



# **“I Was Her Legs and Her Arms”**

## **Micro politics of care and re/organisation of social reproduction in the case of migrant eldercare work**

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## **Abstract**

What is symptomatic of the current (neoliberal) organisation of social reproduction is its return to the household, relying on its traditional character while simultaneously being commodified (Bakker, 2007). One such manifestation is visible in a 24-hour care arrangement where care workers live with their wards as is the case with the six Croatian women I interviewed, employed in Austrian, (North) Italian and German households. Social reproduction refers to all the activities necessary for maintaining human life and sustaining communities, from biological reproduction, care work of all kinds, medical services to education (Brenner and Laslett, 1989). The framework of social reproduction encompasses various sites and institutions, as discussed by Eleonore Koffman and Parvati Raghuram (2015), and this became the most suitable approach to analyse my case study, making it possible to connect the daily performance of care and the larger power structures (the global economy). The caregivers, as the ones who are almost solely responsible for the well-being of the elderly, are a pivotal link in the health care system, where clients' families, medical staff and welfare regimes in the sending countries rely heavily on the caregivers' emotional and physical capacities to care. Although they are extremely important, these capacities have been undermined due to the worsening of their working conditions as the result of reducing the costs of reproductive labour. By paying attention to the experiences of these caretakers, the scope of my thesis is to reveal the systematic relevance of minute details of care which can indicate deep structural problems, more specifically, showing the contradictory relationship between reproduction and production under capitalism in general, and neoliberalism in particular. In so doing, this project makes a valuable intervention in the debate on social reproduction where the daily performances of care have become a new entry point for analysing the complexity of reproducing human life in our socio-economic order.

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I think this work should be more appreciated. This is not just, as commonly said, wiping asses. This means taking complete care of a person and living with a person who is at the end of their life.

- Maria, a caregiver working in St Tirol (Northern Italy)

## **Introduction**

The bell has just rung! She is awake. My sister, my mother and I would look at each other knowing that whatever we were doing at that moment needed to be stopped to get grandma out of the bed. Hence, we would prepare ourselves for the activity that, albeit well-known and routinised, still requires a specific approach and the considerable sensitivity needed for dealing with a living human body. Every day the procedure would go as follows: changing diapers, intimate hygiene, putting on clean clothes and the most challenging task, transferring grandma to the wheelchair. After this, the day could start in its usual order; from making breakfast, feeding and administering the medicines, to a 'break' of a few hours before the time arrives for a new round of sleep. A similar story unfolds before the evening shift, preparing her for a longer sleep at night. Organising one's life around someone else's needs is something common for all of those who have experienced being in charge of another person's well-being, or more accurately, their life. This was a familiar situation for the three of us, and for my retired father at a later stage, where before or after school my younger sister and I, accompanied by our mother rushing from work, would make sure there was always someone around to take care of my grandma. Beyond our cooperation and mutual understanding, it was also necessary to communicate and schedule weekly visits with a district nurse, regular doctor's appointments and arranging medicines. Nevertheless, the greatest brunt of care, the daily tasks and the main responsibilities were undertaken by us.

Even though placing the elderly in residential homes had become a common practice for many people, this was not an option for us. First, the waiting list for state supported nursing homes was incredibly long with the private ones being too expensive. Moreover, for someone who grew up in an environment where care was organised communally within family circles, going to an institution seemed like a death penalty. My mom used to say if grandma was put in the residential home she would probably pass away immediately. Together with listening to multiple stories about poor conditions in the institutions for elderly people, while striving to provide a high quality of care for our 'baby', staying at home seemed to be the most reasonable option. Yet, it came with great commitment. This care required a lot of time, patience when responding to unexpected vomiting or excreting, attentiveness in carefully handling bodily movements as well as considerable physical strength. However, instead of only taking, this caring process also gave us something and it still does for those who remain at my parents'



house; namely, immense gratitude from my grandma's side, an intimate relationship cultivated throughout years of living together, and the awareness of what it means to take care of a dependent person at the end of her life. Whereas friends and relatives applauded us, especially me and my younger sister, for participating in such an intense activity which they would rather not do, somehow the work we performed was not recognised as 'real' work worthy of the same compensation reserved for other professions. Even worse, most of the time this was not seen as a profession at all. In addition, if the smallest sign of satisfaction was shown, it was automatically assumed that receiving love and compassion from both sides was more than enough.

However, even during the time I was living with my parents I felt that something was deeply wrong and unfair, or at least illogical. Why did the work that so many people avoided become valued as something which everyone can do? How can we recognise all the complexity that being in charge of another person's life implies – all its heavy workload – while also appreciating all the pleasurable moments? This connects to daily rituals of washing, careful touching, dealing with unbearable pain and the moments of moaning, recalling dreams before getting out of bed or commenting on the coffee during breakfast. How is it possible to describe to someone the satisfaction of mastering those rituals, of producing a sense of comfort and relief, creating a sense of stability and security which is so important for our survival? Keeping this in mind, what would be the most appropriate way of compensating those activities? If money becomes involved does that diminish the intimate feelings and empathy? How would this affect the relationship between a care giver and a care receiver? Insisting on remuneration always comes with the danger of being called out as someone who is overly concerned with money. On the other hand, if everyone else gets paid for work they perform why is this not the case here? Can the categories of work and labour tolerate pleasure and intimacy? Is it possible to love, earn and be a close family member at the same time?

Going further, even if we cannot look at all the rituals and minute details of care (accompanied by various feelings) through monetary exchange, they are nonetheless inevitable places for sustaining life, important sites for cultivating ties and daily survival. Therefore, if they matter for individual and familial reproduction, do they have a broader structural value as well? Did they have any significance for the doctors and nurses who had one less patient for continuous monitoring, opening a place in the residential home which could be assigned to someone else; or for a district nurse who only needed to take care of the grandma's wounds instead of her overall hygiene?

In the stage of my life when I first became fascinated with feminism, I was profoundly bothered by these questions which did not have adequate answers. The importance of rituals and routines had been my preoccupation for a while, and in my previous master's degree I focused on the ritual of drinking coffee performed by my mom, grandma and me as an important site for sharing intimacy and building the sense of femininity with every detail (e.g. cups, the procedure of drinking, the schedule) having its particular role. This time I wanted to take a step further, to connect our daily interactions and performance of care to the larger power relations. Alongside sexual awakening and the right to gender expression, for me feminism was a way to articulate those needs, to expose the relevance of the minute details of care, the persistence in their performance and the various skills and labours involved. The first time while attending the Women's studies programme in Zagreb (Croatia) I was introduced to Marxist feminist discussions on reproductive labour and its contradictory, albeit notable role in the circuit of production and capitalist accumulation had a significant impact on me in the proceeding years. One thing became clear, in addition to the realisation that activities performed in the realm of domesticity can and should have the status of work, most importantly, I realised that their value exceeds the boundaries of one household! Despite the bad reputation of Marxism within Gender Studies circles – often looked upon as something obsolete and old fashioned – I decided to follow the path of revealing the peculiar character of the activities necessary for maintaining human life, or in other words, reproductive labour.

