

# The careless society —dependency and care work in capitalist societies

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## Introduction

In most capitalist societies care work, such as social services, cleaning, cooking, elderly care and child rearing, are still mostly unpaid or low-paid tasks and are mainly carried out by women in private households. The extent of its (de)commodification and (de)familialization, however, varies from welfare state to welfare state ( [Gøsta Esping, 1999](#) ). In 2013 in Germany, 35% more time was spent performing unpaid work than paid work; and women still did 1.5 times more unpaid work than men ( [Schwarz and Schwan, 2016](#) ).

In the following I argue that this amount of unpaid work is no coincidence, but instead a basic condition of capitalism. On a very basic level, the logic of capitalist societies not only hinges on unequal class relations, but also on the devaluation and externalization of elements of care and its relegation to the private sphere where it is performed (mostly) as unpaid and invisible labor (i. e., [Müller, 2016](#) ). The structural devaluation and externalization of care from the public to private sphere also affects (elder) care work in the public sphere and on the market. This impacts the care recipients (in our example the elderly) and the care worker negatively. In the following, I develop the Marxist-feminist concept of “ value abjection” (German: *Wert-Abjektion* ) to illustrate and analyze the “ abjection” ( [Kristeva, 1982](#) ) of care as a necessary condition of capitalism.

This article contains five sections in which I elaborate on the economic and cultural externalization and devaluation of care as a necessary condition of capitalism. The first section outlines Marxist-feminist debates, which I use as

the foundation for developing the theoretical concept of value abjection. The second section illustrates how care and care work are conceived within the context of an ethical understanding of care that takes into consideration human dependency and vulnerability and underscores care work's relation to body work.

To better understand the societal devaluation of care, the third section explores the concept of value abjection, which revises Marx's value theory and entails a critique of Marxist theory.

Using a specific case, the fourth section demonstrates the current devaluation of elder care in the Germany's home care sector and draws on excerpts from semi-structured interviews with care workers conducted during my PhD research ( [Müller, 2016](#) ). [1](#)

The fifth section illustrates the central theoretical novelties of the concept of value abjection.

## **Background: Marxist-Feminist Debate**

A broad Marxist-feminist debate ensued in the late 1960s and early 1970s on the sexual division of labor, and particularly on the issue of unpaid care work (reproductive work, housework), which remains crucial to theorizations of care work today. The point of departure was the “ androcentric reductions” of Marxist theory ( [Beer, 1987](#) , 157, translation B. M.), which disregard both gender socialization and the “ economic position of women who perform unpaid work” ( [Beer, 1987](#) , 157, translation B. M.). Marxist-feminists sought to revamp the terms of Marx's critique of political economy or to supplement

it with a feminist perspective in order to “interpret gender *and* class oppression and exploitation theoretically, particularly to tease out analytically the contradictory connection between female employment and housework” ( [Beer, 1987](#), 158, translation B. M.). Such a connection is apparent in the fact that while women's oppression did exist before capitalism, its emergence had a profound effect on the separation of the reproduction and production spheres ( [Schäffgen, 2000](#) ). Historically, the transition from feudalism to capitalism and bourgeois society simultaneously brought about the separation of the reproductive sphere/unpaid housework from the productive sphere/wage labor and the distinction between the public and private spheres (e. g., [Bock and Duden, 1977](#) ; [Hausen, 2000](#) ). Marxist-feminist authors aptly pointed out that the rationales for the sexual division of labor were patriarchal and ultimately based on women's capacity to bear children and their roles as mothers. In other words, the bourgeois notion of motherhood shifted from a purely biological role to a simultaneously biological and social one ( [Beer, 1987](#), 164). Unequal gender relations can thus be considered a condition that enabled the emergence and reproduction of capitalism ( [Hagemann-White, 1984](#) ; [Beer, 1987](#) ). The construction of the bourgeois heterosexual family is the backbone of the capitalist and patriarchal labor division, bolstered by the institution of civil marriage that ensures unpaid reproduction work is performed out of “love” ( [Beer, 1987](#) ; [Schäffgen, 2000](#) ).

This short overview demonstrates the relationship between topics that were identified by (socialist) feminists during the second wave of the women's movement. Within that context, discussions on domestic also play an

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important role in contemporary theorizations of care work. In the following, I discuss the points of contention between different positions within the domestic labor debate.

### **Domestic Labor Debate**

The work of [Benston \(1969\)](#) and [Morton \(1970\)](#) launched the international debate ( [Vogel, 2001](#) , 1186), while Mariarosa Dalla Costa's article in 1972 initiated the European debate on domestic labor ( [Beer, 1984](#) , 96; [Vogel, 2001](#) , 1189). Contributors engaged in these debates sought to broaden the existing concepts of labor and include unpaid work by women in private households.

