

Commentary

Caring Work in a Liberal Polity

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At the heart of liberal political philosophy is the autonomous man. Liberal polities are built on the premise that their individual members are capable of caring, providing, and deciding for themselves. The seemingly workaday topic of chronic illness and disability, appearing in this issue of the journal under the banners of “independent living,” “personal assistance,” “long-term care,” and “paid home care,” in fact represents a fundamental challenge to the liberal social order. People with permanent needs for care, after all, are not the autonomous beings our political-economic architecture is designed to house.

In ancient Athens, men were expected to establish their own household economies to provide for their basic needs, and only those who successfully performed that task were admitted to the status of citizen of the polis—members of the legislature who could discuss and vote on public issues. The women and slaves who performed all the household work were not, and could not become, citizens. Disabled men, if they were poor enough to need and take a pension from the community, lost their right to be citizens as well. Athenian democracy, then, established two kinds of people as noncitizens, devoid of political power: people who needed taking care of and the people who took care of them.

There is a curious and profoundly important inconsistency in Athenian practice, however. The fact that able-bodied men received care from women and slaves did not disqualify them from citizenship, although able-bodied men were as dependent on women and slaves as disabled men were on their public pensions. The political rules effectively created two categories of dependence, one normal and legitimate, the other abnormal and illegitimate. Moreover, the normal work of caretaking was simply ignored, rendered invisible, both because the men who benefited from this work were not disqualified from citizenship, and because the women and slaves who performed it were not thereby qualified for citizenship.

In many ways, the Athenian political heritage is still with us. It is threaded through the eighteenth-century enlightenment philosophy on which our gov-

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ernment was founded and through English Poor Law policy on which our social policy was molded. John Stuart Mill (1974 [1859]), in *On Liberty*, put forth what is perhaps still the guiding tenet of classic liberalism and of contemporary American, antigovernment conservatism: government may not interfere with the liberty of the individual except to prevent harm to others. But, Mill warned, “it is hardly necessary to say that this doctrine is meant to apply only to human beings in the maturity of their faculties. We are not speaking of children and very young people. . . . Those who are still in a state to require being taken care of by others must be protected against their own actions as well as against external injury” (p. 69). Mill was probably thinking of children and perhaps mentally ill and retarded adults when he spoke of people who “still” need taking care of by others, but this is precisely the point. He could not imagine a community where many adults—indeed most adults—would always need taking care of. This is by now a standard feminist critique of Western political theory: it has no place for dependence and the caring work that goes with it.

Contemporary proposals and policy thinking about caring work must be read in this context. One thing to note is that personal assistance (as discussed by Batavia, DeJong, and McKnew in this issue of *JHPPL*) and paid home care (in Hanley, Wiener, and Harris’s article in this issue) are responses to very narrow slices of the problem created by a polity built on the premise of autonomous individuals. Day care, after-school care, sick-child leave, parental leave, family care leave, respite care, nursing homes, sheltered workshops, and meals-on-wheels are some of the other pieces. So far, our policy discussions are tackling these pieces one by one, without examining the underlying conditions that generate each of these specific needs.

If one starts with a notion that individuals can take care of themselves, then it is conceivable that they can purchase whatever additional services they desire in the marketplace. If one starts instead with a notion that everyone needs some care at various points in their lives and most people need some kinds of help permanently or for long periods, then filling in the gaps through the private market does not seem so feasible. Suppose, then, that government steps in and socializes the costs of providing long-term or permanent caring work.

This is the scenario Hanley et al. address, and their paper is something of an updated version of nineteenth-century English Poor Law debates. If government *pays* for more home care, they ask, will families and friends provide less informal (read: unpaid) care? The English Poor Law version went like this: if parishes provide subsistence to paupers, will families simply shirk their responsibilities to take care of their own? The English policymakers resolved their fears by establishing the principle of family responsibility, a legal requirement that no person would be eligible for public relief until he or she had tried the family first, and Poor Law authorities would investigate families to make sure there were no relatives who could provide for the relief applicant. The principle of family responsibility was adopted in American social policy

as well, and though it is now somewhat attenuated, clear elements of it remain. (That is why some elderly couples divorce in order to be eligible for Medicaid without first spending their entire assets.)

