



From wages for housework to self-care: feminist perspectives on the care economy

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Abstract

This article argues that privatization of health care since the 1970s has created a paradox whereby a neoliberal discourse of ‘freedom of choice’ masks the fact that it is increasingly difficult to make good choices when it comes to caring for oneself and for one’s loved ones. Part one historicizes this paradox by examining the pioneering international feminist movement Wages for Housework. I argue that Wages for Housework offered a glimpse of a counter-model of state-renumerated care through its revolutionary demand that all houseworkers receive a government wage. At the same time, I call attention to limitations of the movement. Building on the insights of this case study, part two contends that the privatization and commodification of care – especially in the US and the UK in recent years—is fundamentally linked to the ‘responsibilization’ of female-identified subjects. To demonstrate this, I turn to the issue of self-care, arguing that the emergence of self-care as a lucrative twenty-first century market is an important consequence and indicator of this responsibilization. Specifically, I show how individual choice is recast as a societal obligation to assume a consumerist standpoint of ‘self-investment’ that, in itself, becomes a necessary precondition of the ‘right’ choice. I conclude by asserting that it is unjust to frame care—whether for oneself or for others—as a problem of individual responsibility and explore proposals for a ‘universal basic services’ model as the most equitable solution to the current care crisis.

Keywords Care · Self-care · Responsibilization · Feminism · Neoliberalism

Introduction

‘UK TO EASE IMMIGRATION RULES FOR CARE WORKERS’, declares a 24 December 2021 headline in *The Guardian*. The associated article reports a change in immigration rules, designed to enable more foreign care workers, care

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assistants, and home care workers to get work visas. This development, readers are told, ‘follows a recommendation from the Migration Advisory Committee’ that cites ‘severe and increasing difficulties faced by the care sector’ (Elgot 2021). The article goes on to link the government’s decision to relax post-Brexit immigration rules to the pressures of Covid-19, quoting then-home secretary Priti Patel as stating that the social care sector is ‘experiencing unprecedented challenges prompted by the pandemic’.

As I write these words in the early days of January 2022—while in isolation, having myself recently tested positive for the Omicron variant of Covid-19—there is no question that we are facing a crisis in care. With significant numbers of health and social care workers unable to do their jobs because they are ill or isolating, people cannot get the care they require. Routine surgeries are being postponed; chronic health conditions are worsening; and the elderly, disabled, and immunocompromised remain isolated, with their mental, as well as physical, health at risk. Yet as much as Covid-19 has urgently focused our attention on care, this crisis, contrary to the intimations of Patel and others, is far from new. And while the neoliberal austerity measures that led inexorably to this crisis can indeed be traced to the 2008 financial crisis (Fraser 2017; Dowling 2021), such strategies have been impacting care since as early as the 1970s.

Following the 1973 US-supported coup against Salvador Allende’s socialist government, Chile, under the dictatorship of Augusto Pinochet, was one of the first countries to promote the comprehensive marketization of its healthcare (Rotarou and Sakellariou 2017a). These reforms led to increasing emphasis being placed ‘on health as a choice’; in other words, to healthcare becoming ‘a need/product that people need to manage privately’ (Sakellariou and Rotarou 2017b, pp. 495–496). The consequences have included negative impacts on welfare provision, exacerbated poverty and income inequality, and a structurally segmented healthcare system in which the poorest (treated by the public sector) lose out ‘while high-income, low-risk populations are generally treated in the private sector’ (Missoni and Solimano 2010). In Canada, we can identify similar developments at the federal level following Brian Mulroney’s election as Prime Minister in 1984 (Gill 2021; Jamieson et al. 2020). Likewise, across Europe and the United States, we can track the ‘profitization’ (Armstrong and Yalnizyan 2023) and ‘financialization’ (Hunter and Murray 2019) of care from the early 1980s through the present day.

What if we widened our vision and approached the current care crisis as the consequence of decades-long transnational developments tied to neoliberal logics of deregulation and marketized choice? In contemporary North American and European contexts, the term ‘choice’ is associated most readily with a democratic discourse of rights. Yet ‘freedom of choice’, understood in a neoliberal context, cannot be disentangled from the market; a useful working definition is ‘one’s ability to choose maximum material gain and profit in order to construct one’s own self’ (Chen 2013, pp. 442–443). Rotarou and Sakellariou (2017b, pp. 495, 500) posit the proliferating discourse of ‘health as a choice’ as an ‘extreme form of responsabilisation’, in which ‘people are not only asked to be responsible for their own health but they are also penalised for who they are’. In an increasingly deregulated and privatized health care context, responsabilization thus means that



people are not just made responsible for their own health but placed at differential disadvantages depending on factors *beyond* their control—and so *beyond* choice—including gender, class, race, ethnicity, disability, age, and sexual orientation.¹ In the stark assessment of political theorist Wendy Brown: ‘As human capital, the subject [in contemporary neoliberal society] is at once in charge of itself, responsible for itself, and yet a potentially dispensable element of the whole’ (2015, p. 110).