Dalla Costa argues that with the emergence of capitalism men were expelled from families by becoming wage workers ( [Dalla Costa, 1973](#) ). As families ceased to be the center of production and it became located outside the family, production and reproduction became established as separate spheres, which also led to a split between paid and unpaid work ( [Beer, 1984](#) , 97). Because women's housework produces and reproduces the laborer, which is the main commodity for the process of production, in ( [Armstrong and Armstrong, 1983](#) , 19) summary of Dalla Costa's argument, it “ appears to be a personal service outside of capitalism, but it is in reality the reproduction of labor power, a commodity which is essential to the production of surplus value.” Dalla Costa conceives of housewives as exploited, productive laborers who produce surplus value ( [Vogel, 2001](#) , 1189).

The different reactions to these initial positions gave rise to an international and controversial debate between socialist feminists and the so-called new left. Within the debate, one group demanded wages for housework (for more on the domestic labor debate, see [Armstrong and Armstrong, 1983](#) ; [Beer, 1984](#) ; [Vogel, 2001](#) ).

[Beer \(1984\)](#) gives an overview of the issues in the domestic labor debate based on the following theoretical premises. <sup>2</sup>The first position, represented by [Seccombe \(1974\)](#) , claims that domestic labor helps reproduce labor power and thus creates a value “ equivalent to the production costs of its maintenance” ( [Armstrong and Armstrong, 1983](#) , 22; [Beer, 1984](#) ). The second position, represented by Gardiner and Harrison, states that domestic labor reduces the value of labor power and increases the profit of companies ( [Armstrong and Armstrong, 1983](#) ; [Beer, 1984](#) ). The third position, represented by Paul Smith, argues that domestic labor transfers the value of nutritional goods to the regenerated laborer; and the fourth, represented by [Gardiner et al. \(1975\)](#) , maintains that domestic labor decreases the laborer's value and thus increases the rate of surplus value ( [Beer, 1984](#) ).

After a lively start, the domestic labor debate quickly grew troublesome. The terms used were often vague and even the definition of domestic labor itself varied from author to author. The term “ domestic labor” was used to refer to unpaid work, but it was not clear if it also included pregnancy, child rearing, etc. Additionally, the relationship between unpaid housework and women's wage labor remained unclear. This led Heidi Hartman to the

conclusion that Marxism and feminism was an “ unhappy marriage” ( [Hartmann, 2011](#) ).

From a Canadian perspective [Armstrong and Armstrong \(1983\)](#), 27) summarized the debate as being “ frequently mechanical and functionalist” but nevertheless saw it as a starting point to develop the theories further. According to Armstrong and Armstrong, the domestic labor debate has not been able to show that “ women's domestic labor creates value, although it has made clear the fact that women do necessary work at home - work that is useful to capitalism in many ways” ( [Armstrong and Armstrong, 1983](#), 25). Further, while “ it has not shown that the law of value directly governs the allocation of domestic labor, it has opened the door to an analysis which explores how the operation of the law of value in the market impinges on the household, influencing but not determining domestic labor time and content.” ( [Armstrong and Armstrong, 1983](#), 25) My theoretical considerations are along these lines. Thus, I too do not assume here that unpaid domestic labor produces value, or that housework can easily be integrated into the value theory. Like [Armstrong and Armstrong \(1983\)](#), I also conclude that this debate created the conditions for further theorizing the function of reproductive labor (or care work as it will be conceptualized in the following) in capitalism and its devalued status. Beer argues in this vein, and I draw on her interpretation of Paul Smith's theoretical arguments in my theoretical elaborations here, in particular on her statement that the “ sexual division of labor [...] proves implicitly from a value theoretical perspective to be both a *condition* and *precondition* of commodity production. Bourgeois society has created mechanisms to keep unprofitable but necessary work

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from the market by demanding free services from women” ( [Beer, 1984](#), 145, translation and emphasis B. M.).

In the following I shift the focus from the productivity of housework as the central concern of the domestic labor debate and instead assume a value theory perspective, which enables me to demonstrate that care work is a basic condition and precondition of capitalism.

The psychoanalytic concept of “ dissociation” can be useful in theorizing the constitutive power relation between care work and capitalism. Adorno and Horkheimer use it in *Dialectic of Enlightenment* to illustrate how power works ( [Horkheimer and Adorno, 1944/1997](#) ; [Scholz, 1992](#) , [2004](#) , [2011](#) ; [Jung, \(2016\)](#) ; Annette Kuhn utilized the concept of dissociation within a feminist context (1983, 36, [Kohlmorgen, 2004](#) , 43), and Roswitha Scholz developed the concept of dissociation further by placing it within a value theoretical context (i. e. 1992, 2004, 2010, 2011), which I refer to below.

### **Value Dissociation**

Roswitha Scholz's theory of value disassociation takes up the issues from the 1970s debates by offering what I consider an updated Marxist-feminist reading of value theory. To grasp the connection between capitalism and gender relations, Scholz conceives of unpaid activities as “ disassociations.” Although Scholz developed her theory against the background of a Marxist-feminist analysis and agrees with many authors on key points, [3](#) she underscores the difference of her approach from those of other Marxist-feminists ( [Scholz, 2011](#) ; see also [Haug, 2002](#) ; [Hauf, 2006](#) ). [4](#) Scholz's theory of value disassociation provides a useful starting point that not only



enables me to theorize the constitutive relation of capitalism and gender relations on a more abstract level, it also helps me develop the terms for addressing basic power principles and forms (such as disassociation and value) within patriarchal capitalism.

