Care as a Contemporary Paradox in a Global Market

Ann Rogerson[I], Mandy Morgan[II] & Leigh Coombes[III]
A.L.Rogerson@massey.ac.nz, C.A.Morgan@massey.ac.nz, L.Coombes@massey.ac.nz
[I, II, III] School of Psychology, Massey University, Palmerston North, New Zealand

A b s t r a c t

The contemporary mother faces difficult choices when deciding whether to be either a 'stay at home' or a 'working mother'. Conflicting discourses of good and bad mothering revolve around a political divide under pressure, one that territorialises the public and private domains. Gilligan (1982) famously highlighted the existence of these domains by challenging Kohlberg's findings that men were endowed with higher moral reasoning powers than women. Disappointed by what she identified as the masculinist bias of Kohlberg's work, Gilligan conducted her own research, finding that men and women reasoned differently but equitably. Gilligan's thesis now theoretically informs a feminist ethics of care that has reputedly transformed political spatial boundaries of the public and private domains, domains traditionally gendered as masculine and feminine. Yet the 'care' that Gilligan has drawn our attention to is seemingly a new phenomenon. Appearing in language around the same time as the birth of Gilligan's feminist ethics and indeed amidst the growing dilemma of the working mother, this care shows no visible sign of its maternal origins. In this paper, I attempt to define and locate care amidst the dismantling of the spatial divide that separates the public and private, a dismantling that coincides with the commodification of care within a global market.

Keywords: care, feminist, ethics, sexual difference, public and private domains, maternal

Within a contemporary global economy, many women are unable to choose whether they stay at home and look after their children or return to the workforce immediately after the birth of their child. Women faced with the predicament of having to return to work and leave their children at childcare facilities during the day have limited and conflicting discursive resources to justify decisions predominantly made for economic reasons. Participation of women in the workforce is now an economic reality, yet the guilt of abandoning the child to professional caring facilities remains.

The Working Mother

Discourses available to working mothers have adapted to highlight the positive aspects that early mother/child separation and the quality, as opposed to quantity, of mother/child time can have on the development of the child (Barnett, 2005; Bianchi, 2000; Galinski, 2005; Johnson and Swanson, 2007). For the working mother, day care also articulates as providing the child with invaluable socialisation skills and early education. Self-actualisation (Lupton & Schmied, 2002) and self-realisation (Bailey, 2000) where the mother has her own goals outside of motherhood are also available avenues of work-life justification. Working mothers are therefore able to articulate the integration of motherhood and public life as beneficial to both mother and child to appease the guilt associated with hands-off mothering.

The Intensive Mother

The stay at home intensive mother finds the changing attitudes towards a necessity to work troubling, and struggles, like the working mother, with shifting motherhood ideologies of good and bad mothering (Hays, 1996). She insists on staying with her child for at least the first few years of its life and believes that quantity of access is synonymous with quality: early mother-child separation is dangerous for a normative developmental process (de Marneffe, 2004). She articulates her role as a stay at home mother as necessary for the child; that it is better to care for the child at home within a close mother-child relationship than to place the child in a professional caring facility, such as day-care. Self-actualisation equates to selfishness and is no match for the rewarding satisfaction of selfless mothering (Hays, 1996; Kahu & Morgan, 2007).

Once lauded as a template for ideal mothering, the role of the intensive mother is now under fire. To be socially acceptable, she requires the economic stability of a partner with a middle class salary. Indeed, contemporary discourse subjects the solo intensive mother to a political and social flaying that depicts her as an economic leech using the benefit system to prop up a slothful lifestyle. If the intensive mother does bow to financial and social pressure and ventures from the caring/nurturing role into the public world of employment, statistics suggest that the work she obtains is likely to be

casual, part-time, poorly paid and most probably within the service industry. This industry is labour intensive and predominantly employs women and migrants on a part-time casual contract system that offers minimum wages (Fine, 2007).

