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RESEARCH ARTICLE

Wages for Self-Care: Mental Illness and Reproductive Labour

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The ambivalence of self-care can be understood in terms of its simultaneous link to the social reproduction of neoliberal governmentality, and its pragmatic value. On the one hand, the notion that one's physical and mental health must be taken up as a project to be invested in for the purposes of capitalisation, is both reliant on, and contributes to, the hegemonic status of neoliberal notions of subjectivity. On the other hand, since individuals and communities face enormous precarity, and given the continual defunding of health and mental health services as a result of austerity policies, self-care appears as an increasingly valuable form of maintenance and survival for the contemporary capitalist subject. Accordingly, it is tempting to try to demarcate self-care from other forms of political action that do not contribute to neoliberal hegemony. If self-care involves an inward-looking and depoliticised subject, surely political emancipation lies elsewhere. The possibility of some alternative to our present state of affairs, where self-care increasingly appears as a form of 'voluntary servitude,' that is to say, as a form of self-subjugation with serious political risks, must surely be taken as a continual project for those engaged in critical inquiry. Then again, to suggest that those engaging in self-care are *simply* reproducing neoliberal subjectivity would surely miss the ways in which such forms of self-preservation might appear as unavoidable for the individuals in question. As Sara Ahmed has put it, 'some have to look after themselves because they are not looked after: their being is not cared for, supported, protected'.¹

In light of this tension, this paper will explore both the ways in which the practices of self-care, specifically related to mental health, have emerged as responses to the increasingly precarious status of life after the economic shocks of the Global Financial Crisis (GFC), whilst also looking to the work of Silvia Federici and Kathi Weeks to propose models for immanent critique. Although it cannot be taken as a pure origin, post-GFC mental health

discourse has increasingly seen mental health discussed as a form of resilience to precarity. Furthermore, practices of self-care, and psychological forms of treatment such as cognitive behavioural therapy (CBT) have become vehicles for the intensification of personal resilience in the face of systemic crisis. The work of Federici and Weeks will be drawn on to develop a means for thinking through critiques of mental health self-care that do not take self-care as a phenomena that can only be resisted through immediate rejection. Rather than positing self-care as absolutely or essentially compromised, their work will be drawn upon to develop an immanent critique of self-care that acknowledges the pragmatic value of such practices, whilst it simultaneously critiques any notion of their ideological neutrality or organic inevitability. Through an engagement with their work—and one that draws parallels between their strategic critiques of reproductive labour broadly speaking, and the more specific area of mental illness and neoliberal governmentality—the question of the ‘necessity’ of self-care will be brought into alignment with the possibilities of its practicality.

Mental Health as Resilience

The injunction to be not only optimistic, but also happy in the face of what seems to be the systemic failure of the global financial system can be seen as wedded to the contemporary rise and ubiquity of the concept of ‘resilience,’ a concept that places an emphasis on individuals to overcome negative experiences caused by systemic crises. In his article ‘Resisting Resilience,’ the philosopher and political theorist Mark Neocleous argues that over the last decade the concept of resilience has become

*one of the key political categories of our time. It falls easily from the mouths of politicians, a variety of state departments are funding research into it, urban planners are now obliged to take it into consideration, and academics are falling over themselves to conduct research on it.*²

Neocleous argues that ‘resilience’ has become a crucial concept in international relations, security and counter-terrorism, climate science, and economics, insofar as preparation for an imminent crisis—whether in terms of security, economy, or ecology—has become a key feature of contemporary governance.³ Neocleous further links the current ubiquity of the concept of resilience to contemporary forms of governance when he turns to the production of ‘resilient subjects’ in the wake of increasingly ‘insecure’ nation-states and a precarious global capitalism.⁴ On Neocleous’s account, the ‘good’ resilient subject must be able to ‘survive and thrive in any situation’, be able to find a ‘balance’ between working ‘several insecure and part-time jobs’, and have an almost limitless capacity to ‘overcome life’s hurdles’ such as ‘facing retirement without a pension [...] cuts to benefits, wage freezes or global economic meltdown’.⁵ Indeed, Neocleous goes as far as stating that ‘neoliberal citizenship’ can be made effectively synonymous with ‘a training in resilience as the new technology of the self: a training to withstand whatever crisis capital undergoes and whatever political measures the state carries out to save it’.⁶ Such training is not limited to the functioning of traditional institutions of power. As the philosopher Robin James has shown in *Resilience and Melancholy: Pop Music, Feminism, Neoliberalism*, contemporary popular culture is awash with representations of resilience, or what James refers to as ‘Look, I Overcame!’ moments where ‘good’ subjectivities are constructed on the basis of a capacity for exhibiting the individual qualities of self-mastery and resilience to systemic violence.⁷ For James, contemporary popular music produced by figures such as Lady Gaga and Beyoncé—and we can also add contemporary advertising such as Dove’s ‘Real Beauty’ campaign—function to interpellate those who most frequently suffer from systemic violence—e.g., women, people of colour, and queer people—with the necessity