According to Scholz, gendered reproductive activities are disassociated from abstract labor and from the production of value and surplus value that are derived from it. Situated within a Marxist-psychoanalytic context, Scholz understands value disassociation in the following way: “ that female reproductive activities and their corresponding feelings, qualities, attitudes, etc. (such as sensuality, emotionality, and care-taking) are structurally split off from the value of abstract labor” ( [Scholz, 2011](#) , 118, translation B. M.). Thus, “ commodity-producing patriarchy” is constituted not only by goods and forms of money as ends in themselves, but difference, seen as a feminine principle, is excluded as incomprehensible and contradictory, and therefore considered inferior ( [Scholz, 2011](#) , 118ff.). This disassociation is also involved in dialectical relationship with value and is considered to be both its “ immanent opposite” ( [Kurz, 1992](#) , 5, translation B. M.) and a prerequisite for the emergence of value ( [Scholz, 2011](#) , 118).

According to Scholz and many other Marxist-feminist authors, “ commodity-producing patriarchy” is based on outsourcing care work, such as childcare and emotional labor, “ which are opposed to the logic of value with their morality of competition, profit, power, etc.” Care and emotions are outsourced to the reproductive sphere, which is assigned to women ( [Scholz, 2011](#) , 123) and adheres to a different temporal logic ( [Haug, 1996](#) , 105ff.,

translation B. M.). However, dissociation is not a subsystem of value, and as a consequence of the theorem of value dissociation, both value and dissociation may be critically assessed on the same level of abstraction (see [Scholz, 2011](#)). Value dissociation is conceived as a formal principle of society, which does not determine society as a whole, but instead acts in a fractured and ambivalent manner. [5](#)

Scholz's theory is instructive insofar as it attempts to analyze the interwoven structure of capitalism and gender relations, thereby providing a structural explanation for the devaluation of care work. However, this theoretical approach leaves some questions unresolved and certain theoretical points remain troublesome. For this reason, this paper focuses on three objections: the first concerns the fact that Scholz only superficially conceptualizes the term disassociation itself, and fails to develop the term more substantially. The second objection relates to Scholz's understanding and interpretation of Marx's theory of value. This calls for a re-conceptualization of the theorem of value disassociation, at least on two accounts, which I develop in the subsequent section of this article.

A third critique concerns the Marxist-feminist debate as a whole: the term reproduction or housework has not been elaborated sufficiently, as it only refers to unpaid work and not to the care-related wage labor. Its emphasis is thus more on housework and less on other aspects of care. Therefore, the focus in the following is (a) on a broad conception of care in a care-ethical sense that includes the materiality of the body and demonstrates the care dependency and vulnerability of all human beings; (b) on reworking the

psychoanalytical term and analyzing care in the context of a different Marx interpretation, and (c) also demonstrating the role of value abjection regarding elder care and aging in professional elder care settings.

## **A Normative Understanding of Care from a Care Ethics Approach**

Based on empirical analysis and care ethics theory, In the following I sketch out three dimensions that characterize care work and the status of care on a normative level.

### **Vulnerability and Dependency vs. Autonomy**

Care ethics theorists and feminist phenomenologists do not focus (exclusively) on universal rights, principles and juridical regulations (as in more mainstream philosophy) but criticize their underlying androcentric assumptions, particularly that all subjects are autonomous and independent. In contrast, care ethics theorists build on an *ontology of relationality* that conceives of people as living within a network of care and dependency ( [Schües, 2016](#), 253). Human dependency and vulnerability are the basic conditions of all human beings, not just children, the elderly and the infirm. Thus, everybody is vulnerable and in need of care at all times. This core assumption of care ethics ( [Gilligan, 1982](#) ; [Tronto, 1993](#) ; [Conradi, 2001](#) ; [Conradi and Vosman, 2016](#) ) alters the frame of analysis: if everyone is in need of care at all times, care must take on a central role in any and all analyses within these contexts.

### Care as a Relationship and Complex Relational Work

To outline care work more closely, I use a description made by care worker, called Rachel [6](#), who works in the German home (elder) care sector. These descriptions illuminate the underlying normative conception of care. Rachel's critique of the conditions that prevent her from providing good care, can provide an initial indication of what care is or ideally should be, which is relational and embodied.

“ When I have a patient who only is assigned to 10 min for an injection and putting on compression stockings I visit him. *But I know, because I am the one who visits the patient on a regular basis* , that he suffers from dementia, that he has to walk down the stairs and say hello to his pet on the way down, because he always does this when he sees his pet, then 15 min have passed before I can start my work. Actually I like to say hello to him. I don't like to say: “ We are going downstairs immediately, because we have to do this.” ( [Müller, 2016](#) , translation and emphasis B. M.)