For the intensive mother who decides to make the transition from the private to the public realms of care, there is a wall to climb. A pioneer of work-life mothering discourse research, Hays (1996), describes the current dilemma of the intensive mother as follows:

> The wall between the public and private spheres, always inadequately maintained, now has many cracks. When this is coupled with women's apparent refusal to remain on their assigned side and their decision to instead seek out recognition and remuneration in the public sphere, one would expect this fragile barrier to completely crumble and the ideology of intensive mothering to be crushed under its weight (Hays, 1996, p.153).

This wall, brought to our notice here by Hays (1996) separates the private and public domains amidst the confusion of what makes a caring mother: it holds unexplained dangers for both intensive and working mothers. These dangers sit within the surrounds of an ethical impasse glimpsed by Carol Gilligan (1982) thirty years ago when she maintained that women spoke with a different voice and coined care as inseparable from morality and equitable ethical encounters.

Care as Ethical

Gilligan (1982) extracted care from a masculine world of ethical theory where her mentor Kohlberg had been experimenting with the concept of higher moral reasoning, developing a scale of the same name. The rationale behind his scale was as inspiration gleaned from the ethics of John Rawls (1958/1972), who maintained that those who possess higher moral reasoning would reason outside the law to achieve an ethical solution. Kohlberg subsequently concluded that boys possessed higher reasoning powers because they were willing to look past cultural sanctions to obtain the most ethical outcome. Gilligan, somewhat disconcerted by what she saw as Kohlberg's masculinist attitudes and phallocentric experimental methods conducted her own research, underpinned by her developmental psychology background and the theorising of Chodorow (1978). Chodorow's work refuted the thesis of Freud (1977) concerning the development of boys and girls by suggesting that although Freud had insisted that girls must reject their mothers in favour of their fathers as a natural progression of development, this was not the case. Girls

remained attached to their mothers and did not undergo an inevitable separation as posited by mainstream developmental psychology.

Within her research, Gilligan (1982) presented a vignette to child participants, Jake and Amy for consideration as to what would be the most ethical outcome. The story presented to Jake and Amy went as follows: Heinz has a sick wife who is in dire need of medication that he is unable to afford. The chemist has refused Heinz credit. The children consider whether Heinz should steal the medicine to help his sick wife. Jake believes that Heinz should steal the medication. He only has one wife: he must save her life. The business owner can recover his costs from other customers. Amy however believes that Heinz cannot steal the medication. For her, the theft causes other problems. What effect will the possible incarceration of Heinz have on the ongoing health of his wife and indeed his family? Who will look after her when he is in jail and how will the family cope with the shame involved? Surely, there are legal ways to obtain the money to pay for the drugs.

Gilligan (1982) suggested that although there was certainly a difference in the moral reasoning of boys and girls, one was in no way inferior to the other. She concluded that boys reasoned with an ethics of justice and girls reasoned with an ethics of care. This equitable difference in moral reasoning identified by Gilligan becomes noticeable within the confusion of work-life balance discourse, where women go to some lengths to justify their decisions on how to care for their children, even though there are no real choices involved for many.

The care that Gilligan (1982) identified was a private care, a care that resides in the realm of the family. This care now underpins the global ethics of care that drives the feminist care movement (Held 2008; Sevenhuijsen, 1998; Tronto, 1993, 2008). An ethics of care seeks to take its uniquely feminine wares to the public market in a bid to sell care as an occupation of some worth.

Interestingly this care only appeared in the public domain in the late 1970s, not long before Gilligan's (1982) groundbreaking research on moral reasoning. Care is a relatively new phenomenon (Forbat, 2005), first officially appearing in literature and formally in dictionaries in the 1980s (Bytheway & Johnson, 1998). Before this, according to Barnes (2006), care was just something that women did within the context of families, kin keeping and mothering.

