from the appropriations of science and the understanding of it through discourse. Science has studied the body as a separate phenomenon, distanced from the workings of the mind. Women have been disembodied and their sexuality and reproduction pathologised. Feminist poststructuralist psychoanalysis gives us an opportunity to look at gender identity within an ideology of embodiment given that dominant discourses disallow this within the 'conscious' workings of the symbolic.

The conscious describes the cultural boundaries within which we are enclosed and the unconscious is constructed out of the suppressed early childhood desires for the mother formed within the pre-oedipal stage that remains trapped beneath the conscious only to be revealed in dreams, Freudian slips, jokes, anxiety, guilt, obsessions, phobias, depression, emotion and psychosomatic illness. It is the oedipal crisis within psychoanalytic theory that brings about the recognition of gender difference and the different cultural roles expected of masculine and feminine (Minsky, 1996).

Subjectivity, as constituted through language and discourse, according to Gavey (1989) refers to the conscious and unconscious thoughts and emotions of the individual, the incorporation of the unconscious making psychoanalysis a unique academic tool, enabling feminists to explore and expose the unconscious within both historical and contemporary cultural dimensions. It takes us beyond the boundaries of conventional psychology that has concentrated on a dissected, disembodied and conscious human subjectivity. Poststructuralist psychoanalysis sees the unconscious as underpinning language, thereby playing a role in the production of discourse and culture. Minsky (1996, p. 4) explains:

It is in Lacan's post-structuralist development of Freud that the unconscious, now conceptualised as the driving force behind language, begins to have an integral role in the construction of consciousness and culture. An unconscious sense of lack of being is transformed into desire, a want to be.

However, it is also pertinent to add that within a feminist poststructuralist epistemology that recognises sexual difference, it is this particular positioning that

recognises the notion of an embodied subjectivity, rejecting the dualism of positivist science and embracing the relationality of mind and body or perhaps even rejecting the categorical nature of this original 'splitting' (Henriques et al., 1984).

It is because of the nature of this analysis, that personal involvement and self-analysis becomes inevitable within an evolving and changing ideological dynamic (Minsky, 1996) and therefore I acknowledge the large part of myself, my life and developing understandings of interactions with and feelings for others, including some soul searching (this before the realisation that the soul can't be searched separately) around the acquisition of knowledge, desire, love, sexuality and familial relationships, all of which is inextricably intertwined within the reasoning processes of this project. Beyond this display of narcissistic self indulgence, I would like to think that from within this merger of existing text and personal history, circumstances, perceptions and feelings that I might raise some areas of interest worthy of further pondering. It is through this process that alternative ways of thinking, ways that might be ignored by mainstream psychology are aired, that could perhaps be described as the voicing of subjugated knowledges, knowledges hidden by dominant discourses (Gavey, 1992). The presentation of subjugated knowledges according to Coombes and Morgan (2001, p. 10), creates a "need to take account of the historical practices associated with privileging the masculine and authorising the male voice". In other words, the acknowledgement of their existence creates problems within the justification of mainstream cultural mores.

Feminist psychoanalysis also allows for the examination of mother and daughter relationships, given that they are the foundation stone of the development of identity/subjectivity. Freud (1977a, 1977c) diligently described the cultural forming and destruction of these relationships, a relationship shattered by 'lack of' or the realisation that the mother did not have the power of the phallus on her side, but rather, an undeveloped reminder of power in the form of the clitoris.

Irigaray (1985a, 1985b) questions Freud's (1977a) assumptions that the passive feminine is a 'natural' phenomenon and seeks to discuss the cultural implications of a world where this early mother and daughter bond is not broken by man, his oedipal crisis and his incest taboo. A world where a woman's sexuality is multiple, fluid,

complete and separate from the culturally driven narcissistic singular desires of men; where the concept of *jouissance* is a definite possibility; where women's sexuality is not dependent on being the passive, waiting receptacle of man's pleasures, this being the place where Erikson's (1980, 1987a) 'mutuality' exists. Irigaray's description of women's sexuality is in direct contrast here to the passive heterosexual mutuality described within phallogentric western culture, the latter incorporating women's sexuality as a complement to man's.

In fact it allows us to question whether discursively man has ever really actually surmounted the oedipal crisis, something that Irigaray questions also, man having turned his desire for the mother into an eternal and universal, maternal mother complex (Irigaray, 1985a).

According to Grosz (1989, p. 105), Irigaray sees psychoanalytic text as "a symptom of broader, underlying cultural and intellectual misogyny." Irigaray uses Freud's and Lacan's writings as tools to draw attention to this culturally produced imaginary or unconscious, which hides the existence of women as autonomous beings. She does this through the analysis of philosophical texts, seeking to expose the culturally contrived phallogentrism that is advocated by psychoanalysis. Phallogentrism is defined by Grosz (p. 105) as "the use of one model of subjectivity, the male, by which all others are positively or negatively defined." Therefore both Freud and Lacan can be seen as producing theories of masculine identity.

As Grosz (1989) suggests, phallogentrism can be subtle and unrecognisable. She indicates three forms present in western culture, where masculine and feminine are seen as identical, opposites or complimentary to each other. Binary oppositional signifiers are one of the major forms of repression within a phallogentric society that Lacan locates as being given meaning by the primary signifier, the phallus. Irigaray's writings, according to Corbin (1996) see a refusal to acknowledge these false dichotomies and seek to merge such polarisations in an attempt to reveal the alternative 'feminine' that is obscured by them, one that is not a projection of man. Mandy Morgan (1998) suggests that binary oppositional terms are hierarchical in nature, serving to perpetuate man's domination of woman by the naturalising of such cultural false dichotomies.

Code (1991) and Jay (1981) point out the troubling nature and political dangers of dichotomous binaries. Jay describes the two terms as being mutually exclusive. They are not part of a continuum and therefore completely separate from each other. They are also mutually exhaustive, given that there is no other term involved and in this way they are designed to cover every possibility. Only one of these terms is positive, the 'other' being portrayed in negative opposition to the first. This negative alternative equates only to the absence of the first term and has no characteristics of its own, so while the dominant term is well defined, the second is not, being designed to cover everything else. These terms are subtly structured as being in natural opposition to each other, when in fact their meanings are only representative of the culture within which they have been constructed (Minsky, 1998). This cultural sexual binary opposition is produced through the logic of sameness or in other words, mutuality, that differs so greatly from Irigaray's portrayal of a separate woman's identity and sexuality. Within this relationship, women are defined as the other and trapped within a phallogentric relationship of dominance and subordination (Grosz, 1989). Activity-passivity and father-mother are pertinent examples of these power relationships presented within binary oppositional terms (Cixous, 1986).

Irigaray sees the social order that determines psychoanalysis depending on the binary oppositional present and absent mother, present due to her inclusion and absent because she remains unacknowledged (Irigaray, 1991; Whitford, 1991). In a brutal, discursive assault, the mother and daughter bond that reaches back to/before birth is metaphorically severed, this particular act of violence holding the key to alternative perceptions of identity/sexuality/subjectivity, that are presently defined by the maternal. Whitford (1991) argues that within the major strands of psychoanalytic theory, the mother sits at the centre of identity and sexuality in the unconscious life of both adult and child, this playing a major role in the subordination of women and the 'feminine' in western culture.

Irigaray (1985b) refutes claims that there is such a thing as the 'universal' or 'neutral' within culture. She sees the discourses of science and philosophy as innately gendered, thereby creating an illusion of neutrality. She describes this as difficult to see within the absence of a different female discourse and suggests: "Women, animals endowed with speech like men, assure the possibility of the use of

the symbolic without being recipients of it. Their non-access to the symbolic is what has established the social order” (Irigaray, 1985b, p. 189). So within this ‘neutral’ reality, women are relationally involved with their environment, the reality of which they conceive as ‘concrete’ and the structure of the same being crafted by the discourses from which they are excluded (Irigaray, 1993a).

So through its ‘concrete’ cultural expression of mother-daughter relationships psychoanalysis provides a framework through which to understand discourses of care relationships while attending to the claims of neutrality. This enables a possibility for the ‘parent-child’ or ‘reciprocally dyadic’ to resist the projected, maternal cultural figure as well as the ambiguity which enfolds them (Allen & Walker, 1992; Irigaray, 1985b). It also may open the space for the concept of Gilligan’s (1982) public and private domain of justice and care and Morgan’s (1988) moral ethics, as a splitting of man’s maternal ideals, in the guise of morality: justice versus responsibility. Through the cultural representation of mother-daughter relationships and psychoanalytic life stage development models, psychoanalysis underpins a great deal of psychological care literature and the cultural production of care itself. However, this is done so at the expense of other important factors, such as the political agenda attached to care.

Although life stage models and their associated transitional crises are used to underpin psychological research on care, it is incorrect to refer to them as psycho-social stages, given that the disciplines of psychoanalysis and psychology are different entities (Weedon, 1987). Whitford (1991) describes these ‘stages’ as ‘clinical’ states observed during psychoanalytic therapy. Therefore a feminist psychoanalytic reading of care texts allows us to question the underlying assumptions of these ‘states’ as interactive historical commentaries, thus amalgamating, or perhaps dissolving the rather dubious boundaries ‘erected’ by positivist science in its search for universal truth. Feminist poststructuralist psychoanalysis allows us to question the very framework within which the production and capacity of cultural care exists through an examination of the discourses within which both operate and each of us contributing our own unique interpretation, given our place within the inquiry (Irigaray, 1991; Whitford, 1991).

According to Grosz (1989), Irigaray sees mother–daughter rivalries as in need of being rethought and considered as a product of political organisation and indeed mother- daughter relationships within dominant discourse must be, along with the production of all dominant forms of language, political. It seems that culturally sanctioned ambivalence discourses give alternative explanations to the necessity of the destruction of women’s genealogies and can be seen as a political tool where heterosexualism in the form of the nuclear family not only prevents women from abandoning their children but also saves them from the troubled relationships they share with their mothers, apparently never having forgiven ‘mother’ for the powerlessness bestowed upon them or for the ‘lack’ of exclusivity within their relationship.

When considering Fingerman’s (2003) findings of familial-exclusive mother-daughter relationships, it seems obvious on the surface that the study of the reciprocity of mother-daughter ‘dyads’ is misleading, given the cultural requirement of maternity to be ‘all caring’. Fingerman found that mothers shared their familial affections evenly amongst siblings, yet daughters demanded an exclusive relationship with their mothers. Other findings showing that mothers and daughters feel that a discussion pertaining to their feelings for each other is unnecessary (Henwood & Coughlan, 1993) may suggest that this communication is unnecessary purely because it is impossible. One may forgive Fingerman also for her declaration of an existing patriarchy, as without a framework of psychoanalysis that draws attention to the absence of women from their own discussions this may indeed seem to be the case. An alternative explanation sees the patriarchy as man’s maternal projection, in other words a discursive (re)creation of his desire, the one he has been documented as rejecting. This (re)constituting of the ‘maternal’ into his ‘kin-keeper’ ensures the perpetuation of himself, the object of his narcissistic phantasies, the reflection he sees when he looks at her.

Irigaray (1985a, 1985b) suggests that Freud’s concept of the unconscious bears a close resemblance to the place that women occupy in a patriarchal society and therefore suggests that the unconscious is indeed a metaphor for femininity. She states that in this hom(m)osexual culture man can only see himself; therefore others mirror only reflections back of him. There are, apparently no spaces available for

women. Yet within this projection seemingly lies a capacity to care, a capacity that is culturally produced by the perpetuation of the cultural narrative named psychoanalytic theory. Through this narrative the feminine/maternal, its metaphor, the unconscious and/or the private domain within which they are fostered, are intertwined with the responsibility to administer this care within historically patriarchal cultural prescriptions.

Irigaray (1985a) alerts us to the fact that although Freud describes the oedipal crisis as one that is capable of being surmounted, this is not the case. Freud describes the abandonment of the mother as an object of desire as a natural conclusion to the oedipal complex. In fact, this 'conclusion' is something that is impossible to achieve. The son can never abandon or totally repress this desire for the mother. This desire is discursively maintained within cultural maternal discourses, a transformation of a 'natural' mother into a 'maternal' mother, or in other words, man's moral conscience within the private domain of responsibility. Irigaray (p. 81) elaborates: "Better than the gaze of the other, which is necessarily threatening because of its different viewpoint, is the subject's self observation, the protective and reflexive extension of his own gaze." The object of man's gaze here is passive, mutual and maternal, amongst other binary oppositional phallogentricities that result in the subordination of women along with 'their' responsibilities of care. Man's gaze, however, is not only repressing to women. Within the context of Foucault's disciplinary power, man's 'self' observation serves also to unknowingly trap himself within a system of power and resistance, one that serves to maintain the status quo (Foucault, 1977) and perpetuate his ongoing oedipal crisis.

Foucault's disciplinary power, governmentality and the perpetuation of dominant discourses through the 'silenced' voices of women

Foucault has argued that over time traditional sovereign forms of power have been intersected with (but not replaced by) what he calls disciplinary power (Diamond & Quinby, 1988). Disciplinary power is administered through a 'mechanism' of perceived surveillance, explained by Foucault within the bounds of panopticism. The panopticon was a prison, the design of which ensured that the prisoner would always be under the impression that his movements were monitored, thereby constantly

controlling behaviour. Cells surrounded a central watchtower, the inside of which was hidden from the prisoners' view. Foucault (1977, p. 202) states: "Power has its principle not so much in a person as in certain concerted distribution of bodies, surfaces, lights, gazes; in an arrangement whose internal mechanisms produce the relation in which individuals are caught up."

Foucault's power therefore, is not one that can be seen to emanate from a fixed position or 'sovereign', but one that is internal, the surveillance of behaviours carried out by family, friends, institutions, public opinion, the neighbours' child, ultimately leading to the monitoring of one's own behaviours. His theorising is helpful here within the premise of a phallic economy, being mindful, as always, of the discourses within which it is written. Disciplinary power upholds and perpetuates, strengthens and changes cultural mores within a framework that monitors and adjusts the ebb and flow of power and resistance, with the purpose of maintaining dominant cultural narratives and generative discourses. In this way, power becomes pervasive because of the way that cultural embeddedness becomes the only possibility (Foucault, 1980). This embeddedness sees the perpetuation of women as the phallogentric passive and maternal, and perpetuates the cultural 'splitting' of a public and private domain.

According to Foucault (1980, 1981) sexuality has been deployed in relatively recent times as a domain of regulation and social control. Sexuality theorised in this way enables us to understand how the positions available to women (and men) in dominant discourses on sexuality are not natural and fixed and nor are they neutral: sexuality is deployed in ways coterminous with relations of power (Gavey, 1992).

Discipline regulates human life, imposing particular forms of behaviour and assuring the ordering of human multiplicities (Foucault, 1977, p. 218). This 'discipline' produces practiced and subjective bodies, 'docile bodies' for 'citizens', passive bodies perhaps for women, and works through subtle coercion, making the practice of power more effective. Gavey (1992) reinforces this when she draws our attention to the profound differences between the production of docile men's and women's bodies in regard to the cultural requirements of heterosexuality. Heterosexuality underpins the concept of the phallogentric society and the nuclear family: the nuclear family is considered a necessary institution through which to keep track of the

activities of its citizens. Within a contemporary global society which favours neo-liberalism as the favoured economic theory of global governance, 'governmentality' explains the differences between classic liberalism and neo-liberalism, the latter relying on statistical surveillance, the strengthening of the 'heterosexual family unit', public opinion and consensus politics to maintain the docility of its 'subjects'.

Foucault's notion of 'governmentality' originated from his text *Discipline and Punish*, where he examined a political concept he called the microphysics of power, that he demonstrated by the study of disciplinary techniques that evolved as part of the invention of the modern penitentiary prison (Foucault, 1977; Gordon, 1991). Foucault suggested that various aspects of modern societies could be understood by reconstructing certain techniques of power, or of power/knowledge, designed to observe, monitor, shape and control the behaviour of individuals situated within a range of social and economic institutions, such as the hospital, the school, the factory and the prison (Gordon, 1991).

Within a series of lectures on governmentality, Foucault argued that the same style of analysis used to govern the techniques and practices of individuals could just as well be applied to the governing of populations (Gordon, 1991). Foucault began to develop his view of the links between micro-power and macro-power in his analysis of 'disciplining sexuality' (Foucault, 1981). Here he introduced the term bio-power, to designate forms of power exercised over persons specifically that he argued was a politics concerned with subjects as members of a 'population', where issues of individual sexual and reproductive conduct interconnect with issues of national policy and power. One of the key connections here was the perception that modern bio-politics generates a new kind of counter-politics. As governmental practices have addressed themselves in an increasingly immediate way to the 'social' body in the form of the detail of individual behaviours, particularly presences, absences and sexual conducts, such practices have also been counteracted within the concept of bio-power. The reversibility of power relations enables the ways in which the terms of governmental practice can be reversed and refocused on strategies of resistance (Gordon). Within contemporary politics, this control is seemingly becoming more pervasive for women, given its tight surveillance around the nuclear family, further entrenching their neutrality within discourse. Classical liberalism, steered by Adam

Smith's 'invisible hand' has given way to neo-liberalism, the name of which belies its true nature, leading us to believe it to be a resurgence of the 'old' as opposed to the development of the new.

Gordon (1991) describes neo-liberalism as an entity that differs from that of liberalism. Where liberalism was seen as an economic theory that saw the autonomy of the individual, neo-liberalism sees economics engulfing the study of all behaviours. Gordon (1991, p. 43) explains:

...whereas *homo economicus* [within eighteenth century liberalism] originally meant that subject the springs of whose activity must remain forever untouchable by government, the American neo-liberal *homo economicus* is *manipulable man*, man who is perpetually responsive to changes in his environment. Economic government here joins hands with behaviourism.

It is from here that 'governmentality' and neo-liberalism merge within contemporary work-care discourses, social marketing strategies and the changing demographics of work and families. Increased 'education', public 'interest' and individual accountability within pro-social behaviours sees its disciplinary powers used to heightened advantage within a form of psycho-economics.

The concept of work within a neo-liberal framework is seen as the use of skills, abilities, aptitude and competence and these are evaluated on the basis of human capital. This human capital has two major components, those which an individual is born with and 'aptitude' an ability to learn skills or behaviours that are culturally prized, the latter of which is developed through the appropriate environmental conditions, such as 'suitable' nurturing and educational opportunities. An aptitude, in economic terms "is defined as a quasi-machine for the production of a value" and as Gordon (1991, p. 44) argues, this production equates not only to the production of commodities but also to the production of satisfactions. For example, education gives someone the skills to appreciate art or music and this could be equally applied to the enhancement of caregiving skills through educational means. Within a neo-liberal economy it is just as possible that the capacity to care that is seen as the private

responsibility of women can also be discursively manufactured and distributed, as suggested by Irigaray (1985b), through discourses that serve the interests of men.

A feminist ethics of care is produced within a language that shows little regard for care, limiting its description to a few confusing definitions. Language is 'neutral', therefore the expression of both care and a women's place within it is severely limited. In fact they remain trapped within a scenario that sees their futures historically and culturally determined through gendered difference that is dependent on biological reductionism. Care can only be presented as 'generatively' driven and a women's part within it is determined by her culturally delegated role as 'mother'.

It is in this way that as women, struggling to gain a voice, we need to be wary of the fact that what we may consider as subjugated knowledges, when reiterated in a gendered format, may indeed be interpreted as a universal truth, and ultimately serve as a tool for our own oppression. The fact that care discourses are neatly split, dichotomised into a public and a private domain, alerts us to a bogus divide within a language of men, a divide that may only serve to represent the projection of man's maternal obsessions. It is from this dichotomy of care, that an ethics of care emerges, a need to theorise a woman's private responsibility to care within a nuclear family setting and the possibilities of change. A 'feminist ethics of care' sees care as something conceivably 'public' and from that position it offers us 'equality'; a place where care resides within the 'neutrality' of language; a place where women take their place as equals within the 'work ethic' of men. This is also a place where women, along with a feminist ethics, are absorbed into the dominant discourses of the public domain, in conjunction with a genealogy of women/care it perceives itself to be creating.

Reading practice

The concept of humanity relies on man's empathy for his fellow creatures, yet that care can be deemed either inclusionary or exclusionary in a cultural prescription that sees man's caring capacity change according to the positioning of both the carer and the cared for. As western culture is based on a positivist scientific underpinning to care, man's quest for truth pertaining to a fixed reality presents another reason why

traditional methods of research may not be appropriate here. This analysis requires the critique of such underpinnings, thereby making the application of a critical social psychology in this case an appropriate medium through which to critique texts regarding 'care' and 'caregiving' (Gergen, 1991). These texts cover both traditional and feminist writings, some covered in their entirety, others included because of small pieces of text that have become relevant to this project when read within the framework of this reading practice.