From Rachel's evaluation of this specific regiment for time and task management, which becomes necessary through to the marketization of care, there is a critique of separating tasks from relational contexts. Rachel emphasizes elements of care, which are also considered crucial to care ethics. On a more practical level, her critique demonstrates the main care ethical principles of understanding care as relationship and relational work. Rachel states: “ *But I know, because I am the one who visits the patient on a regular basis* , that he suffers from dementia, that he has to walk down the stairs and say hello to his pet on the way down, because he always does this when he sees his pet.”

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Here, Rachel has a continuant relationship with Jeff the care receiver, and therefore knows of his everyday needs. The care worker also states that she would like to welcome him and connect with him on a very basic level, by just saying hello and asking him about his day. It becomes apparent that she would like to treat Jeff like someone with individual interests and needs. She would like to react to and interact with his individual bodily and emotional needs and desires (e. g., to talk to his pet). However, it is also her goal to provide medical care (thrombosis stockings and syringe). Here, care is a very complex process comprised of medical and social elements. The care worker's request for good care is linked to the qualities of attentiveness, responsibility, competence and responsiveness, which [Tronto \(1993\)](#) describes as care ethics that need to be present in every care interaction. While Rachel does not name these qualities using the same words, they resonate in her demand to provide good care. In summary, using excerpts from Rachel's interview, care emerges as a complex but also relational process, as a relationship based on interaction, continuity and knowledge.

### **Care's Third Dimension: Care as Embodied Work**

According to Julia Twigg, [Lanoix \(2013\)](#) and other phenomenological approaches, care work is not only cognitive but also embodied work that includes the body of care giver and care receiver. For [Twigg \(2000\)](#), care is body work that not only includes spirit and mind but “ care for the space“, and therefore includes cleaning. ( [Twigg, 2000](#) ; [Daly and Szebehely, 2012](#) ). Body work contains “ the less attractive aspects of the body. Occupations that deal directly with the body and its wastes are recurrently regarded as low in status, on the border of the polluted. In caste societies, sweepers and

barbers are drawn from low castes or untouchables. In modern Western societies, such jobs are done by the lowest paid, least regarded workers; being a lavatory cleaner epitomizes a low status job, however much people might recognize that it needs to be done” ( [Twigg, 2000](#), 391).

However, care work does not merely contain physical dimensions of the body. According to Monique Lanoix, care work is at least ideally “ thickly embodied labor” ( [Lanoix, 2013](#) ). It encompasses embodied interactions between care receiver and caregiver, which can include spontaneity, joy, affection and even pain. “ Thickly embodied labor” is an embodied relation and can be described with the complexity of someone's touch, the feeling of warm skin or a spontaneous laugh ( [Lanoix, 2013](#) ).

In contrast, thinly embodied labor is reduced to a physical and mechanized act, which Lanoix explains using the example of robotic care: to lift somebody in a chair could be done by a robot. It would be thinly embodied labor because there is no relation, no reciprocal bodily touch and most importantly, not only for Lanoix but also in the words of Joan Tronto, there is no spontaneous attentiveness and responsiveness to the care dependent's feelings in the ‘ here and now’ of the care situation, such as a shared good or bad feeling, a smell or a reaction of the care worker to a care dependent's goose bumps, which demonstrate bodily that he or she is freezing ( [Lanoix, 2013](#) ).

Care is thinly embodied if it is done in a pre-programmed, robotic way.

According to [Lanoix \(2013\)](#) a human caregiver can also act like a robot. The

care practice as thinly embodied labor will be demonstrated in the third section of this paper.

The difference between thick and thin embodiment becomes theoretically even more pronounced when applying a phenomenological concept that differentiates between the body as object and the living body (German: *Leib*) as body-subject. Phenomenologists like Helmut Plessner or Hermann Schmitz distinguish the *physical body* as the one we *have*, from the *living body* as the one we *are*, the body we *feel* (*feelings like hunger, pain, tiredness*) ( [Schmitz, 1990](#) ; [Plessner, 2003](#) ). A feminist interpretation shows that this assumption of two dimensions of the body does not necessarily reflect the nature-culture split, because the physical body and living body are understood as entangled with each other, as knowledge about the body that structures the felt body feelings ( [Lindemann, 1994](#) ; [Jäger, 2004](#) ).

Viewed in this light, care work is normatively and in the conception of the care worker, a relational embodied practice, not only includes the body as an object which can be dressed and fed, but also takes into account the dimensions of the body felt by the care receiver and the caregiver. Care work is a living body and mutual interaction between two embodied beings. Touching is therefore not a mechanical act, but a living bodily interaction between bodily beings, conceiving of care work as thickly embodied labor is neglected in the commodification of care in the home care sector in Germany.

To conclude the first section: because of human (inter-) dependency, care and care work are always needed. Care work is not only a very complex and

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material process, but also a relational and embodied process that encompasses the physical and the living body. Care work is embodied work that deals with human vulnerability and dependency and is a basic condition of every society.