In what follows, I consider these developments from a feminist perspective, arguing that privatization of health care since the 1970s has created a paradox whereby a neoliberal discourse of ‘freedom of choice’ masks the fact that it is increasingly difficult to make good choices when it comes to caring for oneself and for one’s loved ones. Part one of this paper explores how, in North American and European contexts, feminists have historically sought to counter a neoliberal logic of responsabilized and privatized choice, advocating instead for state and collective provisions for care. To do this, I take as a case study the Wages for Housework movement, which demanded state remuneration for traditionally unwaged domestic labor, such as cooking, cleaning, and child care. I argue for the relevance of Wages for Housework’s insights to the current care crisis and trace its influence on contemporary feminist critiques of capitalism. At the same time, I address failures and limitations of this movement. Part two of this paper examines the social and political effects of the profitization of care in the post-2008 austerity era. Here, I focus on the discourse and marketization of self-care, proposing that the responsabilization of female-identified subjects is a symptom of the premium placed on choice in contemporary neoliberal society. I also examine liberal feminist complicity in the increasing commodification of care.²

In charting this lineage, my objectives are twofold. First, I aim to demonstrate that attending to historical feminist discourse and debate can provide valuable insight into the current care crisis, precisely because care has been its continual preoccupation. Second, I aim to show that it is unjust to frame care—whether for oneself or for others—as a problem of individual responsibility and explore proposals for a ‘universal basic services’ model as the most equitable solution to the current care crisis.

¹ Most concretely, we see this in the private (ISAPREs) insurance system established in Chile, in which contact premium is ‘determined by sex, age, and risk, a factor that often excludes women of reproduce age, the elderly or the young, creating a structural disadvantage for these parts of the population’ (Rotarou and Sakellariou 2017b). Another important factor in the rise of neoliberal fiscal and governmental strategies at this time was the growing power of the International Monetary Fund (IMF), tied to US influence (Woods 2003). While the IMF is perhaps most associated today with damaging austerity measures imposed on Greece in return for its financial crisis ‘bailout’, it is worth remembering that similar cuts on public services were imposed on the UK by the IMF in 1976, during its ‘stagflation’ crisis (Burk 1992), resulting in a ‘rapid and extensive “rolling back” of the state’ (Garnham 2017).

² For further discussion of liberal feminism, see my subsequent section on self-care in part two of this article (Turning Care to Profit).



Historicizing care: a case study

The increasing privatization of care, with its attendant discourse of ‘freedom of choice’, goes hand in hand, for many, with the diminished possibility of making good choices when it comes to caring for themselves and their loved ones. In fact, the logic behind the pervasive deregulation of care in the final decades of the twentieth century can be understood as resting on yet another apparent contradiction. If something is considered essential to a successfully functioning society, we might expect that it would be highly valued by that same society. Yet the fact is that care work is often framed as essential work (a descriptor that proliferated during the early stages of the pandemic) at the same time that it is consistently devalued: a contradiction neatly emblemized by the ‘Clap for Carers’ gesture that gained traction at the height of Covid-19 in the UK, but which was subsequently criticized as a ‘sentimental distraction’ (Addley 2020).

What would it mean to grant care work its true value? Is there another way? Admittedly, these are complex and abstract questions. It is to bring them into focus that I turn to the international feminist movement Wages for Housework, which offered some concrete proposals on this topic. Wages for Housework unfolded in the 1970s, a decade hovering between two capitalist regimes: on the one hand, state-managed ‘responsible capitalism’ associated with Roosevelt’s New Deal and Johnson’s Great Society; on the other hand, a new regime of globalizing financialized capitalism that would come to be associated with neoliberal political and economic policies (Fraser 2017, p. 25). To be clear, Wages for Housework is far from the only example of a Marxist–feminist effort in this decade to challenge the historic devaluation of unpaid work within the family-household (Benston 1969; Morton 1971); nor was it without controversy (Vogel 1983).³ I train my focus on Wages for Housework, then, in order to reflect upon the ongoing significance of the considerable demands it placed on the Fordist state (demands arguably no longer possible in the current post-Fordist neoliberal era); to consider what we might learn from it about collective action and remuneration for historically unwaged labor; and also to consider the implications of its limitations and failures as a feminist political intervention.