The Advent of Caregiving

From the early 1980s to the present day, researchers have produced a barrage of mainstream research in an effort to investigate the entity called care and the effects its administration(s) might have on the caregiver. According to Barnes (2006), encouraging the production of this research enhances the feminist move for public recognition of private unpaid and underrated care work. Research covers many popular conceptions of caregiving related variables including burden (Essex & Hong, 2005), strain (Bernard & Guarnaccia, 2003), stresslessness (Pinquart & Sorenson, 2005), aggression (Shaffer, Dooley & Williamson, 2007), distress (Gallagher-Thompson & Coon, 2007), attachment (Cicerelli, 1995), decision making (Cicerelli, 2006), personality traits (Hollis-Sawyer, 2003) and caring skills (Schumacher, Stewart, Archbold, Dodd & Dibble, 2000). According to Bowlby (2011), this deluge of research on those who care, dwarfs the modest output of research on those in need of care or care relationships themselves.

The raft of contemporary research on caregivers highlighting care as a matter of public worth produces definitions in an effort to capture both care and care giving as concrete constructs. For Walker, Pratt and Eddy (1995, p. 402), a common definition of caring requires "one or more family members [to] give aid or assistance to other family members beyond that required of normal everyday life." Yet according to Walker and Pratt (1991), there is a difficulty in separating acts of friendship and acts of aid. For example, a family friend may shop for a family member in an act of perceived friendship irrespective of the fact that the family member may or may not be able to do his or her own shopping. These acts of friendship are excluded by Schofield et al., (1998, pp. 3-4) who states that caregivers "are people who are under some kind of obligation to care because of their close kinship or emotional bond to the care recipient." Caregiving here equates to burden and obligation beyond ordinary acts of friendship.

According to Ross (2003) the legally defined caregiver in the United Kingdom, is "an individual who provides or intends to provide a substantive amount of care on a regular basis for another person." Care is now not only obligatory and a burden, but becomes measureable in quantity and maintainable over time. The intention to provide care is apparently also enough to qualify as a caregiver. This means that inadequate care or no care potentially becomes available as a marketable commodity. In other words, once defined as intending to provide a quantity of care over time, the caregiver can regularly administer no care under the umbrella of such a definition. No care, 'administered' in varying degrees becomes care purely through intent. These forms of care are evident in research undertaken by Brechin, Barton and Stein (2003, p. 165) when they consider "difficulties in care relationships", "care that might give cause for concern" and "suboptimal care." Care discourse now portrays care as good, bad, non-existent, neglectful and downright dangerous.

Within contemporary western global society, definitions of caregivers are increasingly appearing in forms that are compatible with statistical analysis under the careful guidance of the OECD. Care is manifesting as user-friendly lists of economic indicators: family relations turn into matters of economic worth (OECD, 2011). The term caregiver can be refined to include a primary caregiver only and one who is an unpaid family member. According to Fine (2007, p. 30) a carer publically defined as such in the private domain is not paid and is not a neighbour, friend or teacher. Carers are not "mothers, fathers, step-parents, foster-parents and custodians of children who are not disabled or suffering a long term health condition..." nor are they "grandparents providing care for grandchildren and people with disabilities caring for their own or other children." Care now becomes explicitly non-maternal.

Attempts to define the meaning of care as a construct in Fine's (2007) opinion can only end in frustration and dispute. Fine (2007, p. 31) describes care as a "social phenomenon that is constituted and reconstituted by our actions, so that its meaning cannot be held still to study." If this is indeed the case, we should be very wary of the statistics and their primary indicators that official definitions of care generate. For example, Stalker (2003) informs us that statistics gathered through our evolving economic care indicators show that the gap between the numbers of men and women carers is closing. According to Stalker (2003), this suggests that care is no longer a woman's domain or in other words, a predominantly feminine ethical attribute as was once discovered by Gilligan (1982). Considering that the definitions of care are many and varied, as are the indicators employed in global statistical gathering, how can we have faith in such a claim?