of being resilient in an inhospitable world.⁸ Taking the example of the production of the resilient female subject, such cultural texts present women as being damaged by patriarchy—physically, emotionally, or both—but then position the viewer to accept a resilient and defiant response as being the appropriate way to achieve the status of a ‘good’ feminist subject.⁹ This is not to say that empowerment or resilience does not actually produce subjects better suited to systemic violence, but, instead, that these neoliberal or resilient subjects can become better suited to inhospitable conditions only through the inhibition of their capacity to organise politically and refuse mechanisms of governmentality. ‘Resilience wants acquiescence, not resistance’, writes Neocleous, and whilst the logic of resilience certainly demands that the subject be active, this activity must function so as to accommodate ‘capital and the state, and the secure future of both, rather than to resist them’.¹⁰ Indeed, the risk that the injunction to be resilient poses is that, in producing subjects who are suited to prolonged periods of precariousness and instability, the contemporary discourse of resilience will function to dissimulate, if not efface, forms of exploitation, subjugation, and control.

This general privileging of resilience as a significant component of neoliberal ideology has many parallels to the ways in which resilience has been conceptualised in critical studies of mental health therapy and policy. For example, David Harper and Ewen Speed write of the promotion of resilience within mental health discourse as being intimately connected to ‘neoliberal notions of individual responsibility’.¹¹ For these authors, the difficulty presented by the resilience model is the way that it frames the struggles of those suffering from mental illness as disparate individuals in need of greater recognition, as opposed to potential collectives in a struggle around more equitable distribution of public goods.¹² The language of resilience speaks to a very specific notion of recovery, one that is ‘a highly individualised and experiential concept’ and that entails a framework ‘based on individual changes to attitudes, behaviours and beliefs by the psychiatric patient’.¹³ While the language of resilience and its concomitant notion of recovery are often championed because of their emphasis on pragmatic solutions and their aversion to notions of deficiency or weakness, Harper and Speed argue that such neoliberal emphasis on the individual and their capacity to recover through becoming more resilient ‘invite people to see certain problems as the responsibility of the individual rather than, for example, the State’.¹⁴ One of the dangers presented by the successful interpellation of those experiencing existential suffering—such as depression or anxiety—as being atomised individuals that need to adjust their own attitudes and beliefs, is the way in which it can depoliticise issues that require systemic intervention. For example, Guy Standing has commented on the ways in which Cognitive Behavioural Therapy (CBT) was used in the United Kingdom in the aftermath of the 2008 financial crisis.¹⁵ As Standing argues, rather than attending to the structural issues that were significantly contributing to depression, anxiety, and stress—especially those around precarious work—CBT was used a means of helping people to live in a world of increased uncertainty.¹⁶ Manualised treatments like CBT help to encourage a view that grasps the precarity caused by systemic crisis as requiring an individual and personal response in which one transforms to become more resilient in the face of adversity. While they do not speak about CBT *per se*, there is a link between such popular forms of therapy and the broader trend identified by Harper and Ewen, one that ‘makes emotional distress an explicit problem of individualised identity, rather than for example, an effect of structural inequality’.¹⁷

The resilience model accordingly involves a replacement of State intervention—into markets, labour supply, provision of housing and medical treatment—with a model of individuals recognising their emotional anguish as being an individual problem that requires