A few years ago, at the same time I became familiar with the international division of reproductive labour and the transfer of care globally, my aunt started working as an eldercare giver in Germany. Apparently, she was part of the growing trend of Croatian women migrating to German speaking countries to take care of elderly people. Not only has this type of migration increasingly gained momentum among neighbouring countries, but for the past few decades it has become one of the most popular areas of employment for women all around Eastern Europe. Notwithstanding individual differences, one thing was common among these women: a 24-hour care arrangement meaning that they live together with the clients for whom they are caring. This specific type of employment includes providing (almost) complete care for one person (or two people) at the end of their life, and it places an enormous responsibility on these women who come from regions impoverished by rampant privatisation and are therefore willing to accept harsh working conditions for a relatively low salary. In this way, their labour is viewed as an ideal solution for the care deficit in receiving countries. I am not saying that

taking care of clients is the same as doing this for family members, especially when performed in a stranger's house and foreign country. However, for me this was an opportunity to work within a broader framework to contextualise a topic which is close to my heart. Now, it has become possible to start dealing with the concerns mentioned before, those of unlocking the systematic relevance of minute details of care and their complex nature in an environment that in many ways resembles home and family, albeit in a unique commodified form. Therefore, the main research questions I will try to answer throughout the thesis are posed in a similar manner:

From which aspects caregivers' working days are structured? Of what importance is the care provided by these women for the existence of their clients, the welfare regime of the country where they work, and the socio-economic system more generally?

What can micro politics of care say about the reproduction of life and its role in the process of capitalist accumulation? In that sense, how can the focus on minute details of care and their daily performance enrich the framework of social reproduction theory, contributing to the scholarly and political discussions around reproduction and production under capitalism?

### **Minute details of care and social reproduction**

Care work is not organised identically in all capitalist societies nor capitalism exists irrespective of its specific material-historic conditions. Considering this, the reproduction of populations and putting them to work should be interrogated within the particular regime of accumulation, manifested today in its neoliberal form. The framework of social reproduction theory seems to be the best approach for providing a multi-layered understanding of the relationship between production and reproduction with all the factors involved, from state interventions, labour markets, processes of commodification and ideological values. Such a framework is especially valuable in analysing the experiences of live-ins whose work and lives are intertwined with various social structures, be they family arrangements, recruiting agencies and the health care system whereby, the categories of reproduction and production are (dangerously) merging into each other. Building on the definition provided by feminist scholars Johanna Brenner and Barbara Laslett (1989) and more recently developed by Isabella Bakker (2007), Eleonore Kofman and Parvati Raghuram (2015) social reproduction refers to all the activities necessary for the reproduction of human beings and potential labour power

such as biological reproduction, care work, sustaining social relations and communities as well as education and the services of the health care system. Perceived as an interconnected whole, they participate in reproducing the system more generally, thus bringing together daily practices of maintaining life and their systematic relevance. Departing from here it becomes possible to link micro politics of care to the global economic restructuring, which is indeed the aim of the thesis.

I want to emphasise several things here. First, taking care of someone in the last stage of their (material) life asks for a specific kind of engagement, both emotional and physical as these caretakers were eager to show. What differentiates this job from many others requiring some sort of emotional labour and managing bodies, as well as, a lot of activities of social reproduction, is that my interviewees are almost solely responsible for the entire life of one person (or two people). In that sense, every smile or touch becomes even more important, having the significant role for the well-being of elderly, their lives and the labour process of caring. As part of particular welfare regime and a migration flow that are both indications of larger structural mechanisms, benefits of these minute details of care are felt far beyond individual relationships. I believe that focusing on the working routines of my interviewees and the meanings they assign to each aspect of care is a valuable way of analysing the complicated process of reproducing human life which despite neoliberal drive for its simplification would never be entirely subsumed under the logic of market rationale. Reducing the costs of social reproduction, of which this peculiar 24-hour care arrangement is one manifestation, especially affects the working conditions of live-ins whose capacities to care are inevitably reduced as well, capacities on which the live-in programme and the health care system in general heavily relies. Therefore, micro politics of care are crucial sites from which this systematic contradiction of subjugating reproduction to production can be revealed and interrogated, making in that way an important intervention in the field of social reproduction.

### **Situating a feminist researcher - methodology**

To learn how their working days look and what are the activities and relationships caregivers are engaged with, it seemed essential to speak with the care takers. Through my aunt, I entered the community of live-ins, gaining access to the online platform, a Facebook group, these women use for issues concerning work, and it is through this platform that I found the care

givers willing to participate in the project. This group is dedicated to Croatian live-ins working in Germany and Austria, and although the members of the group are not all from the same country, they share the common language. The interviews were semi-structured, lasting from one to two hours, and conducted in the form of telephone calls via WhatsApp or Facebook. While there was a set of topics present during the conversations, each interview took a different direction, where the questions were reformulated accordingly. Nevertheless, certain topics were frequently discussed, such as working conditions, reasons for migrating and descriptions of daily routines and responsibilities.

Since I am interested in their personal experiences and the ways care givers cope with the precarious working/living situations, I decided that the method of in-depth interviewing proposed by Sharlene Hesse-Biber (2014) would be the most suitable one. According to her, this approach is preferred by many feminist interviewers because it enables access to experiences that are often hidden and unarticulated as is the case with these migrant workers (Hesse-Biber, 2014: 184, 190). While a considerable amount of research has been done on Eastern European caregivers working in Germany, Austria and Italy (see Lutz and Palenga-Möllnbeck (2010) for Germany; Bauer and Österle for Austria (2013); Marchetti for Italy (2013)), the experiences of Croatian caretakers have not gained much attention in the overall debate. Even when they are directly involved, women who were interviewed complained about a general dismissal of their voices from the side of care receivers, agencies and the state. This thesis is one way of revealing their stories, and even though the form of employment is going to be discussed – since the meanings they assign to specific practices of care and their job more broadly are of central interest to me – I do not offer a detailed analysis of labour law regulations to provide directions for policy makers.

To create a comfortable atmosphere, as a way of gaining trust from the interviewees, it was necessary to position myself as a feminist researcher. In line with Hesse-Biber's (2014) description of in-depth interviewing, being a feminist researcher means to be self-reflective and aware of power relations implicated in the interviewing process. Yet, to put these elements into practice is not easy, especially considering external and internal 'constraints' such as technical issues, specifically, the inability to be physically present due to large geographical distances, problems with internet connection, computers and telephone devices. Although it is important to reduce power hierarchies between an interviewer and an interviewee, I contend that the researcher is always in a privileged position compared to the respondent. For example,

in the end I am the one who interprets their stories and chooses the most appropriate parts of our conversation for the purposes of my research. There is also the privilege of language, since the thesis is written in a language (English) some of my interviewees are not familiar with, limiting their access to the final project. Nevertheless, for me, it was important to treat respondents with respect and to be clear about my aims to make sure interviewees would know in advance what to expect from the whole process. To protect their anonymity, I have used pseudonyms and not their actual names. For the same reason, names of the clients and recruiting agencies are also not mentioned.