Slippery Care

Although Fine (2007) laments the loss of care in that it is unable to be captured adequately as a construct, actually it is difficult to lament the loss of something that is relatively new and most definitely present, even though we are not actually sure what it is and where it came from. We can only surmise that it has slipped not so stealthily away from its maternal origins and made its way across the boundary between the public and private

domains in an effort to establish itself within public policy. Yet care's arrival, as a new public phenomenon no longer sits compatibly with the traditional maternal underpinnings that Fine reminds us are no longer connected. For example, O'Conner (2007) has identified disturbing differences in the caring behaviours of daughters caring for their mothers when they have identified themselves as carers and their mothers as patients. These caregiving daughters are more likely to make decisions that defy their mother's wishes than those who do not identify their mothers as patients and regard themselves as daughters. O'Conner is not the first to make this observation. Barnes (2006) acknowledges this subtle shift in signification as a necessary side effect if a feminist ethics of care is to become a universal statute of good and not just a natural responsibility of women, contained within the private domain where once it was something unspoken, just something that women did. In other words, caring duties exist when they become publically recognised and maternal connections nullified.

Care Ethics

According to McIlwraith and Madden (2010, p. 658-659), care "ethics is not simply the study of 'right' conduct" and "is the study of rational processes for determining the course of action in the face of conflicting choices." This might explain the eclectic mix of Western moral philosophy of community good that underpins the administering of public care.

There are two major versions of western moral good, deontological ethics and ontological ethics. Deontological ethics captures Kantian ideals of universal unchangeable laws, such as you do not kill under any circumstances (Cornman & Lehrer, 1974). Ontological ethics or the utilitarianism of Mills and Bentham, seeks the greatest good for the least harm (Cornman & Lehrer, 1974; Williams, 2009). Both of these conflicting ethical stances exist within the moral codes of caring professional practice. A universal law of the medical profession requires that a medical practitioner must not aid in a patient's death no matter what the circumstances. Euthanasia would require a utilitarian ethical approach measuring the consequences of prolonging life against the act of deliberately causing death. These approaches are obviously incompatible, yet deontological ethical values such as honesty and the preservation of life continue to exist in conjunction with ontological ethical considerations required by a contemporary lack of resources. Medical practitioners are increasingly asked to allocate care on a least harm, most help basis as well as to decide who is most entitled to precious health re-

sources (Williams, 2009), especially in regard to the elderly, the poor, smokers and drinkers.

To complicate this contradiction even more, ethical care adds a sprinkling of Aristotelian virtue in the guise of empathy and compassion; a touch of eclectic ethical principles (Staunton & Chiarella, 2008), such as autonomy, beneficence and nonmaleficence (Garrett, Baille & Garrett, 1993); and a collection of non-rational approaches such as following accepted practice and consulting superiors (Williams, 2009). An eclectic conflicting foundation of philosophical ethical theory therefore guides the caring professions and their armies of contractual labour into a global economy and attempts to regulate a 'construct' that is relatively recent and ambiguously defined.

A brief summary of care ethics reminds us that a feminist ethics of care also originates from a hybrid of rationalist thinking inspired by Rawls and subsequently Kohlberg's research on moral reasoning. The ethical ponderings of Rawls (1958/1972) combines universalism with utilitarianism, theorising a hierarchical interaction between the two. Deontological reasoning represents Kohlberg's masculine powers of higher reasoning and utilitarianism the lower registers.

Gilligan's (1982) thesis therefore identifies an equitable morality of justice and care and highlights deontological matters of universal greater good framed as the public concerns of masculinity. It also reveals women as being more likely to practice a utilitarian ethics of risk management within the private domain for the purpose of appeasement and kin keeping, hinting at a struggle to keep a tenuous hold on maternal ethical encounter. This would suggest that women are more likely to practice ethical strategies to negotiate a position designated to them within western society and that a feminist ethics of care is more likely to be based on a feminist ethics of survival.