self-management and self-care.¹⁸ As Harper and Speed argue, such ‘self-care’ is ‘tightly aligned with neoliberal forms of government’ insofar as they entail an increased control over the lives of individuals, as such lives are deemed to no longer be the responsibility of the state.¹⁹ In certain situations such modes of self-care, as become manifest in treatments like CBT, are unavoidable for those in precarious situations. As William Davies states, the UK government announced in 2014 that ‘disability benefit claimants could have their payments stopped if they refused to attend sessions of CBT’.²⁰ Nevertheless, even if there are not direct injunctions provided by the state for self-care and self-management to be used as means of becoming more resilient to precariousness and crisis, the broader success of biological models for psychiatry—or ‘biopsychiatry’—has increasingly led to a situation in which, as Davies puts it, ‘as laypeople, we come to attribute our failures and sadness to our brains and our troublesome minds’ as opposed to locating them in a shared political context.²¹ As the psychiatrist Joanna Moncrieff has argued, over the last few decades the theory of ‘chemical imbalances’ has emerged as a means of explaining a host of psychiatric disorders.²² What is striking, for Moncrieff, is that such a theory is so widespread and popular given the very marginal evidence that exists to support it.²³ As she writes, ‘like ordinary mental and physical activity, psychiatric disturbances will be mirrored in the brain. However, unlike neurological disorders, there is no evidence as yet that there are discrete and specific anatomical or functional defects associated with the vast majority of what we label as mental illness’.^{24,25} Despite this lack of evidence, the enormous influence of pharmaceutical manufacturers has helped to promote the now incredibly popular idea that mental illnesses are both caused by ‘chemical imbalances,’ and that ‘anti-depressants’ and similar drugs—such as neuroleptics or ‘anti-psychotics’—can offer disease-specific forms of treatment. As Moncrieff indicates, campaigns such as the ‘Defeat Depression Campaign,’ organised in the United Kingdom and run by the Royal Collage of Psychiatrists, functioned to promote the message that ‘depression was an under-recognised problem’ and one that required greater levels of diagnosis and pharmaceutical treatment.²⁶ Campaigns like ‘Defeat Depression,’ which was partly funded by Eli Lilly—the makers of Prozac—have helped to greatly increase the sales of ‘anti-depressants’ and to popularise the notion of a bio-chemical cause for phenomena such as depression and anxiety.²⁷

If mental illness is seen as a personal problem, an individual and bio-chemical defect, then it makes sense that the state would become increasingly separate from questions about what makes life difficult. The injunction to engage in self-care and self-management, and the notion that increased resilience is the appropriate response to environmental stresses and existential anguish produce the stark possibility of a depoliticised and atomised sufferer who views a better life as only emerging through increased introspection and compliance. Furthermore, by providing an injunction for the subject of resilience discourse to view themselves as responsible for their own existential and emotional suffering, the kinds of self-care and self-management that increasingly obscure systemic causes for suffering come to seem natural and spontaneous. As the contemporary theorist Maurizio Lazzarato has argued, the extreme individualism of our contemporary neoliberal social formations see ‘frustration, resentment, guilt, and fear’ feature as dominant affects.²⁸ For Lazzarato, such affects are ubiquitous in neoliberal social formations because ‘the promise of self-realisation, freedom, and autonomy collide with a reality that systemically nullifies them’.²⁹ However, on Lazzarato’s account, such a contradiction between the promise of autonomy and freedom—as might be encouraged by the neoliberal injunction to realise oneself through seemingly endless processes of self-management, self-improvement, and self-care—does not tend towards a radical disjuncture or break with the ideological conditions that spur it on. Instead, as Lazzarato states, any volatility

produced through such a conflict is dampened ‘through the interiorization of the conflict: the “enemy” becomes indistinguishable from a part of the self’.³⁰ For this reason, it is important to critique this injunction to be proactive, to take control, to take oneself in hand and to take one’s life as an object of responsibility—situated as it is within a system tending towards repeated ecological, economic, and political crises—in order to expose it as a form of work that, regardless of its seemingly necessary or inevitable status, is in the last instance imposed by an arbitrary and plastic economic and political situation. Indeed, while individuals may simply have no choice in their singular contexts but to comply with or acquiesce to such injunctions it is important to associate them with other forms of emotional or affective labour that do not arise spontaneously but are intimately connected to ideological imperatives towards ever great utility and productivity.

Self-Care as Work

In the introduction to their paper ‘The Role of Health Capital in Health Promotion’, Hyry-Honka, Määttä, and Uusuiattu comment that one could

ask any man or woman on the street to name the most important three things in their lives and one of their choices would be health. Everyone appreciates health and wishes they would stay healthy for their whole life span. What things does health consist of then? How can one cherish it? What promotes health? Are there some factors that one could gather in order to improve health and that would pay dividend?³¹

Despite its ambiguous ontological status, it would indeed be difficult to imagine many phenomena that could replace health as one of the central elements of human life. Nevertheless, it is important to question the way that health—and particularly our mental health or well-being—is framed within influential theoretical discourses and by powerful institutions. The notion that mental health is a form of capital—that it is a kind of ‘health capital’ or that it is to be understood as ‘mental wealth’—has gained increased traction over the last decade. As the latter scholars indicate, one of the central transformations introduced by the shift from a discussion of mental health to mental wealth, or health capital, is the introduction of questions pertaining to a dividend or a return on investment. Broadly speaking, the notion of ‘mental wealth’ suggests two potential investors that should expect a return on investments in improved emotional and cognitive resilience. Firstly, the nation-state itself is viewed as a potential benefactor from investment in mental wealth. As Beddington, Cooper, et al. have stated, commenting on the importance of investing in ‘mental capital in childhood and adolescence’, early intervention by states ‘can increase [children’s] resilience to stress and common mental disorders. Later in life, this resilience helps to engender well-being at work and into old-age’.³² From this perspective, the state is one of the potential recipients of dividend due to its capacity to extend the tax-paying function of its citizens into later life, and to potentially lower the necessity for expensive public services associated with common mental illnesses—depression, anxiety, etc. Secondly, the notion of mental wealth posits the individual as a potential recipient of such a dividend insofar as they too will suffer from fewer financial burdens and will find potential for ‘self-fulfilment’.³³