Instead of victimisation and using their experiences as a mere resource for the purposes of my research, I intend to show the participants' agency, courage and creativity. By paying attention to their incredible capacity to care – the capacity required for this care arrangement to exist – it is possible to contextualise their role in larger power structures. Caregivers provided rich and powerful testimonials which were obtained using an individual approach with a small sample group of six people, characteristic for in-depth interviewing. This enabled me to spend more time with each woman and to modify the interview according to external conditions and the needs of each interviewee. While talking and carefully listening to them I tried to understand the complexity of the labour process, the variety of skills and the type and interactions from which micro politics of care could be grasped as a valuable resource to analyse and criticise broader systematic issues. I was astonished at the ways these women interpreted their work within various levels of social reproduction, making it clear that the existence of family arrangements and the welfare regimes in the receiving countries would be imaginable without migrant live-ins. To evoke the specificity and the importance of the job it was a pleasure to hear with which passion, sometimes even enthusiasm, they were talking about the working experiences and daily challenges. Some of them came to be extraordinary storytellers, carefully navigating between keeping the conversation interesting, exposing the negative aspects of working as live-ins and preserving the dignity of their clients. For others, it was important to provide a detailed explanation of care service as a way of showing its complexity and cultivating their expertise.

To highlight her role for the life of the client incapable of making a single move on her own, one woman said she literally became the wards' legs and arms. Or in other words, the extension of her body. The magnificent stories like this, elaborated in the proceeding chapters, are pointing not only to the demanding process of taking care for the human body in this condition but, also to the range of skills and capacities these women have in order to sustain the lives of

their clients. And when the live-ins interpret those experiences, they actively participate in creating unique knowledges about reproducing human life in its last stage, further complicating the meaning and organisation of social reproduction under capitalism. Caregivers' incredible capacities in storytelling, creative impulses and meticulous descriptions of the labour process are the corner stone of this thesis, and their emphasis on the multiple layers of around-the-clock care introduced various new insights, in this way contributing to a debate on care and migrant domestic work, and most importantly, the discussions on social reproduction.

### **Structure of the thesis**

Since the framework of social reproduction theory I found very important in making my argument, in the next chapter, while referring to the social reproduction feminists, some of them already mentioned, such as Johanna Brenner and Barbara Laslett (1989), Isabella Bakker and Stephen Gill (2006), Eleonore Kofman and Parvati Raghuram (2015) and Tithi Bhattacharya (2017), the main aspects of this approach are delineated. After clarifying the notion of labour, labour power and its reproduction under capitalism while using the magnificent analysis of Lise Vogel (1983, 2013), I discuss the way social reproduction is currently organised with accompanied migration flows in order to contextualise my case study as part of the global transfer of reproductive labour. Nevertheless, the conditions under which my interviewees are employed are context specific, concerning the socio-economic situation of post-socialist European countries and the welfare regimes of Austria, Germany and Italy designated as familial-corporeal, which will be elaborated on respectively. In addition, as a way of better contextualising their experiences, a description of working conditions and terms of employment of each woman is provided in appendix, right after the bibliography.

From here, I proceed to the caregivers' experiences and the analysis of interviews in the subsequent three chapters. Hence, in Chapter Two the focus is on daily routines of live-ins, and I contend that for care to proceed smoothly, adaptation to clients' needs and, in that sense, their rituals and habits is an inevitable aspect of the job. Building on the Braudel's (1981) approach to history and his understanding of material life, I question to what extent following someone's routines imprisons caretakers, leaving no space for change and the worker's self-fulfilment. However, as a crucial aspect of the wards' lives and their personhood, rituals are the sites of sharing intimacy but also, very importantly, the sites of creativity and the greatest joy where

caregivers either intervene in the client's well-established routines or even invent a new activity that becomes a ritual after a certain time. Although affected by the requirements of the labour market, due to cultivated trust and affection, daily interactions of caretakers and receivers cannot be entirely subsumed under the logic of accumulating profit. Following Susan Ferguson's (2017) discussion on childhood and its contradictory role in existing social order, I argue that care work performed by these women reveals the peculiar nature of social reproduction in capitalist societies – whereas an obstacle for accumulating surplus value, its messy non-capitalist component ensures the existence of capitalist production. Therefore, as necessary for sustaining clients' daily reproduction and live-ins' labour processes, daily rituals can be one way of analysing socio-economic relations from the micro perspective.

Another way, as discussed in the next chapter, is looking at the contributions these women make to various parties involved in organising eldercare. Since they are almost solely in charge of the clients' well-being, caretakers emphasise the intensity – both physical and emotional – that such a job implies, making it clear that without them the quality of the wards' lives would be much worse. Going further, in providing emotional support some of the caring women fill up the gap left by uncaring families. Here, I divide emotional components from physical components of care to evoke the specificity and complexity of each. For the emotional aspect, I rely on Arlie Hochschild's (1979, 2012) analysis of emotional labour and for the physical component I draw from the scholars of 'body work', or the work performed on another person's body, as described by Carol Wolkowitz (2002) and Julia Twigg (2011), among others. Beyond the skills of emotional labour, caregivers have shown their incredible capacities in handling severely disabled bodies, where one woman I interviewed has even become an expert in healing serious infections that was recognised by those at the top of the medical hierarchy. Recounting the experiences like this helped her to build the image of an extraordinary worker, challenging the common assumption of around-the-clock care as simplistic while at the same time allowing her to interpret the care she provides as an important link in the health care system.

Nevertheless, it is necessary to mention that undertaking such an immense responsibility and utilising this complex set of skills has considerable consequences for the caretakers' mental and physical health. Thus, referring to the negative effects this job has left on their bodies, in the final chapter I question the sustainability of such a care arrangement that does not secure the well-being of its workers. Even though live-in programmes appear to offer maximum efficiency, due to conditions continuously diminishing the caregivers' capacities to work live-



ins note that this is an inadequate way in which the receiving countries deal with the care deficit. In interpreting their working conditions not as an individual matter, but as that of the states and welfare regimes who are in need of such a care arrangement, I see the starting point from which the functioning of larger institutions can be criticised, and deep structural contradictions can be detected. The system that refuses to take care of the workers on which it relies limits the possibility of its own existence as well, making it susceptible to periodical crisis. The current deficit of care, or what Nancy Fraser (2017) calls a ‘crisis of care’ is one manifestation of this crisis to which welfare states, according to these women, do not provide a proper answer. The question is whether in the social order known as capitalism the proper solution could ever be provided. One answer lies in the subjugated position of reproduction to production in capitalist societies where the costs of reproductive labour have to be inevitably reduced and to have their importance undermined for the purposes of profit making. The costs, as these women imply, cannot be entirely diminished in the same way that the activities of social reproduction and elder care in particular also cannot be removed. Even though they make it clear that something needs to be changed to improve their working conditions, both myself and the caretakers have still not found the universal solution for the issue of eldercare. Yet, one thing constantly popped up in my research – the respect and value they receive for the work performed is far from satisfactory. By bringing up the complexity and the significance as well as a certain paradox of their current role in organising social reproduction, this thesis is a small contribution to changing such a harmful attitude.