The burden of the Hanley et al. paper is to alleviate policymakers' fears that relatives and friends of the elderly will shirk their responsibilities, and that government and taxpayers will wind up paying for things they used to get for free. The paper brings both good news and bad news. On the good side, the authors find that informal care does not diminish with the use of formal care, even among those groups of the elderly who might be most likely to substitute formal for informal care. Readers should take these findings with a grain of salt, since, as the authors point out, they were unable to measure caregiving except in units of days or visits. But granting some validity to the findings, the study brings good news, because it makes expansion of paid home care services more politically possible.

The bad news is that even with paid home care available, all those unpaid, informal caregivers keep right on working for nothing but the emotional rewards. It's hard not to think back to the Athenian women and slaves who got no political recognition for their caring work. According to the House Select Committee on Aging (1987), 72 percent of caregivers to the impaired elderly are women. Substantial numbers of women in the paid labor force spend anywhere from eight hours a week (a full additional working day) to thirty-five hours a week (a full additional working week) taking care of relatives and doing housework. And as in Athens, none of this caring work creates entitlements to the political privileges of working citizens—eligibility for unemployment compensation, workers' compensation, or Social Security pensions and disability benefits. It is more than a mite discouraging to find that when government pays for caregiving, people who do it out of the goodness of their hearts are no better off.

If there is bad news in the findings, there is even worse news in the nature of the policy game these authors must play. In order to persuade policymakers to enact more generous paid home care provisions, Hanley and his coauthors feel they must demonstrate that society can keep on using the informal caregivers, without providing any of the monetary rewards or social entitlements that normally attach to work. They acknowledge this "dilemma" in their concluding paragraphs, but one might wish they had made more effort to lift the entire discussion out of the Poor Law framework. Instead of persuading nervous policymakers that additional paid home care benefits won't sap the efforts of unpaid caregivers, someone ought to be persuading them that informal caregivers deserve full citizenship.

Full citizenship is the motivating concern for Batavia et al., and the independent living movement for which they speak.¹ They advocate a national

1. The movement is by no means unanimous; the World Institute on Disability (1990) has

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personal assistance program as a way of promoting “autonomy,” “independence,” and “opportunities for personal growth” for people with disabilities and as a way of giving family members opportunity to “pursue their own goals” instead of taking care of their disabled relatives. The aim of the independent living movement, it would seem, is to enable people with disabilities to emulate the liberal model of the autonomous individual. But in seeking to remake the world of the disabled in the image of the eighteenth-century philosophers, where all the children need protection and all the adults are above needing help, Batavia and his coauthors fall into the Athenian trap of ignoring the caregivers. Personal assistants are nearly invisible in this plan, as though denying their existence can somehow erase the real dependence that still exists.

Just as I might wish Hanley et al. had clothed their discussion in a different sort of garb, I wish that Batavia et al. had revealed more about the uncomfortable unmentionables of their plan. For starters, there is an awkward silence about social class hierarchy that lurks just beneath the surface. The disabled and their families are to be freed for personal growth, but what about the personal growth of personal assistants? Personal assistants, whoever they might be, are as unlikely as relatives to be able to pursue their own goals or find personal growth in toileting, bathing, dressing, cooking, shopping, doing laundry, and the like. Though family members often find deep personal satisfaction and moral uplift in caring for their loved ones, there are reasons to wonder whether paid strangers could find the same satisfactions. And while it is true that most family caregivers report benefits from and positive feelings about caregiving, they also report stress, anxiety, depression, frustration, exhaustion, anger, resentment, physical strain, and use of psychotropic drugs and alcohol as means of coping (House Select Committee on Aging 1987: 24–33). Perhaps the most telling evidence of how relatives feel about caregiving is what they would wish for their children: in a study of 225 mothers who are still caring for their retarded adult children at home, Krauss (1990) found that all but a handful expressed unwillingness to pass on the responsibility and burdens of daily care to their other children, despite their assertions in other parts of the interviews about how enriching caregiving had been for them and their nondisabled children.