Gilligan's (1982) writings form the foundation of these, identifying a public domain of morality-justice and a private domain of care present a dichotomy that suggests there is an injustice, a discrimination against women inherent in the gendered nature of a responsibility to 'care', one that provides the foundation for the theorising of a 'feminist ethics' (Tronto, 1993). The theorising of care within this dichotomy suggests the formation of gender identity is paramount to the formation of a capacity to care. Indeed much care literature is underpinned by psychoanalytic developmental theory derived from the writings of Freud. It appears appropriate that an analysis of selected care literature take the form of a reading practice that is underpinned by feminist psychoanalytic theory. Therefore this analysis is conducted through an Irigarayan reading practice, one that is set on a backdrop of contemporary global economic policy practiced by a knowledge based economy and informed by the psychoanalytic theoretical overview provided earlier in this chapter.

Irigaray suggests that psychoanalysis is a blueprint for cultural prescription and forms a narrative on which a phallogentric society is based. It prescribes the development of gendered identities that forms man into the dominant partner in an economy that is heterosexual, given that a women's identity is formed on 'lack', a lack she must passively accept. The forming of this identity is dependent on the severing and subsequent loss of the mother-daughter relationship as is the formation of a phallogentric society. The only identity offered to women through this narrative is the maternal, whereby reference to women is made through her ability to mother, whether she is a good or bad mother. Society is based on heterosexuality, women having been 'disembodied' and their sexuality defined by prescription as 'vaginal' and 'passive', yet in a public domain men trade with men within a hom(m)osexual economy. Women are traded within this system from household to household, family

to family, from father to husband and change their names accordingly, upholding a male genealogy and with their own genealogy fragmented in the process (Irigaray, 1985a; 1985b).

My critical reading through the theoretical framework of Irigarayan psychoanalysis sets out to answer the research questions that drive this project by studying the shifting positions and meanings associated with discourses surrounding care and how these effect the presence and absence of women within a contemporary western society that superficially appears to be dealing with its discriminatory phallogentric underpinnings. In this way I am able to challenge existing constructs regarding care by questioning the origins and stability of its associated discourses and dichotomies, the most obvious of these being the division of a public and private domain and the inclusionary/exclusionary positions created by this discursive split for the 'maternal' woman. I have considered this split in relation to man's conscious and unconscious, the unconscious being the place that Irigaray suggests that women reside.

Irigaray's writings have allowed me, through her interpretation of psychoanalytic cultural narrative, to read selected texts from this position. It emphasises that although contemporary society may call for the equality of women, framed within a language of public 'neutrality', this may not a possibility within western culture while it is based on compulsory heterosexuality, the nuclear family and while 'institutional' man's ability to 'care' is based on the successful surmounting of his oedipal crisis as is the production of his knowledge, the universal truths, the 'reality' that underpin western culture. Therefore this reading position has allowed me to examine how the production of a feminist ethics of care is actually a possibility within this framework. This is especially important within a contemporary KBE that is based on the production and sharing of scientific knowledge in the form of 'human capital' where the strengthening of the family unit is prioritised and where mother and daughter relationships are disallowed in any other form than the maternal.

Ethics of care literature read from this position poses questions concerning its legitimacy as a 'feminist' ethics, and whether it represents the best interests of women in the context of knowledge production. How are the knowledges it produces empowering to women and do they afford women the voice that Irigaray deems an

impossibility in the absence of women within a masculine ethic/language? Is there a possibility that an existence of care can be a possibility without the exclusionary positions that drive care as a cultural practice?

CHAPTER THREE: The public and private domains of care

The reality of the hierarchy before equality and the reality of the sexual identity in which each person enjoys rights appropriate to her or his sex are not one and the same. And denying that men and women are different in the name of some hypothetical social equality is a delusion, a bias in favour of a split – between private life and social identity (Irigaray, 1994, p. viii).

The private domain is a discursively produced place that women are said to occupy within a morality of responsibility. From this domain, women practice a disjointed responsibility of care, disjointed because it is dependent on the hierarchical and conflicting needs of those to whom these ‘responsibilities’ seemingly lie, the husband and the children’s needs take precedence over caring for an elderly or ailing mother (Fingerman, 2003). Care from this place is a maternal care in that it is performed by a mother, wife or daughter. The splitting of justice and responsibility was brought to our attention by Gilligan (1982), and her findings are useful if viewed as a cultural comment and not as the description of cognitive or biological differences in the functioning of men or women in regard to morality and the responsibility of care. These responsibilities seemingly form the basis of a representation of a modern feminist ethics of care, adapted in a way that gives strength to the concept of merging the boundaries between this private domain of responsibility and the public domain of justice. This adaptation sees a feminist ethics speaking ‘care’ from a public domain in a bid for agency, for a voice of citizenship that can contribute to social policy and enhance the status of carers and the cared for within the public domain. From here, a feminist ethics could be seen as ‘blurring the boundaries’, leaving the private ‘maternal’ and entering the public ‘neutral’. This neutrality of care is still played out within the generative bounds of a male genealogy which serve to underpin western culture.

This makes a feminist ethics of care surprisingly similar to Erikson’s (1987) production of care as a ‘perpetuation of the species activity’, both notions of care

being carried out within the mutuality of heterosexuality and a patriarchal family setting. According to Irigaray (1985a, 1985b) compulsory heterosexuality is therefore an economic relationship from within which such notions of care are (re)produced. In the light of Erikson's (1980) definition of genitality that he suggests underpins his theory of generativity, Hollway's (2006) capacity to care provides us with a starting point from which to examine generativity more closely. Hollway suggests that boys and girls develop separately and of course, they are culturally required to do so. Boys are destined for castration, deemed a necessity for them to take their place within a phallogentric society and the father's law. That place requires a splitting because it relies on a mother love-hate complex, a splitting that confuses man's capacity to care with the desire for his mother and the perpetuation of his image, resulting in the generative drive toward the acquisition of knowledge with little regard for the destruction of his environment. It seems that this splitting may not only be a necessary factor in developing a generative capacity to care or a cultural drive towards self-perpetuation but may also result in the discursive creation of the public and private domain, the private being the place where man projects his care responsibilities, responsibilities that are projected on to the mother/wife/lover.

From this standpoint, care becomes a narcissistic endeavour that is available within the cultural confines of the public domain/man's consciousness in the form of genderless medical discourses such as 'caregiving', where although the majority of this is performed by women, research describes this in a language that would have us think that it was a genderless occupation. Irigaray (1985a) suggests that man sees a 'mirror' image of himself when he looks upon a woman and that women occupy man's unconscious or imaginary. Within this scenario, the private domain forms man's unconscious, the place that maternal discourses of care are produced, the discourses of responsibility that see care and male genealogical kin-keeping as natural roles of women.

Within the private domain, these maternal discourses of care and responsibility see mother-daughter care relationships described through dominant concepts such as 'ambivalence' and 'conflict', concepts deemed a necessity to cause the separation of mother-daughter through an oedipal crisis. Definitions of 'care' and 'caregiving' are unclear, as are what constitutes or causes 'burden' or 'ambivalence', however they

continue to be used to describe care relationships. Normative representations of a feminist ethics of care present as being able to blur the boundaries of public and private care, but in denying the maternal, they commit themselves to non-existence within the public sphere and within a gendered 'genderless' language. This blurring of boundaries, given the phallogentric public-private dichotomy is also problematic given the strength of these boundaries are seemingly a necessity to maintain man's social order as prescribed within psychoanalytic narrative. Therefore it is pertinent to ask, is the blurring of these boundaries a possibility, or is there merely a different type of care spoken from the public and private domains?

'Care' spoken 'differently' from the public and private domains

Tronto (1993, p. 103), in one of the most widely quoted definitions of care, refers to care as a "species activity", firmly placing this activity as belonging to mankind and not to women, indicating that it is indeed produced within the public domain. Tronto's definition of care is noticeable for its 'genderless' construction. This is an androcentric version of care. However, she feels that the 'elevation' to the public domain is empowering and liberating and it is her belief that along with 'promotion' comes the granting of full agency and citizenship. Her definition is as follows:

On the most general level, we suggest that caring be viewed as a *species activity that includes everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible*. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex life sustaining web (Tronto, 1993, p. 103).

Again, caring is seen as an activity deemed possible only for humanity, in fact it underpins humanity. Tronto sees care as everything we do to protect the social order, everything we do to maintain, continue and repair our world and we 'do' this 'care' under cultural sanctions that control us through the production of knowledge that theorises the body and the mind as separate entities. It accepts the pathologisation of sexuality, the heterosexual norm, yet it denies difference between men and women. It also accepts the dominance of women by men set within the androgyny of dominant discourses. Sadly, although women are not served well by the denial of 'difference',

they are served less well by the denial of voice. Tronto (1993) speaks a language of women's responsibility, without the overt mention of women, and this responsibility is set within the public domain.

This androgynous cultural construction of care is a place wherein large numbers of women are employed in caring activities amid 'public' perceptions of gender roles. Tronto (1993) feels that a care that accepts its 'place' within a discourse of responsibility acknowledges these traditional gendered divisions and supports the 'ideological' construction that women are more emotional and less rational than men and in so doing reinforces traditional roles. However, this choice is limited given that it offers women non-existence in the form of androgyny and mutuality within a 'public' care discourse and 'lack' and 'responsibility' within a private care discourse.

Sevenhuijsen (2002) is one of several feminist care advocates who support Tronto's (1993) definition of care. She calls for the recognition of 'moral agency' possessed by the 'actors' the 'caregivers' and the 'care receivers' within a politics of 'need'. So who exactly are these actors who claim a moral agency, yet are hidden by the discourses through which they plead their case? We know that according to Morgan (1988) moral agency cannot be possessed by women within the public domain. Therefore it seems that this is something that Tronto's definition of care is missing.

Irigaray (1993a) suggests that sexual difference is inextricably entwined within language. Meaning is constructed through language and language is produced through discourse (Hollway, 1984). In patriarchal cultures women have become the non-masculine, defined within discourse in slightly denigrating terms and innuendos, terms which only result in defining her as 'object'. Therefore, women, unable to articulate in a coherent manner within a masculine discourse, resort to a genderless neutral position, that according to Irigaray (1993a) is impossible within language. This masculine 'genderless' language, it seems, is the language from which Tronto (1993) constructs her feminist definition of care, a position that it seems is impossible to do so without it becoming a cultural definition of care, the likes of which is advocated by Erikson (1980, 1987).

Tronto's (1993) definition of care with its declaration of a species activity that calls for the 'maintenance', 'sustainability' and 'productivity' is ultimately generative in its construction, and this is not surprising given that it is produced from the discipline of political 'science'. What is surprising is that it continues to be quoted within feminist psychology and sociology. It calls for realism and resignation, realism because although Tronto's 'our world' does not necessarily describe 'one world', it doesn't actually offer the alternative of others and resignation because we must live as best we can within it. All this through the integration of the body, the self, and the environment, that seems a difficult assignment for women, given that all three have been separated from the other as a result of cultural sanctions and scientific knowledge.

This definition seeks to maintain and sustain this world, sustain a world by caring, when it is that very caring that underpins its existence. So caring here is not so much an ethical duty, it is a bid for survival, man's survival, a survival a feminist ethics of care is striving to sustain and maintain. The maintenance of care along with its segregation of bodies, selves and environment is very much a necessity for the survival of western culture, a culture that pays care little heed, given that it has provided few outlets for its expression within discourse. This is perhaps because care can be expressed through other discourses, those pertaining to cultural norms and the politics and economics that drive them, such as production and sustainability, perhaps better described as a 'complex life sustaining web'. Separate 'bodies' perform 'caring' activities that are culturally sanctioned, in other words, care could be deemed as something we feel we should perform given that we are constantly monitored by ourselves and others. Within a public domain, we 'care' about that which we are culturally sanctioned to care about. It seems that care is unable to be articulated within this domain in any other way. It is the capacity to care that puts man in charge of his environment, but what that is and how and to whom this is administered, remains unclear. From her definition, Tronto could equally be describing Erikson's (1980, 1987) generatively driven care, a care that is derived from Freud's observations of western culture.

In fact Tronto's (1993) reference to care as a 'species activity' is reminiscent of discourses that suggest it is the existence of care that gives humans the superiority

over other animal species (Erikson, 2004) and stops women from abandoning their children, presumably by supplying them with a moral conscience in the guise of responsibility (Williams & Nussbaum, 2001). On the other hand when looked at in the light of Kai Erikson's (2004) species activity, borne from 'generativity', it would seem that it is produced by a higher moral order, one that is possessed by man and shared with women in the form of mutuality within a nuclear family setting. Either way, it sees species activity within this nuclear family setting as normative and necessary for the implementation of care.

A private care can be seen to exist here within the institution of family and heterosexuality, a place where Irigaray (1985a) sees women as commodities, traded within a heterosexual economy and a male genealogical structure. A public care of productivity can be seen to exist within political discourses and generative discourses of productivity and sustainability, a hom(m)osexual society, where men trade with men, accentuating a split between the public and private domain and the meanings of the 'care' that each produce. The process of a culturally inscribed dominant male genealogy is aptly described within Erik Erikson's (1987) generativity theory that produces the 'capacity to care'.

Generativity/stagnation is the seventh stage in Erikson's lifecycle model. This stage, as earlier explained, occurs after man has developed into a hardworking autonomous individual, who having got over his 'passions' and penchant for casual sex, settles down to the more serious business of marriage, procreation and the nurturing of future generations. Only those who successfully negotiate the 'stages' can develop this capacity, whereas those who do not, fall into the trap of stagnation and become narcissistic, selfish and anti-social/exclusionary. Generativity, according to Erikson (1980, p. 103), "...is primarily the interest in establishing and guiding the next generation" and this provides the "strength of care" (Erikson, 1987, p. 607). It entails the production of one's own offspring as well as the nurturing and mentoring of others, therefore it is both an individual and social endeavour. Generative activities include mentoring, teaching, volunteerism as well as community involvement in both social and political activities. It is man's interest in and ability to care for the next generation that affords him the mandate to take charge of his fellow creatures.

Man's generativity, according to Erikson (1980) is underpinned by his genitality, his definition of which is as follows:

Genitality is the potent capacity to develop orgasmic potency in relation to a loved partner of the opposite sex. Orgasmic potency here means not the discharge of sex products...but heterosexual mutuality, with full genital sensitivity and with an overall discharge of tension from the whole body. This is a rather concrete way of saying something that we really do not understand. But the idea clearly is that the experience of the climatic mutuality of orgasm provides a supreme example of the mutual regulation of complicated patterns and in some way appeases potential rages caused by the day to day oppositeness of male and female, of fact and fancy, of love and hate, of work and play (Erikson, 1980, p. 102).

Genitality is of course, exclusively heterosexual, as mentioned, and as such is played out under the guise of happy families within mutuality of mind, body, and presumably orgasm. Within this definition, Erikson (1980) establishes sexuality as the basis of cultural care. Generativity is achievable through the successful negotiation of stages of crises within the lifespan and the seventh stage requires the man to settle into a stable relationship and produce children from the practice of his conjugal rights, those rights being practiced within a mutual pleasure for both partners. However, this is problematic when considered within a framework that sees women's sexuality as different, not dependent on a genitality that would only see the pleasure of women being achieved through sexual intercourse that results in mutual orgasm, again, the separation of bodies from the self. Successful negotiation of the lifecycle includes early successful negotiation of the oedipal crisis and the formation of sexual identity. Therefore it may be more pertinent to say, cultural heterosexual models of sexuality that are dependent on sexual intercourse being played out within active passive dichotomies, form the basis of cultural care.

It would seem here, that Erikson's (1980) care is created by the absence of women: women disappear into the mutuality of man's sexuality. Erikson dichotomises the differences between the sexes, yet these exist within a mutuality of marriage, and apparently a mutuality of pleasure: this is merely a presumption on his part.

Generativity is seemingly produced from a simultaneous sameness and oppositeness, sexual intercourse being the appeaser in this instance: man, the rational being who loves and works, woman, the irrational creature who hates and plays. Erikson (1980) simply describes women as they are inscribed in discourse, as 'lack', their sexuality is 'passive' and their pleasures are vaginal (Freud, 1977a; Irigaray, 1985a). Seemingly, then, it is only through this union that women are privy to a capacity to care, a capacity that is not theirs, but one that belongs to the image of 'himself', a capacity perhaps that 'arises' from the very institution of marriage, motherhood and a patriarchal nuclear family. This capacity to care belongs to man within the public domain and the responsibility for it is projected into the private domain. To earn this capacity to care, women must give up their genealogy and their capacity to feel, their 'pleasures' being defined within that of man's mutuality. Sexual difference can only be defined through language and women's sexuality described through man's cultural prescriptions (Irigaray, 1985b). A woman's capacity to care within a cultural sense can only be 'performed' by the maternal within the private domain, the domain full of conflicting responsibilities of care.

Hollway (2006) draws from Kleinian psychoanalytic theory as a basis of lifespan developmental capacity to care, one that is produced by the 'maternal' and developed to a capacity to care for others, such as within adult mother-daughter relationships. It is the inter-subjectivity between mother-daughter, mother-son that begins to develop while the baby is still in the womb (the unthought-known or pre-symbolic communication), parallel to the development of individuality and relationality that creates a capacity to care. This development is dynamic and mutual, forged from a mother's pre-symbolic communication and the post-natal ruthless demands of the child along with the mother's long suffering responses to these demands. Hollway's care is patient and altruistic because it is borne from the selfless compliance to these ruthless and persistent demands.

Within this paradigm, motherhood discourses, such as good, bad, feared, revered, consuming, smothering, derive from unconscious traces of the omnipotent mother, the one with complete control over the life-sustaining needs of the small child and those traces contain the love/hate produced within object relations theory and are important factors in the forming and understanding of a capacity to care. It is these

traces of unconscious inter-subjectivity that allows the 'carer' to receive emotional communications from those in 'need' and respond to those 'needs'.

According to Hollway (2006), omnipotent mother discourses have a large effect on western culture, although this is given little attention within feminist literature, due to its emphasis on women's lack of power. Due to the infant's total dependence upon its mother, the 'omnipotent' mother has complete power. This results in two phantasies that are produced by the all good mother and the all bad mother. These phantasies are oppositional, but both serve as defences against the threat of the mother's power. One of these leads to 'denigration' and 'domination', a rejection of her power and what she represents, in a bid for complete independence and the other leads to an idealisation of the mother in order to make the powerful mother good and safe. Apparently, these internal phantasies are not related to the 'realities' of the mother being dominated by the father. These traces remain in adulthood with different consequences for daughter and son.

Boy's responses differ, due to the fact that they suffer from an equivalent to penis envy, a traumatic stage where boys discover they are not like their mother, the biggest problem with this being the realisation that they are unable to bear children, this in turn alerting them to the realisation that they will never be able to be like their mother, subsequently turning to their father. This is likely to lead to denigration and repudiation of the mother.

Kleinian object relations theory suggests that a baby relates/reacts to the care it receives and Hollway (2006) sees the development through these stages as pivotal to a person developing a capacity to care in later life. When the baby receives what it needs to satisfy these ruthless demands, it experiences love towards the mother/nurturer. When it does not it experiences hate. Initially it cannot equate the two and this stage is identified as a paranoid-schizoid stage. Here the baby cannot recognise the mother as a single entity, only separate objects to be loved or hated. Later the baby realises that both the loved object and the hated object are in fact, one and the same and therefore experiences feelings of guilt for the feelings of hatred that manifest towards the mother. This stage is labelled as the depressive stage (Hollway, 2006).

According to Hollway (2006), as adults these stages are still relevant within adult/adult caring relationships, in regard to responses to the caring needs of others. Those who fail to develop beyond the paranoid-schizoid stage may project the hatred they feel towards the mother/object onto others and subsequently denigrate them. Hollway gives the example of Billy Elliot, the boy who wished to become a ballet dancer, to the disgust of his father. The father, according to Hollway, projects his feminine side that he hates, due to the fact that it represents what he can't have, onto the boy and thereby denigrates and despises him. According to Hollway, those who remain or who position themselves within this stage are incapable of care. This is important in the understanding of the production of Erikson's (1980, 1987) generative capacity to care, a capacity that underpins the care within the public domain.

The care that Hollway (2006) produces is one that is dependent on the successful negotiating of life events. Men develop differently in that they negotiate these 'events' in a different way. They turn to their fathers before having successfully negotiated the difficulties associated with the differences of their mother and therefore their phantasies consist of projected denigrations on to others. In this way Hollway offers a cultural explanation as to the development of care within a public and private domain as well as the gaps within the generativity of care in regard to its incongruence with the caring for a partner and family. Men care within a public domain formed by an obsession with the maternal, phantasies of denigration (this being depicted within Erikson's (1980) appeasement of 'rage' through sexual intercourse with his wife/mother/self), women care through maternal obsessions also, except these are based on phantasies of the good safe mother, and strengthened by the inter-subjective unconscious pre-language communications with her infant. Both are based on cultural depictions of the mother and both are dependent on 'good enough' mothering. Women are therefore ultimately 'responsible' within Hollway's care theorised to be produced within the 'private' domain.