Wages for housework

Also known as *salaire au travail ménager*, *salario al lavoro domestico*, and *Lohn für Hausarbeit*, Wages for Housework began in 1972 with the formation of the International Feminist Collective (IFC) by Mariarosa Dalla Costa, Silvia Federici, Brigitte Galtier, and Selma James. Initiated under the auspices of the IFC (which

³ One of the key controversies of the Wages for Housework movement was its claim, forcefully expounded by Mariarosa Dalla Costa, that ‘housework as work is *productive* in the Marxian sense, that is, is producing surplus value’ (qtd. in Vogel 1983, p. 21). Vogel (1983, p. 21) observes that this statement ‘intensified a controversy already simmering within the socialist-feminist movement’ which ‘revolved around the theoretical status of women’s unpaid domestic work and its product’.



remained active as a collective until 1977), Wages for Housework combined a theoretical Marxist orientation with the insights of lived experience in order to develop an ambitious critique of capital. In particular, it sought to highlight how unpaid domestic work, often performed by women, enabled the reproduction of labor power and, hence, the reproduction of the capitalist system. Its foundational texts—*Wages Against Housework* (1975) by Silvia Federici, *The Power of Women and the Subversion of the Community* (1975) by Mariarosa Dalla Costa and *Sex, Race, and Class* (1975) by Selma James—linked a Marxist analysis of production with a feminist focus on reproduction; within this frame, housework could be proposed as a key form of reproductive labor underwriting capitalist economy.

Perhaps the strongest formulation of Wages for Housework's position can be traced to Federici's 1975 essay 'Wages Against Housework', in which she asserts that the movement's goal is not simply to have the state renumerate houseworkers for their labor, but to offer a 'political perspective' capable of subverting 'the role to which women have been confined in capitalist society' (Federici 1975, p. 11). In Federici's words, '*just to want wages for housework means to refuse that work as the expression of our nature*, and therefore to refuse precisely the female role that capitalism has invented for us' (1975, p. 14). Responding to leftist and Marxist critiques of Wages for Housework as 'economistic', she insists in this essay that 'when we struggle for a wage we do not struggle to enter capitalist relations, because we have never been out of them. We struggle to break capital's plan for women' (1975, p. 15). This revolutionary goal – of 'break[ing] capital's plan for women'—is foregrounded by the essay's polemic title, in which the preposition 'Against' highlights the movement's critical stance toward capitalism.

Looking back on Wages for Housework in her 2011 essay 'On Affective Labor', Federici once more defends the platform, insisting that it was about both exposing 'archipelagos of unpaid activities' carried out within the home and examining the 'effect' of these activities 'on the position of women as waged workers' (2011, p. 72).⁴ And lest we believe that such activities are confined to the past, she reminds us that 'capital accumulation' continues to '[feed] on an immense amount of unpaid labor; above all, it feeds on the systematic devaluation of reproductive work that translates into the devaluation of large sectors of the world proletariat' (Federici 2011, p. 72).

The emphasis on 'reproductive work' in this statement allows us to situate the Wages for Housework intervention within a broader framework of feminist efforts to resist the devaluation of care work. From the perspective of the present, we can further understand Wages for Housework as anticipating the analyses of feminists today who train their attention on social reproductive labor: labor that creates, maintains, and restores the power of the labor force, and thus ensures the capacity

⁴ In recent years, Dalla Costa has also asserted that the demand for a government wage was intended to open up a broader conversation about the role of women in capitalist society. In an interview with Canadian political scientist Louise Toupin, Dalla Costa (qtd. in Toupin 2018, p. 226) characterizes the Wages for Housework demand as 'a true lever of power for women because it could claim to subvert not only their condition but the condition of unwaged workers in general, as well as the condition of waged workers'.



of that force to produce value for the capitalist system (Federici 2020; Ferguson 2019; Bhattacharya 2017c, a, b; Mohandesi and Teitelman 2017; Fraser 2017; Benzanson and Luxton 2006).⁵ Such feminists also work to analyze ‘how unpaid domestic labour and capitalistically “productive” labour *interact* to sustain a society dominated by capital’, in order to highlight the ‘the *systemic* nature of women’s oppression in capitalism’ (Ferguson 2019, pp. 86–87).⁶ It should be noted that Tithi Bhattacharya, a Marxist historian who has played an important role in recent feminist thinking on social reproduction, rejects the idea that domestic work is unpaid *productive* labor, a position taken by Dalla Costa in her 1975 essay ‘Women and the Subversion of the Community’. Yet she still acknowledges that ‘we owe the wages-for-housework feminists of the 1970s a great analytical debt for theorizing questions of domestic labor in an effort to overcome the lacuna in Marx’ (2017, fn. p. 214).