## Chapter 1

### **Framing Social Reproduction: Care Work, Migration and Neoliberal Welfare Regimes – Literature review**

Interest in social reproduction or at least in some of its aspects has a long history tracing back to Marx himself for whom social reproduction meant the reproduction of capitalist relations and the socio-economic system. Even though he detected the importance labour power as the prerequisite for all other social structures to exist, on the question of its renewal he is rather ambiguous (Bhattacharya, 2017). A crucial intervention in Marxist approach and as such, the social reproduction, was made by the second wave feminists and the famous ‘domestic labour debate’ from the late 1960s and early 1970s by analysing the role reproductive labour has for capitalist mode of production. After a few decades, to extend the meaning of reproductive labour to the global level, the scholars working on the international transfer of care work such as Rachel Parreñas (2001) or Arlie Russell Hochschild (2003) brought the notions of caring, emotional labour and migration in the debate on reproduction. Building on all these insights, the recent revival of social reproduction theory within feminist circles can be explained due to thirst for systematic approach inherited by Marx and willingness to highlight the complexity of reproducing people and communities so, either its multidimensional relationship with the state and the market, or the variety of activities and labours involved. Therefore, micro politics of care when analysed through the lens of social reproduction gain structural significance, providing the ground to tackle the research questions posed in the introduction.

The meaning of social reproduction can be narrowed down focusing on, for example, the reproduction within a kinship family unit, or more broadly, the one that looks at the reproduction of societies and the system more generally. However, throughout the last few decades, feminist scholars used the term to connect those two poles to see how and under which terms they influence each other. In this regard, the definition provided by Barbara Laslett and Johanna Brenner in 1989 can be a good starting point to reveal the density of what feminists understood as social reproduction. Laslett and Brenner describe social reproduction as all the activities, attitudes, behaviours, emotions, responsibilities and relationships included in maintaining life both on a daily basis and intergenerationally. The ways food, shelter and

clothes are made ready for consumption also fall under social reproduction as well as bearing children and their socialisation, providing care for elderly and/or disabled, along with the social organisation of sexuality and gender relations. Framed like this, social reproduction consists of diverse kinds of work – mental, manual and emotional – work that is necessary for providing care historically, socially and biologically to reproduce existing life and next generations (Laslett and Brenner, 1989: 382-383). Those activities are supported by various institutions and can be carried out in the labour market, which together with gendered and other ideologies shape the ways social reproduction is organised in a particular society. As such, social reproduction involves the fundamental process of reproducing individuals and communities over time, upon which all production and exchange ultimately rests (Bakker and Gill, 2006: 41).

To contextualise the theory of social reproduction within other debates on reproductive labour and to explain the reasons I found this framework the most suitable one to analyse my case study, first, I am going to discuss the ways in which it both builds on as well as differentiates from the domestic labour debate in the 1970s and the dominant approach when it comes to migrant reproductive labour, and care work in particular, ‘care chains’. In the next section, there is a delineation of some of the important concepts for understanding capitalist relations and the reproduction of labour power, mostly in reference to Lisa Vogel’s *Marxism and the Oppression of Women* (1983, 2013). From there I proceed to the contemporary manifestation of capitalism – neoliberalism – revealing the affects it has for the organisation of social reproduction. In the climate of boosting market rationale, there has been a decreased investment in communal caring and health care institutions. As noted by Isabella Bakker and Stephen Gill (2006), this has led to the further privatisation of social reproduction. In their 2015 book *Gendered Migrations and Global Social Reproduction*, Eleonore Kofman and Parvati Raghuram provide an in-depth approach for deciphering a complex relationship between the activities of social reproduction with a neoliberal state, welfare regimes and labour markets. According to them, social reproduction has become increasingly global and has been stretched among many sites where the meanings around household, migrations, production and reproduction are reformulated and dramatically changed (Kofman and Raghuram, 2015).

In the conglomerate of welfare regimes, migration flows and social reproduction, I go on to discuss the transfer of care work from Eastern to Western Europe, and in doing this I analyse the context of the eldercare givers I interviewed. Therefore, building on the work of scholars familiar with this particular flow, namely, Helma Lutz and Ewa Palenga-Möllnbeck (2010),

Gudrun Bauer and August Österle (2013) and, Marlene Neumann and Uwe Hunger (2016), together with the information provided by respondents, I give an overview of labour legislations and working conditions concerning the focus group. Given the fact that their workplaces expose the operation of multiple actors responsible for the reproduction of both sides (care givers and receivers), these care workers have a lot to say about the growing commodification of everyday life and the reorganisation of social reproduction from the smallest detail to the global economic structures.

### **1.1 The domestic labour debate and ‘care chains’**

During the 1960s and 1970s, there was a ‘revival’ of Marxist theorising in the humanities and social sciences when a growing women’s liberation movement tried to claim its place in established critical theory while simultaneously exposing its limits and asking for new approaches. A considerable group of feminists, notably in North America and the UK, used the framework of Marxist political economy to explain the socio-material foundations of women’s oppression (Ferguson and McNally, 2013). The main debate revolved around (unpaid) reproductive labour and the significance it had for the processes of production and the maintenance of capitalist relations. These feminists attempted to show the large amount of work that went unrecognised by the general public and economic policies, despite the necessity of this work for nurturing and reproducing populations, preparing them for the next working day. Cooking, cleaning, bearing children and sex work subsidise the costs of reproduction and therefore production (Kofman and Raghuram, 2015). Put like this, women’s subordination stems from the sexist/gendered division of labour where women, who are mainly responsible for the activities of reproduction within the private realm of the home, have been excluded from equal participation in the labour market. Looking beyond the potential limitations of such a theorizing of reproductive labour tied almost exclusively to the household, some very interesting and provocative questions emerged. These questions challenged common assumptions around labour, production and reproduction, and their (contradictory) coexistence within capitalist societies. For example, if domestic labour is a labour process, what does its product look like? Human beings? Commodities? Labour power? Who performs it and what are the direct or indirect uses of domestic labour? Does it have a value and of which sort –use, exchange, or both? How is this value determined? What are the circumstances (and constraints) under which domestic labour is performed? What is its role in relation to reproducing labour

power, overall social reproduction and capitalist accumulation more generally? Is the production of people comparable to that of capitalist production or does this operate outside of capitalist relations? (Vogel, 2013:184)

To answer these questions, one stream of Marxist feminists, including Silvia Federici, Mariarosa Dalla Costa and Selma James, launched a famous movement Wages for Housework Campaign in 1972, approaching housework as productive labour that creates surplus value, and thus calling for a waged salary. In paying attention to skills, tasks and whether as well as how they should be compensated, these feminists played an important role in showing how all the activities undertaken in households should be considered as work directly benefiting the capitalist economic system (Kofman and Raghuram, 2015). However, some scholars like Lisa Vogel (1983, 2013) argue that domestic labour produces use-value, rather than exchange value; labour that operates in the way different from the capitalist mode of production. For another group, housework is an unproductive labour since it does not produce a surplus value, and following this understanding, feminists like Maxine Molyneux and Heidi Hartman founded a 'dual-systems' approach which emphasised two distinct spheres (production versus reproduction) as the best ways of analysing reproductive labour (Ferguson and McNally, 2013).

However, it was Vogel (1983, 2013) who made the path for what we know today as social reproduction theory, with her unitary approach of systematically connecting the processes of reproduction and production within the total social reproduction. Even though human beings as potential labour power are reproduced differently from other commodities under capitalism, their reproduction remains essential for reproducing capitalist relations. Vogel shows that the structural relation and hence, the necessity of domestic labour for capitalist accumulation, not the gendered division of labour per se or transhistorical patriarchy (although they have been systematically produced and reproduced over time) is what puts women in an unequal position in relation to men. Due to their greater responsibility for the generational reproduction of labour power, at least for the time of biological reproduction, women cannot fully participate in the waged labour force (Vogel, 1983,2013).