This 'splitting' described by Hollway (2006) is softened by historical/biological contrivances that create a 'caring personality'. The potential development of this capacity is dependent on input reminiscent of the 'protestant' or 'Calvinist' work ethic narrative. Winnicott's (1975) good enough mothering is required for a

satisfactory outcome, gained from hard/selfless work and the acquisition of the appropriate knowledge and skills. As in Erikson's (1980, 1987) generativity, a capacity for care can be gained through other avenues. Erikson saw those who were unable to produce children as being able to redeem themselves and attain high generativity through 'social' generative acts, such as community involvement and volunteerism (Kotre, 2004; MacDermid, Franz & De Reus, 1998). Hollway's (2006) capacity to care can be gained through other inter-subjective relationships, such as friendships, caregiving, but these can never gain the same intensity as those produced through the pre-symbolic communications of the biological mother-child relationship.

What, however of the mother-daughter relationship, severed by the cultural requirements of man, and then stitched back together again so that the mother can fulfil her requirement to 'train' her daughter in the passive feminine guiles that are attributed to her gender, after being made aware of the fact that she is destined for the slave trade. What happens to this pre-symbolic space that is denied in language? Hollway (2006) would have us believe that it underpins cultural care and perhaps it does, but if it does this is because of the phallogentric nature of the discourse within which it is practiced and if this is the case, then this care must also be underpinned by man's desire for his mother and be carried out by his image.

Hollway (2006) feels her model of care can be theorised across the lifespan, that this care can explain care relationships between elderly adults and their adult children. Hollway sees reciprocity in care as a necessary component, yet research such as Fingerman's (2003) has shown us that this is not the case, that a mother sees her relationship with her daughter as familial, whereas the daughter demands an exclusive relationship with her mother, hinting that it is man's imaginary that controls these particular relationships. Hollway sees a mother-child relationship as an unthought known, where in the concept of care; mother and children 'know' the requirements and the feelings and concerns of each other. As discussed, Fingerman's research reported that mothers and daughters felt they 'knew' each other's requirements, yet research such as Hall-Lord and Larsson's (2005), note an incongruence between the perceptions of the needs of ailing mother/patient and their adult caring daughters. It seems that although this inter-subjectivity may exist, it is

not prevalent within adult mother-daughter caring relations to which she has generalised her theorising or explainable within dominant care discourses.

As the inter-subjectivities of care are not common amongst dominant discourses of care, it would seem unlikely that this inter-subjective care is played out in any spoken form within care relationships and if it is, it is in the form of providing the prerequisites for man to develop his cultural capacity. This is dependent on how well he perceives his mother to accommodate his ruthless demands and how much he not only wants the power of the phallus, but also wants the mystical powerful properties of producing life, the ultimate in generativity, just another cycle of maternal yearning.

Narcissism and man's projection of 'his' caring responsibilities

Erikson (1980), in his definition of genitality that underpins his theory of generativity, states the necessity of the mutuality of orgasm and its mutual regulation of rage, yet this mutuality is troubling. This mutuality only appeases the shortcomings, the rage generated by the 'otherness' of women and whether it is generated by the inability to give birth remains an unanswerable question. However, it would seem that this inability is surmounted by the narcissism of generativity. If Hollway (2006) is right in her assumptions, then this rage is played out by Erikson in the company of man alone, tunnelled towards his own projected image, a feminine image, one that is the opposite of all he holds dear to him and aspires to be, an image he now denigrates/loves within a misguided phantasy of mutuality and happy families. This is the cornerstone of Erikson's generativity. Discourse is steeped in this generativity, this capacity to care, and it is this discourse from which Tronto's definition is crafted. Therefore it is my opinion that Tronto has made a grave error by dismissing psychoanalysis and the formation of sexuality and gender identity as necessary components in the understanding of a construct called cultural care.

Generativity supplies the basis of a male genealogy. Its oppositional term is stagnation. Stagnation is applied to those who do not indulge in generative behaviours, behaviours that Erikson (1980, 1987) sees as altruistic, caring behaviours. According to Van Hiel et al. (2006), 'stagnants', (the term being a

derivative of the oppositional form of generativity as in generativity/stagnation) or those who do not fit the necessary requirements pertaining to generativity, are exclusionary in that they seem incapable of forming stable relationships (a stable heterosexual relationship being necessary to progress to the stage of acquiring generativity) they do not get involved in politics or community organisations and they do not get involved in activities that oversee the care and guidance of children. As generativity is considered as an altruistic pastime it stands to reason that its oppositional term stagnation would imply that those who have failed to make a successful transition to Erikson's seventh stage within the lifespan would be narcissistic in nature. Research conducted by Van Hiel et al. (2006) suggests however that this is not necessarily the case. Those deemed as low in 'generativity' have also shown to be low on 'narcissism', confusing the idea that generativity is an altruistic endeavour, practiced unselfishly in the pursuit of bettering humanity and guiding future generations. It would seem that generative activities, those that are culturally acceptable, may not necessarily require selflessness; in fact the opposite may apply.

Therefore, an alternative explanation is that both altruism and narcissism are dependent on required cultural positions. Generatives care about the right things, things that keep the cultural structures in place and stagnants apparently don't. However, generativity could be considered narcissistic because it requires a (re)generation of the self through a male genealogy, the one that Irigaray (1985b) describes as underpinning a phallogentric society based on a hom(m)osexual culture and a heterosexual economy, further indicating the exclusion of women from the public morality of cultural care. This narcissism requires the production of his children and the nurturing of the nations children, the generation that perpetuates his name. Therefore it is not surprising that a lack of generativity/narcissism could be socially exclusionary, social exclusion being considered a category for concern within a neo-liberal philosophy and a knowledge based economy (KBE). This perhaps indicates that a healthy desire to perpetuate oneself and one's social identity within the social order is necessary for inclusion within contemporary global politics; a contemporary form of self care that presents as a care for the needs of others. In fact it seems that narcissism is a necessary requirement for social inclusion given its pivotal role in the mutuality of heterosexuality (and by that term I mean any form of

sexual relationship practiced within the bounds of phallogentric culture) within which sits a man's projected responsibility to care.

However, generativity can be seen as paradoxically both narcissistic and altruistic. Narcissism springs from the desire for immortality, the demands of production, the perpetuation of the self and this is pitted against the altruistic nurturing of future generations. According to McAdams and Logan (2004) highly generative adults display strong individualist demands pertaining to the production of offspring, yet display a selfless, loving, and communal caring towards youth in general. Those who are high in generativity are better parents, prioritising education and socialisation and imparting wisdom to their children, the outcome of which are higher moral standards and self esteem. Generativity, according to MacDermid, et al. (1998), is a strong and predictive dimension of socially responsible behaviour, these behaviours including volunteerism, caring for family members and community involvement. So it seems that generativity is generally good for both individuals and society as a whole, creating wellbeing, maturity and 'coherence'. Generativity, apparently, promotes wellbeing for those who promote generativity. Therefore it seems that it is a far healthier endeavour to stay within mainstream values and opinions (McAdams & Logan), these values firmly upholding the boundaries between the public moral domain of justice and the private domain of responsibility.

There seems however, to be a curious gap within this cultural framework of generativity/care. Generative discourses reinforce the production and the perpetuation of a male genealogy and the cultural education of future generations, but fail to include that which is considered acceptable behaviour towards the generative male's projections or appendages, his wife/mother/lover and progeny. It is the exclusion of the care of the immediate family that implies that perhaps discourses advocating the nurturing of future generations only serve to perpetuate the future of the self. This becomes apparent when one reflects on the rather large gap in 'care', left by the engagement in generative behaviours. It seems that while highly generative individuals are out acquiring and spreading their cultural inclusionary knowledges in the guise of universal truth, they are sadly neglecting those that inhabit their private domain, their families. It seems that somehow, generative care discourses do not address this particular domain because this is the place of man's

projected responsibilities, Gilligan's (1982) and Tronto's (1993) responsibilities: responsibilities that are no longer his.

Man can be highly generative socially within the public domain, participating fully in community endeavours, mentoring youth and individually settling into a stable relationship, having children and providing for them in socially adequate and acceptable ways, but still subject those family members to abusive situations, whether they may either have their movements strictly controlled or be subjected to physical or verbal abuse. This can happen, as in my own experience, within a family setting that is highly generative in appearance, with the father, active in the community including the mentoring of youth, diligently providing all the necessities of life to his family and painstakingly maintaining the home, yet being constantly verbally abusive to his wife and family. It seems that perhaps the maintenance of the process of family life is more important to man's social order than the wellbeing of 'his' family that reside within it, that of his wife and family, that are maintained within 'his' heterosexual economy. It seems that within this private domain where men are seemingly paradoxically absent and present (Boss, 2006) man struggles with his incestuous pre-oedipal desires for his mother, as opposed to the public domain, where he seeks to satisfy and indeed perpetuate those desires with his endless drive toward the acquisition of knowledge and power.

It is within this acquisition of knowledge and power, that the theorising of a feminist ethics has evolved and perhaps this has been assisted by the acceptance of an existence of a public and private domain in the first place. Tronto (1993) wishes to escape the private domain, thereby rendering it 'impotent' in regard to the agency of women, however, she acknowledges its existence by wishing to place care within the 'public' domain.

The blurring of the public-private boundaries

So this attempted blurring of the boundaries between the public and private domain through the theorising of a feminist ethics, the need for feminist ethics to go public, is an attempt to give half of man's rejected responsibility back to him while accepting the responsibility of the rest of it, which is not much of a compromise

given that it was his in the first place. Unfortunately this is not a possibility as man's discourses won't allow it: this concept is inexpressible and most definitely incoherent.

The biggest problem here is the acceptance of the existence of a public and private domain. To theorise within this dichotomy, man's have, and his 'lack', his conscious and unconscious, his love and his hate, makes oppression inescapable and makes the definition of care as precarious and dynamic as the conflicting discourses that command its value and its meaning.

It doesn't matter that generative/care discourses are conflicting in nature (as they will be given the dynamic nature of what man deems to be deserving of care), as long as they exist and continue to be circulated. Their meaning is inconsequential in the long term, in regard to their purpose, the smooth running of western civilisation, however, the consequences are devastating for those who don't fit into the constantly changing criteria that advise us on who is deserving of care. For instance, within care literature it can be seen to be in the best interest of the child that the mother works or in the best interest of the child that the mother stays at home. These discourses are conflicting, but both enhance the institution of family and in doing so provide flexibility, a dynamics, a plasticity that serves to bend with the speeding social changes which envelop us. This dynamic serves to protect the status quo/male generativity/genealogy that excludes women and severs them from their blood ties/mother/genealogy.

Within Erikson's (1980, 1987) generativity, Hollway's (2006) care becomes a little lost. It hints at a pre-symbolic, pre-natal care, unable to be expressed within language, described as the unthought-known that may perhaps also sit under the title of unspoken/ unable to be articulated/incoherent-known. This care is generated within a nuclear family setting and is able to be facilitated by both parents within a modern global society. Hollway's care soon disappears amid dominant discourses of care responsibilities and gets lost within them. She believes that this is because discourse changes through cultural change, taking a while to filter into language. However, this is unlikely. It is more likely that discourses alter in a very beguiling manner, shifting the boundaries to preserve the social order and this is a public,

political endeavour, becoming more pervasive in times of global 'crisis', crisis meaning anything that may threaten the social order that serves to keep man's imaginary and maternal responsibilities intact. Within contemporary western society, a neo-liberal and third way brand of politics, ensures the maintenance of this social order with its constant monitoring of individual and family practices, and thereby adjusting discourses to keep the balance between the two domains and the splitting of 'man' and his 'responsibilities'.

Within this social order, women remain severed from both themselves and others, especially considering that western culture is dependent on women being separated from their own flesh and blood, both physically and genealogically for its survival, dependent on mothers and daughters passively accepting their 'lot'; or 'lack'; as well as the loss of control of their sexuality, settling down to be taught the finer art of feminine thinking and behaviour, by their mother, no less (Irigaray, 1985a, 1985b).

Mother-daughter care within psychoanalytic cultural narrative

The consideration of the mother and daughter relationship is what Tronto's (1993) androcentric care is missing. Irigaray (1993a) suggests that as western culture sees men holding power over women under the guise of universality, injustices of a social and cultural nature are obscured. For meaningful understandings of care to be functional, they must first recognise this, the fact that we, as women, live within a system, a patriarchy that allows only for male genealogical systems to which we are required to submit. This oedipal structure fails to symbolise mother-daughter relationships, these relationships being subordinated to relations between men, censoring women's speech, and ensuring a gradual inaudibility (Irigaray, 1993a).

This is the language which secures women as tradeable objects, and care in terms of productivity and sustainability. Mother-daughter care can only be talked about in terms of motherhood and daughterhood or 'caregiver' and 'patient' or productivity and sustainability: there is little else available. These discourses come hand in hand with available terms associated with a women's responsibility to care, such as 'burden' and 'ambivalence', terms that are derived from the culturally required severing of mother-daughter or even perhaps with the omnipotent mother, also

seemingly a necessity to create a cultural form of care. For example, Henwood and Coughlan (1993) when studying relationships between mother and daughter pairs suggested that relational difficulties could be contributed to 'earlier development transitions'. Caregiving research, such as that performed by Cicerelli (1995) and Fingerman (2003), name terms such as 'caregiving' 'burden' and 'ambivalence' as the pertinent constructs to investigate and women, participating, craft their answers within appropriate discourses. They have no choice: there is no alternative on offer. These discourses are produced in conjunction with the oedipal crisis and generalized within caring relationships across the lifespan, including adult daughters and their elderly mothers.

These discourses serve as political tools to maintain a patriarchy, the production of knowledge that continues to produce language that defines women's caring responsibilities, their burdens, their caring personalities (those that can be produced through appropriately sanctioned cultural relationships), and their ambiguities and tells us there is a natural ambivalence between mother and daughter, thereby making it a necessity for their parting, genealogically. It is therefore not surprising that Fingerman's (2003) research in particular, being one of the few projects that concentrate exclusively on this relationship, shows the difficulties in communication between mother and daughter within specific cultural confines. These terms are borne from life cycle stages and mother-child development theories that see these discourses perpetuated through psychoanalytic cultural narrative.

Fingerman (2003) however is not convinced that psychoanalytic cultural narrative provides an adequate framework within which to study mother-daughter relationships and the adult caring relationships that are developed between the two, although she acknowledges the historical contributions that psychoanalysis has made to caregiving research and the study of mother and daughter ties. Fingerman (2003, p. 44) states:

Although it was the first theoretical camp to deal with motherhood in a developmental context, psychoanalytic theory does not provide insights into the strengths of mother/daughter ties in old age.

It is clear, however, that Fingerman's (2003) findings do make sense when read within a psychoanalytic framework. She pinpoints a 'matriarchal' role played by the mother, wherein women are socialised to value familial bonds and keep family members interconnected, whereas men are socialised to succeed in an extra-familial world. This puts the mother as the pivotal role within a nuclear family setting. However, this positioning of the 'mother' also draws our attention back to Gilligan's (1982) private and public domain of care and justice, and its false dichotomy of public-private and the injustices the unpacking of it uncovers.

Fingerman (2003) also notes difference in intensity between mother and daughter ties as opposed to other parent-sibling combinations, and notes that a paradoxical pleasure and tension is also present within these relationships that she explains as the mixture of new found closeness with old 'conflicts'. It seems that 'caregiving' is a central part of mother-daughter dyads; this is because of the pleasure involved in a reciprocal nurturing process. Here, it seems, the pleasurable experiences of mother-daughter relationships are explained within 'nurturing' and tempered with 'ambivalence' and 'conflict' that Fingerman sees as developing from conflicts arising from early mother-daughter developmental stages. From here it is becoming difficult to ignore the psychoanalytic transitional discourses from a care that is apparently devoid of psychoanalysis.

Fingerman's (2003) mother-daughter relationship is not quite as it seems. Fingerman found that daughters were more likely to talk about both the strengths and weaknesses of the relationship, whereas mothers were inclined to talk only of the strengths. It seems that mothers also consider their relationships with their daughters as familial, while the daughter views them as dyadic, thereby casting doubt on the reciprocity of this relationship. Mothers retain a central space within a family setting and divide their attention equally amongst siblings, whereas daughters consider this relationship to be somewhat more exclusive. Daughters find visits involving their mother only, far more satisfying than those which include other family members. Daughter's conversations surrounded their exclusive relationship with their mother, whereas mother's conversations included a wide array of family members. It would seem that the non-exclusive nature of the mother-daughter relationship is a problem for the daughter, expressed within ambivalence discourses, discourses which express

anger at the non-exclusivity of the relationship that is offered to her by her mother and the mother, according to Fingerman's findings, is unaware of this. However, despite the expectancy for exclusivity within mother-daughter relationships, daughters, when faced with other familial responsibilities, such as those surrounding the care of husbands and their own children cut down the time spent with their elderly mother (Fingerman) indicating that the genealogical ties and subsequent responsibilities pertaining to the husband and children are far greater than the responsibilities an adult daughter feels towards the relationship with her mother.

These findings, despite Fingerman's (2003) misgivings, are able to be theorised within the bounds of psychoanalytic theory and the discourses used within her research regarding later in life adult-mother relationships are the same cultural productions associated with the surmounting of the oedipal crisis. For a start, Fingerman places them within a public/private domain and these domains, as discussed, can be related to man's conscious/unconscious or symbolic/imaginary. Man's unconscious is a place where Irigaray (1985a, 1985b) has tentatively suggested that women reside and apparently given that the private domain is where they are placed by Fingerman, this is still the case for elderly mothers and their adult daughters. Fingerman cites a paradoxical pleasure/nurture and conflict/ambivalence, classical binaries associated with the psychoanalytic development of cultural gendered identities, such as love-hate, life-death and good mother-bad mother, indicating that these are indeed concepts that have been transferred from early mother-daughter relationships to caregiving relationships in later life. Finally, Fingerman describes the patriarchal structure, a mother-daughter relationship within a nuclear family that she disguises with a beguiling explanation of a matriarchy, a situation where the mother keeps the family intact by being responsible for keeping families together and caring for those family members in need of care. However, the family that the mother keeps together is his family, his children, his generativity. Within this structure, the father is the symbol of patriarchy and as an extension of himself, he bestows the job of nurturing and caring on to the mother that she performs within his rules. From this position, he is consciously the mentor and educator and unconsciously the nurturer/care/mother ensuring the 'mother' performs these duties satisfactorily. This makes him very much present and involved in the upbringing of his children. His relationship with the mother is exclusive, as is the

children's; she has no identity other than mother and wife with which to enter into any exclusive relationship with her daughter, although the daughter demands this from her.

When faced with the responsibilities of care towards an elderly mother, the wife's mother not falling within the bounds of the nuclear family of which the daughter is a member, tensions are likely between the wife's primary responsibilities to the husband and the nurturing of his children. When viewed within Irigaray's (1985a, 1985b) paradigm of western culture, it is not surprising that women prioritise their husband's and children's needs over their mother's. It seems that the level of care that the daughter is able to bestow upon her mother is directly related to the demands placed on her by 'her own' family, the one defined through male genealogy.

A question of agency

Barnes (2006, p. 34) sees 'caring' relationships within the male genealogically defined nuclear family as a "profoundly ordinary experience." She sees caring relationships as being pathologised into these dichotomies of 'carer' and 'patient' through medical discourse that shift the mother/daughter relationship out of the 'private' domain and into the public medical domain of care. The fluctuating boundaries of the public and private domain or in other words, of man's conscious and unconscious is dynamic and can change from day to day. A daughter inhabiting the private domain becomes a caregiver within the public realm. A mother is transformed from Fingerman's (2003) matriarch to a patient under the strict paternalistic care of her caregiver/daughter (Cicerelli, 1992, 1993).

O'Conner (2007) identified differences in caring behaviours of those who identified as 'carers' or 'daughters'. In fact these behaviours, in some cases, changed as a result of participating in O'Conner's research, these participants having thought of themselves as daughters looking after their mothers as opposed to caregivers looking after their patients. 'Caregiving' daughters referred to their mothers as patients and were more likely to make decisions against the will of their 'patient' mothers. They also received more public support and access to funding, this public positioning opening up opportunities for home- help, support groups and funding.

Both O'Conner (2007) and Barnes (2006) have highlighted the differences of treatment for patients depending on the positioning of the daughter/caregiver, depending perhaps in which realm/domain they stand at the time of decision making. O'Conner notes the increased funding and public care for 'patients' but that caring is administered in impersonal and 'paternal' ways. Noticeably, one realm describes them maternally, wherein they enact their 'natural' care responsibilities; the other describes them medically and offers them assistance in the genderless discourse of the public domain. This brings us back to the illusionary position that sees 'agency' come at a paradoxical price, invisibility and it would seem there are financial rewards for this for the carer to the detriment of the patient.

Women are only transported into the public world of men for financial reasons and inclusion depends on the carrying of the label, commodity (Irigaray, 1985b). This public world is economically driven by men, for men and women's participation is sanctioned when it strengthens and perpetuates cultural narratives of phallocentrism. Women's participation is brought at a price. They may participate within it if they do it 'for' men and not 'with' men. In this way, agency is awarded on behalf of the head of their institution of origin, the heterosexual nuclear family, within which a woman remains a tradeable commodity. This family unit must be maintained at all costs and is an essential base for monitoring of and maintaining of 'docile bodies' within a process of 'governmentality' through a contemporary neo-liberal global politics.