One reason Batavia et al. promote this plan is that relatives of people with disabilities sometimes “have to . . . accept low-wage employment, and/or divert attention from other important family and community commitments.” But personal assistants and home health aides are notably low-wage earners, bring-

developed a slightly different and more specific proposal for a national personal assistance plan, for example. But the model, the concerns, and the language of the Batavia et al. paper are quite typical of other movement documents.

ing in about \$4.00 to \$6.00 per hour, often with few or no benefits. Indeed, it is hard to imagine the wages for caregiving any higher and still “affordable”—one of the criteria for the authors’ national plan—but this is another uncomfortable issue that needs addressing. One person’s affordability is another person’s low wage.

Unless something is done about the wage structure of this new service industry, a personal assistance plan will only shift the unacceptable economic burdens of family care onto strangers. One strategy for upgrading the economic status of caregivers would be to professionalize (as nurses have done). Batavia and coauthors, however, resist the idea of professionalizing personal assistants, partly because, like the home health aides employed by agencies, they would then be “likely to demand the compensation and benefits of a health care professional.”

Another uncomfortable silence in the national personal assistance plan is the implicit hierarchical relationship between caregivers and recipients. Though the discussion of the independent living model casts the recipient in the role of “consumer” and tries to distinguish the consumer/supplier relationship from the more dependent relations of family members and the more hierarchical relations of professionals and patients, there is a subtext in this proposal that implies a corporate model, where the recipient is an employer who “recruits, selects, manages, and directs” the personal assistant. Indeed, the personal assistant almost seems to be regarded as a machine, when the authors say that he or she “acts, in a sense, as an extension of the disabled person and follows the individual’s directions as to how to meet his or her needs.”

The language of top-down management and of personal assistant as “extension of the disabled person” is common in the independent living movement and among users of personal attendants. Some users say that their assistant is their “arms and legs,” and some use the first person to describe activities performed by their assistant—for example, saying, “I made dinner,” or, “Let me get you a cup of coffee,” when the assistant actually does these activities (Smith 1991). No doubt there are some deep philosophical and psychological issues here, but there is also the sociological issue of objectification and denial of other people’s existence that occurs when our language masks the agency and activity of caregivers. And there is something hauntingly Athenian about a program to enable one set of people to find their autonomy and independence by managing another set of people whom they regard as extensions of themselves.

For all these reasons and more, Batavia and coauthors’ suggestion that we meet our national need for caregiving by requiring immigrants and resident aliens to perform this work deserves much more careful scrutiny than it gets here. Since it has always been easier to regard foreigners as less than human, placing new immigrants in the employ of people who are urgently in need of

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help and sensitive about their dependence is apt to put the immigrants doubly at risk of being dehumanized. To do all this as a means of better acculturating immigrants to this country, as the authors suggest, seems a bit far-fetched. A disabled employer might be a very good teacher in many ways, but the job of personal assistant, with its intense one-on-one relationship, can often be socially isolating and quite antithetical to integration and assimilation with a larger community. Without more careful development, the situation too closely resembles indentured servitude. And since, unfortunately, it would not be the first time in American history that we (whites) imported people to wait on us hand and foot, the racial implications and connotations of this solution are all too troubling.

Instead of imagining that we can use immigrants as “affordable” (read: *low-paid*) personal assistants, why not make a year of service as a personal assistant an entrance requirement for medical school? We can virtually guarantee that these personal assistants, unlike most immigrants, will be amply rewarded financially in later life for their year of low pay.

The suggestion is not entirely facetious. We do need national policy reform to make full citizenship and pursuit of happiness a reality for the increasing proportion of people who are mentally and physically unable to care for themselves fully. But we must also make full citizenship and pursuit of happiness a reality for the people who perform caring work. Before such a policy is politically feasible, however, we need to educate both the public and our policymakers about the realities of dependence. What better way of doing that than requiring our *own* citizens to do some serious caring work—especially men, because they now do so little caregiving in comparison to women. Only when our educated, our elites, our policymakers, and our intellectuals have been forced to confront dependence from both sides will we start to think about political structures that recognize caring work for what it is worth.

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