But the fact also remains that, in the 1970s and 80s, mainstream and leftist feminists alike rejected Wages for Housework. Some saw it as a step backwards for women. They argued that creating a government-issued salary for housework would reinforce gender norms and further isolate women when they ought to be entering the workforce and focusing on issues like equal pay. The ‘economistic’ critique of the movement also retained its force, underpinning claims that Wages for Housework did not support the leftist goal of socializing domestic work in the form of daycare or community services. Angela Davis, for example, argued forcefully that a ‘government paycheck for housewives would further legitimize [...] domestic slavery’ (1981, pp. 213–216), in addition to criticizing Wages for Housework for failing to recognize that many women *already* performed housework for a wage, especially Black and immigrant women. This latter critique pinpointed an internal tension that the movement struggled to escape: between its revolutionary anti-capitalist vision and its seemingly reformist practical program of turning unwaged into waged labor, thus integrating housework more comprehensively into the capitalist system. Despite Federici’s continued efforts to position the movement as opposing a reformist ethos, the criticism has endured. Was Wages for Housework, despite its anti-capitalist agenda, in fact playing into nascent neoliberal policy efforts to privatize and commodify care?

A different direction of thought is in fact encouraged when we consider that the demands, questions, and modes of oppression articulated by Wages for Housework have not just remained relevant, but that, today, capital ‘precipitates gendered *and* racialized forms of misery even more complexly mediated by globalized and financialized configurations of accumulation’ (Best 2021, p. 896–897). It is also worth attending to the specificity of the movement’s language. In her introduction to *Revolution at Point Zero*, Federici (2020, p. 5) points out that Wages for Housework demanded state intervention in the form of ‘wages *for* housework not for housewives’. This emphasis on ‘housework’ (as opposed to ‘housewives’) would

⁵ I would also note that this list of contemporary feminist interventions is far from exhaustive.

⁶ Ferguson (2019, p. 94) points to the feminist writings of Margaret Benston as an example of an earlier socialist feminist critique of care work that takes up this position. See Benston 1969.



seem to imply the movement's position that opposing hidden and devalued forms of labor performed by *anybody*—not just 'wives' or women—must underpin any credible critique of capitalism. We might then read, as immanent within the founding word choice of 'housework', a commitment to 'the collectivization and un-gendering of housework, and of all creative, life-sustaining activity associated therewith' (Best 2021, p. 917). Another lasting contribution of Wages for Housework has been to remind the world that emotional and material labor cannot be easily untangled precisely insofar as both constitute this 'life-sustaining activity'. As I will discuss in part two of this paper, such a recognition is of the utmost importance when it comes to critiquing neoliberalism's responsabilization of female-identified subjects.

Turning care to profit: care fixes, self-care, and responsabilized subjects

Living in the twenty-first century, we may feel that Wages for Housework's revolutionary vision is more out of reach than ever, despite noting the increasing influence of its analytical insights in feminist circles. Processes of marketization are increasingly employed to turn care work to financial profit, as neoliberal entrepreneurial logic has successfully colonized 'non-market domains' and 'non-market contexts' (Davies 2016). A suggestive encapsulation of neoliberal entrepreneurial logic in the twenty-first century can be found in rhetoric associated with former UK prime minister David Cameron. In a March 2010 campaign speech, he asserted: 'It's not the big state that will tackle our social [sic] and increase wellbeing. It's the Big Society' (Cameron 2010). Promoting civic virtue and empowerment at the local level, Cameron's 'Big Society' envisioned community-minded individual citizens delivering care services that had previously been public. In the same speech, he invited the private sector to play a new role in public services: 'if you've got the ideas and the people to tackle our most deep-rooted social problems, come and play a role in our public services'. In calling on individuals, charities, and for-profit corporations to 'do their part', Cameron was also, presumably, seeking to manage care gaps and other displacement effects created by austerity-era government cuts to social care funding, welfare benefits, and local authorities (Crawford et al 2018, p. 8).

In the past decade, the private sector has heeded Cameron's call. Its expansion into the public arena has led to the privatization and profitization of care, with especially negative consequences for female-identified subjects. Feminist economist Ruth Pearson (2019) underscores the detrimental effects of neoliberal austerity policies on women and draws on statistics from the Women's Budget Group, a leading feminist economics think tank, to show that BAME women are affected in particularly adverse ways by these policies. 'One of the changes which has most directly impacted on BAME women', she explains, 'is the benefit cap, which limits child benefits to two children per family, and limits total receipts to £20,000 per year per household, (£23,000 in Greater London)—a cut from the 2013 ceiling of £26,000' (Pearson 2019, p. 31). Pearson (2019, pp. 29–30) also calls attention to how budget cuts and cuts to healthcare services have resulted in increased unpaid



caring responsibilities for women, who ‘are affected by austerity measures not only because they already earn lower wages in a gender discriminating labour market’, but because ‘they bear the major responsibility for family wellbeing through their unpaid work to ensure daily and generational reproduction’. A similar assessment is offered by Brown (2015, p. 105), who observes that “‘responsibilization” in the context of privatizing public goods uniquely penalizes women to the extent that they remain disproportionately responsible for those who cannot be responsible for themselves’.