It is from this illusionary position, one of genderless voicelessness that a feminist ethics of care, as advocated by Barnes (2006), Sevenhuijsen (2002) and Tronto (1993) speaks. A feminist ethics speaks from the public realm believing that speaking from such a position gives women agency: this is not the case. Any hope of agency is swallowed up by the gendered discourses of man. Women are not audible here, they exist only between those lines both in the symbolic and imaginary of men, where they can only be described in relation to the maternal and medical discourses of care: no other relationship is allowable given its potential to disrupt the social order. Therefore the capacity to care is strictly controlled by patriarchal cultural prescriptions, and this is in some part perpetuated by feminist research and a feminist ethics of care that insists upon framing itself within oppressive existing dichotomies,

such as the public and private domain. A feminist ethical care is theorised within the male symbolic, as opposed to Hollway's (2006) capacity to care, that care seemingly theorised from within the male imaginary.

Hollway (2006) is critical of a 'care' that fails to include psychoanalysis and the development/relationship between mother and child. A feminist ethics of care that denies the 'existence' of psychoanalysis, reasons its brand of care from a public domain of productivity and sustainability and this is an understandable assumption, that this is where agency can be gained, through the implementation of public policy scripted through the theorising and experiences of women.

It would seem that without psychoanalysis, there would be no 'care' in the cultural sense, care being dependent on man's 'splitting' and subsequently his projected hatred, love and responsibilities. Yet Hollway (2006) further suggests that 'splitting' creates positions from which caring becomes difficult: 'splitting', it seems, creates 'othering', intimating that care within psychoanalysis is a tricky concern that is dependent upon the recipient's status. It is a possibility that both Tronto's (1993) and Hollway's 'care's' are one and the same, culturally crafted 'cares', Tronto's spoken from the 'masculine' and Hollway's from the 'maternal', both, of course belonging to men and both being intricate parts of the maintenance of man's social order. Therefore it would seem that a feminist ethics of care is generated from a discursive split between a public and private domain, one of justice and one of responsibility, man's justice and man's projected maternal responsibilities, or in other words, women's responsibilities to man. It may be the case that care discourses generated from either domain are destined to become part of or are merely expressions of, man's desire. Irigaray (1999) questions the existence of desire without need. It is desire that requires us to 'lord' it over nature. Yet generativity theories would have us believe that it is the capacity to care that sets us apart from other species. From this perspective it would seem entirely likely that man's 'desire' and his cultural 'care' are the same thing. If this is the case, it is not entirely surprising that 'need' underpins a western cultural version of care. A feminist ethics of care hinges on the definition of need, and as both Tronto (1993) and Hollway (2006) inform us, this need must first be identified before it can be addressed. So the needs of others that

Gilligan (1982) refers to below are the needs defined within the unconscious of man, his 'uncaring' care:

The very traits that have defined the goodness of women, their care for, and sensitivity to the *needs* of others, are those that mark them as deficient in moral development (Gilligan, 1982, p. 18).

Here Gilligan (1982) defines the differences between the moral reasoning of men and women; a woman's caring if framed within the public domain of morality, becomes deficient. However, this is not as it seems, because the needs that women display such a sensitivity to, are those defined by men to perpetuate/generate themselves. Perhaps here, the inquiry pertaining to 'need' may be more enlightening than the definition of 'care' because need is relational to what can be culturally cared about. If man's desire is to be continued and perpetuated within a generative phallogocentric system, then 'need' is a requirement for that generation. 'Care' and 'need' may sit comfortably with 'desire' and 'demand', demand being a necessary component for the development of Hollway's inter-subjective care.

Hollway's (2006) inter-subjectivity is a place where she sees a 'core' capacity to care developing. This care is created through a biological mother's link to her child, a mutual development, borne from the mother's long suffering (cultural) passivity and the child's ruthless demands, the worst of which it saves for its mother. Between them, in a parallel space, they develop both autonomy and inter-subjectivity: they become aware of the concerns and the needs of each other, this is their space. This is also an ongoing mutual dynamic process. This 'care' is reinforced by the producing of further biological children, revisiting adult mother and daughter relationships and reinforced through friendships, intimacy, work and play situations.

Hollway's (2006) notion of inter-subjectivity advocates a caring that is borne from suffering, described within a classic western tale of hard work, suffering and redemption, as in Hekman's (1995) forming of the 'moral subject' whereas a care written from Irigaray's imaginary would produce one of fluidity, multiplicity and perhaps excess, bearing in mind that excess can only be measured upon what it exceeds (Grosz, 1990). This is a place where women exist because there are no

binary oppositions to prove that they don't, therefore it is a place where the confirmation of 'agency' is unnecessary (Minsky, 1996).

Hollway's (2006) place, on the other hand, is a place where subject-subject resides, both participants confirming the subjectivity of the 'other'. Yet Irigaray (1985a, p. 133) suggests that there is no such thing as "...a theory of the subject that has not been appropriated by the 'masculine'." By 'female' within discourse, Irigaray sees a woman as "[r]e-objectifying her own self whenever she claims to identify herself as a masculine subject." It is difficult to see Hollway's care as empowering to women, even though at first glance it is a tempting place to start. The following quote from Minsky (1996, pp. 198-199) however, suggests that Hollway's mother/daughter/sibling care/love is culturally inaccessible: "The speaking in the symbolic is carved out of the richness of identity in the Imaginary which, however illusory, is rooted in love and the body of the mother, despite her subsequent murder in culture."

Hollway's (2006) care is written from man's imaginary, although it seems that within this private domain where men are seemingly paradoxically absent and present (Boss, 2006) man struggles with his incestuous pre-oedipal desires for his mother, as opposed to the public domain, where he seeks to satisfy and indeed perpetuate those desires with his endless drive toward the acquisition of knowledge and power. This is a difficult place to theorise the imaginary of women, although perhaps it is the only place left from which to start, given that it is a place of 'objects' as opposed to a place of 'nothing' (Irigaray, 1993a). It is from the former that Hollway divides the concepts of philosophy/morality and psychology/psychoanalysis. Tronto's (1993) care, according to Hollway (2006), is one that belongs to the public world of philosophy, even though her definition of care has been used by many, including Hollway herself, as opposed to the private realm of psychology. It is in the latter that Hollway sits her capacity to care, within the 'maternal', man's psychology of women. Yet Irigaray sees the entrance of women into the male symbolic as causing the disembodiment of women, allowing both philosophy and psychoanalysis alike, to control women's place in language and the production of knowledge (Irigaray, 1985a; Minsky, 1996). It seems that both Hollway and Tronto have been sidetracked with the public and private divisions of care, divisions seemingly determined here by

the 'disciplines' and knowledge production, further entrenching care as either being practiced within a public or a private domain. Here, psychology is seen as that which determines the development of the 'maternal' and philosophy, that which theorises the existence of the 'public'. Irigaray (2002, pp. 205-206) states: "You intend to separate philosophy and politics from the unconscious, but you have been mercilessly misled, since in reality they are mutually determining in the history of knowledge."

Irigaray (1985b) sees man's symbolic as changeable. To not believe that this is possible would amount to resigning oneself to the obvious limits of the male symbolic, to his generativity, to his 'care'. Women must imagine and create/construct an imaginary from within which a new symbolic is a possibility, one that may hinder the specular gaze (Irigaray, 1985a; Lacan, 2006) of man, allowing a language that includes both masculine and feminine, both women and mothers, within which, although subjectivity becomes a possibility (Minsky, 1996), it is no longer a necessity, given that the phallogocentric nature of its construction becomes irrelevant.

This would allow us to theorise a care without culturally determined need, one that does not rely on productivity and sustainability, one that does not require cultural sanctioning and can only become a reality with the breakdown of such cultural dichotomies as public and private. This is not a possibility without the restructuring of his phallogocentric society, neo-liberal economy and the (re)discovery of mother-daughter relationships/genealogies. This would require man to get over his mother fixation and its perpetual drive towards his/our destruction. However, with the establishment of a knowledge based economy, the advent of this is becoming increasingly unlikely.

CHAPTER FOUR: The representation of care within a knowledge based economy

Psychology transmits ideals: the psyche therein no longer represents anything but the sponsorship that makes it qualify as academic. Ideals are society's slaves. A certain kind of progress in our society illustrates this, when psychology not only furnishes the means, but even defers to the wishes of market research (Lacan, 2006, p. 705).

A feminist ethics of care is based on the existence of a public and private domain, yet is dependent on the possible diffusion of such boundaries in that it requires a voice through which to be articulated. The social order is based on the maintenance of the public and private domain as separate 'entities', yet within contemporary global politics, a diffusion of these boundaries is portrayed as necessary to maintain this order. This is in some part due to changing demographics, such as a drop in fertility, the changing face of families and a growing number of elderly, due to increased longevity. These phenomena are deemed global (as in western civilisation) in nature and relate to technological advance creating a need for global corrective strategies within contemporary political policy (Cotis, 2005), and the subsequent necessity for women to enter the workforce to maintain economic stability. This stability, that is dependent on women's 'presence' in the public domain, paradoxically still relies on the severance of the mother-daughter tie that sets the foundation for the public and private 'split' in the first place, given that this split is a necessary requirement for development of gender identity and care within the psychoanalytic narrative that underpins western culture (Irigaray, 1985a, 1985b). The paradoxical nature of representations of a public and private domain lead us to ask, are the best interests of women being served by the possible illusionary nature of this diffusion, and does the theorising of a feminist ethics of care within this dichotomy serve the best interests of women?

This 'illusion of diffusion' has grown within a neo-liberal ideology that has gained ground since the demise of Keynesianism as the dominant economic policy in the latter part of last century. Keynesianism refers to the preferred economic ideology of

last century, an ideology that favoured 'collective' good and community responsibility and underpinned New Zealand's welfare state. Keynesianism fell from favour within the New Zealand Treasury in the late 1970s and this was eventually translated to government policy in the early 1980s, first by the Fourth Labour government and by successive National and Labour governments since that time (Roper, 2005). Keynesianism was replaced by neo-liberalism, through the name of which, one could be forgiven for assuming that it was merely a resurgence of the old 'classical' or *laissez-faire* liberalism advocated by Adam Smith. Classical liberalism, underpinned by a philosophy of 'individual' good and 'personal' responsibility has now evolved, however, from Smith's 'invisible hand' ideology (Becker, 1964) of minimal government intervention to a neo-liberalism of the 1980's and 1990's. This form of politics, advocating decentralisation, devolution and free market trade, has subsequently become known through populist discourses as 'Rogernomics' and 'Ruthanasia', named after finance ministers of the time, Roger Douglas and Ruth Richardson (Roper). Devolution refers to the sizing down of government institutions and the services provided being contracted out into the bounds of private enterprise. This strategy has placed care firmly back in the hands of the 'family' and can be interpreted as both a cost saving measure and as Gordon (1991) suggests, one that sees the strengthening of families and 'kinship' ties due to the additional responsibilities for women that have coincided with the growing numbers of women entering the workforce. At the same time, discourses surrounding home-care and work-care advocate a growing sense of 'equality' for women within both the home and the workplace (Halpern, 2004, 2005a). Care, however, still remains a 'burdensome' pastime, the responsibility of which is still 'shouldered' by women (Essex & Hong, 2005; Pinquart & Sorensen, 2005).

Neo-liberalism from Foucault's (1977, 1991) and Gordon's (1991) understanding of governmentality is a mixture of economics and behaviourism, reminiscent of Halpern's (2004, 2005a) contemporary arguments that see a work/life balance as having beneficial psychological benefits for women. The former describes and the latter advocates a contemporary and controlling brand of psycho-economics. Neo-liberal politics, however, has since evolved further to a 'third way' global strategy (Roper, 2005) that implements policies of intervention to assure both 'productivity and sustainability', part of this process involving the implementation of a KBE, that

seeks to educate, up-skill and retrain the workforce to meet the demands of a post-industrial global economy. Constant workplace education is seemingly required to keep up with the technological redundancies created by obsolete machinery and work skills (Donzelot, 1991). Within a knowledge based economy (KBE), self enhancement is now expected from each 'individual' with the goal of increasing institutional man's own worth and that of 'his' future generations.

A KBE is designed to supply perpetual on-the-job and institutional training in a bid to combat the loss of employment due to technological advances and closely monitors these changes through statistical analysis. Foucault suggests that neo-liberal economic strategies can be viewed as a controlling brand of psycho-economics and this is further reinforced by Gordon (1991) who describes contemporary man as 'homo-economicus' or 'manipulable man' (Donzelot, 1991a; Foucault, 1991). The rise of this brand of politics also coincides with the increase of Erikson (1980, 1987) inspired generativity discourses that have made a resurgence within psychological literature (de St. Aubin, McAdams & Kim, 2004a, 2004b).

Generativity/care can be seen as the perpetuation of a male genealogy within a contemporary society, a society described by Irigaray (1985b) as hom(m)osexual in essence given that it is only men that trade in the absence of women. Women are themselves traded within a heterosexual economy that sees them passed from their father's family to that of their husband's, within a male genealogical and phallocentric structure (Irigaray, 1985a, 1985b). Women are therefore traded within the confines of Erikson's (1980, 1987) generativity, in a contemporary society that renders them both 'docile' by the pervasiveness of its politics and 'passive' by the domination of its phallocentricity.

Generativity and its associated social time, a time that is seen by Imada (2004) as getting faster, with the pace of life and its associated technologies, can also be viewed as constructs that may be inextricably bound with the fluctuation of man's public/private morality/care domains. Within a modern neo-liberal, global economy, the face of the family is changing and women are entering the workforce in increasing numbers (Halpern, 2004, 2005a), apparently due to the fact that women, as 'subjects' are gaining autonomy and the boundaries between the private and

public domain are blurring (Barnes, 2006; Hollway, 2006; Sevenhuijsen, 2002; Tronto, 1993, 2006). Historically women's fluctuating presence in the work force has been due to global crises that can be seen as threatening the social order, such as war, epidemics or other such events that reduce the numbers of working age men (Imada, 2004; Luxford, 2005). Feminist theorists such as Barnes (2006) and Tronto (1993) have argued that this increase is a victory for women, a recognition of agency within the public domain, and a place from which to ascribe to/represent a feminist ethics of care/a genealogy of care. If, however, past crises have caused the fluctuation of women's participation in the workforce, it would seem likely that perhaps there are other factors at work that may have a greater influence than feminist texts that struggle to be heard within a language that represents women in particular ways, such as within a private domain of responsibility or a public domain of 'neutrality'. From here we are presented with another potentially paradoxical situation. In times of crises brought about by a threat to the available workforce, the social order adjusts, within the concept of governmentality/power and resistance, by encouraging the increase of the numbers of women entering the workforce (Foucault, 1980). However, the phallogentric social order, prescribed by psychoanalytic narrative, is dependent on the suppression of 'natural' relationships between women (Irigaray, 1985a, 1985b). Therefore a women's entry into the social domain is controlled by political sanctions to ensure that women remain within the confines of dominant discourse, such as the 'private' maternal or man's 'neutral' public domain of justice.

From here, we consider the questions 'driving' this thesis from a different angle, when we now consider the 'lack' of mother and daughter relationships as being crucial to the maintenance of the 'social' order (Irigaray, 1985b), this social order belonging to man's conscious, yet within 'his' private domain 'he' perceives this relationship to exist within a contrived cultural form within which 'he' features most prominently: the 'generative' symbolic. Knowledge production therefore is driven by his social conscious, his demand/desire for his mother and aims to prove there is only one reality, that of man. Women do not feature within this symbolic unless they are prescribed/inscribed in particular terms, within a gendered language that describes them in slightly derogatory ways and as stated, this is necessary for its continued existence (Irigaray, 1993a). Western society therefore closely monitors this and

adjusts accordingly to keep a balance between its dichotomous domains, the domains that cultural care and our phallogentric society's very existence are based on.

With this in mind, it is pertinent to consider a feminist ethics of care and its 'drive' to push 'care' into the public domain, because this is the most 'logical' place that agency can be achieved and along with it a voice that can lift the profile of a women's responsibility to care and along with the burdens that accompany it, shift it to a responsibility that belongs to all. This voice comes at a price, however, because it is offered only in a language that describes women's care in traditional ways. Therefore, no matter what the message of care that a feminist ethics wishes to articulate, it must be done in a language that can describe only a cultural care that underpins a phallogentric, hom(m)osexual society and a heterosexual economy (Irigaray, 1985a, 1985b), a generative society, which produces a cultural care through the passive acceptance of women to an identity prescribed through psychoanalytic narrative. The public domain, within a contemporary global economy is pervasive to women in beguiling ways. It sanctions the place of women within its workforce for its own ends, yet does this in ways that ensures they remain at a disadvantage. It describes care in the public domain in medical discourses and a woman's place in the workforce within maternal or 'mutual' ones. Women become working 'mothers' and 'mutually' gather 'human' capital for the betterment of their institution, that of their contemporary nuclear family. According to Irigaray (1985a, 1985b), it is impossible for women to have an identity within the social order other than the 'maternal' and this remains the case within a contemporary global society and a KBE.

A knowledge based economy

The Organisation for Economic Co-operation and Development (OECD) is a forum that consists of thirty countries who seek to work together to combat the economic, social and environmental challenges considered of 'economic' global importance and of which New Zealand is a member. Since the 1990s, the OECD has spearheaded resurgence in the concept of a KBE, based on the production, distribution and the use of knowledge (Godin, 2006), although Harris (2001) suggests that interest in this concept has been increasing since the 1980s. A knowledge based industry is one that

is based on a growing high level usage of modern technology and has an educated workforce. The OECD (1996, p. 9) states that:

Knowledge, as embodied in human beings (as “*human capital*”) and in technology, has always been central to economic development. But only over the last few years has its relative importance been recognised, just as that importance is growing.

It is also one that practices environmental conservation by encouraging the sustainability of resources. Sustainability, it seems, is a key aspect of a global economy and is generatively based, given that it retains resources for future generations. There is a limit to how far ahead this sustainability stretches. Kai. Erikson (2004) as an international consultant in this field, cites the short-sightedness of nuclear waste dumping plans that will not assure definite safety for those distant future generations, should they still inhabit the earth in another 30,000 years. This sustainability is a short term endeavour in terms of the age of the earth and is reserved only for man’s immediate future. The ‘care’ that man generates for the well-being of ‘mankind’ reaches its limits, suggesting that even he cannot envisage immortality in its entirety.

Tronto’s (1993, p. 103) care and her language of productivity and sustainability expressed as in her definition of care as “everything that we do to maintain, continue and repair our world” therefore shows similar properties to that of a language of neo-liberalism. Current third way global policies advocate the sustainability of the environment, sustainability that Tronto’s care requires for survival. Both portray ‘need’ as a sustainable resource, the identification of it as a prerequisite to care and the ‘maintenance’ of it as a ‘practice’. Therefore need must be treated as a sustainable resource in a neo-liberal economy and this is because Tronto’s care is situated in the public domain where care discourses are genderless and medical, such as ‘caregiver’ and ‘patient’. Within the public domain they cannot be described within the bounds of familial relationships. Need must be sustained to facilitate a cultural care that is dependent on it and that need must have a ‘presence’, be sanctioned as culturally worthy. Tronto’s care discourses are predominantly global and neo-liberal, given that they rely on the identification of this ‘need’ and are

inextricably intertwined with the generative/genealogical and the social and historical events of the day, caught up with the increasing pressure caused by the increasing rate of technological advancement.

Modern neo-liberal economic 'development' is built on a patriarchal foundation that sees men trading with men in the pursuit of property and ownership (Irigaray, 1985b). In this way economic production is based on competitiveness that sees technology advancing faster than empirical science can understand its consequences; man's unquenchable thirst for 'knowledge' driven by the unconscious desire for his mother, this thirst now spiralling out of control. Science destroys the environment and our health (which can be seen by the increasing numbers of lifestyle diseases, such as heart disease, diabetes, cancer, obesity and other stress related conditions) and then sets about to cure or mend the damage (Irigaray, 1994). A KBE monitors the environmental, economic and social factors within an economy that works towards a sustainability of resources (OECD, 1996, 1999). Money is made in the destruction of the environment and money is made by fixing the damage. The OECD (2000) therefore encourages what it calls 'win, win' situations. Anderton (2007) demonstrates this in the following quote:

Fortunately for New Zealand, climate change is not only a risk, it is an opportunity. As consumers are turning away from environmentally damaging products, they are turning towards environmentally responsible production and are prepared to pay premiums for it.

The OECD has busied itself with the collection of statistical indicators that can be used to monitor the growth of a KBE and this list has steadily been increasing since the 1990s. In fact, Godin (2006) suggests that these indicators cover the same constructs as those that have always been monitored and a 'KBE' is no more than a rhetorical construct. This may be so; however, this monitoring has increased its range to incorporate 'embodied human capital'. A KBE reinforces society's basis on empirical science and a modern global emphasis on 'economically' useful knowledge. Statistical indicators reflect the gendered nature of western culture. For example, 'gender equality' is being judged by statistical indicators such as 'the gender gap in employment figures' (Hvinden, 2005). On reflection a KBE, in

measuring human embodiment of knowledge, measures 'desire' because it is this desire that fuels man's quest for knowledge, desire that fuels the ever increasing pace of technological advancement and desire that sparks the generative drive to pass that knowledge on to future generations. Human capital indicators are the key to measuring a KBE.