However, the normative conception of care described here as thickly embodied and of relational work is often differently shaped and structured in a capitalist society. Societal forces lead to care practices that are often more mechanical or thinly embodied and focus solely on the physical body as object and shape the everyday practice of care. In the following section I analyze these societal forces on an abstract level, and show how they shape care as thinly embodied, and contribute to a general devaluation of care and care work.

## **The Devaluation of Care as Abjection of Relationality, Dependency and the Lived Body**

The analysis of the basic conditions of capitalism is augmented by the concept of value abjection (German: *Wert-Abjektion*, [Müller, 2016](#)), which I develop within a Marxist and feminist context and against the conceptual background of value dissociation ([Scholz, 2011](#)). In doing so, I follow a different interpretation of Marx, which I combine with the psychoanalytical concept of “abjection” within a very broad conception of care. Here, I grasp value as a basic mode of capitalism as developed by Marx, and abjection as a basic mode of the symbolic order as developed by psychoanalyst Julia Kristeva. In the following I aim to demonstrate how these power relations are entangled as a fundamental power mode in capitalism ([Marx and Engels,](#)



[1962](#) ; [Kristeva, 1982](#) ; [Brentel, 1989](#) ; [Tronto, 1993](#) ; [Hirsch, 1994](#) ; [Scholz, 2011](#) ).

### **Abjection**

The term abjection literally means degraded or rejected. Although Kristeva does not give an explicitly feminist reading of psychoanalysis ( [Suchsland, 1992](#) ), her concept of abjection has been used advantageously in feminist theory, and can therefore be critically applied (see, for example, [Grosz, 1990](#) ; [Butler, 1991](#) , 141 and [1995](#) ; [Engel, 2002](#) ).

Drawing on Lacanian subject theory, Kristeva mainly understands the concept of abjection as an *active* mechanism of self-defense or repulsion in the face of horrifying and threatening objects. Kristeva analyses abjection as a precondition for the subject's entry into the symbolic order. What cannot be verbalized is the diffuse, unstructured and heterogeneous, the refusal of which is a precondition for self-being. The pre-verbal represents the non-viable, it is neither object nor subject *but abject* ( [Kristeva, 1982](#) ). Examples include the slimy, bodily fluids and excrements, or more generally, that which lacks structure ( [Buchwald, 2002](#) , 44). That which is non-viable and dangerous must be disposed of and is thus a prerequisite for the “ birth of the self” and the symbolic order ( [Kristeva, 1982](#) , 3). As proper and as a whole unit, society is based on the exclusion and expulsion of the improper, unstructured, and unclean ( [Kristeva, 1982](#) ). The abject is the persistent sign of the subject's necessary relation to animality, materiality, and ultimately death ( [Grosz, 1990](#) , 89), the threat of which must be negated and rendered abject. According to Elizabeth Grosz, this process can be understood as a symptomatic response and rejection of the limits of the body, materiality and <https://assignbuster.com/the-careless-societydependency-and-care-work-in-capitalist-societies/>

mortality ( [Grosz, 1990](#), 89f.). According to Kristeva, however, abject elements cannot be eliminated entirely. They lurk at the border between the subject and society and threaten their stability ( [Grosz, 1990](#), 87; [Suchsland, 1992](#), 123). Consequently, the abject is the sign that both subject and society are constantly in danger ( [Grosz, 1990](#), 89).

## Value

Marx's de-naturalization of capitalist society as a historically specific power relation is the basis for this feminist-Marxist perspective on value theory. His view not only de-naturalizes but also consequently decodes the social relations of what appear to be natural incidents. In relation to the understanding of value as form, Marx illustrates that value is not a natural asset of a commodity, but that the value of a commodity is produced by class antagonism. That we ascribe value to commodities, for example in the form of money—and the assumption that it has value in itself—is a result of a society “ in which the process of production has mastery over man, instead of the opposite” ( [Marx, 1990](#), 175) and in which their “ own movement within society has for them the *form* of a movement made by things, and these things, far from being under their control, in fact control them” ( [Marx, 1990](#), 169, emphasis added B. M.).

A central figure in Marx's theory is the double-free wage laborer, who demonstrates how labor is organized and enables us to differentiate capitalism from other modes of production like for example feudalism. In capitalism, the laborer is a *double-free wage laborer*. The first dimension of freedom is somewhat ironic, because it implies that the laborers are free from capital in the sense that they don't own capital. The free laborers have <https://assignbuster.com/the-careless-societydependency-and-care-work-in-capitalist-societies/>

no other commodities (no money, machines or companies) they can sell to make money. The only commodity the laborers have is their own labor power, which is what they sell. Second, under the law they are free with regards to their own labor power, to enter into a work contract (in contrast to forms of peonage or slavery which are the labor conditions in feudalism). The wage laborer as double free laborer is the basic producer of surplus value, because its labor produces more value than the capitalist has to pay for the reproduction of the laborer. Within an antagonistic class society, labor is the source of value and surplus value. On this basis, Marx decodes the basic elements of the societal structure, but only takes wage labor into account. However, regarding the reproduction of the laborer it is necessary to also take care work into account, which is not a focus in his analysis. In fact, in calculating the value of the laborer, Marx does take the need for nutrition into account, but not the fact that the reproduction of every individual laborer, as well as the reproduction of the entire labor force, also requires care *work*: somebody who cooks the food, raises the children, provides emotional support, etc.