This second view, that of the individual as investor in their own mental wealth, or health capital, is very much aligned with dominant modes of subjectivity formed through the continued dominance of neoliberal ideology. Particularly in Foucauldian analysis, neoliberal subjectivity is to be ‘revealed’ by shifting our perspective away from the Marxist and classical

liberal view of capital as object. As Andrew Dilts has summarised, in these traditions, labour is always something

*purchased on a market, or tied to the production of a specific commodity. It is never thought of as one human activity amongst others that individuals might (and here is the key move) choose over other activities.*³⁴

In Foucault's analysis, Dilts argues, neoliberalism entails an epistemological shift that 'reveals' what was once seen as an economic object to be a subject possible of choice.³⁵ Although Dilts points out that the neoliberal theorists in question—whether Hayek, Friedman, Schultz, or Beck—don't necessarily use this kind of language, Foucault is still fundamentally correct when he writes that the neoliberal perspective seeks to show the worker as 'an active economic subject'.³⁶ Accordingly, while both the state and the individual can be viewed as potential benefactors from an investment in mental wealth, or health capital, the dominant neoliberal ideology—with its emphasis on the individual as requiring increased resilience in the face of systemic uncertainty and precarity—places emphasis on the individual as the prime beneficiary, and therefore the prime investor. As Patrick McGorry has indicated, although past world leaders such as the former Australian Prime Minister Malcolm Turnbull have 'warmly embraced' the term 'mental wealth', there is still a significant lack of investment in mental health services.³⁷ While McGorry indicates that, mental illness 'poses the greatest threat to economic and social development of nations' the actual investment in treatment and mental health care is still significantly low.³⁸ A potential reason for this disparity, between, on the one hand, the acknowledgement that mental illness poses an enormous future cost to national productivity, and, on the other hand, that governments are not willing to invest in services to help patients, is that the individual sufferers in question are increasingly viewed as the ones needing to invest, given that they are viewed as the primary future beneficiaries. As Esposito and Perez have argued, neoliberal ideology sees 'notions of normalcy and/or sanity as commodities to be bought, sold, and profited from'.³⁹ For this reason, the notion that individuals should look to the state to help with the improvement of their individual mental wealth—their individual capital that they can choose to improve and profit from—sits at odds with dominant ideas about the active subjectivity of the worker. Placed alongside the bio-chemical model that sees mental illnesses such as depression, anxiety, and schizophrenia, as individual problems curable only through medication, the notion that mental health is a form of capital for the individual to invest in greatly obscures the systemic economic and political factors that should be viewed as inseparable from the discourse of mental illness and existential suffering.

Rather than such systemic economic and political factors being made a meaningful part of our discussions about such suffering, forms of self-care are increasingly presented as the only practical solutions to mental illness and emotional and existential anguish. As an example of this increasingly dominant tendency, we can look to Gill and Donaghue's work on the promotion of resilience and 'mindfulness' in contemporary universities. As the authors argue, 'complete physical and mental collapse seems to be the "elephant in the room" in most settings within the academy'.⁴⁰ Given that academics in the UK are reported to work an extra '9 hours per week' or, put differently, to work for free 'for three months of the year', it is not surprising that many suffer from immense levels of stress, depression, and anxiety.⁴¹ Instead of collective or systemic analysis being used to engage with the crises wrought by the effects of an increasingly casualised and precarious workforce, the solutions implemented are typically 'individualised tools' that necessitate 'an enterprising, self managed and "responsibilised" subject

who can “manage time,” “manage change,” and “manage stress,” demonstrate resilience, practice mindfulness, etc’.⁴² Popular ‘resilience workshops’, offered to meet the ever increasingly reportage of staff suffering from depression and anxiety, and function as the ‘perfect training for life in neoliberalism, offering technologies of selfhood for dealing with uncertainty, precariousness, stress, [and] crisis’.⁴³ Rather than such strategies for increased resilience offering the possibility of resistant subjects, their tendency to emphasise the individual and the psychological over the political intensifies the need to question and critique such ‘work on the self’, and its inability to help us move towards real alternatives to present mental illness and emotional suffering.⁴⁴