The monitoring of women's care responsibilities

The OECD advocates work/life balance (OECD, 2007) strategies for women. We are reminded of Dyson's (2004) *Action Plan for New Zealand Women*, a Government initiative that seeks to introduce strategies that increase women 'quality of life', economic dependence, and a greater work/life balance. This document promises the initiation of strategies that will help women's transition into the workplace that accommodate her private caring responsibilities while at the same time signalling the implementation of the collection of data around the activities of women through the use of satellite accounting. Satellite accounts are economic assessments of worth that in this case, would be used to assess 'embodied human capital' pertaining to the unpaid work performance of women, such as housework and care activities (Gomez Luna, 2005; OECD, 1996). One may be forgiven for thinking this is a good thing, given that feminist women have been asking for years that the worth of their unpaid labours be recognised. However, on closer inspection, this may not necessarily be the case.

Gomez Luna (2005, p.17) describes a satellite account as something that

...expands the analytic capacity of national account on specific economic or social topics or selected areas without distorting the central nucleus.

A satellite account therefore is a creation of an economic formula that turns unpaid work and those who perform it into economic worth, increasing government revenue and inscribing value on both human potential and human movements that have thus far escaped monitoring. It is also a way of ascertaining, according to Gomez Luna (2005), the private activities that are going public and the public activities that are

going private, and can be seen as a way to reconcile the two. This 'reconciliation' allows for the monitoring of the movements of women as they are inscribed in dominant discourses, this without "distorting the central nucleus" (Gomez Luna, p. 17), or perhaps another way of saying this would be 'without disrupting the social order'.

Satellite accounts show the OECD, under the 'guise of' or as a 'rhetorical' KBE, monitoring carefully, in the name of a 'new' brand of economics, the very domains upon which his phallocentric culture exists. Therefore one of the functions of a KBE is to monitor the 'split' between the public and private domain, the split that forms gender identity and delegates men's and women's roles within it, such as a morality of justice and a responsibility of care. Perhaps it is that it signals a time, a time of 'crisis' perhaps, when man must scrutinise his unconscious a little more thoroughly and adjust the boundaries to protect it, and this process can be explained through Foucault's concept of power and resistance and the disciplinary powers of governmentality (Foucault, 1977, 1980, 1991). In fact, it could be interpreted as a trace back to man's oedipal crisis as the first 'crisis' to initiate man's tightened control over his environment, indicating that this process may indeed be part of man's psychoanalytic cultural narrative, that is appropriately arranged or often referred to as pertaining to 'cycles', 'stages' or 'states'.

If the private domain is merely a projection of man's spurned femininity, caused by his failure to relinquish the desire for his mother, the merging of the public and private domain could possibly be considered as another 'crisis', 'cycle' 'stage' or, 'state', an economic attempt to overcome his oedipal crisis. However it is ironical and perhaps fitting, that the economic system set up to monitor and ensure that this is never the case, is described as 'knowledge' based, a bastion of empirical science that represents the very desire that pushes man in his generative drive towards his/our destruction.

If man was ever forced to economically surmount his oedipal problem and women were successfully released from the bounded duties of 'motherhood', 'care' and 'kin-keeping', it would undoubtedly signify the end of western civilisation as we

know it and the maternal could be written back into language as 'women', released from the discursive confines of man's unconscious.

Women as the carriers of embodied human capital

As discussed, a KBE measures economic growth through the use of indicators that assess 'embodied human capital'. Knowledge has been coded into four concepts, knowing what, knowing why, knowing how and knowing who. 'Knowing what' refers to the collection of 'facts', such as historical dates and places or information that 'experts' or professional people collect and 'knowing why' refers to knowledge produced through scientific means, or empirical explanations. 'Knowing how' refers to the acquisition of skills and capability, such as the appropriate knowledge required for the performance of caregiving tasks, and skills to apply these tasks are directly developed from scientific knowledge (or knowing why). 'Knowing who', involves the spreading of information through social relations. It involves the pinpointing of those who 'know' and depends on the 'knowledgeable' spreading this information (OECD, 1996). This sounds to me, very much like a blueprint for generativity. Society creates reality in the form of universal knowledge. From this knowledge, it identifies the skills needed to implement it. To do this, it identifies those who can spread the knowledge within a social setting. These people are valued members of society, inclusive and generative people, who spread this knowledge from generation to generation. This knowledge is created through man's desires and his cultural inability to surmount his oedipal crisis and therefore directly related to the forming and the maintenance of a phallogocentric society in which women are 'created' as 'maternal, passive and receptive. The following quote therefore seems appropriate given that it could, in my opinion be used as a definition for the workings of a KBE: "The psycho-social norms affluent white male children are nurtured to embody are the very ones to equip them for a life of detached, objective, putatively knowledgeable control in a public world of work and deliberation" (Code, 2006, p. 148).

The worth of human capital is enhanced by education and training (OECD, 1996), hence the encouragement and influx of middle aged, middle class women into the education system and indeed, the workforce (Belich, 2001). Knowledge also includes

on the job training; the greater the earning capacity and inclusionary social skills, the greater the acquisition of wealth in the form of human capital (Bergi-Schmelz, 2005). Education is seen therefore as a means to accrue increased worth in a society that values cultural norms and sameness and as such is a significant tool of control over an increasing contemporary population.

Education under the guidelines of a KBE also endows women with 'embodiment' as described by the OECD (1996) and these bodies are measured by it through the use of satellite accounting. This is an alarming concept, given that embodiment has been disallowed by science, thereby turning women's bodies into separate entities, empty vessels, that are now being 'filled' by knowledge acquired through man's desires, his embodied human capital. It stands to reason that this knowledge does not belong to women; it is a poor substitute for their own embodied knowledges lost with their identities as a necessity for the creation of a phallocentric society. In fact it is another example of the passive receptiveness with which they have been inscribed. Tronto's (1993, p. 103) cultural portrayal of a world that "includes our bodies, our selves, and our environment" takes on a different meaning when identified as being spoken within the discourses of neo-liberalism. The embodiment that Tronto suggests takes on the persona of a cultural embodiment, one of 'embodied human capital'.

Human capital has been considered, since the abolition of slavery, as non-tradeable (Esping-Andersen, 2005). The non-existence of a trade in human capital becomes questionable, however, if one considers women bodies as vessels that are created to store and acquire a human capital that is not theirs, to become part of an embodied identity described/inscribed by a phallocentric cultural cyclical development as 'lack'. In fact the concept is as invasive as the compulsory heterosexuality that drives it.

Within a global economy, the necessity for women to work to maintain the social order and to enhance the earning power of their heterosexual economic unit, helps lift man from working class to middle class or middle class to upper class with the supplementation of his income. A KBE ensures that women are embodied with the appropriate knowledge to perform their tasks. They remain at a disadvantage within that system, however, due to its gendered structure, and their acquisition of human

capital is also hindered by 'flexible' working hours that see them less likely to receive on the job training (Crompton, 2006). Tax structures are geared to favour families within a KBE and this is especially hard on the limited earning capacities of single women, given that their earning capacity is lower than that of single men. Man needs the wages of his wife to assist him in his acquisition of property, especially within a free market that sets its prices on what it feels man is prepared to pay, and to lift him from one income bracket to another. Within this system, women's participation is encouraged within a public domain, but not their 'presence'. Women/mothers can accrue human capital, but considering their discursive non-existence within that particular domain, that capital is not truly theirs. They enter the workforce entwined in a rhetoric that describes them in man's 'maternal', such as KBE discourses of 'work/life' balance that encourage part-time work and 'flexible' hours and these discourses have been further entrenched by their 'measurement' within 'psychology', perhaps that too, taking its place in the 'knowledge production' and distribution advocated by a KBE.

Contemporary phallogentric discourse

The perpetuation of an increasing androgynous and limited nature of care discourses can be tentatively associated with the establishment of a KBE, that could be interpreted as a contemporary political change historically brought about by a 'crisis', a crisis in keeping with past dominant linear/cyclical historical narrative. That crisis, being the necessity to allow women to participate in a public domain, is crucial for him to overcome, given that the private domain's separate entity is a necessity to uphold man's domination through his phallogentric culture (hom(m)osexual) held together by a generative male genealogical system (heterosexuality) (Irigaray, 1985a, 1985b). Boss (2006) serves to uphold the institution of family (the maternal) and the invisibility of women (the neutral). Halpern (2004, 2005a) encourages social policies advocated by a KBE regarding work/life balance, reiterating that paternal care and the encouragement of more flexible working hours is advantageous to women: care is portrayed here as no longer a 'woman's' problem.

Feminist writers, such as Barnes (2006) and Hollway (2006) argue that the inclusion of women in the public sphere is a sign of recognition, a sign perhaps of a 'release' from the responsibility of care. In a contemporary setting, it may seem that the differentiation between 'mother' and 'father' is blurring, given the 'changing' gender roles within contemporary families. There is no longer any need to separate the two, 'man' and 'woman'; the word 'parent' is sufficient to describe a practice that should be shared by both, and this 'public' language of 'neutrality' is a contemporary indicator of equality.

Hollway (2006) suggests that the changing shape of families under contemporary economic individuation and feminist discourses of individualisation is a sign that feminist discourses surrounding gender and subordination of women are out of date. According to Hollway, mothering now equates to parenting. Fathers can 'mother' and are increasingly doing so. Halpern (2005a) suggests that work and childcare is a 'family' issue, that this is no longer a 'woman's' issue, yet roles within a dual working family are still noticeably gendered. Men spend more time with their children, but the tasks they perform are different, such as child minding and playing instead of traditional women's roles like feeding and washing (Johnston & Swanson, 2007; Sabattini & Leaper, 2004). These roles are not the same, yet the vocabulary available to us to describe them becomes reduced, hinting at, not a commitment as Dyson (2004) suggests within KBE strategies articulated through an action plan for women, but a minimising through the reduction of the way that these concepts can be expressed (Code, 1991), thus highlighting a more covert and pervasive style of gender discrimination. The invisible nature of this discrimination, according to Irigaray (1993a), ensures that this injustice goes unrecognised, thereby endorsing the supremacy of men over women and creating an almost invisible social injustice.

A lack of expression within a masculine language represents a form of discrimination, that, being more difficult to detect, is continued by those who suggest that gender discrimination is becoming redundant and old theories pertaining to gender inequity are no longer relevant (Barnett & Hyde, 2001; Halpern, 2005a). However, it is imperative for women that this imbalance is interpreted and modified, this being the key to liberation from a male genealogical system that sees women, within a hom(m)osexual society, as objects of exchange (Irigaray, 1993a).

Unfortunately the inclusion into man's economy equates only to exclusion in their language, an 'absence' and 'presence'. Although women may disappear into the public world, men will never disappear into the private, because they invented it, they own it, they inhabit it within a mutuality, where a 'mother', man's mirror image of him and the representation of his desires produces and nurtures his children. The mutuality is his and his alone.

This mutuality masks a sexual difference that, according to Irigaray (1993a) is a necessity for the continuation of the species that she describes as, despite cultural sanctions to the contrary, inclusive of women, although weakened by biological reductionism in the form of the pathologising and mechanising of women's sexuality. However, this biological reductionism is also a necessity for man's cultural capacity to care and man's narcissistic drive to (re)generate himself; it is a necessary part of the narrative that creates a phallogentric cultural order. Man's regeneration ensures the ongoing domination within his social space where, the production of young fit men to take their place under the law of the name of the father is nurtured (Grosz, 1990; Minsky, 1996, 1998). Therefore it stands to reason that a culture dependent on the continued stronghold of a male genealogically based family system within western culture could be strengthened through discourses generated by contemporary generative neo-liberal politics, administered through the 'third way' politics of a KBE.

Within a contemporary global society, an invisible/inexpressible breach of social justice continues to be buried even deeper within modern discourses, due to the fact that texts are being written within the confines of contemporary discourses allocated to women's participation in the public domain. This is becoming noticeable within psychological discourses such as Halpern (2004, 2005a), who sees the issues of work and family as no longer belonging exclusively to women and Boss (1999, 2003, 2004a, 2004b, 2006, 2007) whose 'ambiguous loss' theory requires the adjustment to positional changes that have occurred due to the loss or absence of a family member. This therapeutic adjustment is performed to reinstate the smooth running of families as a necessity to combat the grief associated with this loss. Community psychology as a discipline, also suggests healing as being facilitated by the fixing of families and communities and readjusting them within cultural confines (Nelson & Prilleltensky,

2005). They all insist on framing women as 'citizens' and pathologising 'schisms' within families. This process accepts the nuclear family unit/institution as a natural 'ecological' system and although this may be empowering to those who have the agency allotted to each family member, it is discriminatory to women, given that they do not have the agency that is seemingly ascribed to them within dominant discourses. It seems that when individual family members are 'displaced' in a way that causes grief or interrupts the smooth running of families, this needs to be corrected for the maintenance of the social order.

An interesting example of the potentially bizarre manifestation of the way positioning/displacement of family members in need of care can affect the 'inclusion' of it's members and the smooth running of the family unit is given by Boss (2006) and concerns an elderly woman suffering from dementia who conversed only in mystical, nonsensical riddles. Her family were firmly entrenched in social relationships that revolved around the appreciation of art. Therefore this woman's 'conversation' was highly prized and her presence sought after at family social gatherings, thereby allowing her to remain 'present'. Her behaviour here is 'inclusionary', deemed appropriate within her family and community setting, yet such behaviour could most definitely be considered 'exclusionary' elsewhere, where she may have been framed within the caregiver/patient discourses and in Boss's theorising, this would make her 'absent'. Absence and presence here can be viewed as exclusionary or inclusionary positions, judged on unacceptable or acceptable behaviour and the distress or non-distress experienced by caring relatives and is directly related to this. They can be seen in this case to designate either familial 'care' or medical' care depending on the mother/patient's state of health/behaviours being included/present or excluded/absent. They serve as an inbuilt controller of cultural behaviour, inscribed in discourse and their meanings are transient and are most definitely not fixed.

So where man can be both paradoxically absent and present within the private domain, as suggested by Boss's (2006, 2007) concept of ambiguous loss and paradoxical absence and presence, this is not quite the case. He has always been psychologically present, although he may not have known it, his physical absence being more accurate, given his necessary 'appearance' within a public domain. The

most striking absence is that of women who are absent from both the private and public sphere as their autonomous and embodied selves, this being a necessity to maintain the social order. If she were present she would never passively tolerate such anomalies. This paradoxical state of absence and presence would seem superficially to have become more of a possibility for women given their entrance into the workforce as mothers, 'responsible' for their child's welfare within contemporary discourses that describe women within androgynous 'public terms' from which they are actually absent.

Perhaps Boss's (2006) therapeutic version of absence and presence that is able to be generalised across/within populations is an example of dominant discourses picking up on a concept used to question the very fabric of language, the dichotomy of presence-absence, (Derrida, 1988; Hirsch, 1989), weaving it into the dominant neutral language of the day. Derrida suggests that a metaphysics of presence underpins western society, that it is based on the reality, stability and universality of knowledge and of set definitions and descriptions of the signifier concerning the signified. However, these designated meanings are never stable, changing to meet the needs of the time. Derrida deconstructs texts through readings of 'presence' and 'absence' and the interpretation of the 'difference' that these 'ruptures' expose (Derrida, 1988 ; Sarup, 1988).

Boss (1999, 2003, 2004a, 2004b, 2006, 2007) theorises absence and presence within the masculine language of the public domain where she universalises this dichotomy across gender, relationships and cultures, at the same time, describing this phenomenon and treatment as fitting within an ontology/epistemology of 'social construction' (Boss, 2006, 2007). In this way, she paradoxically tries to explain the 'phenomenon' as real, fixable through family therapy. Within the concept of a family therapy that is written/spoken in the androgynous language of the public domain, all are considered equal and this is clearly not the case. Women are encouraged to accept their culturally designated positions within this family. In this way her model sets about burying a most encouraging concept available to women for the deconstruction of masculine discourses and uses 'presence' and 'absence' to further entrench women within phallogentric family culture.

So Boss's (2006, 2007) presence and absence can be seen as upholding a patriarchal power that submits a woman's genealogy to that of man's, or in other words, the oedipal structure, one that cannot symbolise a woman's relationship to/with her mother, this relationship becoming subordinate to relationships between men (Irigaray, 1993a). The mother-daughter relationship is itself fraught with cultural discourses of 'the maternal', 'ambivalence' and 'burden' (Grosz, 1989), that it would seem haunt the private domain of care or man's unconscious. In other words Boss (2006, 2007) upholds the absence of women and the presence of men.

Boss's (2006) therapy revolves around strong families and includes the continuation of family rituals and the inclusion of Christian parables pertaining to 'strong' women as tools to combat her concept of ambiguous loss, caused by the ambiguities of presence and absence. Therefore Boss's observations are just that, cultural observation and her solutions serve to uphold the status quo by patching up families, sealing up the gaps, the schisms/paradoxes/false dichotomies that have the potential to offer us a glimpse of 'women' and further ensuring women's invisibility.

Within the concept of generativity, a theory of male genealogy, Kessler and Staudinger (2007) remind us of the cultural mores that are accentuated and spread by Christian/religious beliefs and their underpinning of altruistic/narcissistic gendered practices (Irigaray, 1993a). Religious parables are only one form of discourse that is discriminatory towards women. The increased rhetoric surrounding the strengthening of families and work/life balance also suggests a reinforcement of values related to a nuclear family within a phallogentric society that are pervasive to women and this increase coincides with the speeding up of 'social time' and the slowing down of 'generative' time within the confines of man's generative system of self-perpetuation.

Generativity and man's crisis

The concept of 'generativity' is placed under increasing pressure as it adapts to the speeding up of social time/technological advances and the slowing down of generative time, the latter being due to increased longevity. Imada (2004) sees generativity not only as a developmental crisis, but as a social force. In this way, generativity is depicted within discourses of social responsibility, this being seen as

the ethical and moral requirements of 'citizenship' or in other words, the morality of the symbolic order, given that it sets out the moral codes for man's cultural practices, through which he endeavours to replicate himself. Imada sees this 'social time' existing in a continuum, experienced in relationship to the continuity and change in the social order. This is compatible with the concept of the dynamic nature of man's public/conscious/symbolic and private/subconscious/imaginary domains, the 'boundaries' of which shift to accommodate changes in the social order in times of 'crisis', in order to maintain a position of power, the threat in this case, the necessity for women to enter the workforce where they can be controlled through the 'embodiment' of technological advances and their accompanying androcentric discourses.

Generations that constitute society within western family structure pass on/inherit cultural/human capital through generational exchange. In this way masculine generative discourses shape culture and perpetuate the self, reflecting man's reproductive desires and his narcissistic quest for truth and immortality. These phallogentric discourses produced through cultural narrative are inscribed with appropriate cultural meaning and integrated into the public domain and are immediately 'neutralised' or devoid of women, in any form other than a passive mutuality shared with men, thereby becoming gendered generative discourses that only serving to uphold the status quo. It doesn't matter to this process if these discourses are conflicting and they will be, given the instability of their inscribed meaning, as long as they are integrated into the gendered/genderless language of man's consciousness.

Imada (2004) describes generativity as a 'virtue ethics', tying together different generations, or in other words, ensuring the continuation of a male genealogical system, that sees women isolated from each other. The fluctuation of Imada's social time becomes apparent at times of social upheaval, such as war, disease and demographic change. Therefore it would seem that this 'social time' may indeed run parallel within a different paradigm to man's symbolic order. A possible alternative explanation would be that this fluctuation of social time is merely the shifting gaze (Foucault, 1977) of man in the form of his discourses, adjusting the jurisdictions of his public and private domain to stabilise his economy. Whichever way, this 'social

time/symbolic' is indeed gaining momentum/widening/fluctuating, the quest for knowledge and technological advancement increasing at a frenzied pace within a global, post-industrial context and this is portrayed within a KBE that monitors the acquisition, and the usage of knowledge and technology through empirical, scientific means. It becomes apparent with a brief revisit of New Zealand's modern political history that the historical/recent influx of women within the workforce could be directly related to Imada's fluctuating social time, this fluctuation seemingly apparent within times of crisis and perhaps the protection of the social order through the monitoring of both the public and private domains of man. It must be mentioned here, that this political history is a dominant version and this in itself is useful, given that it is written in a linear and cyclical manner in keeping with psychoanalytic western cultural narrative (Yamada, 2004), and within Belich's (2001) and Dunstall's (1992) texts, one must look long and hard to find mention of women. Donzelot (1991b, p. 276) suggests that:

...no truth inheres either in the subject or in history, that the subject subsists only in *his* capacities, that *he* is a potential to be realised, not a truth to be deciphered; and that history is a myth since reality lies only in the environment that surrounds us...[italics added].