Predictably, this responsibility has also made women increasingly reliant on those more contingent forms of ‘community’ advocated by Cameron as part of his vision of a relentlessly privatized, yet unerringly charitable, Big Society. A politically and socially malleable category, community has ‘universal connotations of the commonwealth’ as well as ‘particular connotations of the locality, the exclusive interests of specific people’, as philosopher Gillian Rose (1996, p. 15) has argued. It is capable, in other words, of both inclusivity (aid to diverse members) and exclusivity (bias and discrimination), an unreliable combination when it comes to supporting those women in the most vulnerable positions. To put it differently, if the new supplemental model of community care imagines responsible citizens delivering care services that had previously been public, we may equally imagine situations in which these same individuals are overworked, underpaid (or not paid at all), and thus at risk of not being able to take proper care of themselves and those for whom they are made responsible.

Sociologist Evelyn Nakano Glenn (2010, p. 181) highlights the global consequences of neoliberal austerity policies and associated responsibilization of individual citizens, noting that immigrant labor ‘helps to bridge the contradiction between social policy that places responsibility for the care of citizens on families rather than the state and economic policies that have reduced the capacity of families to provide unpaid care’. Working from a different yet related perspective, feminist philosopher Penelope Deutscher (2017, p. 51) tracks the extraordinary demands neoliberal society places on mothers and mothers-to-be, imagining her as ‘an unselfish, responsibilized moral agent, conduit of individual and social hopes’. Deutscher further observes that neoliberal responsibilization is more harmful to women who do not conform to the white, middle-class, heteronormative model of ideal motherhood: ‘some pregnant women are overvalued, while others (figures of surplus pregnancy, of welfare benefit abuse or other kinds of irresponsibility) may be under- or devalued’ (2017, p. 50). In other words, the privatization and profitization of care means not only that some bodies are deemed more worthy of support and attention than others, but that responsibilization does not impact all persons equally.

In what follows, I explore the consequences of this dual insight. Here, my argument is that, while Cameron’s charitable dream of the Big Society has faded somewhat from view—albeit to be replaced by ever more cost-effective methods of outsourcing (including, most recently, AI)—its entrepreneurial logic is very much alive today. In order to draw out the individualizing and responsibilizing implications of this entrepreneurial logic, I examine two specific manifestations of it. First, I turn my attention to care fixes, associated with the privatization and profitization of care. I then address self-care, which is at this moment emerging as



a lucrative new market that turns to profit neoliberal society's responsibilization of female-identified subjects.

Care fixes

One of the most notable developments in the contemporary care economy has been the rise of what sociologist Emma Dowling calls the 'care fix'. Dowling's use of the term is influenced by the writings of geographer David Harvey (1975, 1982) and sociologist Beverly Silver (2003), who analyze how capitalist production deals with the pressures of maintaining cost-effectiveness. Rather than addressing root causes or seeking to eradicate societal inequalities in care, a care fix is an economic band-aid. As Dowling (2021, pp. 74–75) explains: 'central to the dynamics of the care fix are the ways in which caring is reconfigured, how care is (re)distributed and under what conditions care takes place'. *Wages for Housework* offers an illuminating point of reference here. It is possible that we would view the movement today as a care fix if its primary demand—a wage for all houseworkers—had been actualized. But the prevalence of such a view would surely depend on the nature and extent of the remuneration. If the wage was not enough to live on and thus functioned more along the lines of a placatory supplement then it could be viewed as a care fix. However, if the wage was more comprehensive—a wage presumably only possible if governments committed to an alternative economic logic—then it would be something else.

To be clear, the care fix is a solution *for* capital, that is, a solution in the service of capitalist economy. On occasion, the interests of those seeking (or giving) care and the interests of the financialized and globalized economy may coincide. But it is always the interests of the latter that are prioritized, often with deleterious consequences for carers and those requiring care alike. We see this in the case of the Social Impact Bond (SIB), arguably the most significant example of a care fix that has contributed to the financialization of care since 2008. SIBs are financial instruments that encourage social impact investing when it might otherwise not be economically promising. They come into play when a public entity, like a local council, commissions a private sector service provider, like a charity, to solve a problem that would have been dealt with in the past through allocation of government funds.⁷ In such cases, a SIB is issued by an intermediary to generate the private financial support that, it is hoped, will enable a desired outcome to occur (Social Finance 2021, p. 12). It is important to emphasize that SIBs are performance-based contracts designed to generate revenue for the private sector. On the social impact side, there is what is known as a Social Return on Investment (SROI), meaning the elimination of present (and/or projected future) social costs. But, as Social Finance acknowledges, SIBs operate by 'linking a social target to financial success' (Social Finance 2021 p. 2). Their starting point is usually an

⁷ For example, the goal of the first SIB—launched in Britain in 2010 by Social Finance Ltd., a non-profit consultancy organization—was to reduce the reoffending rate of people with short-term sentences at Peterborough prison (Social Finance 2021, p. 11).



estimation of cost savings that can accrue due to improved outcomes, although an estimation of future costs avoided is often seen as equally valuable. Crucial to the successful implementation of SIBs is thus the ability to *measure social outcomes in monetary terms*.