Reproductive Labour

Over the last few decades, one of the important roles taken up by critical theorists has been to show the extent to which unpaid reproductive labour is required to maintain capital’s demands for increased productivity. While conventional wisdom still holds a division between our personal and working lives—or between our emotional ‘inner world,’ and our professional ‘outer world’—the critical discussion of cognitive, affective, and reproductive labour has attempted to show the extent to which these domains have become increasingly blurred. For example, while it would be impossible to separate emotions entirely from the labour process, there are nevertheless increasing forms of employment in which displays of pleasure, happiness, or enjoyment can no longer be deemed as unnecessary or superfluous to the ‘proper’ functioning of the employee. Workers in low-paid positions, such as fast food workers, are burdened with the expectation to simulate and perform feelings of happiness and frivolity in their interactions with customers and other workers. In his text *Willing Slaves of Capital: Spinoza and Marx on Desire*, the economist Frédéric Lordon discusses the neoliberal ‘girlfriend experience’,⁴⁵ a phrase used to refer to the increased expectation for workers to engage in emotional labour. As an example of this phenomenon, Lordon writes of Indian call-centre workers who are expected to learn the accents, idioms, and culture of their foreign clients so as to make themselves more relatable and therefore to improve the overall customer experience.⁴⁶ He writes further that some employees are becoming enjoined to ‘completely surrender their affectivity’ in their work, insofar as they are asked to ‘laugh or play games on command’.⁴⁷

Examples of emotional labour are not restricted to non-Western workers, however. In early 2015 the McDonald’s fast food company launched its ‘Pay With Lovin’” campaign, in which customers were opened up to the random chance of receiving their meal for free on the condition that they were willing to perform an act of happiness such as high-fiving the staff, singing, dancing, or calling a family member and confessing their love for them in-store. However, and as the journalist Bryce Covert notes, such emotional labour is not simply being passed on to the customer, since it would be almost inconceivable to imagine McDonald’s tolerating their staff resisting this performed happiness by remaining deadpan or by even looking uncomfortable whilst a customer danced or expressed their love for their mother in order to attain free food.⁴⁸ Similarly, Paul Myerscough writes in the *London Review of Books* that the sandwich chain Pret A Manger employs ‘mystery shoppers’ for the purpose of monitoring the perceived happiness of employees, and to allow the company to reward and punish employees based on their capacity to imbue their work with the correct affects of happiness and jubilation.⁴⁹

This increased need to show a symmetry between one’s well-being and one’s working existence raises concerns about the increased potential for self-care—especially in response to mental illness—to become inextricably bound to logics of utility and productivity. If

contemporary subjects of medical and pharmacological discourse continue to view themselves as sufferers of individual and bio-chemical disorders, why would they be willing to oppose or seek alternatives to disciplinary injunctions to engage in self-care? Will a more systemic view, and one that might engender collective political emancipation, become increasingly obscured by such perspectives? Unfortunately it seems that these possibilities are real risks, and, accordingly, one task of critical theory must be to expose the manner by which self-care functions to reproduce neoliberal forms of subjectivity—entrepreneurial, individualistic, competitive—and to intensify market ideology. That being said, it would also be naive—if not reckless—for critical theorists to suggest that self-care should simply be abandoned by individuals—due to its complicity with neoliberal capital—insofar as such individuals may be existentially dependent on such forms of care. Indeed, and to return to the work of Sara Ahmed mentioned earlier in this article, for a great number of marginalised people, self-care is not simply the only form of care-available, but it can also be understood as an act of defiance against a hostile state or structure⁵⁰—e.g., patriarchy, white supremacy, or heteronormativity. For this reason, it is vital that the tension internal to self-care is maintained, and that its emphasis on individualism and resilience is not given precedence over its necessity. Accordingly, in order to maintain such a tension in our conceptualisation of the problem of self-care for mental illness, we will turn in the next section to ideas that emerged out of work by 1970s feminists such as Silvia Federici in order to locate an appropriate theoretical vocabulary for working with and against self-care and its individualising effects. Since Federici critically analysed the ways in which women are socially conditioned to perform reproductive labour without recognition or compensation, her work is incredibly useful for drawing parallels between the reproductive labour performed by those suffering from mental illness.⁵¹ By engaging with her work we will be able to better address the possibility of discussing self-care for mental illness as a form of work that should be critiqued.