Feminists like Adriane Brensell and Friederike Habermann have hence considered the double-free wage laborer to be a *triple-free wage laborer*, because it is also free from care work ( [Brensell and Habermann, 2001](#) ). Although this argument is certainly correct, it needs to be taken further. The double-free wage laborer is an *instrumental figure* ( *zweckrationale Figur* ), and is not only abstracted from care work, but also from its dependency on care in general. The figure of the double-free wage laborer is free from care work *and* seems to be an autonomous self that is also free of bodily

dependency, contingency and vulnerability. In capitalist society, the figure of the wage laborer renders care, in broad terms as vulnerability, (bodily) dependency and contingency, invisible. Bodily dimensions are often seen as dreadful elements because:

“ The body is taken as a symbol for any bounded system and, by the same token, bodily orifices and fluids (blood, milk, urine, feces, sweat, and tears) stand for potential threats to the social collectivity, namely transgressions of the social order. This is because margins and borders are so problematic—messy and untidy—for societies.” ( [Campkin and Cox, 2008](#) , 17)

Bodily fluids, and unstructured and diffuse relational aspects of the living body including pain, hunger and joy, are subject to abjection. It is this third form of freedom—with the abjection of care in a broad sense as the abjection of the messiness and contingency of the body—that enables the laborer to become the surplus value producing figure. This makes it apparent that classes are not the only driving force of capitalism, but that the abjection of care as living body and relational work and dependency are also economic and cultural preconditions of capitalism ( [Müller, 2016](#) ).

In a feminist-Marxist sense, we need to widen our scope of analysis. Along with considering classes as a driving force of capitalism, we must also regard the contradiction between abject others (those who obviously need and provide care) and the free-floating affluent and autonomous subjects (seemingly free from dependency and care work) as elementary components of the analysis.

The reason for care's abjection is both economic and cultural. In economic terms, acknowledging care work through remuneration for it would make the reproduction of the labor force too costly and extremely minimize the surplus value and profit; and, because care functions according to a different logic of time ( [Haug, 1996](#) ), it is difficult to measure. In cultural terms, the instrumental figure of the laborer appears to be free of sickness, dependency and mortality. The body and health of the laborer are rendered culturally abject by structurally devaluing them as “ being mortal ” ( [Gawande, 2014](#) ) and vulnerable. Capitalist society and modern medicine do not deem death and fragility part of life, but problems that must be eradicated ( [Callahan, 2005](#) ; [Banerjee and Rewegan, 2017](#) ). These cultural assumptions in combination with the economic contradictions described above form the basis on which guidelines for aging and care practices are formulated.

The concept of value abjection merely serves as a theoretical tool of analysis on a very abstract level, which enables care to be understood as a basic condition in capitalism. On a more concrete level, this general or abstract tendency relies on specific historical power relations and the relationship of forces that become “ materialized ” within specific institutions. The abjection of care is therefore not always the same. It is a general tendency and necessity in capitalism, but the analysis of the ways in which it is concretely (institutionally) calls for a different level of abstraction. Such an approach explains, for example, the differences between capitalist states such as Germany, Canada and Sweden, and the differences within certain states regarding their transformation from a Keynesian welfare state to neoliberal “ national competition state ” ( [Hirsch, 1994](#) ).

As a basic mode or tendency in capitalism, value abjection results in an overall devaluation and exteriorization of care, thereby defining care as unpaid work. This tendency to devalue and render care abject affects care work and those receiving care on the formal market and in the public sector.

## **Marketization and Abjection of Relational Body Work in Germany's Home Care Sector**

An analysis of the German care system, especially after the introduction of the Long Term Care Insurance (LTCI), illustrates how pronounced this abstract tendency to render the relational-bodily content of care abject actually is. Commodification and marketization render the relationally embodied aspect of this work abject; while this very abjection of the relational-embodied content of care is a precondition for the commodification and marketization of care. In turn, as *thinly embodied labor*, care work is made to be task- and goal-oriented rather than relational.

The German model is known for its definition of care as very centered on the physical body and in terms of extremely specific tasks. Long Term Care Insurance (LTCI) only pays for certain care needs. It only covers strictly defined care tasks, which care dependents choose in advance as part of their “package.” Tasks covered under LTCI are mainly body-oriented nursing care, such as showering or combing hair. After many years of struggle and long debates in which dementia associations played a key role, a new definition of care dependency was introduced in 2017, which now includes social care needs for example of persons with dementia (supervision, companionship). As a result more care dependents especially regarding

dementia are recognized by the insurance and receive financial support ( [Ministry of Health, 2015](#) ).