In other words, we can celebrate the fact that thirty years ago Gilligan (1982) temporarily rescued care from the clutches of utilitarianism by reframing it within maternal connections even if philosophy has snatched it back through the care ethics work of Tronto (1993) and her predecessors. This tug of war between care generated by both philosophy and Freudian developmental psychoanalysis has continued, accentuated by the work of Hollway (2006) and isolated amidst a flood of political global care theory and a feminist ethics of care. Hollway's (2006) work combines mother-daughter psychic encounter, Gilligan's (1982) psychoanalytically based equitable care and Tronto's (1993) public care with parental equality within a contemporary public domain that overshadows the mother-daughter connec-

tion. Yet the mother-daughter encounter forms Hollway's initial basis of care. Therefore, she advocates dispersion of the public private boundary, turning the dilemma of the incompatibility of maternal care and philosophical care into the age-old discussion of gender equality and equity.

Equity and Equality

In the context of this paper, gender equality differs to equity in that it can be aspired to publically within economic discourses of equal pay, equal employment and promotional opportunities and ultimately, equal status. In short, equality means being equal to men and treated accordingly. Within this discourse, men set the benchmark of achievement. Equity, on the other hand, means equality in respect to difference: one does not have to aspire to sameness to be equal. The assimilation of care administrators into caregivers, patients and parents spells equality, a benchmark of public achievement, or in other words, sameness. Care, as a unique feminine difference equitable with justice no longer has currency in the public domain.

Hollway's (2006) work therefore endorses Chanters (1998) warning that theories of gender equality gloss over the obvious discrepancies between the differences in rights between men and women (Chanter, 1998) and this is by no means a new concern. Feminism has struggled with Marxist theories of an economic gender based division of labour on offer on the public/justice side of Hays' wall and psychoanalytic theories of phallocentric discrimination imposed through the delegation of gender and engrained in western culture on the private/care side. In the early 1980s, Hartmann (1981) initiated discussion advocating a dualist approach in that lack of economic equality and gender discrimination were two separate problems. Young (1981) was adamant that Hartman was mistaken, that the two issues were impossible to separate: phallocentrism was an economic anomaly.

For Gatens (2003) it is philosophy's active pursuit, as demonstrated by Kohlberg, to frame women as less capable of rational decisions, as the catalyst for women developing their own theories of feminine sexual difference. Cixous (Cixous & Clement, 1986: Makward & Cixous, 1976) and Irigaray (1985) incorporate an embodied feminine unavailable through mainstream philosophical theory that at first glance appears simultaneously workable with public matters of economics and class. This ideological debate works towards equitable difference through an articulation of the embodied feminine, an embodied maternal and through an active production of feminine writing.

While the equality-equity debate continues amidst disagreement, there is still such a thing as oppressive phallocentrism within the private domain as well as optimism that a self-determined equality is possible within the public domain. For Soler (2006), feminist aspirations of equality and/or equitable sexual difference sit at opposite poles. Feminism oscillates between these poles in a state of equilibrium that is at this stage erring toward the extreme of equality. Soler (2006, p. 158) suggests that: "Although this movement has not yet accomplished its goals completely, its effects are becoming more general, and its triumphs seem irreversible to me." Indeed Soler (2006) is not the only believer in the impending triumph of equality, given that the nuclear family upon which early maternal psychoanalytic theory of normative development upholds, no longer appears to be the predominant model of care production. There is a movement of opinion voiced also by Hollway (2006) that the gender inequity debate is now redundant. The birth of an androgynous public care that reconstitutes mothers and daughters as caregivers and parents has given rise to talk that work-childcare is no longer solely a woman's issue; it is a family or parental concern (Halpern, 2004, 2005).