When we consider these challenges of measurement in relation to care, it quickly becomes evident why the SIB care fix might be less ideal than the discourse around it has suggested (Hartley 2014). To begin with, there are serious questions regarding the ethics of such a practice. It is not a stretch to assert that those citizens whose problems are being invested in are themselves ‘transformed into commodities’ (Roy et al. 2018). Dowling further observes: ‘If we consider how many people’s lives have been devastated by the austerity that was deemed necessary for the British economy to remain attractive to financial investors, it comes with a sour aftertaste that private finance is now invited in to improve those very people’s chances’ (2021, p. 115). The measurement and quantification of social care from a financially motivated perspective also poses practical problems. Pressure to meet targets based on preconceived measurements may result in the misrepresentation of outcomes so that investors can receive their dividends. Moreover, despite the stated emphasis on ‘innovation’ (Social Finance 2021, p. 16), there is little incentive to take on difficult cases using the SIB model because it is unlikely that such cases will yield positive financial rewards, meaning that SIBs won’t ultimately help combat our most serious problems in care.⁸ In short, SIBs focus alleviating symptoms of the care crisis rather than addressing its root causes. In so doing, they reinforce the economic status quo, rather than challenging the system in the manner that feminist economists argue is necessary (Pearson and Elson 2015; Pearson 2019).

Self-care

The care fix and self-care would seem have little in common upon initial reflection. As we have seen, the former is the handmaiden of capitalist economy, designed to benefit those already winning financially. In contrast, the latter, we might imagine, is about resisting the lure of the market in order to seek what ‘money can’t buy’: e.g., an increased sense of self-worth, happiness, energy, and inner peace, all things associated with physical *and* mental wellbeing. Self-care can additionally be understood as a precondition of sustainable feminist political practice, premised as it is upon the recognition that caring for oneself is ‘crucial to avoiding compassion fatigue, burnout, and exhaustion’ for those tasked with caring for others and participating in collective action (Dowling 2021, p. 196). My argument, however, is that the primary ethical quandary of the SIB—that it effectively transforms people into commodities—is equally true of the discourse of self-care as it proliferates today, in which little emphasis is placed on structural

⁸ Arguably, SIBs will only become truly profitable when subsidiary markets are developed to trade securities—something that New Zealand economist Ronnie Horesch, who developed the idea behind SIBs, has called for (Horesch 2018). Such an outcome would further insulate investors from risk through strategies like on-selling, making SIBs just another financial instrument for extracting profit.



solutions to problems of personal wellbeing. Such problems are framed, rather, as opportunities for individual ‘growth’ (Dowling 2021, p. 186). But there is also a difference between the SIB care fix and contemporary self-care. In the case of the former, it is the abstracted *other* who is commodified at a safe distance from the SIB investor. In the case of latter, one is invited to commodify that with which one is intimately acquainted, namely *one’s own person*, through a process of self-investment.

This self-investment is not necessarily an index of self-interest in the traditional liberal individualist sense as we might think. Wendy Brown (2015, p. 84) makes the compelling argument that ‘the idea and practice of responsabilization—forcing the subject to become a responsible self-investor and self-provider—reconfigures the correct comportment of the subject from one naturally driven by satisfying interests to one forced to engage in a particular form of self-sustenance that meshes with the morality of the state and the health of the economy’. This idea of ‘meshing’ frames contemporary self-care (here termed ‘self-sustenance’) as, like the care fix, a ‘solution’ that in fact benefits something entirely different (the state, the economy) than the thing at which it ostensibly directs its curative properties (oneself). It would appear, then, that today’s subject of self-care is caught in a bind. Turning to the inventions of the market in an effort to ‘fix’ problems that capital perpetuates and intensifies, she is impelled to treat herself as ‘self-investing entrepreneurial capital’ (Brown 2015, p. 102). To put it simply, the self is recast as an investment project.