Therefore, the domestic labour debate has broadened the scope and changed directions of critical political economy that was exclusively focused on the processes of production with the male worker as its symptomatic figure. However, as Kathi Weeks (2007) points out, while those feminists recognised that reproductive labour does not produce only material objects, the

debate was still organised according to the Fordist imaginary of factory production, trying to show the resemblance domestic labour had to such work (Weeks, 2007:236). The crux of this approach was the claim that women as domestic workers are relevant revolutionary subjects and reproductive activities are categories worthy of theoretical analysis. Yet, in emphasizing the capitalist character of domestic work, the range of activities and especially those with more affective attributes such as caring were overlooked (236). What contributed to the narrow interpretation of reproductive labour was a focus on the limited site of households like the other institutions and social arrangements were not included in reproducing populations. The debate is also criticized for its ethnocentrism, failing to consider the ways in which domestic work was organised outside advanced capitalist countries of the Global North. For example, in some countries in the Global South, communities played a greater role in organising social reproduction, and in the case of certain socialist countries, reproductive sectors were subsidized by the state. Moreover, the presence of paid reproductive labour where the use value is immediately transformed into the exchange one and the long history of migrant domestic work was somehow not connected to the domestic labour debate (Kofman and Raghuram, 2015). Hence, the domestic labour debate was unable to grasp the complex manifestation of reproductive labour within the global economy and failed to connect it with the overall social reproduction.

### **1.1.2 'Care chains'**

Beginning with the 1990s, women who migrated globally to provide care attracted many researchers with the term 'care' implying various meanings (Kofman and Raghuram, 2015). This included, for example, meeting physical, psychological, emotional and developmental needs of one or more persons. This term can also embrace a range of experiences and the relationships of trust, obligation and loyalty that contribute to someone's well-being. Care does not exclusively refer to assisting disabled and dependent members of society, but also incorporates those considered able-bodied, be they friends, partners or even the self (Kofman and Raghuram, 2015:52). As such, Kofman and Raghuram (2015) argue that care has the potentiality, albeit often unrealised, to enrich the debates on reproduction. Instead of focusing on either care receivers or care givers, both of their needs could be taken into account and analysed simultaneously within the specific context of the institutional provision of care (53). Paying attention to the emotional aspects of reproductive labour and linking this to the

economic restructuring of global capitalism in terms of transferring care work from poorer to wealthier parts of the world, feminist researchers on care had a wider reach than the domestic labour debate from the 1970s.

Arlie Russell Hochschild and Barbara Ehrenreich (2003) in their edited volume *Global Woman* argue that because of what is vaguely called ‘globalisation’ “women are on the move as never before in history” (2). Since global inequalities have immensely intensified, many women from the Global South and post-socialist countries migrate to the wealthier countries of the Global North, in search of better opportunities, to work as nannies, eldercare workers, cleaners and sex workers (Hochschild and Ehrenreich, 2003: 2). They identify four main migration streams. One stream goes from South-East Asia (e.g. Bangladesh, Philippines, Sri Lanka) to oil-rich Middle East and Far East countries (e.g. Arab Emirates, Saudi Arabia, Hong Kong, Malaysia, Singapore). Another stream includes populations who migrate in great numbers from the former Soviet bloc to Western and Northern Europe, so, from Poland, Romania and Bulgaria to Germany, France, England and Scandinavia. The third stream moves from Mexico to the United States, while the fourth one goes from Africa to various parts of Europe. In that sense, France has become the destination for the migrants coming from Tunisia, Algeria or Morocco; and Italy receive female workers from Ethiopia and Eritrea (6). Whereby the relationship between imperialist countries and their colonies was characterised by the transfer of material goods, today, beyond relying on agriculture and industrial production from the Global South, what distinguishes the operation of power relations is the transfer of something that cannot be easily measured – affections and companionship, or what in some cases can even be called ‘love’ (4). Hochschild and Ehrenreich coined the term ‘global care chains’ where more privileged women leave care work, creating a gap filled up by migrants, whose places then need to be covered by more disadvantaged women, thus, generating a never-ending care chain.

In emphasizing the importance of managing emotions for global economy, Hochschild and Ehrenreich made visible what was often left unnoticed in the discussion on migration flows and economic restructuring. For Hochschild, this has a long trajectory going back to 1979 and her book *The Managed Heart* where in referring to the work of flight attendants she was the first who introduced the notion of emotional labour, or according to her, the human capacity to induce or suppress feelings to produce a proper state of mind in oneself and others. Hochschild also argues that nowadays this capacity is increasingly sold on the market as a commodity

administered by large corporations (Hochschild, 1979, 2012: 26). As such, she has made a valuable contribution to analysing the emotional aspects of care.

Whereas the sites of reproduction were stretched between households internationally, the notion of reproductive labour was still restricted to the realm of domesticity, thereby implying a narrow analysis of all the parties and skills involved (Kofman and Raghuram, 2015: 56-57). Since the main focus was on the care which migrant women provide for more privileged women at the expense of their families back home, the social reproduction of the migrants themselves was missing from the discussion (57). In addition, such an approach rests on a strict dichotomy of Global South and Global North where Northern women are seen as more intertwined with the market structures and freed from patriarchal chains, unlike their Southern sisters (Ibid.). As a result, some feminists searched for another approach capable of grasping the multidimensional relationship between social reproduction, the neoliberal state and capitalist accumulation.

## **1.2 The revival of social reproduction**

After a relative silence of Marxist critique in the 1990s and early 2000s, reproductive labour gained attention among feminist researchers interested in political economy, such as Isabella Bakker and Stephen Gill (2004), Suzanne Bergeron (2011), Susan Ferguson (2010, 2017) or Adrienne Roberts (2012), to name a few. Within social sciences, feminist geographers like Cindy Katz, Sallie A. Marston and Katharyne Mitchell (2003) interrogated reproduction as something which is spatially extended and takes many forms in new neoliberal economy. Their approach to social reproduction as well as that of Bakker's (2007) has found a fertile ground in Fernand Braudel's (1981) interpretation of material life as variously interconnected with the economic sphere, and when joined together, forming part of one machinery. Relating the reproduction of populations to the reproduction of economic systems, the term social reproduction is preferred for explaining the systematic interdependence of production and reproduction, thereby gaining its meaning as it was initially described by Marx, yet starting from the point he left undertheorized, that of reproducing labour power. In this regard, the everyday activities necessary for maintaining life, various institutions (e.g. schools, hospitals, state, church) and the labour markets on which they rely, all participate in reproducing the conditions for sustaining the system as a whole. Even though the reproduction and production



are not the same, they cannot be interrogated in isolation from each other, but should rather be seen as unified. If it were otherwise, as Tithi Bhattacharya (2017) reminds us, there would not be an explanation why the worker is subsumed into capitalist relations before the process of production even takes place (76). Moreover, these two processes can occur simultaneously at the same place as is the case with paid reproductive labour in residential homes, public institutions or private households (74-75).