Nonetheless, the reforms still fail to address the key problems of daily care work. First of all, the insurance still covers only some of the dependents needs for care, which means they still have to decide if their budget is sufficient to purchase social care or if they need to purchase further assistance (such as showering or cooking) from this budget. Second, the LTCI designates a time limit for each task or a package of tasks in home care (For example, 37 min for un/dressing, showering, brushing teeth and oral hygiene. Additionally, care agencies are considerably reducing the time allotted so that a care worker can attend to more tasks in one shift.

An employee of a German health care insurance agency explains the system as follows:

“ As the tasks for Hessen [a German jurisdiction B. M.] in 2004 did get further developed, an hour corresponded to 600 points [...] in the following years the care agencies optimized the system to balance more points within 1 h. Employees are often required to complete a task in less time. The result is nursing care per minute—you can read about in the media—and that has never been part of the negotiation.” (Conversation with a member of the German health care insurance company, AOK, translation B. M.).

Narrowly defining care activities as tasks, time restrictions, and the pressure due to the low wages of the care worker symbolize a successful attempt to

structure care and care work as cheaply and profitably as possible. The added time pressure reduces the possibility for relational care.

In the German LTCl system, the pressure of cost efficiency put on the care agencies is passed on to the care worker. This underfunding leads not only to precarious working conditions, but also to a Taylorization of the working process that structures the work as thinly embodied labor. The relational aspect of care is thus neglected and rendered abject. The microanalysis of interviews with an elder care worker in the German home care sector illustrates this:

“ Today a lot has changed. I, we, have only care packages ( *Module* ), which have to be purchased. I cannot provide anything that has not been purchased, even if I see the need (.) I'm not allowed to do it, because it's not paid for, and I have to finish my tasks within a specified time and I'm not allowed to exceed that time” ( [Müller, 2016](#), translation B. M.).

That excludes everything that might actually be needed, but has not been purchased or prescribed.

“ Such things, yes, if people have just purchased a small nursing care package and, um, what do I say, when an accident happens and their feet are unclean/dirty as well then I'm essentially not allowed to clean their feet or I have to say: ' It's more expensive today, yes.' That's the point” ( [Müller, 2016](#), translation B. M.).

It seems that all the needs that cannot be grouped are uncontrollable or immeasurable, are structured as abject. The example of the patient's dirty

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feet demonstrates those uncontrollable and dangerous needs and body fluids that manifest themselves at the border of the body, which are uncontrollable, messy non-objectable, unplanned and unstructured in [Kristeva's \(1982\)](#) sense of the abject. The relational dimension, including, for instance, attentiveness to needs in the ' here and now' and the relation between caregiver and recipient, expressed through responsiveness, are also abject in the sense that they are invisible and prohibited within the official work requirements.

Time pressure plays an extremely important role here. A restrictive time regime is supposed to make care tasks more profitable, because care workers are supposed to accomplish more tasks in one work shift. Tasks are measured in terms of the time given to accomplish the task, but the short time span does not include the social and relational aspects necessary for a proper care interaction—to calm somebody down, to be responsive to someone's needs or sorrows are needed to build trust and a relationship.

The care providers are critical of the fact that they have to work under constant time pressure and describe the time restrictions as making their work fragmentary and causing a “ constant time shortage.”

The care worker explains that the time restrictions are often managed and electronically using smart phone applications and GPS. This time pressure and surveillance can be considered a new direction of work that results in the abjection and exclusion of relational-embodied care.

To return to Rachel's observations, she states:

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[...] We've got little computers [smartphones, B. M.] that they use to keep an eye on us. We have to press a button when we enter the apartment, and when we leave we have to press it again, so the time spent is recorded. And our services are noted on the computer: stockings off –2 min, stockings on –4 min, and so on [...] and then the total time spent is calculated on the top. And it beeps very loudly when the time is up. So you have to watch it all the time. And then the elderly person asks you: “ Are you in a hurry again?” Or “ Are you being observed again?” Yes, they do realize it, it's not hidden and they feel that you are under time pressure” ( [Müller, 2016](#) ).

One result of this abjection, besides deskilling the care worker and care work, is that the relational and embodied care work is not neglected but done regardless of the regulations, often privately, even if it results in unpaid work, for example, filling in documents at home. Carers often try to regain the time they “ lost” by doing relational work outside the recorded times, sometimes through risky and subversive practices, as shown in the following example of Rachel:

“ To be honest, I often press the button [of the smartphone, B. M.] earlier, so after the 10 min, which I have to care for him, I stop the computer so that he can have 5 min to talk to his pet, I cannot take this away from him. In order to make up for the lost time, I drive back faster. Luckily I don't smoke, so I don't need time for this [...] And probably it's a pity but, if I have a patient afterwards, for example, who got 45 min, I press the button earlier although I'm still driving, because that woman's insurance pays, she needs only 10 min of her 45 min. So I give 5 to the old man so that he can talk to his pet.