Is it possible to get out of this contemporary bind of self-care? Given the constraints of neoliberal governance it is difficult to be optimistic. If subjects are liberated today to pursue the enhancement of their own selves *as* human capital, it is also arguably the case that neoliberal governance ‘tears up freedom’s grounding in sovereignty for states and subjects alike’ by inserting said subjects ‘into the norms and imperatives of market conduct [...] to which their survival is tethered’ (Brown 2015, p. 108). The attenuation of self-sovereignty, associated historically with freedom of choice, can only have negative implications for the project of self-care as a pathway to genuine flourishing untethered from the ‘norms and imperatives of market conduct’. How are we to make the right choices under these conditions? What does it actually mean to care for oneself in such a world? It is easier, admittedly, to offer examples of how the neoliberal entrepreneurial logic of self-care as self-investment is itself flourishing in contemporary society. Perhaps nowhere has this logic proved more effective than in variants of liberal feminism, which tell women to ‘lean in’ to high-powered careers so that they can get ‘to the top’ (Sandberg 2013, p. 8). The hope is that more women in leadership roles will translate into ‘a better world’ (Sandberg 2013, pp. 8, 7). Yet it is also these women, incentivized to compete for success in a highly marketized labor environment, who are arguably most willing (and able) to self-invest in those terms stipulated by neoliberal governance, both because they have financial wherewithal and because they are already participating in said logic as employees. It is this equal-opportunity feminism that Lola Olufemi rejects in her book *Feminism, Interrupted*, taking ‘white feminist neo-liberal politics’ to task for focusing ‘on the self as vehicle for self improvement and personal gain at the expense of others’ (Olufemi 2020, p. 4). While such a politics has a great deal to say about breaking the glass ceiling, it offers



little, Olufemi observes, in the way of structural support for working-class women who care for others while sacrificing their own physical and mental health.

Another troubling consequence of this recast notion of the self as self-investment site is how it has appropriated, *for* economic gain, feminist counter-models of self-care originally intended to oppose the market's reductive and dehumanizing logic. Self-care has an especially important tradition of associations with Black feminist activists, who emphasize that it is only possible to fight sustainably for change and support those around you if you love, protect, and care for yourself. A notable feminist document that advocates for this kind of self-care is Audre Lorde's essay 'Uses of the Erotic: The Erotic as Power'. Lorde (1978) calls on women to honor their own 'self-connection' as the precondition of true understanding and 'sharing' with others. It is only by attending to 'internal knowledge and needs', Lorde argues, that women can 'begin to be responsible to ourselves in the deepest sense' (1978, p. 28). Likewise, bell hooks (1984) affirms the practice of radical self-love as essential to a constructive feminist politics, and as a means of healing.⁹ Self-care can also be an anti-capitalist stance. As racial equity consultant and activist Altheria Caldera (2020, p. 712) argues, if 'capitalism forces us to neglect our personal and communal well-being for the sake of thriving industries', then committing to self-care can be a political statement: a rejection of 'implicit messages' that Black women are 'expendable', 'superhuman beings who don't need nurturing'.

These are ideas that the private sector is currently working hard to monetize, while taking advantage of a matrix of pressures to do with normative societal ideas about how women should look, act, and feel. Between 2014 and 2019, the value of the health and wellness market in the UK increased by over £3.7 billion (Yates 2019). Corporations, advertising firms, and mobile apps are targeting women's concerns over their appearance and mental and physical health, promising to fix under-eye wrinkles, back pain, and depression—for a fee. Such anxieties are again exacerbated by an entrepreneurial logic of self-investment that posits a positive self-image as the precondition for financial and social success. Women-centered media has mostly reinforced this logic. A 2021 article posted on *marieclaire.com*, 'Download These Self-Care Apps When Everything Sucks', promises that the listed apps 'will work their stress-reducing magic to help you feel your best. Because *that's* what self-care is really all about' (Epstein 2021). Options range from an app called Headspace, which guides meditation beginners through mindfulness techniques, to Shine, which sends you daily motivational texts. A similar article on *theeverygirl.com* assures readers that the self-care apps it features 'Will Help You Meet Your Goals' (Santi 2019). One featured app, Happify, offers games and activities tailored to your personal mental health goals (building confidence, feeling less stressed). Users are even invited to track their overall happiness. Here, the ethical question of what it means for a for-profit company to measure one's emotional 'resources' emerges. A glance at the company's website (Happify 2023) confirms its quantitative approach:

⁹ Also see the writings of Alice Walker, June Jordan, and Jameta Barlow.



‘Your emotional wellbeing can be measured’! ‘86% of frequent users get happier in 2 months’!¹⁰ ‘Find out your happiness score and start improving it today’!