Thus, going beyond interpersonal tasks to better understand the processes necessary for reproducing people, (potential) workers and society in general, the framework of social reproduction offers a stronger structural analysis than care, where the link can be made between micro (an individual) and macro (the global economy) (Kofman and Raghuram, 2015: 55, 63). In so doing, for example, in the case of live-ins, it is possible to make the connection between daily routines constituted by care receivers, agencies that recruit care workers and the welfare regime, in other words, the apparatus through which social reproduction is organised. Hence, the process is shaped by various factors, not only the reproduction of individuals in need of care, and this has a great impact on the reproduction of the worker herself. If we take a step further and look at the material conditions that caused the migration of care workers, this reveals the complex operation of capitalist accumulation, which can be analysed at different levels.

Notwithstanding the specificities of the live-in programme, it is insightful to examine Clare L. Stacey's (2005, 2011) research on home aids in the US, where she discusses home care workers' approaches to navigating such a physically and emotionally demanding job. This research helps to give a better understanding of how these women find the importance of this job for themselves and others as a way of situating their work within larger power structures. However, it is important to mention some key differences between mine and Stacey's case study. First, her research is based on personal experiences of home aids working and living in the US, where the relationship between state provisions and private market differs from the welfare regimes in Germany, Austria and Italy, affecting the corresponding organisation of care and working conditions. Second, respondents in Stacey's research visit clients in their homes during assigned working hours. As such, they do not live with wards as is the case with my interviewees, which considerably changes the level of intimacy and labour intensity. Moreover, these two projects have different scopes with a varying approach to the topic, both methodologically and theoretically. Nevertheless, some similarities can be drawn between the

meaning of work performed on another person's body at their home and the accompanied strains that come with those working arrangements described by Stacey, which I also recognised while talking to care givers.

Commitment to materialism and the theory grounded in “the embodied human practice through which social-material life is produced and reproduced” is what identifies Marxism, according to Susan Ferguson and David McNally (2013). This practice, or in Marx's words, “the first premise of all human history”, is labour (quoted in Bhattacharya, 2017: 2). Building from here, the goal of the thesis is to delve into this embodied human practice, examining the ways it is conditioned by capitalist accumulation and its potential to disturb this process. What further complicates the story is when the labour process is devoted to reproducing someone's life, exposing a complex and contradictory reality of economic and so-called ‘non-economic’ spheres.

In analysing the conjunction of these spheres, Susan Himmelweit (1999) argues that the fact (paid) care is also shaped by interaction and companionship, where a caregiver cannot but care about the elderly's well-being, makes it less susceptible to full commodification, seeing that the motivation is not only monetary. As such, care is one example of what Margaret Radin (1996) calls ‘incomplete commodification’, since the activities are not entirely ruled by the logic of the market, despite the monetary exchange. Similarly to Marx and Gramsci, and more recently Bakker and Gill (2004), Radin (1996) draws a distinction between work and labour, with work being a broader term defining theoretical and practical human activities that always contain a non-commodified element, while labour is the aspect of work that is fully commodified (Bakker, 2007: 37). Due to the reasons mentioned above, I mostly use ‘work’ when referring to the care activities with which my interviewees are engaged. In order to highlight its durability and the processual component, I sometimes use the term ‘labour process’ as well. In the moment of selling her labour power, labourers' capacities become instrumentalised and subjugated to the alien power of capital, resulting in the estrangement of the labourer from her work (labour) which is not the case with all the activities Ferguson (2017) describes as ‘concrete labour’ where a worker is in direct contact with the final product. Especially when cultivating deep relationships it becomes practically impossible to detach from the wards and the support they require.

However, its physical and dirty ‘other’ can be easily lost from the view if care is only analysed as a transfer of feelings. In this regard, scholars focusing on the activities care workers perform

on the clients' bodies – such as Julia Twigg (1999, 2002), Kim England and Isabel Dyck (2011) – highlight this component of care, also commonly called 'body work'; the term popularised by Carol Wolkowitz (2002) to describe the work that involves touch and manipulation of another person's body. Together with Rachel Cohen (2011), all of these scholars interrogate the challenges brought by having the human body as a working material, namely, the impossibility of full standardisation (Cohen, 2011; Wolkowitz, 2018) or the moments of intimacy and dirt (Twigg, 2002; England and Dyck, 2011), which stand in opposition to the neoliberal drive for rationalisation and efficiency. To deal with the complexity of body work at a minimal cost, physical aspects of care have been largely transferred to migrant workers and other minoritarian groups thus, playing a crucial role in the global division of reproductive labour (Twigg et al., 2011: 10). Attentiveness to the details of the bodies being worked upon and the activities required for their maintenance can be one point of departure from which micro and macro can be analysed and brought together.

But, before proceeding any further, it is necessary to define certain concepts which have been frequently used above and are important for the discussion on social reproduction: the process of capitalist accumulation, labour power and its reproduction.

### **1.3 The reproduction of labour power**

Marx, as explained by Lisa Vogel (2013), understands labour power as all physical and mental capacities of a human being exercised every time she produces a use-value. A use-value is something that satisfies human needs and wants (143). As such, labour power or the capacity for useful labour is a necessary condition for the existence of humans, irrespective of any historical moment, although its form varies according to specific socio-material conditions. Its potentiality is realised when labour power is put to use in a labour process. As Vogel notes, once the labour process begins, the bearer of labour power contributes the process in a way that labour in use becomes labour itself, and it is therefore distinguished from the bodily and social characteristic of its bearer (Ibid.). Nevertheless, labour processes do not operate in a vacuum, but rather within a certain mode of production. For production to keep going it must be continuously reproduced, ensuring that labour power is contributing to labour processes without a break. Social reproduction, when seen as a connected whole, reproduces the conditions for production (144). This is true for every mode of production where there is a need

to secure the conditions for labourers to enter the labour process and be replenished. Therefore, every social process of production is at the same time a process of reproduction (Ibid.). Even though, as Vogel reminds us, reproduction and production are similar and in some instances are used interchangeably, they are not the same from a theoretical point of view. In the process of replacing the human capacity to work, the reproduction of labour power may not include a combination of raw material and the means of production. From here, it follows that reproduction of labour power is not itself a form of production (144).

In class societies, labour power is the capacity of direct producers to accumulate surplus value which is then appropriated by the ruling class. Hence, the bearers of labour power are the members of the exploited class (148). In capitalism, surplus value, appropriated as a means of exploitation, appears in the form of waged labour (157). To make sure that workers are willing to sell their labour power in exchange for wages, they must be disposed from the means of production where the wage becomes a necessary (only) way to meet their substantial needs. As capitalism proceeds, it tries to subsume new areas under the rule of accumulating profit, therefore making more populations dependent on waged labour (Bakker, 2007).

When put to use, labour power takes the form of a commodity, albeit a peculiar one, bought and sold on the market. Like all commodities, it has value and use-value (Vogel, 2013: 169-170). Its value, in the form of a wage, corresponds to the costs of maintaining and replenishing the labourers, which may include providing the means of subsistence for the non-working members of society (e.g. elderly, disabled) and generational replacement (e.g. bearing children). The costs vary according to historical and moral circumstances that will determine the amount of wages needed for sustaining households (Vogel, 2013). For instance, throughout the Victorian period or breadwinner model after WWII, women were encouraged to stay at home to perform domestic labour, while at other times, women (or even children) entered waged work, for example, during industrial 19<sup>th</sup> century capitalism or more recently in the periods of its neoliberal form. State provisions can also supplement or even replace the wages.