Contemporary work/life balance and the changing face of families within a global economy

Women's participation in the workforce has been 'cyclical', according to modern political history. During the Great War (1914-1918), New Zealand women were encouraged into the workforce, to bolster the failing number of eligible men available for employment, due to overseas service and the numbers of those killed in action. This period of increased women's employment was further extended due to high mortality rates inflicted by the 1918 influenza epidemic that mysteriously culled a higher than average proportion of young work-age men who were seemingly healthy and strong prior to this (Belich, 2001). Women's employment conditions were always considered temporary within this period and this was reflected in their pay rates that equated to one third of a man's wage (Luxford, 2005).

Government policy ensured that at the end of the war, women were coerced out of the public domain or out of the conscious language of man and returned 'home' to their 'private' domains, where their primary job description entailed the propagation and nurturing of a further generation of children to rebuild the workforce, depleted by war and disease. Domesticity was declared a 'science', overwork and stress being pronounced detrimental to motherhood (Belich, 2001), this giving us some insight into the production of discourses that suggest that work and family duties as far as women are concerned, do not mix, culminating in stress, illness, psychological and behavioural consequences (Ganster, et al., 2001; Gopalan & Brannon, 2006; Johnston & Swanson, 2007; Martire & Stephens, 2003).

A 'marriage bar' prevented married women from working and the majority of single women permitted to work were destined never to be given the opportunity of promotion due to the unstable and gendered nature of their employment (Luxford, 2005). This cycle was repeated during World War II, when women were 'manpowered' into employment that produced goods deemed necessary for the war effort, many of these employment situations being described as unsuitable for women on the return of soldiers serving overseas (Montgomerie, 1992). At the end of this war, more women remained employed. This was due to the fact that changing demographics and the changing face of politics that had created employment positions that seemed unattractive to men, such as increased clerical work within an expanding public service. Women's increased participation in this instance was deemed necessary for the smooth running of government institutions (Belich, 2001).

Until 1961, women's participation in the workforce remained low. However by 1976, it had risen by ten percent. The period 1976-2000 again saw an increase, this time coinciding with an influx of middle class women into the tertiary education system, this matching the beginnings of a KBE and highlighting an increasing gap between the middle and working classes, the latter of whose increasing numbers in the workforce seems to have been driven by economic necessity (Belich, 2001). The privilege of education can be seen to further widen the gap between middle class and working class women, at the time that education coincides with the world wide turn to neo-liberal politics and culminating in the formation of the OECD and its drive towards a global KBE. This widening gap within class structure also sees working

class women remaining within gendered occupations, while middle class women are educated into professional positions, although gendered occupations such as social work now encourage a minimum two year tertiary qualification, a competency certificate and registration through a professional body (Social Workers Registration Act, 2003) with recent support for these requirements to become compulsory (Social Work Registration Board, 2007).

Although the numbers of women entering the workforce has increased, the quality of employment for women in general, has not. Women are still more likely to be found in lower-paid gendered employment and a great deal of this is offered part-time. In fact, Belich (2001) states that the numbers of women involved in full time work have been dropping steadily. Women are three times more likely to be employed part-time than full time. Those employed professionally and part time due to home commitments are disadvantaged, given the restrictions to their working capacity. It is therefore surmised by Statistics New Zealand (2005), that women earn less because full-time work interferes with home responsibilities as opposed to the point of view that women earn less because home responsibilities interfere with work.

Although women may be more likely to be employed within middle management positions, due to flexible hours and 'work/life balance', women's earning capacities are decreased. This is problematic when one equates 'numbers of women in the workforce' with 'equality' as do statistics formulated by a KBE while monitoring our global economy (Hvinden, 2005). Fordham (1995) points out also, that within an economic framework that requires the private negotiation of individual employment contracts, it is difficult to ascertain the nature of gendered pay disparities, indicating that not only is women's participation in the workforce monitored as an indicator for equality, neo-liberal government policy seemingly ensures that the full extent of pay disparities remain hidden, giving a inaccurate picture of contemporary discrimination against women in the workforce.

War and disease are not the only global crises that may affect the employment numbers of women, however. The steady increase in post-war employment can be seen to coincide with other global trends, such as falling fertility rates (Dunstal, 1992). Dropping fertility and mortality rates can be seen as the bi-products of

technological advance, one side effect of which is an aging adult population. As women live longer than men, there are a greater number of elderly women with limited access to savings, and with less education, fast heading towards a zero economic value to the community (Esping-Andersen, 2005). However, there are other implications. This dropping fertility rate makes women's participation in the workforce a necessity as have other global crises in the past and is taken very seriously by a 'watchful' KBE. This is indicated within the following quote:

Getting family-friendly policies right will help reduce poverty, promote child development, enhance equity between men and women and stem the fall in birth-rates... (OECD, 2007).

This new crisis is one that cannot be fixed by cultural sanctions that encourage women to stay at home to procreate and nurture children for the purpose of increasing stocks of work age men. Mothering business must now be done within the workforce, where women are needed to bolster its dwindling numbers, although this is done within a public language of 'work/life balance' (Dyson, 2004) and closely observed through the process of satellite accounting (Gomez Luna 2005; OECD, 1996). Due to a breakdown in man's economy, men are required to send their non-tradeable commodities and/or possessions into the workplace, bearing in mind of course that single and poor woman have sometimes been permitted by their institution called family to participate in paid work, within gendered and poorly paid employment. In a cruel, paradoxical manner, women are required both to produce life and participate in its destruction, as man's 'desire' in the form of the quest for 'truth' sees technology overtake man's ability to understand its consequences in anything other than economic terms, such as a 'win win' situation of productivity and sustainability (Irigaray, 1994).

New Zealand Government policy, as indicated in Dyson's (2004) *Action Plan for New Zealand Women* encourages women into the workforce with work/life strategies that encourage women's identity as that of a working mother. Mothering can be done in harmony with work, even though this seemingly ensures that women are disadvantaged in employment, and this disadvantage, while being appeased by such policies helps ensure that women, on top of gendered wage disparities that already

exist, work less hours, topping up their families' income. Work/life balance discourses are private maternal discourses disguised as public equal opportunity discourses. These are reinforced by contemporary work-care findings that now indicate that work-care is good for women and/or no longer solely their responsibility (Halpern, 2004, 2005a), in fact Halpern (2005a) goes even further and denies the existence of a time where women were ever required to perform traditional gendered roles as housewives. This shift of mothering into the public domain coincides with the resurgence of generativity amongst care literature, the strengthening of families and the dominant male genealogy that underpins it; this too is a KBE strategy for economic well-being. Indeed families are a necessary component in measurement, given that they provide organised units and require a 'presence' sanctioned by the social order. Families are strengthened both within and by their changing cultural definitions, ensuring that the nuclear heterosexual family and its phallogentric positioning of women as 'lack' or 'other' remain intact.

A global, neo-liberal KBE, requires bolstering from man's maternal/heterosexual economy, with the presence of women in the workplace. Therefore man must turn his gaze from the privateness of his mutuality to the public arena of the gendered neutrality of his language to ensure that his homosexual society remains secure. Therefore work/life maternal discourses are accompanied by a resurgence in generativity provided by a global economy in the form the strengthening of families in the private domain and education in the public domain, as in the knowledge codification of 'who' knows, creating a social economic generativity that spreads cultural knowledge from generation to generation in the form of 'embodied human capital'. Within this economic repetition of generativity, women's maternal identity remains intact to protect the social order as does man's 'split' between his conscious and unconscious, or in other words, his morality of justice and his responsibility of care.

If a KBE is viewed as an economic replica of generativity theory, a woman's contemporary participation in a workforce underpinned by the neo-liberal philosophy of a KBE is far more oppressive than it is liberating. It merely reinforces the perpetuation of dominant discourses that reinforce his hom(m)osexual and heterosexual economy, this being done in such a way that is virtually undetectable

and seemingly empowering to women. Irigaray (1993a) suggests that social rights gained by women's participation within the workforce are minimal when compared to the psychological price that they inflict upon themselves and other women, albeit unnoticed. This indicates that women's participation in the workforce has always served to cement their place in a social order that benefits only man. However, now that a woman's/mother's 'presence' is a necessity given that the drop in fertility rates demands everyone's participation (again, seemingly the fault of women) this "psychological price" is growing and further entrenching women within a patriarchal system, that due to the illusion of empowerment, and an androgynous language that envelops them, decreases the likelihood that this can be changed.

So as a result of this psychological price/crisis/entrenchment, women are projected/sent/permitted to enter into the economy as mothers. As a mother her duties still comprise of daughter/wife/mother and this is confirmed by the financial arrangements that are put in place to ensure the economic viability of her contribution to the economy. To ensure this viability, neo-liberal governments that subscribe to a KBE authorise public expenditure in areas where it can see the return of profit (Esping-Andersen, 2005). For example, in New Zealand, the government has implemented several legislative and policy strategies that both encourage women to work and remain in the workforce after the birth of their children. These include the Parental Leave and Employment Protection (Paid Parental Leave) Amendment Act (2002); the Taxation (Working for Families) Act (2004) and policy that enables subsidised pre-school care to the children of working mothers.

Esping-Anderson (2005) surmises that these policies, having been advocated by the OECD (2007), may avert Southern European fertility collapse, a childless future being described as economically unthinkable. Although this perhaps could be considered an exaggeration, it is fair to say, that without such interventions, fertility rates will continue to fall (OECD, 2007). Without appropriate legislation, women who have children may experience major disruptions in their ability to earn, repercussions being a drop in household income, a reduction of retirement funds and the reduction of government revenue in the form of taxes. Although public childcare requires a huge outlay, it is able to be recuperated through increased household earnings and taxation payments (Esping-Andersen).

The process of globalisation has effected changes to the definition of a traditional nuclear family that has broadened to incorporate a more diverse collection of people. Although marriage may no longer be considered an institution, households that contain this diverse range of people are. In fact the definition of family has changed (Halpern, 2005a), adjusting the guidelines as to who are culturally sanctioned to be absent or present within them to strengthen the concept and avoid its disintegration.

This definition change is recognised in the revised statistical and accounting systems of neo-liberal politics and in laws regarding legal partnerships. The sanctity of marriage can be swapped for a civil union or a partnership and in this way both 'heterosexual' and 'homosexual' families come under the same heading, institution, and can be measured as such (Civil Union Act, 2004). The patriarchal nuclear family model provides a tool for the control of populations that is growing in importance within a contemporary global society. It provides a format through which the population can be monitored and counted. In this way, an individual's importance becomes increasingly dependent upon the institution to which 'he' belongs (Gordon, 1991).

With the speeding up of social time, and its subsequent influx of women into the workforce, comes another effect of the technological age. The slowing of generative time has created an historical unprecedented extension of the life course referred to as the 'third age'. This 'slowing' is both an individual and a social phenomenon, creating an upturn in care related business, such as the growth of retirement related industries in the public domain as well as placing pressures on mothers/daughters to care for elderly relatives within the private domain, further cementing the necessity for the production of work/care discourses, such as those advocated by Martire and Stephens (2003) that suggest that the combination of the performance of paid work and home care have advantageous effects on the health and well-being of women. However, the elderly themselves are also being retrained and up-skilled to be useful/of value in a modern economy and this is a two-fold endeavour. The individual phenomenon is a cost saving exercise called 'individual responsibility'. Individual responsibility discourses also covertly feature in traditional care literature and create pressure for the 'patient', 'stress' and 'burden' discourses associated with 'caregiving' (Lloyd, 2004) putting the elderly in marginalised positions that may

affect the decisions they make around treatment for ailments deemed ‘burdensome’ for others. However, this ‘burden’ also has the added effect of maintaining women’s caring responsibilities thereby strengthening families and in that way, is an added worth to global economics (Gordon, 1991).

Social strategies seen to combat the increased pace of technology and the slowing of generative time include the modernisation of the generative capacities of the elderly, equipping them with up to date skills, knowledge and appropriate culturally prescribed discourses, that serve to educate the population and perpetuate sanctioned generative discourses, generative in the sense that they reinforce the social order, so they can continue to guide younger generations through culturally safe paths of ‘lifestyle development’ given that the gap between social time and generative time is seemingly widening (Manheimer, 2004). A KBE, it seems, is increasingly providing ‘generative political rhetoric’ as a stabilising influence (Petersen, 2004) and as ‘generative political rhetoric’ seemingly revolves around and/or evolves from man’s oedipal crisis, his cyclical culture, and its phallocentric society, this is especially pervasive to women and further entrenches them in the tradition role of the ‘maternal’ and a ‘responsibility of care’, denying them an identity of their own.

The compatibility of a ‘third way’ and a feminist care ethics

Sevenhuijsen (2002) however, suggests that this ‘generative political rhetoric’ in the guise of third way politics borne from a KBE is ultimately compatible with a feminist ethics of care. She feels a caring attitude should not be confined to private interactions but also should be culturally included as a public ‘virtue’.

According to Sevenhuijsen (2002), third way politics may open the doors to social policy compatible with a feminist ethics of care. She sees the notion of care as a democratic ‘practice’, a term that reiterates a KBE’s intention to find strategies and ways to ensure a growing community and multi-national scientific skill base that spreads across all cultural practices and occupations in the form of an embodied human capital. This means that women (and caring professions are still predominantly inhabited by women) who become carers in the ‘public’ sense, will be taught how to care ‘correctly’ in a cultural sense, by those who ‘know’. Indeed, the

practice of care is increasingly being taught in New Zealand tertiary institutions that offer certificates, diplomas and degrees in caregiving, human services, child minding and social work qualifications.

This public 'infrastructure' of care is considered by Sevenhuijsen (2002) as fitting nicely into 'third way' arguments for a new public-private alliance. A 'public' care ethics adds human subjectivity and moral agency, and this is a problematic assumption. A public care ethics fills women with 'embodied human capital', women being a receptacle in which to gather capital that is accrued for an institution/family that is owned by man. Subjectivity is unavailable to women, given that it is a discourse borne out of the discriminatory nature of society. A woman, in a phallogentric society, is inscribed as 'lack' as opposed to 'have' or 'object' as opposed to 'subject'. Without 'subject, there is no 'object'. Moral agency is a concept traditionally ascribed to man (Hekman, 1995; K. Morgan, 1988) and is obtainable by man in his public domain, such as through his 'generative altruistic inclusionary practices'. To achieve moral agency here, would be to join man in his self perpetuating narcissistic desires, man's conscious and if a public moral agency equates to this, why would women want it?

As care becomes inscribed in discourses of public practice, it would seem that the maternal identity of women is swapped for a public one of non-entity. However, in contemporary political KBE third way discourses it may be that maternal discourses do exist in the public domain in the form of work/care, therefore care 'going public' does not necessarily rid 'care' of the maternal discourses associated with the public domain. These have instead adapted to ensure that a diffusion of public-private boundaries is not a possibility.

Sevenhuijsen (2002) insists that care as a public concern, disrupts the assumption that care is the private concern or responsibility of women, that women can bring their sense of care with them and I'm not too sure what that actually entails because the care that women are responsible for is the care that makes 'man' superior to his environment and fellow creatures. Cultural care is dependent on the prescription of psychoanalytic narrative for its existence and is a creation of man. If women owned a particular brand of care, and I believe they could, it would be a care that was not

based on a feminine cultural prescription, nor on an identity modeled on 'absence', 'lack' and 'object' but on fluidity and multiplicity, an embodiment that was not facilitated by science and a KBE. A women's care would acknowledge a genealogy of women and mother-daughter relationships. It would disrupt the cultural inscriptions of presence and absence 'present' in the dichotomies of public and private, caregiver and patient, inclusion and exclusion and therefore the social order that this inscription underpins.

This is clearly not the brand of care that Sevenhuijsen (2002) suggests should be introduced into the public domain, because that care is compatible with economic policy designed for the smooth running of a contemporary global economy in the form of a KBE. Third way politics, in Sevenhuijsen's view, can be seen as introducing care into the public domain in an 'empowering' way by facilitating combinations of labour and care with a reorganising of social arrangements, such as flexible working hours, part-time work, paid parental leave and other such institutions which lead to a work/life balance. This care only serves to perpetuate Halpern's (2004, 2005a) psycho-economic discourses of work/care that advocate the advantages of such arrangements, that they are good for you, even though literature/conflicting discourses also label them as discriminatory against women in regard to the likelihood of promotion and earning power. She is perpetuating the very discourses that describe women as 'maternal' and keep women as secondary breadwinners (Crompton, 2006).

In a KBE, those 'who know' and are identified as 'expert,' are ascribed the duties of passing this information on to others, either socially, within industry or education. A care compatible with contemporary global politics is the most likely version to be passed on in a generative manner to others. Paradoxically, a feminist ethics of care is in a position where it may introduce care discourses into a public domain, such as those advocated by Sevenhuijsen (2002) that are interpreted and inscribed within the only means available, within contemporary masculine economic discourse and are therefore lacking the power/agency to implement them in a way that is empowering for women. In this way feminist care discourses, instead of disrupting the split between the public and private domains may be hijacked/integrated, caught up in a neo-liberal, psycho-economics/generativity and work against women to reinforce the

patriarchal normativity of contemporary society. This, I might add, is not a conscious endeavour on man's part. How can it be, when the private domain it seeks to suppress is the discursive equivalent of man's unconscious?

CHAPTER FIVE: A feminist care ethics

Once imagine that woman imagines and the object loses its fixed, obsessional character (Irigaray, 1985a, p. 133).

It would seem that the 'blurring' of the boundaries between the 'public' and 'private' domain has been cited as a victory for women and in particular, a 'feminist ethics of care'. However, it would also seem that the public and private domain can be viewed in many ways, man's conscious versus his unconscious, philosophy versus psychology, justice versus morality, social generativity versus individual generativity or nothing versus lack. These boundaries move to accommodate the social changes deemed necessary to maintain the status quo, a world of men. Care discourses for women shift from public/masculine medical to private/masculine feminine maternal. This species/desire/care sees a technological age spiralling out of control as man desperately attempts to quench his insatiable desire for his mother that is not a possibility under present cultural mores and taboos.

From this/these positions it is difficult to see where the victory lays for women, women who are seemingly trapped within a steadfast, failsafe mechanism that ensures their oppression. The oppositional domains are founded on the presumption of man's 'maternal' and the severing/castration of mother and daughter. For this reason mother-daughter relationships cannot be conceived of in any form other than through cultural prescription, a culturally prescribed relationship nestled deep in the 'heart' of the nuclear family. The modern nuclear family, in a contemporary economic setting, becomes a means of security and strict control within patriarchal phallocentric culture, these economic manipulations becoming visible in relation to the increased statistical governmental/global monitoring, an increased emphasis on the generative responsibilities of family and the dynamic nature of the family construct to ensure that this control is perpetuated.

This control is becoming tighter through a philosophy of neo-liberalism in the guise of a 'psycho-economics' that endorses the culturally contrived maternal identity of women and strengthens the very institution that oppresses them, the nuclear family.

This 'mechanism' grows stronger within a global technological world that theorises women into natural 'ecological' family systems, expanding and legitimising their place as 'receptacles' now sanctioned to accrue and trade 'embodied human capital' for the express purposes of nurturing 'his' and the nation's children to ensure the perpetuation of 'his' economy and 'his' species/desire/care.

This cultural care revolves around 'need' and these needs are defined by a cultural well-being, a generative well-being that reiterates that social inclusion is good for you. This care requires a generative drive, one that enhances the narcissism of man and perpetuates his genealogical drive for immortality. Unfortunately it is not 'inclusive' of women. Caring without 'need' is a social exclusionary pastime: it must be because it does not require a (re)generative drive. Although 'caring without need' sounds a particularly harmless and perhaps pointless occupation, this 'position' has the potential to be particularly damaging to the status quo. For a start, the basis of this 'caring' would be provided by a mother and daughter relationship that was not driven by man's desires, a relationship that has the potential to disrupt the social order (Irigaray, 1985b).

Those worthy of cultural care are determined in/through dominant discourses and within a neo-liberal government; a great deal of money is spent on determining/educating us as to whom these people are with the implementation of social marketing. Social marketing employs the use of marketing principles to encourage individuals to voluntarily change particular behaviours that are no longer acceptable within changing demographics and social structures. Currently, in New Zealand, this practice includes advertisements aimed at changing drink driving habits, abusive behaviour towards children, and men's violent behaviours towards women. However although these advertisements seek to change behaviours, they can't change the historical underpinnings that hold these behaviours in place. A campaign, for example, that targets violence against women, may seek to control the rage experienced by a male partner felt towards his partner or 'lover'. It does not address the source of the rage, thereby legitimising its presence. Legal strategies also sanction particular behaviours, deeming them socially inclusive. The most noticeable of these are legislative changes that encourage the (economic) institution of family,

seen in the guise of tax breaks that relate to the number of children per family and childcare subsidies (Deshpande & Basil, 2006).