Wages for Self-Care

For Federici, writing in the 1970s, sites of domesticity needed to become vital spaces of struggle for the radical left. As she argues, capitalist ideology has cast the reproductive labour of the housewife⁵² as a natural phenomenon, an internal need on the part of women to be nurturing, and an a phenomenon external to the wage-relation.⁵³ Not only is housework deemed to be something that women are simply predisposed to wanting to complete, but, furthermore, the role that housework has in ensuring that workers are trained and equipped for a life of work is rendered invisible. The significance of reproductive labour is outlined by Federici when she argues that,

It is not an accident, then, if most men start thinking of getting married as soon as they get their first job. This is not only because now they can afford it, but also because having somebody at home who takes care of you is the only condition of not going crazy after a day spent on an assembly line or at a desk.⁵⁴

Accordingly, it is clear that her analysis of reproductive labour already contains within it a consideration of the way in which unpaid work—divided along clear gendered and racial lines—is necessary for the proper existential functioning of the worker. The housewife is there, on Federici's account, to

*service the male worker physically, emotionally, and sexually, to raise his children, mend his socks, patch up his ego when it is crushed by the work and the social relations (which are relations of loneliness) that capital has reserved for him.*⁵⁵

From Federici's argument, we can claim that it is not simply the case that the housewife attends to the emotional survival of the individual worker. Without the housewife there to help the worker to negotiate the emotional suffering that is caused by work—stress, loneliness, boredom, anxiety, etc.—capital would not be able to increase its productivity. As Federici states herself, 'housework is much more than house cleaning. It is servicing the wage earners physically, emotionally, sexually, getting them ready for work day after day'.⁵⁶

Having argued that, by way of their reproductive labour, the housewife produces 'the most precious product to appear on the capitalist market: labour power',⁵⁷ Federici states that there is a need for the production of a new 'revolutionary perspective' offered by the demand for wages for housework.⁵⁸ This perspective hoped to introduce the notion that the reproductive labour performed by housewives is a form of work and is not a result of an inner-calling or spontaneous desire. Furthermore, the demand for wages was not an attempt to elevate or 'dignify' housework in such a way as to find a fair compensation for it, but was instead, as Federici argues, 'the first step towards refusing to do it'.⁵⁹ As Kathi Weeks has contended, it is vital to maintain the 'demand' of wages for housework alongside the notion of 'perspective', insofar as this demand 'could function as a force of demystification, an instrument of denaturalisation, and a tool of cognitive mapping'.⁶⁰ The demand of wages for housework was intended as a means for women to better situate their lived experience within exploitative social structures so as to be better equipped to challenge them. Beyond merely being a demand for payment, the perspective of wages for housework could offer the chance to provide a clearer sense of the role of the housewife under capital, suggest that other forms of activity should be undertaken by women, and could help to elucidate the ways in which reproductive labour functioned to produce the labour-power that ideological mystification presented as being independent of the care of the housewife. Importantly, however, such a demystification, denaturalisation, and potential for critique does not entail a destruction of individual meaning or dignity. Federici recalls that,

*even now, some of my most treasured memories of my childhood are of my mother making bread, pasta, tomato sauce, pies, liqueurs, and then knitting, sewing, mending, embroidering, and attending to her plants. [...] As a child, I saw her work; later, as a feminist, I learned to see her struggle, and I realised how much love there had been in that work, and yet how costly it had been for my mother to see it so often taken for granted, to never be able to dispose some money of her own, and to always have to depend on my father for every penny she spent.*⁶¹

For Federici, the meaning experienced by caring for one's family and for oneself—as with the example of her mother—does not have to be elided by the perspective of wages for housework. It is not simply a matter of rejecting all affection, love, or care as being repressive and therefore to be avoided. This perspective, rather than working with a totalising exclusion of specific practices maintains reproductive labour as having the potential for both bestowing meaning and being inextricably bound to the functioning of capital. While an individual can, and in many cases must find meaning in such care work, the danger lies in viewing it as natural, unavoidable, and detached from systemic power. Rather than placing increased pressure on the individual to view introspective work-on-the-self as the only vehicle for political action, Federici's writing is able to insist that one make a life for themselves under capital, as they understand that the form of one's life is not natural or inevitable.

It is in this sense that wages for housework can serve as a source of inspiration for a similar perspective and demand relating to the work of self-care performed by sufferers of mental illness. A demand for wages for self-care would not simply involve stating that the wage-relation should encroach on yet another aspect of our lives, nor that a wage would be in and of itself a solution to the problems of precarity and their concomitant affects of depression, anxiety, and despair. Instead, the hope would be to try and further a perspective of demystification, denaturalisation, and critique that helps us to understand how the experience of mental illness is intimately connected to the kinds of inequality that neoliberal hegemony both produces and obscures. Just as Federici helped to challenge the notion that housework was a natural consequence of female biology—i.e., a natural instinct to nurture—so too must we challenge the notion that neoliberal self-care is a natural consequence of the biology of those suffering with mental illness. While it might seem inevitable that the mentally ill seek out individualised forms of treatment—as they are often the only ones available—a perspective of viewing self-care as reproductive labour, helps us to situate the experience of mental illness within the structural exploitation of neoliberal capital.