The use-value of labour power, on the other hand, depends on its ability to obtain more value, hence, the ability to accumulate surplus value (169-170). According to Marx, every labour process consists of necessary and surplus labour. In capitalist employment, one part of the working day, known as necessary labour, is equivalent to the value of the commodities workers need to regenerate themselves. For this part, workers get paid and Vogel calls it the social

component of necessary labour, while the rest of the working day is devoted to producing surplus value for the capitalist for which the worker is not paid (157). Yet, the wages diminish the difference between necessary and surplus labour time where all labour appears to be paid. Unlike Marx, Vogel recognises another part of necessary labour which is not directly linked to the process of creating surplus value, but is nevertheless crucial to it – the domestic component of necessary labour, or domestic labour (158-9). Whereas the social component and the wage a worker receives for it enables them to purchase commodities, before commodities are even consumed, domestic labour needs to be performed. Domestic labour is often situated outside of capitalist production. As such, it becomes disassociated from waged labour (159). In capitalist societies, domestic labour is largely undertaken by women, where men have historically contributed more to the sphere of (paid) labour markets. Building on the legacies of gendered division of labour in earlier class societies, demarcation of the social component from its domestic labour has become even more difficult under capitalism, for the purposes it has in sustaining capitalist accumulation (160). Especially in times of intense industrial production, it was very important that someone's 'private' life did not interpolate with the life performed at their (paid) workplace (160-1). This distinction of private and public has strengthened other binaries such as domestic and social, family and work, or women and men, in this way naturalising the realm of domestic and its accompanying activities as a priori feminine, something for which material compensation is not needed. Although, as we know, gendered composition within labour processes has changed, the activities of reproductive labour, whether paid or unpaid, have kept their (strong) feminine character.

Many of the labour processes which are implicated in generational replacement and providing a means of subsistence for non-working members are carried out as forms of domestic labour. Hence, for the reproduction of labour power and therefore overall social reproduction, three main aspects are important: access to commodities through the form of wages as a means of reproducing direct producers, taking care of those who are not directly involved in accumulating surplus value, and the renewal of labour power either through child bearing (generational replacement) or other means (Vogel, 2013). It is important to say that domestic labour is not only undertaken in (working class) households. A lot of domestic labour is also performed in hospitals, orphanages, concentration or labour camps, to name just a few. Similarly, although child bearing is still a dominant way of replenishing labour power within heterosexual kinship arrangements, new workers can enter labour processes through migration,

slavery or as an industrial reserved army that can be recruited when needed. Throughout the history of capitalism women have been one such example of this reserve army (166-7).

Following Marx, capitalist accumulation relies on the growth of surplus value that can be increased in relative or absolute terms according to the ways in which necessary labour is reduced. Absolute surplus value is gained by intensifying the labour process or prolonging the working day for the same wage so that the labour power is cheapened. On the other hand, relative surplus value is made by increasing productivity, for example, through introducing machinery or technological improvements (Vogel, 2013). Since Marx was mainly focused on the production process within factories Vogel adds another crucial way of reducing necessary labour time. In order for the worker to invest more time and energy into accumulating surplus value, domestic component (labour) must be reduced as well. When cooking food and washing clothes are replaced by consuming ready-made meals and using washing machines, or when time spent on walking to work is reduced by using personal cars or public transport, workers are more available to engage in waged labour, creating both relative and absolute surplus value (Ibid.).

As mentioned above, capitalist accumulation constantly appropriates new areas which are not yet subsumed under its rules. This also means recruiting more people within waged labour, consequently affecting the quality and quantity of domestic labour (161-2). Domestic labour can be reduced if it is overtaken by the state in areas such as education and health care or it can be socialised, subsequently becoming a new resource for profit making as is the case with fast food restaurants and laundromats. Recruiting (cheap) migrant labour is also one way to deal with the brunt of domestic labour. Governments can contribute by providing tax subsidies or direct cash payments for the services of reproductive labour (162). To what extent state interventions and engagement with new workers or particular gender norms will intertwine in securing the conditions for social reproduction depends on the requirements of each historical-material phase of capitalism, available resources and the (class) struggle over satisfying substantial needs. One current manifestation of capitalist accumulation will be delineated below.

#### 1.4 New enclosure, neoliberalism and global restructuring

Authors who discuss social reproduction in the context of neoliberalism, like Isabella Bakker and Stephen Gill (2006), note how, in many ways, the mechanisms of governance which have been present for the last four decades and have (successfully) spread throughout the globe resemble those of ‘primitive accumulation’ originally explained by Marx. Primitive accumulation is the process of subsuming different systems of livelihood and property relations under the dictates of capitalist modes of production (Bakker and Gill, 2006). For example, in the transition from feudalism to capitalism in 16<sup>th</sup> century (Western) Europe, a large percentage of the peasantry was deprived of their lands. Left without a means of production, they were encouraged to find jobs elsewhere, mostly waged employment in factories due to growing industrialisation. Consequently, many populations became dependent on wages as the only means of survival. In Silvia Federici’s book *Caliban and the Witch* (2003), she builds on the notion of primitive accumulation to explain how witch hunts, occurring during the same period, dispossessed women from their bodies and (alternative) knowledges concerning reproduction, especially abortions. In so doing, capitalism managed to gain control over the processes of reproduction, shaping the ways people lived down to the smallest details.

Considering another socio-historical context, neoliberal policies implement similar control over people’s lives, although they use different mechanisms at various levels of governance. Bakker and Gill (2006) argue that since the 1980s the expansion of the world market for capital, accompanied with the mainstream development paradigm, has had tremendous implications for the organisation of social reproduction. The set of juridical-political measures imposed on the dominant framework of accumulation, new constitutionalism, reconfigures governments and constitutional forms so they can operate according to greater market discipline, thereby enabling better fluctuations of capital (Bakker and Gill, 2006: 40). This means that juridical infrastructure has to be modified in order to support and protect flows of private investors and multinational companies (43-44). As such, capitalist accumulation is allowed a broader sway where more resources are commodified and new markets are created (45). Even though self-regulated market structures and the liberalisation of both labour and capital are common features of global economy, these socio-economic shifts have disproportionately affected newly established capitalist regimes and countries with lower currencies as was the case with many regions of the Global South and post-socialist Eastern Europe. Moreover, when the essential factors for survival, such as shelter, food or even water, become a matter of profit-making, the

conditions under which populations reproduce themselves become extremely precarious. Such an attitude makes neoliberalism fairly unsustainable as a socio-economic project and, following Nancy Fraser (2014, 2017), prone to crisis. Although it is integral to capitalist production in general, nowadays this attitude also shakes the ground for overall existence in an unprecedented way. For this reason, there are also set measures that deal with the damage produced by unlimited accumulation, whether this is economic crises, impoverishment of populations or ecological disasters, trying to make neoliberalism a politically sustainable project (Bakker and Gill, 2006: 46-47).