*This is not allowed and certainly a reason to fire me* , because I commit health insurance fraud, I betray my employer and the patients [...] ( [Müller, 2016](#) ).

Her strategy could be defined a “ *subversive reallocation of time,*” as a form resistance against an “ uncaring society,” to use a term coined by [Baines \(2004\)](#) . The strategy could also be called “ compulsory altruism” ( [Land and Rose, 1985](#) ) because the German nursing care system seems to be founded and relies on, the fact that most care workers understand nursing as relationally embodied work and not just as a task in the sense of thinly embodied labor.

## **Conclusion**

The aim of this analysis was to demonstrate that care work as embodied work is always necessary but that the relational and embodied aspects are constantly structured as abject. The concept of value abjection enables at a high level of abstraction in analyzing the economic and cultural necessity and the tendency to render elements of care abject as a condition and precondition of capitalism. Patriarchal capitalism thus relies and builds on care work, but requires that specific elements of care to be structured as abject, unpaid and invisible. Moreover, patriarchal capitalism imagines subjects to be autonomous, young, white and independent. Thus, dependency, fragility, incurable ‘ illness and aging are invisible in society, as the modern and postmodern (male) subject is pictured as free from care needs. Messy and uncontrollable aspects of aging (e. g., dementia), care needs of the relational “ living body,” as well as care giving are widely

considered as exceptions instead as a basic condition of humanity. The described cultural and economical forms of abjection are the conditions for aging and care. While the physical body is commodified in advertising, campaigns and programs for “ active aging” and wellness, the messiness of the “ living body” is rendered invisible and abject. I provided concrete examples from home care that showed how relational and embodied elements of care are abject in order to render care more profitable. The women who (still) mostly perform care work, but also receive it, are abject in the sense that their physical needs are provided in a Taylorized manner by workers subject to precarious conditions. Relational needs like attentiveness, empathy, or general responsiveness, are deemed invisible and abject. The care system appears to be built on the premise that care is unpaid work. The German authorities and agencies providing care not only rely on unpaid work in the so-called private sphere, but also on unpaid work provided by professionals working in Germany's home care sector.

The concept of value abjection provides a framework for analyzing these tendencies in capitalism. It differs from other theoretical approaches because it entails a broad concept of care and connects concepts from value theory and psychology in order to analyze the economic and cultural spheres. It also combines different levels of abstraction (macro and micro analysis) that can be applied to both theoretical and empirical perspectives. Thus, it aims to lump and slice ( [Armstrong and Armstrong, 2002](#) ), achieving the former by showing basic tendencies and power relations in capitalism on an abstract level, and the latter by demonstrating the need for the abjection of care on an everyday basis using concrete empirical analysis. Thus, the concept can

be applied to related empirical fields like residential long-term care and care in private households as well as care in other countries.

The concept of value abjection is useful and can be further developed to understand the specific abjection of bodies with regards to racism and heteronormativity.

Particularly in the context of migration, care and racism the concept of “affective value” which Encarnación Gutiérrez Rodríguez defines as “value produced through the energies, sensations and intensities of human encounters within a hierarchical system of colonial classification, entrenched in the logic and dynamics of the modern/colonial world system” ( [Gutiérrez Rodríguez, 2012](#) ) could be taken together with the concept of value abjection.

The concept of value abjection is thus an analytical tool that enables a critique of power relations that structurally externalize and devalue care and constitute care as non-work. For this reason, strategies geared toward better living and care conditions must strive to overcome these power relations and to recognize “life as purpose as end in itself” ( [Klinger, 2013](#) , 103).

## **Author Contributions**

The author confirms being the sole contributor of this work and has approved it for publication.

## Conflict of Interest Statement

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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## Footnotes

1. <sup>^</sup> In accordance with the ethical guidelines of the DFG (German Research Council), interviewees gave their informed and written consent in an interview contract that also ensured their anonymity. As per the institutional guidelines and national regulations, an ethical review was not required. This article is based on research conducted during my PhD. The final phase (four month) was supported financially by the Marburg Academic Research Center (MARA).
2. <sup>^</sup> Although they correspond with the following authors, according to Beer they represent the general topics in most publications on the debate.
3. <sup>^</sup> Although I point out this similarity, it should not be forgotten that there are fundamental differences between these authors, such as in relation to the concept of work ( [Haug, 2002](#) ; [Hauf, 2006](#) ; [Scholz, 2011](#) ). A discussion of these differences lies beyond the scope of the argument here.

4. <sup>^</sup> Scholz demonstrates a slightly more positive attitude toward Frigga Haug and even more pronouncedly toward Tove Soiland ( [Scholz, 2011](#) ).
5. <sup>^</sup> Although Scholz repeatedly stresses this aspect, she does not succeed in conceptualizing these ambivalences, because her emphasis on fractures and ambivalence merely remains on the rhetorical level (for a similar critique, see [Haug, 2002](#) ; [Hauf, 2006](#) ).
6. <sup>^</sup> To ensure anonymity, all names are pseudonyms.

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