This suggests that Soler's observations are indeed correct. The increase in equality sees the demise of equity. Care now detached from the maternal offers an equality that excludes theories of equitable difference. Within discourses of care, both work-life balance and a feminist ethics reveal that not only is the mother disappearing under a barrage of empty commercialised care, but also at the same time, mother/ daughter caring connections, accentuated by Chodorow (1978) after being dismissed by Freud, are becoming increasingly difficult to articulate.

While this battle between equality and equitable difference continues, care remains lost, reconstituting itself amidst an eclectic mess of non-meaning. Mothers remain confused as to what constitutes an ethical maternal caring role and continue to articulate their concerns through the available conflicting discourses of intensive mothering and work-life balance. These concerns remain framed within a utilitarian discourse of appeasement.

Although Soler's (2006) observed state of equilibrium makes sense within the bounds of available discourse, a question remains of how that could possibly be the case. How can equality articulate as sameness, set up as an opposite pole to equitable difference? If we accept that an equitable feminine difference allowing for a unique maternal ethical 'caring' connection is not available alongside equality then this crumbling 'wall'

between the public and private stands firm, despite Halpern's (2004, 2005), Hays' (1996), Hollway's (2006) and indeed Soler's (2006) insistence that this boundary is in a state of decay. Both intensive and work-life mothers will continue to exist in a seething mess of discourse that articulates ambiguity, responsibility and conflict mixed with justifications for a mothering role dictated by global economics. Gilligan's glimpse of equitable care as the forerunner to a feminist care ethics becomes lost and plunges headlong into contemporary discourses of assimilation and equality.

The way forward therefore, for theorising an ethical equitably based care becomes an exercise of retracing the underpinnings of Gilligan's (1982) work back towards the pre-oedipal mother in an effort to find the source of her equitable care. Chodorow's (1978) unique mother-daughter connection provides a good starting place to engage with a pre-commodified, pre-spoken care, a pre-signified care that is truly equitable when spoken alongside discourses of economic equality. In other words, it is time to re-write a culturally enforced child-mother split that has resulted in women's participation in a utilitarian morality of rational confusion and burden, inextricably entangled within Freudian based theories of normative development.

References

Bailey, L. (2000). Bridging home and work in the transition to motherhood. *European Journal of Women's Studies, 7,* 53-70.

Barnes, M. (2006). *Caring and social justice.* Hampshire: Palgrave MacMillan.

Barnett, R. C. (2005). Duel earner couples: Good/bad for her and/or him. In D. F. Halpern & S. E. Murphy (Eds.), *From work-family balance to work-family interaction: Changing the metaphor* (pp. 151-171). Malwah, NJ: Lawrence Erlbaum Associates.

Bernard, L., & Guarnaccia, C. A. (2003). Two models of caregiver strain and bereavement adjustment: A comparison of husband and daughter caregivers of breast cancer hospice patients. *Gerontologist, 43,* 808-816.

Bianchi, S. M. (2000). Maternal employment and time with children: Dramatic change or surprising continuity? *Demography, 37,* 401-414.

Bowlby, S. (2011). Friendship, co-presence and care: neglected spaces. *Social & Cultural Geography, 12,* 605-622.

Brechin, A., Barton, R., & Stein, J. (2003). Getting to grips with poor care. In K. Stalker (Ed.), *Reconceptualising work with 'carers': New directions for policy and practice* (pp. 160-176). London: Jessica Kingsley Publishers.

Bytheway, B., & Johnson, J. (1998). The social construction of community care. In A. Symonds & A. Kelly (eds.), *The social construction of 'carers'* (pp. 241-253). London: MacMillan Publishing Co. Inc.

Chanter, T. (1998). Postmodern subjectivity. In A. Jaggar & I. M. Young (Eds.), *A companion to feminist philosophy* (pp. 263-271). Malden, Massachusetts: Blackwell Publishing.

Chodorow, N. (1978). *The reproduction of mothering: Psychoanalysis and the sociology of gender.* Berkeley: University of California press.

Cicerelli, V. G. (1995). A measure of caregiving daughters' attachment to elderly mothers. *Journal of Family Psychology, 9,* 89-94.