Federici's writing does not present the critical response to reproductive labour as requiring a purely negative stance of rejection and renunciation. Instead, in her work we find a means for negotiating the ambivalence of self-care that this paper began with. Rather than thinking normatively about self-care, and whether the subject of neoliberal governance should embrace or resist self-care, we can utilise a perspective that locates the political in collective processes of demystification. Or, put differently, the critique of self-care for mental illness does not require an injunction for the mentally ill to view resistance to neoliberal governance as another project of self-cultivation. Once it takes a moral tone of judgement, the observation that the marginalised people who suffer the most under neoliberal capital are often the most complicit with its ideology does little to further emancipatory politics. Accordingly, instead of promoting introspective worry about whether or not a certain technique of self-care—be it resilience training, mindfulness meditation, or CBT—makes one more or less complicit with capital, the possibility should present itself of both caring for the self and demanding that such care be recognised as a form of work that can be collectively opposed and changed. To take seriously the tensions highlighted by Ahmed, and to draw inspiration from Federici, and contemporary champions of her work such as Weeks, means to critique any theoretical gaze that can only locate the self as the primary source of suffering when it poses questions about self-care under neoliberalism. In so doing, we can, as Federici and many other feminists like her have done, collectively question the true length of the working day, and the extent to which the reproduction of capital goes beyond the labour calculated by economists. Work has never ended when the wage-relation is suspended, and this is also true for those that suffer with mental illness. Indeed, it is by understanding that capital is always locating new ways to utilise reproductive labour—such as mental health self-care—for its own ends that there is the possibility of producing new emancipatory and collective political struggles.

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Notes

1. Sara Ahmed, 'Selfcare as Warfare', *Feministkilljoys*, 25 August 2014, <https://feministkilljoys.com/2014/08/25/selfcare-as-warfare>.
2. Mark Neocleous, 'Resisting Resilience', *Radical Philosophy*, Volume 178, 2013, n.p. <https://www.radicalphilosophy.com/commentary/resisting-resilience>
3. Mark Neocleous, n.p.
4. Mark Neocleous, n.p.
5. Mark Neocleous, n.p.
6. Mark Neocleous, n.p.
7. Robin James, *Resilience and Melancholy: Pop Music, Feminism, Neoliberalism*, Zero Books, Washington, 2015, p.78-83.
8. Robin James, p. 78-83; p. 132-35.
9. Robin James, p. 82-4.
10. Mark Neocleous *Resisting*, n.p.
11. David Harper and Ewen Speed, 'Uncovering Recovery: The Resistible Rise of Recovery and Resilience', *Studies in Social Justice*, vol. 6, no. 1, 2012, p. 9.
12. David Harper and Ewen Speed, p. 9.
13. David Harper and Ewen Speed, p. 11.
14. David Harper and Ewen Speed, p. 13.
15. Guy Standing, *The Precariat: The New Dangerous Class*, Bloomsbury, London, 2016, p. 166.
16. Guy Standing, p. 166.
17. David Harper and Ewen Speed, 'Uncovering Recovery: The Resistible Rise of Recovery and Resilience', *Studies in Social Justice*, vol. 6, no. 1, 2012, p. 12.
18. David Harper and Ewen Speed, p. 13.
19. David Harper and Ewen Speed, p. 13.
20. William Davies, *The Happiness Industry: How the Government and Big Business Sold Us Well-Being*, Verso Books, London, 2015, p. 111.
21. William Davies., p. 258.
22. Joanna Moncrieff, 'Neoliberalism and Biopsychiatry: A Marriage of Convenience', in *Liberatory Psychiatry: Philosophy, Politics and Mental Health*, ed. Carl I. Cohen and Sami Timimi, Cambridge University Press, Cambridge, 2008, p. 242.
23. Joanna Moncrieff, p. 242-243.
24. Joanna Moncrieff, p. 243.
25. As Moncrieff puts it elsewhere, it is 'surely simplistic to assume that there is a one-to-one relation between our complex emotions and biochemical states' (Joanna Moncrieff, *The Myth of The Chemical Cure: A Critique of Psychiatric Drug Treatment*, Routledge, London, 2009, p. 226). As she argues, it would be unreasonable to assume that adrenaline causes the stressful environments that produce a shock or fear; however, when it comes to mental illness the biochemical activity of the brain is often privileged above all else. (*Ibid.*, 226).
26. Joanna Moncrieff, p. 245.
27. Joanna Moncrieff, p. 245.
28. Maurizio Lazzarato, *Governing by Debt*, trans. Joshua David Jordan, Semiotext(e), New York, 2015, p. 186.
29. Maurizio Lazzarato, p. 186-187.
30. Maurizio Lazzarato, p. 187.
31. OutiHyry-Honka, KaarinaMäättä and SatuUusiautti, 'The Role of Health Capital in Health Promotion', *International Journal of Health Promotion and Education*, vol. 50, no. 3, 2012, p. 125.
32. John Beddington, Cary L. Cooper, and John Field et al., 'The Mental Wealth of Nations', *Nature*, vol 455, no. 23, 2008, p.1057.