Corporate 'responsibility' is becoming a major source of generative/inclusionary discourses as global corporations enhance their reputations by expounding policies of environmentalism and sustainability, as well as providing education and life skills development for youth through global participation (OECD, 1999; Murphy & Ensher, 2006). According to Murphy and Ensher (pp. 120-122), both "social responsibility" and "environmental responsibility", are strongly related to accounting based measures of "corporate financial performance." Both are discourses of consumerism. 'Social responsibility' sees the mentoring and provision of 'embodied human capital' and 'environmental responsibility' speaks a language of productivity and sustainability that sees 'responsible' consumers patronising corporations who show a responsibility towards the environment and the well-being of its inhabitants.

Multinational corporations run programs that provide life skills, career development training and technical skills. They advise on the content of school curricula in regard to the improvement of financial literacy and provide outlets for staff in the form of 'volunteerism' to spread their knowledge through international 'outreach' programs. These programs 'mentor' youths in ways to achieve their 'dreams', those 'dreams' being culturally inspired. These relationships see the patronisation of business given in exchange for the education of youth and environmental sustainability. They also ensure suitable social inclusionary/generative education and the sharing of 'universal truths'. Multi-national corporations therefore become Kotre's (2004, p. 43) "keepers of meaning", designated as generative and indeed in contemporary economic terms as 'those who know' (OECD, 1996).

Seemingly a prerequisite within a neo-liberal, global governance, social inclusion gives us a unique opportunity to look at the narcissism of man as a necessary inclusionary attribute. This is in some part endorsed by research, as previously mentioned that frames 'stagnants' as lacking drive/need to succeed or participate in generativity in the modern world at the same time as scoring negatively for traits of narcissism. Social inclusion incorporates those men who actively/consciously/unconsciously engage socially/individually in generative

behaviours that serve to perpetuate the species, who, through a process of the projection of 'femininity', rejected and denigrated through the process of an insurmountable oedipal crisis, are able to maintain the social order. In other words, social inclusion is a reward for perpetuating/maintaining man's dominance over his environment and this is achieved by caring about particular things as well as caring from particular positions, such as 'caregiver' instead of 'daughter' and as discussed this has particular benefits such as better health and less taxes.

Stagnation/social exclusion becomes a condition created through a combination of circumstances that include unemployment, poor skills, poor health, substandard housing and low income. Employment, under a 'third way' philosophy, is the most effective remedy for this 'exclusion' (Fairclough, 2000), policies and discourses now pointing to a mother's inclusion in the workforce as being socially acceptable and a necessity to maintain his social order and paradoxically, his public and private balance. It is the necessity to maintain the existence of a public and private balance that ensures that employment will always be gendered in nature. It must be, because a woman cannot exist in the public domain as a woman, only as a mother, and in as such, she carries with her, 'her' inscribed/projected responsibility to care. Her position within the workplace is inclusionary, although paradoxically, this is not inclusive of women. In true oedipal fashion, there exists 'oppositional' contemporary 'third way' discourses that expound the immorality of 'unemployed' single 'mothers', an immoral, excluded, 'workless class' seemingly borne out of man's necessity for mothers to work (Barlow, Duncan & James, 2002). With the changing face of families, post industrial technological advances and the requirement placed on mothers to contribute to the household economy, it seems that the discourses enveloping the working class may be changing. It may well be the case that within a political climate that requires autonomy, the immorality of the 'working' classes may well have been transformed into the immorality of the 'workless' classes.

Social inclusion, social cohesion, social capital, are all terms synonymous with global governance and emphasise that a responsibility to care is defined through communities/families/collective units, either the 'demand' of the 'maternal' or the 'desire' of 'generative man'. These discourses are inclusive of a new 'community'

psychology, encouraging work/mother/life balance discourses and ‘naturalising’ the nuclear family system through discourses that describe it as ‘ecological’. Community and family systems of therapeutic intervention are devised for the fixing and/or healing of families, families that perpetuate compulsory heterosexuality, the cultural interpretation of women’s passive, vaginal sexuality, and man’s heterosexual economy. They advocate that well-being is enhanced by consensus politics and community participation, participation that serves to perpetuate the social order, through the endorsement of cultural sanctions that reflect on policy making (Nelson & Prilleltensky, 2005) and that a woman’s participation within a public domain is empowering. At the same time, a woman’s place in the ‘private’ domain, man’s unconscious is endorsed along with the domination/oppression and physical/verbal violence/denigration it may perpetuate. However, this new psychology can also be viewed in terms of a psycho-economics, one that turns homo-economicus into manipulable man, reinforced by a phallogocentric culture that renders women ‘passive’ as well as ‘docile’ that is within a terminology that is inherently masculine, or in other words produces the generative ‘altruism’ that needs ‘exclusion’ and ‘stagnation’ to survive. Discourses of ‘lack’, ‘exclusion’ and ‘stagnation’ determine who cares, who is in need of care and who is not.

Tronto’s (1993) care ethics is based on the identification of ‘need’ or ‘lack of’ and therefore, in its present form, given that Tronto’s care is a ‘normative’ one, is a masculine conception. Care cannot exist without ‘need’ and neither can man, given that Hollway’s (2006) care is constructed on the ruthless demands that are borne of ‘need’ and how the desires that drives his ‘need’ for his mother form the basis of a cultural generative care. Although care is dependent on need, it sometimes seems resentful of its existence, making perfect sense for a phallogocentric dichotomy that sees its formation based on a love hate relationship between mother and sibling. Tronto (1993, p.106) states:

Caring about involves the recognition in the first place that care is necessary. It involves noting the existence of a *need* and making an assessment that this *need* should be met [*italics added*].

I would suggest that within a hom(m)osexual society (Irigaray, 1985b) 'need' itself is a resource that 'needs' to be sustained to ensure the perpetuation of cultural care and this can be done by specifying it in particular ways suitable to the current economic climate. Western cultures are driven by care/need, generativity/stagnation and inclusion/exclusion: women are familiar with the latter.

Citizens need/expect protection, even if a modern society dictates that its subjects/objects police themselves within a framework of manipulative 'social' politics/power. They also need/expect appropriate care and rely on generative and contemporary economic societal discourses reiterated by those 'who know' to tell them 'what', and 'who' to care about and 'why'. They need to be told 'who' is deserving of care and/or of compassion, who is responsible for their/our own problems, the behaviours that science, as in 'why', tells us are exclusionary, harmful behaviours and no longer socially sanctioned, such as cigarette smoking, lack of exercise, and an inadequate work/life balance. The deservedness of care can depend on whether the subject/object has embraced contemporary ideals of 'autonomy' and 'self responsibility' and whether they are 'genuine' victims of circumstance or have brought their problems upon themselves. In other words, how is their 'narcissism', 'selfishness' and 'insensitivity' affecting others within their families/communities? On reflection, a move towards collective psychology within a political ideology that has shifted from the collective to the individual good reveals a paradox. The paradoxical nature of this shift suggests that all is not quite what it seems to be. Community psychology, in its endorsement of ecological models may unwittingly be supporting a system that moderates a relationship between domination and oppression, and thereby through the 'generative' drives of 'community', be supporting the individual endeavours of man. From these generative/economic drives come contemporary versions of who is inclusionary as a good mother or exclusionary as a bad mother. A mother who works is a good one and a mother who does not is a bad one.

Tronto's (1993) 'need' can be created in different ways within a KBE, fostered by the male genealogical/generative discourses that drive it. For example, in Britain, a 'third way' government has created a need, or perhaps those who are less deserving of need by the identification of an immoral, workless underclass that is inclusive of

unemployed solo mothers. Middle and upper class can volunteer/train in professional social services to meet these needs, although sometimes these services can manifest in rather bizarre ways, given that these are culturally prescribed through the narrow paradigm of man's consciousness. In New Zealand for example, as recently experienced by my neighbour, a beneficiary who is unable to meet food and household costs can be referred to budget advisory services that are set up in the form of government and corporate funded community services (New Zealand Federation of Family Budgeting Services, 2008). Trained and well paid advisors expound the virtues of frugality and budgeting to those with inadequate funds to implement such advice, because dominant populist discourses insist that no one in New Zealand lives below the poverty line and those suffering simply lack the skills, willingness or initiative, to help themselves.

Morality and responsibility can be gained in a contemporary society by subscribing to the education market and a feminist ethical approach to care can be accessed through the gaining of 'practical' caring skills, competence and a 'caring personality', allowing entrance into the workforce within the lower paid gendered 'service occupations'. Those who gain their new practical skills can use these to implement 'public' discourses of care within 'private' settings. These qualifications see the less fortunate deemed capable of caring for both their own family members and the homes and children of middle/upper class women, while they accrue capital and status for their husbands' 'institution' or 'ecological system'.

Irigaray (1985ba, p. 171) suggests that: "[t]he value of the symbolic and the imaginary productions is superimposed upon, and even substituted for, the value of relations of material, natural and corporeal (re)production." This can be deemed to mean that the public and private domains of care which have for so long ruled discussions regarding feminist ethics are nothing more than a phallogocentric representation of man's malfunctioning development.

Barnes (2006) is one such feminist ethics exponent who claims a victory regarding the blurring of 'public' and 'private' boundaries. She feels that this has been achieved through the restructuring of private power relationships and by "recognising the spaces and places within which women can exercise agency and

express their citizenship” Barnes (p. 120). It seems, however, that this is not enough. A just society based on a strategy of equality that equates to equal numbers of women and men in the workforce or engaged in social endeavours is inadequate. A battle to achieve equality through equal pay is destined to be sought out in a culture/language that does not belong to women, yet this is a statistical indicator used within a KBE to monitor gender equality (Hvinden, 2005). It is more likely, in fact, that a normative feminist ethics of care, such as the one advocated by Barnes (2006), Sevenhuijsen (2002) and Tronto (1993) is being mass produced and sold through various feminist inspired and government sanctioned institutions, in keeping with the philosophical principles of a KBE so that it can be distributed in such a form as to attend to the ‘culturally produced needs’ of the ‘less fortunate’.

The carers’ movement

There is no doubt that a similarity emerges between feminist care and ‘third way’ discourses, suggesting a likelihood that feminist ethics of care discourses are in some part, perhaps, related to such political rhetoric. From here, therefore, it is entirely pertinent to consider Barnes’ (2006) explanation of the role of the carer’s movement in the public creation of care in conjunction with Skeggs’ (1997) account of the (re)development of caring courses within a contemporary economy. These may well represent a framework in/through which a mass production of feminist care discourses is entirely possible.

Barnes (2006) sees care as a normal part of everyday life, something ‘generational’ that is embedded within family practice. From her acceptance of care as it is portrayed in both the public and maternal, it is not difficult to ascertain that Barnes is either comfortable within the silence of man’s conscious, or does not identify it as such, seeing agency as awarded to all ‘speakers’ of a masculine language. That which is lacking can be gained by joining man in his ‘conscious’ public pursuits. There are resemblances here to a psychoanalytic narrative that describes a little girl’s alliance with her father after she rejects her mother, to procure what he has and she lacks, suggesting that this attempted public alliance has already been culturally scripted.

This 'care' displays a need to feed his maternal desires and a wish to maintain 'his' private domain along with the genealogy/generativity that feeds it. Barnes' (2006) 'care' therefore, like Fingerman's (2003) 'mothers', sees care as a 'familial' duty, the practice of which, in her estimation is not requiring a great deal of empathy or sympathy. To her, the value of 'home care' lies in the family knowledge and cultural values that are shared and are of mutual value to the 'caregiver' and the 'care receiver' alike, the 'strength' of the family. This sees Barnes 'care' as a familial, cultural and generative, one that provides little individual value, a maternal, kin-keeping one ascribed to women from the position of an exclusively male genealogy and in keeping with cultural psychoanalytic narrative. In this way, Barnes sees both public and private care as identical. She argues, like Tronto (1993) that care has been romanticised and pathologised by the increase of home care along with the increased expectations and burdens it has brought with it, as opposed to its place in the private domain as a normal part of family life.

Care and ethics then, according to Barnes (2006) are social 'practices' and therefore are dependent on the way people interpret their particular situation. In this way, they provide the means for both caregivers and care receivers to make sense of their situation/relationship along with its respective 'agency'. In other words, Barnes' 'caring' is not a fixed practice, nor is 'caregiver' a fixed identity.

According to Barnes (2006) the carers' movement emerged as a response to the decline in social services brought about by contemporary economic policy and the growing expectation of the provision of home based care. As part of a broader 'user movement', 'carers' organisations challenge issues of service delivery and its design. The carers' movement is seen to provide support to those who feel isolated through their invisibility within the private domain. Perhaps invisibility is not the right word here, visible only within the maternal seems more appropriate. The movement provides a space where carers can relate their experiences to those who understand them, other carers. Because of the insignificant position of home care, reluctance is shown by carers to 'burden' others with their experiences of 'burden'.

A problem that Barnes (2006) identifies with this is that the carers' movement advocates the fixed identities of caregivers and care receivers. By doing this, those

who do not identify with these 'public/medical' categories and see themselves as mothers, daughters, wives and partners, remain 'invisible' and 'isolated' or perhaps just 'responsible' and 'maternal'. This undermines Barnes' 'natural' role of 'caring for families'. Although it may seem that the 'positioning' of 'caregiver' is advantageous to the carer, although not necessarily the patient, this advantage is rather cosmetic, shifting a daughter/carers from one position of disadvantage to another, from man's unconscious to his conscious. A maternal alliance becomes a phallic one. Familial mother and daughter caring relationships shift from a private daughter, maternal/lack/object to a public caregiver, lack/object. The latter is spoken from an androgynous, cultural, social, generative care and the former from the private domain, inscribed in discourses that define the responsibilities of a good/bad mother.

In fact Barnes (2006, p. 136) suggests: "The emergence of a carers' movement can be considered to have created an 'identity' of carers as a social group." It seems that an 'inclusion' is noted here, a 'presence', albeit a masculine one. What Barnes seems to be describing here is a 'social identity' or 'inclusion' that pays the price of androgyny for its existence. It seems that Barnes and the carers' movement have effectively 'sold out'. Barnes reasoning seems to be based on the assumption that because women seemingly have no agency within the private domain, it is something that is automatically granted in the public. This social identity/inclusion is afforded a slot within man's 'social time/conscious' and yet it seems unlikely to be a coincidence given that man's generative 'gaze' within this public/private dichotomy/relationship is particularly stretched at this time. It is likely that the carers' movement has produced caregiver and androgynous discourses that have been implemented within legislation that serve to simultaneously dissolve women into a masculine language while at the same time maintaining social/economic security with the strengthening of the family unit.

The invention of 'caregiving' as a recognised category/indicator "has enabled that experience to be formally recognised within official policy and within legislation" (Barnes, 2006, p.136). The invention/production of these categories creates a framework within which care 'needs' can be assessed and indeed have been taken up

by UK's 'third way' Labour Government in the launching of a carers' strategy, intended to value and support the work of 'caregivers'.

Neo-liberalism, homo-economicus/manipulable man combine here to manipulate the positioning of care as a tool to strengthen his social order, by determining who is worthy/in need of care and who is not and who is seen to 'care' and who is performing the 'natural duties of motherhood'. In short, they determine how care can be spoken within man's conscious and unconscious domains and manipulate the power/resistance relationship between the two to ensure that these domains remain in place and that women/mothers remain trapped within this struggle as 'objects'.

A KBE emphasises the care of children, given the drop in fertility rates, and the necessity for an increasingly up-skilled workforce is becoming prioritised in regard to increased expenditure and long term investment. This could be seen as further indicating the strengthening of dominant generative discourses in as much as they are connected with contemporary knowledge production within a KBE and the spreading of generative discourses through increased access to education, generative/corporate mentoring and social marketing. Health problems experienced by adults need to be weighed up against the loss of productivity and the poor health of the elderly must surely be of low priority when illness seemingly equates to expenditure with no return for its outlay. There is far more return in a strategy that keeps the elderly healthy, productive, knowledgeable and generative. Donzelot (1991a) sees this as the reason for the increased encouragement for homecare for the elderly, where the reduced cost of care can be set against the strengthening of family ties, the ties that Barnes (2006) sees care as consisting of, a family ritual that requires little empathy, a natural, mundane, everyday event.

Gordon (1991) adds that familial caring of the sick is prompted by a mixture of security in the form of minimised cost and protection of the 'optimum norm'; the patriarchal heterosexual nuclear family and its male genealogical system of generativity. Perhaps it is that modern familial care is not all that it seems then, increasingly being framed within the androgyny of the public domain, being perpetuated in/through a knowledge based economy, increasingly seeing care as something that needs to be learnt, such as a 'skill'(Schumacher et, al., 2000) or

'practice' (Barnes, 2006; Tronto, 1993). It seems then, that man has taken care to the market place, leaving women, as the principle carers, with a choice of 'caregivers' or 'mother/daughters', the 'recognised' invisible androgyny or the 'unrecognised' invisible maternal. This choice puts elderly 'mothers' and 'patients' in a precarious position, tottering on the discursive brink of man's conscious/unconscious, reliant on the position of their daughters, perhaps, to designate their cultural worth. A neo-liberal ideology of autonomy and decentralisation sees those in need of care more dependent on intra-familial support (Belich, 2001; Roper, 2005) and, perhaps, a bi-product of a global accounting system serves to render the elderly and infirm worthy as a manipulative tool for the security of the social order.

Women/mothers and their 'inclusion' in the workforce/public domain within a KBE, where they become the 'carriers' of embodied human capital, sees an 'alliance' that 'positions' them to contribute to the production of 'knowledge', 'man's knowledge, his universal truth. The carers' movement works on the assumption that an input into knowledge production helps produce women as 'subjects' (Barnes, 2006). However, not only has the carers' movement initiated a large body of fragmented and conflicting research regarding the mysterious construct called 'caregivers', it has also become involved in man's knowledge production through the designing and undertaking of its own research in his interest. It seems that under an illusion of 'agency', a feminist ethics of care has become involved in the production of universal knowledge/one language and in so doing has offered a helping hand to man in his quest for universal truth.

The carers' movement has aided in the extraction of 'burden' and 'ambivalence' discourses from man's unconscious introducing them as rational/economic/equitable dominant discourses within the public arena, and at the same time reinforcing the 'necessity' of the severing and fracturing of women's genealogical connections and the mother-daughter tie. For Barnes (2006), the carers' movement has made a significant impact on social justice 'advancement'. Perhaps this is true, given that 'social justice' is a conscious/public pursuit of man. However, this social justice may well be dangerous to women, given that it implies an alliance, in the form of wanting, contributing to and perpetuating what he has. This form of social justice is produced through discourses that serve to oppress women because ultimately they

support/perpetuate the 'existence' of the public/private dichotomy and the 'maternal', good/bad mother.

Carers' courses

Motherhood has long been the site for the application of man's knowledge and educational reform, apparent within the medical discourses of motherhood and the introduction of legislation and medical practices designed to enhance both the physical and moral health of the nation. The application of this knowledge concerning the education of women is apparent in New Zealand's history regarding the immorality of women and their subsequent salvation through the acquisition of domestic skills that would make them suitable for employment as domestic servants. Those women considered morally defective/feeble minded received their training in women's homes (Dalley, 1992; Tennant, 1992). Mainstream education tailored courses to teach the domestic skills that would be a necessity for women in marriage (Page, 1992). Suitable domestic/scientific education for women was advocated by the generative Frederick Truby King, well known, amongst other things for founding New Zealand's Plunket Society, as head of the Health Department's Child Welfare Division and as a medical superintendent of Seacliff Asylum (Belich, 2001; Brookes, 1992; Tennant, 1992). He was also an advocate of eugenics, the breeding of humans through pure bloodlines untainted by immorality, feeble mindedness, bad character and inferior 'race' (Wanhalla, 2007).

State controlled education for working class women has therefore been noticeable historically in the western world in the guise of education designed to enhance morality and skills associated with domestic duties. According to Skeggs (1997), the moulding of the nuclear family came in response to industrialisation and urbanisation, where the state sought to gain control over family institutions. To this end, standards of domestic competence were fostered amongst young working class women, encouraging a sense of domestic duty in girls to overcome extremely low standards of living and poor physical fitness, associated with overcrowding (Skeggs, 1997; Wanhalla, 2007).

Skeggs (1997) argues that domesticity became integrated with respectability and family values, impacting on women's use of public space. Prostitution was aligned with 'street' walking and upper middle class women would display their respectability by educating working class women who were in great danger of being tainted by the natural lower morality of the working classes. In short, working class women were educated to provide either unpaid or low paid domestic services for the middle classes. In fact Skeggs suggests that this moral duty became the basis for the development of social work practices at the turn of the century and this seems also to be the case in New Zealand, where girls homes, predominantly full of immoral working class young women, were 'cured' by middle class women prescribing to eugenic/generative philosophies. These cures were procured through training these girls in the necessary domestic skills required to be employed as domestic servants (Wanhalla, 2007).

The shift towards a KBE that encourages women into the workforce, simultaneously heralds the re-introduction of caring courses that seek to reinforce a woman's responsibility to care. On one hand women are offered equity judged on employment statistics indicators and on the other, they are being educated with the 'skills' necessary to implement 'care' within a skills based economy, in other words, they are being educated in the appropriate ways to responsibly dispense a cultural capacity to care as has been done in the past to rehabilitate the immoral, within the appropriate caring discourses of the day, those that originate from the public domain.