Cicerelli, V. G. (2006). Caregiving decision making by older mothers and adult children: Process and expected outcome. *Psychology and Aging, 21,* 209-221.

Cixous, H., & Clement, C. (1986). *The newly born woman.* Minneapolis: University of Minnesota Press.

Cornman, J. W., & Lehrer, K. (1974). *Philosophical problems and arguments: An introduction* (2nd ed.). New York: MacMillan Publishing Co. Inc.

de Marneffe, D. (2004). *Maternal desire: On children, love, and the inner life.* New York: Little, Brown & Company.

Essex, E. L., & Hong, J. (2005). Older caregiving parents: Division of household labour, marital satisfaction, and caregiver burden. *Family Relations, 54,* 448-460.

Fine, M. D. (2007). *A caring society? Care and the dilemmas of human service in the 21st century.* Basingstoke, Hampshire: Palgrave MacMillan.

Forbat, L. (2005). *Talking about care: Two sides to the story.* Bristol: The policy Press.

Freud, S. (1977). *On sexuality: Three essays and other works* (J Stachey, Trans.). Middlesex: Penguin.

Galinsky, E. (2005). Children's perspectives of unemployed mothers and fathers: Closing the gap between public debates and research findings. In D. F. Halpern & S. E. Murphy (Eds.), *From work-family balance to work-family interaction: Changing the metaphor* (pp. 197-218). Malwah, NJ: Lawrence Erlbaum Associates.

Gallagher-Thompson, D., & Coon, D. W. (2007). Evidence-based psychological treatments for distress in family caregivers of older adults. *Psychology and Aging, 22,* 37-51.

Garrett, T. M., Baille, H. W., & Garrett, R. M. (1993). *Health care ethics: Problems and principles* (2nd ed.). New Jersey: Prentice-Hall Inc.

Gatens, M. (2003). Power, bodies and difference. In A. J. Cahill & J. Hansen (Eds.), *Continental feminism reader* (pp. 258-275). Lanham, Maryland: Rowman & Littlefield Publishers Inc.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.* Cambridge: Harvard University Press.

Halpern, D. F. (2004). *Public policy, work, and families: The report of the APA presidential initiative on work and families.* Washington DC: American Psychological Association.

Halpern, D. F. (2005). Psychology at the intersection of work and family: Recommendations for employers, working families, and policymakers. *American Psychologist, 60,* 397-409.

Hartmann, H. (1981). The unhappy marriage of Marxism and feminism: Toward a more progressive union. In L. Sargent (Ed.), *Women and revolution: A discussion of the unhappy marriage of Marxism and feminism* (pp. 1-41). Boston: South End Press.

Hays, S. (1996). *The cultural contradictions of motherhood.* New Haven: Yale University Press.

Held, V. (2008). Gender identity and the ethics of care in a globalised society. In R. Whisnant & P. DesAutels (Eds.), *Global feminist ethics: Feminist ethics and social theory* (pp. 43-57). Lanham, Maryland: Rowman and Littlefield Publishers Inc.

Hollis-Sawyer, L. A. (2003). Mother-daughter eldercare and changing relationships: A path-analytic investigation of factors underlying positive, adaptive relationships. *Journal of Adult Development, 10,* 41-52.

Hollway, W. (2006). *The capacity to care.* Hove, East Sussex: Routledge.

Irigaray, L. (1985). *Speculum of the other woman* (G. C. Gill, Trans.). Ithaca, NY: Cornell University.

Johnson, D. D., & Swanson, D. H. (2007). Cognitive acrobatics in the construction of mother-worker identity. *Sex Roles, 57,* 447-459.

Kahu, E. R., & Morgan, M. (2007). Weaving cohesive identities: New Zealand women talk as mothers and workers. *Kotuiti: New Zealand Journal of Social Sciences, 2,* 55-73.

