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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 Pinguart 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; Sabbatini & 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 phallogentric 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 phallogocentric 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.