In the language circulated by Happify, in particular, we might locate the source of a relation that cultural theorist Lauren Berlant (2011) has theorized as ‘cruel optimism’.¹¹ A new habit, or, in this case, app, promises to improve your wellbeing, yet ultimately becomes an obstacle to genuine flourishing. Tied to your smartphone, clocking into the digital platform on a regular basis, and playing games to improve your ‘happiness score’: are these real solutions to the struggles of life- and world-building, or just another care fix? The point is not that we should abandon the project of self-care. Rather, the problem is that such remedies, not unlike SIBs, focus on symptoms rather than causes. Instead of creating the conditions for more meaningful ways of living, they reinforce ‘norms of self-management’ (Berlant 2011, p. 5), placing responsibility wholly on the individual. The implication: that you are your greatest asset—and, more bleakly, that no one will care for you if you don’t care for yourself.

Conclusion: resisting responsabilization

How might we reclaim more just and sustainable versions of care, including self-care, for the future? One simple answer is by attending more carefully to the history of feminism—to voices like the Wages for Housework feminists, Lorde, and hooks. We must be more aware of the potential of neoliberal discourse to co-opt radical political visions and social justice movements for its own ends. A progressive feminist perspective on care also necessitates a serious critique of how the self-care industry is harming women and catering to the interests of private capital. Care for the self must also be tied to care for others—to a form of ‘being-in-community’ (Caldera 2020) that is genuinely supportive, rather than community as an evasion of ‘the political problem’ (Rose 1996, p. 16) that we saw in Cameron’s ‘Big Society’.

Regarding this final point, Wages for Housework continues to provide critical stimulation and debate. On the one hand, there remains Davis’s objection that Wages for Housework failed to recognize that the solution to housework was comprehensive socialization through government subsidies due to its concern with ‘the plight of the housewife’ (1981 p. 209): a characterization at odds with the movement’s stated aims, yet indicative of the fact that it focused too narrowly on unwaged reproductive labor in the home. On the other hand, the recognition that Wages for Housework’s insights are being leveraged in new areas of social justice, including the fight for sex workers’ rights, indicates its capacity to provide valuable theoretical and practical resources in a new arena of collective action. This is demonstrated in Juno Mac and Molly Smith’s recent

¹⁰ I would like to call attention to the fact that this statistic has remained unchanged since I first accessed the website on 20 December 2021 (I write this on 20 December 2023).

¹¹ For another helpful perspective on this topic, see Sara Ahmed’s 2010 book *The Promise of Happiness*. Ahmed offers a cultural critique of the imperative to be happy.



book *Revolting Prostitutes: The Fight for Sex Workers' Rights*, which draws upon Federici's 1975 theorization of housework as work in order to insist that the same is true of sex work, with important consequences: 'When sex workers assert that sex work is work, we are saying that we need rights. We are not saying that work is good or fun, or even harmless, nor that it has fundamental value' (2018, p. 85). A fundamental principle of care—'safety at work'—underpins this fight for rights: 'People should not have to demonstrate that their work has intrinsic value to society to deserve safety at work' (Mac and Smith 2018, p. 85).

What, then, of the future of care? Confining care to the private realm, and to the neoliberal discourse of personal responsibility, 'has obscured the public function that care labor serves and has masked its central place in the economy' (Glenn 2010, p. 10). The Covid-19 pandemic has reminded us that 'the patriarchal ideology of the self-sufficient nuclear family entraps not only women but men in lives that are deemed, in that contradiction of contemporary capitalism, at once "essential" and "disposable"' (Srinivasan 2021, p. 176). And it remains the case today that female-identified care providers 'disproportionately remain the invisible infrastructure for all developing, mature, and worn-out human capital—children, adults, disabled, and elderly' (Brown 2015, p. 105). How, then, to develop new models for care that integrate public assistance with resistance to the entrepreneurial and responsabilizing logic of neoliberalism?

If we accept that that is unjust to frame care—whether for oneself or for others—as a problem of individual responsibility, a vision of an 'alternative economic logic' is undoubtedly necessary (Pearson 2019, pp. 36). Such a vision ought to include 'the incorporation of reproduction and care work into economic analysis and economic policies', as well as a renewed commitment to public provision and 'social infrastructure' (Pearson 2019, pp. 29, 36). One viable approach to the latter would be for governments to adopt a 'universal basic services' (UBS) model. As developed by Coot and Percy (2020), such a model is based on sustainable principles of 'shared needs' and 'collective responsibilities'—and committed in both theory and practice to social equality and democratic decision-making. To be clear, these are commitments that we do not find in the rather different 'universal basic income' (UBI) model advocated by many libertarians, which proposes no-strings-attached cash payments to all members of society, regardless of their income. To rethink care, we must, finally, dismantle dichotomies that have historically delimited care and negatively impacted women, as the Wages for Housework feminists argued in the 1970s. Above all, in the words of Nancy Fraser (2017, p. 36), we must 'overcome financialized capitalism's rapacious subjugation of reproduction to production—but this time without sacrificing either emancipation or social protection'.

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