Lupton, D., & Schmied, V. (2002). 'The right way of doing it all': First time Australian mothers' decisions about paid employment. *Women's Studies International Forum, 25,* 97-107.

Makward, C., & Cixous, H. (1976). Interview with Helen Cixous. *Substance, 5,* 19-37.

McIlwraith, J., & Madden, B. (2010). *Health care and the law* (5th ed.). Sydney: Lawbrook Co.

O'Conner, D. L. (2007). Self identifying as a caregiver: Exploring the positioning process. *Journal of Aging Studies, 21,* 165-174.

OECD (2011). *Society at a glance 2011: Social Indicators.* OECD Publishing. Retrieved from OECD: Directorate for employment, labour and social affairs website, November 3, 2011 at http://dx.doi.org/10.1787/soc_glance-2011-en.

Pinquart, M., & Sorenson, S. (2005). Caregiving distress and psychological health of caregivers. In K. V. Oxington (Ed.), *Psychology of stress* (pp. 165-206). New York: Nove Biomedical Books.

Rawls, J. (1958/1972). Justice as fairness. In P. W. Taylor (Ed.), *Problems of moral philosophy: An introduction to ethics* (pp. 261-275). Encino, CLA: Dickenson Publishing.

Ross, M. (2003). The legal framework of caring. In K. Stalker (Ed.), *Reconceptualising work with 'carers': New directions for policy and practice* (pp. 117-194). London: Jessica Kingsley Publishers.

Schofield, H., Bloch, S., Herrman, H., Murphy, B., Nankervis, J., & Singh, B. (1998). *Family caregivers: Disability, illness and aging.* St. Leonards: Allen & Unwin.

Schumacher, K, L., Stewart, B. J., Archbold, P. G., Dodd, M. J., & Dibble, S. L. (2000). Family caregiving skill: Development of the concept. *Research in Nursing and Health, 23,* 191-203.

Sevenhuijsen, S. (1998). *Citizenship and an ethics of care: feminist considerations on justice, morality and politics.* London: Routledge.

Shaffer, D. R., Dooley, W. K., & Williamson, G. M. (2007). Endorsement of proactively aggressive caregiving strategies moderates the relation between caregiver and mental health and potentially harmful caregiver behaviour. *Psychology and Aging, 22,* 494-504.

Soler, C. (2006). *What Lacan said about women: A psychoanalytic study* (J. Holland, Trans.). New York: Other Press.

Stalker, K. (2003). An overview of concepts, developments, and debates. In K. Stalker (Ed.), *Reconceptualising work with 'carers': New directions for policy and practice* (pp. 15-36). London: Jessica Kingsley Publishers.

Staunton, P. J., & Chiarella, M. (2008). *Nursing and the law* (6th ed.). Sydney: Churchill Livingston, Elsevier.

Tronto, J. C. (1993). *Moral boundaries: A political argument for an ethics of care.* New York: Routledge.

Tronto, J. C. (2008). Is peacekeeping care work? A feminist reflection on "the responsibility to protect." In R. Whisnant & P. DesAutels (Eds.), *Global feminist ethics: Feminist ethics and social theory* (pp. 179-200). Lanham, Maryland: Rowman & Littlefield Publishers Inc.

Walker, A. J., & Pratt, C. C. (1991). Daughters help to mothers: Intergenerational aid versus care. *Journal of Marriage and Family, 53,* 3-12.

Walker, A. J., Pratt, C. C., & Eddy, L. (1995). Informal caregiving to aging family members: A critical review. *Family Relations, 44,* 402-411.

Williams, J. (2009). *World Medical Association medical ethics manual* (2nd ed.). Ferney-Voltaire: World Medical Association.

Young, I. M. (1981). Beyond the unhappy marriage: A critique of dual systems theory. In L. Sargent (Ed.), *Women and revolution: A discussion of the unhappy marriage of Marxism and feminism* (pp. 43-69). Boston: South End Press.