33. OutiHyry-Honka, KaarinaMäättä and SatuUusiautti, 'The Role of Health Capital in Health Promotion', *International Journal of Health Promotion and Education*, vol. 50, no. 3, 2012, p. 131.
34. Andrew Dilts, 'From "Entrepreneur of the Self" to "Care of the Self": Neo-Liberal Governmentality and Foucault's Ethics', *Foucault Studies*, no. 12, 2011, p. 135.
35. Andrew Dilts, p. 135.
36. Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-79*, trans. Graham Burchell, Palgrave Macmillan, New York, 2008, p. 223.
37. Patrick McGorry, 'Youth Mental Health and Mental Wealth: Reaping the Rewards', *Australian Psychiatry*, vol. 25, no. 2, 2017, p. 101.
38. Patrick McGorry, p. 101.
39. Luigi Esposito and Fernando M. Perez, 'Neoliberalism and the Commodification of Mental Health', *Humanity & Society*, vol. 38, no. 4, 2014, p. 417.
40. Rosalind Gill and NgaireDonaghue, 'Resilience, Apps and Reluctant Individualism: Technologies of Self in the Neoliberal Academy', *Women's Studies International Forum*, no. 54, 2016, p. 92.
41. Rosalind Gill and NgaireDonaghue, p. 93.
42. Rosalind Gill and NgaireDonaghue, p. 92.
43. Rosalind Gill and NgaireDonaghue, p. 97.
44. Rosalind Gill and NgaireDonaghue, p. 98.
45. Lordon adopts this phrase from a form of sex work in which women will engage their clients, or at least simulate, a more emotionally open form of interaction that would be akin to certain expectations an individual may have of a girlfriend or partner.
46. Frédéric Lordon, *Willing Slaves of Capital: Spinoza and Marx on Desire*, trans. Gabriel Ash, Verso Books, London, 2014, p. 81-82.
47. Frédéric Lordon, p. 81.
48. Bryce Covert, 'A Job at McDonald's Now Includes Singing and Dancing On Demand', *The Nation*, 2 Feb 2015, <https://www.thenation.com/article/job-mcdonalds-now-includes-singing-and-dancing-demand>.
49. Paul Myerscough, 'Short Cuts', *London Review of Books*, 3 January 2013, p. 25, <https://www.lrb.co.uk/v35/n01/paul-myerscough/short-cuts>.
50. Sara Ahmed, *Living a Feminist Life*, Duke University Press, Durham, 2017, p. 236-238.
51. It must be emphasised that, despite the usefulness of feminist thinkers like Federici for engaging with social justice issues around mental illness, any parallels that can be made between feminist struggles and those facing sufferers of mental illness cannot be treated as synonymous. Furthermore, the experiences of women, people of colour and queer people that suffer from mental illness are radically divergent, and as such, there are different levels of reproductive labour and self-care performed by different groups and members of such groups.
52. The category of 'housewife' as a figure of reproductive labour should not be taken as an equivalent term for other reproductive labourers. Moreover, the category 'housewife' is inseparable from the context in which Federici's ideas are forming, and for this reason does not neatly map onto contemporary struggles. However, and as shall be argued, despite the limitations of this term, the conceptual work Federici does with this category is still of enormous value.
53. Silvia Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*, PM Press, Oakland, 2012, p.16.
54. Silvia Federici, p. 17.
55. Silvia Federici, p. 17.
56. Silvia Federici, p. 31.
57. Silvia Federici, p. 31.
58. Silvia Federici, p. 18.
59. Silvia Federici, p. 19.
60. Kathi Weeks, *The Problem with Work: Feminism, Marxism, Antiwork Politics, and Postwork Imaginaries*, Duke University Press, 2011, p.129.
61. Silvia Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*, PM Press, Oakland, 2012, p. 2.