A KBE serves to perpetuate the passive and mutual mother within a heterosexual phallogentric nuclear family, emulating a cultural re-alliance with the mother after the girl child has found that the power of the phallus is unavailable from the father. In the contemporary version of this narrative however, the girl child is unaware that this power is unavailable given her new found 'status' within the workforce. For Skeggs (1997), the reintroduction of caring courses in the 1980s is yet another attempt to regulate the practices of the working class family. She feels that these courses are designed to create a 'caring disposition' within working class women and in the process, create the perceived characteristics required in the application of care, such as the pleasure taken in domestic duties within a patriarchal family unit. Skeggs (1997, p. 48) explains that "the attempt to codify sexuality through the domestic ideal

is a central feature of working class women's education as it is also a feature of their wider cultural/discursive locations." It would seem that Barnes' (2006) unassuming 'alliance' with the public domain can be seen to provide caring knowledge and appropriate discourses, this knowledge being spread through caring courses, by 'those who know'. While women are 'participating', albeit in their absence, within man's ho(m)osexual economy, the 'responsibility to care' is being manufactured and distributed within discourses of 'caregiving', another adaptation to maintain his social order as well as the distinct entities of his public and his private domains.

The rise of neo-liberalism and the establishment of a framework for unpaid caring in the eighties and nineties have been accompanied by, according to Skeggs (1997), an increased ideological concern by right wing politics about the declining moral standards of the family. I would read this as coinciding also with an increase in generative discourses of family amid changing contemporary demographics, these demographics changing to protect his social order. Heaven forbid the thought of a failing morality in man's own back yard, and what better way to prevent the moral degradation of families than changing the face of families and the discourses that determine what is culturally moral and what is not, especially considering that the strength of the family is a necessity for a generative cultural order. This has two-fold benefits for a morality that determines the strength of the family as a means of political control, strengthening the unit needed for behavioural control amid social change, as well as keeping its activities within the culturally acceptable bounds of normality.

To ease a perceived moral decline that is seen as happening in conjunction with the influx of women within the workforce, there has been increasing demand by the middle classes for domestic servants in the guise of nannies, cleaners and au-pairs. This is also happening in conjunction with a post-industrial, neo-liberal, multi-corporate 'age' where the number of those categorised as middle class is shrinking and the gap between middle and working class is growing (Warren & Tyagi, 2003).

It seems that these domestic servants are being supplied by the growing numbers of caring courses being offered within a KBE. These roles see women as not only 'responsible' for their own families but also for the families of those who are better

off than themselves. Skeggs (1997) points out that not only does this modern arrangement, under the guise of 'equality', perpetuate women as carers, it accentuates culturally contrived differences between women themselves.

Lack of qualifications, financial worries and limited employment opportunities make caring courses an attractive alternative to unemployment within a modern economy that expects each individual to contribute (although not to the same extent given the gendered nature of employment, wages and taxation). These courses are not designed for failure. Within these courses, women position themselves as caring 'subjects' a position that is not actually available to them through a language that excludes them, and also with the caring attributes that accompany such a designation. Courses also provide work experience in the form of placements, this being a modern equivalent to volunteerism/generativity, in that it enhances communities and families and these placements also enhance the responsibility and the development of a 'caring personality'.

Tertiary providers in New Zealand currently offer a diverse range of 'caring courses'. The Bay of Plenty Polytechnic (n.d) offers a Certificate in Healthcare Assistance that promises 'careers' as 'health care assistants' and 'caregivers'. The Universal College of Learning (UCOL Course guide, 2008) offers a New Zealand Certificate in Nanny Education that offers educational training to develop skills pertaining to care and home management. The course aims to teach graduates skills that will enable them to 'manage' and 'maintain' a 'household' as well as being able to provide a stimulating and enriching environment for children. They also offer a National Certificate in the Support of the Older Person that provides training for employment in the rest home industry (UCOL Course Guide). The Nelson Marlborough Institute of technology (n.d.) provides a nanny qualification that aims to enables 'preparation' with the appropriate skill base to be employed as a professional nanny in a home environment. It offers (mainly women) necessary care attributes, such as self reliance, and paradoxically, the ability to meet the 'individual' needs of children and 'families'. These examples equate to a small percentage of a great number of these courses offered nation wide that are designed, within a KBE to teach women to care.

Institutionalised care education teaches women to care in culturally prescribed ways that market caring as a skill based and culturally 'moral' occupation, framed in the glossy, androgynous brochures produced by these educational institutions. They advertise a modern production of knowledge, framed in 'caregiving' medical public terms, whereby the 'graduates' are sent back into the private domain to ply their trade, or so it might seem. It is more likely that public boundaries are extended/fluctuate to incorporate this, shrinking and expanding due to the chosen generative discourses of the day, this movement being part of man's process of keeping his public and private boundaries intact. These boundaries cannot become blurred. The social order is dependent on their presence, created by man's insurmountable oedipal crisis and the severing of mother-daughter ties. They represent man's conscious push, desire for 'truth'; one that is never sated, and a place where his unconscious desires/denigration are projected on to his family. I would suggest, however, that although these boundaries are never stable, they are always clear. Man has few problems with coherence; incoherence stems from a women's difficulty in deciphering a language that is not inclusive of them.

Man's cultural dichotomies, his public-private, seen-unseen, present-absent, moral-immoral, have-lack, subject-object, inscribe the meaning of a cultural care, perhaps explaining why his generative gaze cannot stretch to the welfare of his own family, unless it was somehow described in the generative 'altruistic' and 'culturally contrived' terms ascribed to the public face of caregiving, such as the type ascribed to and perpetuated by a KBE and its educational institutions. The spreading of this care is made possible through those 'who know', a feminist ethics of care. A feminist care ethics has provided/perpetuated the language of 'institutionalised' culturally moral, public care, that has added to a 'third way' repertoire of 'appropriate' care discourses, a responsibility to care, packaged to be 'sold' in paradoxical fashion, to the likes of a new immoral 'workless' class, such as the solo mother. Within contemporary economic discourse, lone 'mothering' is not equated to real work or to any significant economic worth, especially it seems, the mothering of 'fatherless' children, who are more likely to be assured their quota of generative discourses within the bounds of a 'public' childcare facility.

Within a contemporary society it would seem that women must enter the workforce as mothers to uphold man's oedipal dichotomy; therefore the lone mother is prone to scrutiny. Lone mothering degrades families, is a financial liability and perpetuates the morality myths now associated with what may well be a contemporary replacement of the working class, who in light of current perceptions may have gained a reprieve from immorality. Paradoxically, present government policies encourage the retraining of solo mothers by paying tertiary educational fees. Lone mothers can train in the public occupation of 'caregiving' so they can nurture the children/relatives of the middle/upper/working classes, who have been 'called to arms' by their familial institutions, the strength of which are vital to man's faltering/fluctuating social order. Therefore, the tending of young children is an acceptable and moral occupation/obligation/responsibility for solo mothers as long as the children are not their own. It needs to be a public pursuit. Women are being trained in the pursuits of highly generative behaviour given that there are no alternatives in a cultural discourse of care. 'Morality' is to be gained now for 'mothers' in the public arena as receptacles for the depositing of embodied human capital, of which caring 'skills' are included.

So in this way, it seems that those who are steeped in new public discourses of care, as compliments of a KBE, can embark on a new pathway of 'responsibility, morality and care', all incorporated within a culturally contrived 'caring personality' and all important components of a feminist ethics, as well as the productivity and sustainability of care advocated by Tronto's (1993) often quoted definition.

A 'silenced' care

Within this social order sits generative man, unaware of his creations and ignorant of his tyranny. From this position, women are neither existent nor non-existent: they are simply unimaginable. Surrounded by his mirrors/creations, women through his distorted specular images become tools within a generative quest for immortality, this drive being justified by his superiority over his environment in the form of 'a capacity to care'. This capacity is not devoid of a feminist ethics: however, it is devoid of women, because it is strictly and culturally defined within the bounds of a

hom(m)osexual society and a heterosexual economy and is based on productivity, sustainability, inclusion, need and desire.

Caring without need, it seems, is an exclusionary practice, with little monetary or strategic value. It lacks 'drive' and is therefore 'incoherent' within cultural terms: a cultural narcissism, one that does not consider the 'future', man's future. If it is not 'driven' it is therefore not 'generative' and as such must be considered culturally narcissistic, a personal excess and therefore most probably immoral. How dare caring become a pleasurable pastime?

It would seem, through a careful consideration of 'care as a cultural construct' that a feminist ethics of care cannot be represented from within either a public or a private domain, because to do so would be to acknowledge and accept the phallogocentric nature of this dichotomy, this split, this one fundamental destructive force, man's oedipal crisis that entraps us.

Care it seems, is serious business built on the discursive theft/replacement of embodiment, jouissance, multiplicity, fluidity, genealogy, and a capacity to love and to care, these within a 'difference' that is not equated to man's phallic economy and women's 'lack'. A difference, in fact, that is not defined in any way by that of man's phallic, singular, culturally defined identity that has been severed from his body. A difference that stands alone, that is autonomous/collective, that can withstand and embrace the multiplicities of women and realise the importance environmentally of a mother-daughter relationship, that cannot be defined, researched or separated from other mother-daughter relationships, that cannot be good, bad, omnipotent, smothering, consuming, dyadic, familial and all of those discourses that serve to uphold this vital invisibility, the cornerstone of western civilisation.

How could we envisage a world that bases its care on the suppressed 'excesses' of women's sexuality and the healing properties of women's closeness to nature? This closeness that has been denied by man's endless drive towards nature's very destruction and within cultural narrative is oppositional to productivity, maintenance and sustainability for the next generation, man's generativity, man's genealogy.

Instead of being based on deprivation, suffering and cultural sanctioning, caring could be constructed as being based on/within 'excesses' and of course 'excess' is considered culturally immoral/woman. Why though should an excess of care be considered an immorality and why shouldn't that particular immorality be available to all? Why should people have to justify their 'need' for it? 'Cultural care' has stolen the pleasurable aspects of care, such as mother-daughter love/care, one that must now be based on the long-suffering attributes of the mother (Hollway, 2006) instead of the joys of an autonomous 'oneness' (Irigaray, 1985b). This 'oneness' and the care that it affords, has been stolen by the 'castration' and the masculinising of 'little girls' as well as the subsequent discovery of their inferior malformed genitals (Irigaray, 1985a).

An excess within language is not one that is based on phallogentric dichotomies but one that flows beyond, exceeds, and is not hidden within the inclusions and exclusions of dominant discourses. It is within these exclusions that a multiplicity and fluidity of language exists, accessible only through the denial of a phallogentric culture and the false dichotomies that strengthen its structures. What better platform could there be from which to write/theorise a feminist ethics of care?

EPILOGUE: The beginning revisited

From here I look back at the starting place of this work, the account I wrote two and a half years ago of my mother's death that 'reflects' a 'responsibility to care'. It raises many issues for discussion. My mother's death is not the only theme here, although at the time of writing, it most certainly was. I have since considered that perhaps it was the way she lived her life that I grieved so painfully for, the responsibilities of family and motherhood taking precedence over the possibilities to 'live' and 'feel' that were denied this gentle woman with an enquiring intellect. She once told me that she envied those who could feel elation, love and distress and that she lived in a state of being that denied her these feelings. I know that this was not always the case as I can remember times when she cried for days on end, seemingly a lifetime for a small child, as well as her insomnia and her crippling migraines. I didn't understand her oppression/depression/despair then. I grieve for that now and for a lost opportunity to help appease her loneliness and isolation and share these feelings with her, along with love, life, and perhaps the discovery of an ability to 'care'.

She told us that she believed in the 'futility of effort', and I have thought, over the last year, that perhaps she was right. A 'feminist ethics of care' based on a 'futility of effort' sees the dissipation of demand and desire; there is nothing to seek out, discover, no universal truths, nothing that needs to be surmounted, and in effect, no western cultural care. A 'futility of effort' denies such a thing as a cultural care that is based on the identification of need where that need is specified by 'inclusiveness' and 'presence'. A 'futility of effort' could be seen as the ultimate in 'stagnation', a true 'altruism', a care that is not driven by man's 'generative' narcissistic desires but by a concept that man cannot begin to understand. This futility is borne of man's mutuality. He cannot see it, nor could he ever understand it.

This project has also afforded me the opportunity to reflect upon the perfect nuclear family in which I grew up, the 'care' and the love it enabled along with the rage and fear it harboured. I have reflected also on my mother's life, her death and the relationship we shared together. I wrote that I 'owed' it to my mother to be her

‘caregiver’. Upon reflection, I can honestly say, I was never a ‘caregiver’ and my subsequent ‘questionable’ presence at her death and the days preceding it were never an ‘obligation’ or the repayment of a debt. I was always her daughter and her friend, perhaps more than that, perhaps we did exist somewhere as people who respected, ‘cared’ for and loved each other, in some unimaginable place.

The closeness I experienced at the time of her death, the experiences of the unexplained and unutterable, the sensations of ‘oneness’, an embodied inter-subjectivity were frightening to me at the time. Limited, available, androgynous discourses, not recognising such a ‘oneness’ that that come to mind are ‘delusion’, ‘hallucination’, ‘exhaustion’ and ‘stress’: all of them deny such a relationship. Here, now, I consider Hollway’s (2006) ‘unthought known’ and think that perhaps these ‘excesses’ are still available at times of great stress within the ‘private’, ‘maternal’, ‘unconscious’ or perhaps through the greatest cycle that nature has to offer that man cannot, yet struggles to control, that of life and death.; a time when a mother conceives, shelters, nurtures, nourishes, grows and gives birth to her daughter and the time when they are parted by death. This is perhaps a time when man’s sanctioned domains and his cultural capacity to care is most threatened, at this place that he cannot see or even imagine, in an unconscious within an unconscious: a place where women reside, something that shakes the very foundation of a culture built on the severing of mother-daughter ties.

I have considered my father, a family man, a ‘kind man’, according to my mother. His explosive verbal violence could burst out of nowhere and leave devastation in its wake. He was a highly generative man, who worked tirelessly for the sport that he loved and placed his efforts in encouraging young people into that sport. He was a man who worked long hours at a dirty, noisy job to provide for his family, coming home to do his building, redecorating, gardening, a generative man who believed that a woman’s place was in the home and that his daughter should remain a ‘virgin’ until he ‘gave her away’, whereupon she should produce ‘grandchildren’ and perpetuate some other man’s family name. In other words, our family was a patriarchal one within a phallocentric culture, one that Irigaray describes as a heterosexual economy, the trading of women, man’s ‘private’ space, a space where it is a woman’s/mother’s responsibility to care.

My father's refusal to allow my mother to work makes me think of those times that dominant discourses describe work as detrimental to mothers and their children, that an entry into the work force as a woman or a mother was/is unacceptable. She was under no illusions that a lifetime of mothering duties had left her unsuitable for anything other than gendered occupations such as cleaning and factory work. She too, wanted agency: unfortunately agency is a man-made construct and is not available for women in the public domain, even if contemporary politics may tell us that this is the case. Generative man does not surrender his 'mutuality' so easily.

From here I consider man's capacity to care, expressed by my father as caring for the family, the family's 'physical needs', his family, that he controlled and he owned. I think of his kindness, a man that cared, in tension with his explosive verbal abusiveness, his impulsive outbursts, his rage, that would leave us stunned and him acting as if nothing had happened. This was an everyday occurrence within a family that I have always described as a 'perfect' one, a place of subjects and objects, set within the bounds of a culturally prescribed nuclear family. What of the 'cultural damage' inflicted on the members of those perfect families, inflicted by man's failure to overcome 'his' oedipal crisis? Does that damage remain and is it passed from mother to daughter in a genealogical fashion?

What of the void within Erikson's theory of generativity, the capacity to care and a psychoanalytic cultural narrative in general. This is the void that sits in between man's individual generativity, his necessity to reproduce himself within a nuclear family setting and his social generativity, the one that sees him mentoring future generations, other people's children. This void is seemingly 'filled' by the 'maternal' the focus of the projection of 'his' responsibility to care, the denigration, the rage and the mutuality, all focused on 'his' self image and residing within his unconscious, the place that sanctions physical and verbal abuse, the oppression/denigration of the mother and the trading of their daughters.

Within a contemporary society, where generativity forms the basis of a contemporary global economy, a 'selfless', sustainable world of corporate responsibility, a world where youth are mentored by those 'who know' and an individual generativity that sees the changing/adjusting of domestic boundaries for its survival, what of the

'voids' here, those who are included/excluded, public/private, present/absent, caregiver/daughter, patient/mother, all dichotomies that originate from have/lack and all related to care, who can care and who can be cared for. A mother/daughter relationship is reduced in the end to an expression of either public or private 'caregiving' or 'mothering'. All caught up in a discursive power struggle that ultimately rests on the suppression/expression of a mother/daughter, woman/woman love: a discursive phallogocentric culture/economy constructed around the power of the phallus and the law of the name of the father.

I think also of the way in which our cultural family structure proved to be so brittle in the end, when my mother escaped her maternal obligations by the only means possible to her, death. This was a death that she/I/we lived together: I could feel her physical pain, yet I could sense her serenity in the days before her passing. Her death saw the destruction of our 'safe' little nuclear family unit. My father, brother and myself shot off in different directions like shards of glass from a shattering mirror where we individually licked our wounds from within the sanctity of our own respective miseries. Perhaps this was the case, the shattering of man's self image; the death of the kin-keeper, the carer, the nurturer. That was enough to disintegrate this familial illusion, an illusion that depended on a paradoxical absence and presence, the absence of a subject and the presence of an object.

What of this object, my mother, the 'matriarch', situated in my father's home within a mutuality that masked the/her futility? This matriarch is a powerful discursive illusion, the illusion of 'the subject', a projection of the responsibility to care, the ultimate in 'object relations'. This illusion resides within the generative void, a place devoid of a culturally defined social generative 'caring', a place where caring is not sanctioned unless expressed within the 'right discourses', those that serve to keep man's conscious and unconscious separate, well defined and intact.

I have also thought about my maternal grandmother, her lone trip to New Zealand as a young woman, the guilt that led to her deathbed confessions to my mother concerning the true identity of her biological father and the concealment of a divorce from us, her grandchildren, due to the guilt attached to the immorality of illegitimacy and divorce. My memories of her see her residing in sparsely furnished, rented, one

bedroom accommodation, seemingly moving frequently from one flat to another, and I remember being distressed by my mother's intense grief at the time of her death. It has always bothered me that the only reminder of her life is a rose bush and a name, Jessie McBeth Towler, a name that differs to that of my mine and my mother's. It is rarely visited and difficult to find. This marker of life/death lies far from my father's family monument upon the side of which my mother's name is inscribed, Margaret Rogerson, afforded a place there as the wife of Maurice and the producer and nurturer of his children.

I have considered the hatred that my mother felt towards her stepfather, with some foreboding, a foreboding that has grown from her unwillingness to speak of him. I have considered also, her family's constant shifting around the country to escape this father's debts, the use of a child's innocent talents for personal gain, such as the memorising of 'marked cards' to be used to play against her stepfather's friends for money, her gentleness, yet her distaste for personal contact and her silence/shame/anger/inability to discuss anything pertaining to it, her obvious preference for her own company, her love of nature, tranquillity, peace and quiet and the place within herself she must have needed to access to survive the pain of past hurts, father's tantrums, the futility of her life and ultimately, the futility of effort.

From this position, my own life and what I once considered to be its failures makes far more sense to me and it is from this position of sense-making that I have written this thesis, with the strength I have gained from making these connections within a genealogy that has been lost to me, albeit a genealogy of guilt, oppression and abuse.

I look at a care that is based on man's desires and wonder if purpose/futility is a place from which to (re)build a woman's care. This is a false dichotomy that many of us have been familiar with throughout our lives. It seems fitting to me, that this dichotomy, the one that my mother alluded to so many years ago, should surface as significant at the end/beginning of this project. My mother's 'futility' was borne out of the oppression of woman/excess, that which exceeds man's boundaries, the recognition of existing in a place that didn't 'fit', a discomfort and despair that my father could never understand, nor see. He could only see a reflection of his 'reality', being caught up in a generativity that required the production of children, in the hope

that they may one day produce grandchildren/sons to carry on the family name, his name. My mother's futility is inaccessible to man, he wouldn't understand it/see it. Purpose requires effort. Man's phallocentrism is based on a discursive quest for purpose/perpetuation/perpetration/penetration of his image/existence/mother. Futility denies that purpose/need is a necessity for care and indeed, the necessity for ethics.

From here, I consider ethics as a masculine phallocentric construct, that justifies his 'conscious' pursuits: it doesn't include women. Women's care cannot be ethical, nor should it necessarily be prescribed as coherence. If it makes sense within man's language, it entertains the possibilities of exclusion. It should be futile, in that 'need' is not a necessary requirement for it. It should celebrate excesses and actively pursue avenues to express a care that is not culturally defined. A daughter should be able to express her love for her mother within discourses other than 'caregiving', 'burden', 'hallucination', 'delusion' and 'stress'. An expression of care should be available outside of the current confines of cultural/economic prescriptions.

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