To go beyond the misleading conclusion that neoliberalism is merely a set of economic measures, it is important to take into account the ways this has affected the governance of social reproduction, which can be analysed on three levels: macro (world markets and world policies), meso (institutions: the state, the market and the family) and micro (individual) (50). At the macro level, international financial institutions such as IMF or World Bank regulate the supply of money and interest rates both in Global South and Global North countries, making governments more dependent on the global markets and private provisions while the state's funding into activities of reproductive labour have shrunk considerably. Contrary to the principles of universal care, caring institutions are now increasingly driven by market values. A notable example is the General Agreement on Trade Services (GATS) that promotes privatisation of services including public services in education and health care, as well as those in agriculture and tourism, with the assumption that competitive markets will improve their quality and contribute to the economic growth (37). But, to make a neoliberal project justifiable among populations whose own reproduction and thus existence is in danger, this also requires governance at the individual level. Hence, neoliberalism is premised upon the image of an ahistorical individualist who is their own proprietor and equal with everyone else. This individual, fully responsible for her own well-being, does not have any obligation to society and vice versa. Therefore, private mechanisms of self-help are promoted instead of communal organised care, meaning that a decent standard of care, when needed, is a matter of privilege and a smart investment (50). For many people, it is too expensive to detach oneself from the community and to ask for help outside of the home. Consequently, various activities of reproductive labour have (again) started taking place within households. Bakker (2007) identifies this move towards (re)privatisation and rationalisation of social reproduction as a 'dual moment'; on the one hand, services of reproductive labour are returning to private



households where they ‘naturally’ belong, and at the same time, the same services are being commodified and put on the market (545).

### **1.5 Welfare regimes and the organisation of social reproduction globally**

However, to say that states have divested from provisioning social reproduction would be an overly simplistic explanation of complex and dynamic ways the activities of reproductive labour are performed in various contexts. Additionally, the conglomerate of public and private provisioning accompanied by ideologies concerning family and gendered relations is in no way unidirectional, as Kofman and Raghuram (2015) emphasise in their analysis of global social reproduction. Even though there is a general trend towards diminishing the resources necessary for social reproduction, they cannot be destroyed entirely since they simultaneously enable the processes of production. Thus, a very careful navigation is needed to maintain capitalist accumulation at minimal costs. As previously mentioned, sometimes particular interventions are enacted to support reproductive labour or even to prevent a public revolt, which ultimately restores production as well. For example, according to Kofman and Raghuram (2015), whereas many Global North countries are facing the withdrawal of welfare support, this is not the case with much of the Global South, where international institutions in the post-Washington consensus period agreed to implement measures which provide safety for those most affected by the shift of production and social reproduction into the market (Kofman and Raghuram, 2015: 71-72). In this case, like in many other regions throughout the globe, welfare regimes extend the framework of national states’ involvement in global restructuring.

A welfare regime could be simply defined as a systematic arrangement that ensures people’s livelihood. To acquire a better grasp of multidimensional forces that shape different welfare regimes, the metaphor of the diamond is often used, with its four main nodes – the household and family, the state, the market (national and international) and the so called ‘third sector’ (NGOs, charities and community organisations) – intersecting with each other across various socio-economic spaces and times (Evers, 1996; Jenson, 2003; Razavi, 2007, quoted in Kofman and Raghuram, 2015: 72). Through this prism it is also possible to analyse certain strands of social reproduction such as domestic work, child or eldercare and their articulation within each node (Ibid.). Despite the complexity and the changing character of every welfare regime, some general classifications can be made. The first, a liberal model, is based on the welfare payments

that ensure only a modest standard of living. While in countries like Canada and the UK universal health care services are still present, for the US this is not the case. Austria and Germany are characterised by a conservative-corporatist model with high levels of benefits, protected public employment and a stratified earning-related system. The third, a conservative variant model with strong familial welfare and stratified benefits, can be found in Southern Europe. Additionally, there is the social democratic model, present in Nordic countries, and this is based on universalism, socialisation of familial responsibility and publicly funded facilities. Many countries like France or the Netherlands, since they share the characteristics of different welfare regimes, cannot be categorised within only one model (69). Outside OECD countries the situation is somewhat different. Sharkh and Gough (2010) identify at least seven welfare clusters. For example, the ‘proto welfare state’ is a combination of high state spending and welfare outcomes with conservative stratifications common among some Latin American (e.g. Argentina, Brazil, Costa Rica, Uruguay) and most Eastern European countries. Another example is the ‘successful informal security regime’ where marketized social welfare is subsumed under the goal of economic growth, and this is typical for the productivist welfare states of East Asia such as Taiwan and Korea (quoted in Kofman and Raghuram, 2015: 69-70).

### **1.5.1 Household - the site of paid reproductive labour**

Mainly due to feminist critique of male-centred approaches to welfare state theories, as Kofman and Raghuram (2015) explain, the household has become an important site for many researchers interested in welfare policy and the often-contradictory relationships it has with the notion of home and family (74). Like all other aspects of everyday life, the structure of the household and the division of labour in the same has gone through great changes caused by social, economic and political shifts. There is a combination of activities, as an integrative part of reproductive labour, which are carried out in the house such as cleaning, preparing food, household maintenance, gardening, sustaining the relationships between its members and providing care for both dependent and independent individuals. Therefore, households are places of socialisation that play a crucial role in constituting someone’s understanding as a classed, gendered and racialised member of society (75). All these activities can be paid or unpaid, with different employment contracts, whether they are informal or formal, regulated by the government or labour markets, or a combination of all. In addition, the same activities can be undertaken by different actors. For example, a cleaner can be a family member, a person

employed by an agency or someone working for the public sector (73). Ideologies concerning a certain sector will affect the ways it is performed as well. In this regard, childcare is considered as a profitable investment in future labour power and thus a concern of various national and international strategies (e.g. European Employment Strategy) (82). This, however, is not the case with eldercare which is more commonly carried out by the private and third sector. Ideologies around who is supposed to provide care and whether the elderly should be placed in institutions also play a role in care arrangements. While in many parts of the world family is still seen as a primary care giver, due to greater involvement of women in waged labour, declining informal care and changes in family arrangements (where many older people live alone), paid home care has become an important means of providing care (83).

Paid housework is increasingly arranged by different agents and institutions where the withdrawal of the state as a direct provider enabled the third sector to enter. Hence, today various NGOs and charity organisations are implicated in securing (paid) domestic labour, and care work in particular. This also resulted in recruitment of migrant workers as those who would accept flexible working hours, long shifts and intense work for a relatively low wage. Recently, housework has been facing one of the highest rates of employment with a growing number of migrant women participating in these activities. So, unlike the assumption that domestic servants are a matter of the past, some archaic preindustrial time, authors like Linda McDowell (2009) and Rachel Parreñas (2015, 2017) show that households across both the Global North and Global South, especially after the 1980s, have become the sites of paid reproductive labour.

Parreñas (2001, 2015), one of the prominent experts on domestic workers with a focus on migration flows from the Philippines to different regions of the Global North, symptomatically calls migrant houseworkers ‘servants of globalisation’ as she also titled her 2001 book. Pointing to the brunt those women have to take due to the reorganisation of reproduction and economic restructuring, Parreñas (2015) successfully links the racialised and gendered division of reproductive labour in both sending and receiving countries with the neoliberal policies and (contemporary) migrant regimes. This does not mean that men do not partake in (paid) domestic labour, but rather acknowledges that the great majority (approximately 80 percent) of (migrant) domestic workers are female (ILO, 2013; in: Parreñas, 2017: 114). When men are employed in the household, they often perform, as Parreñas would say, non-nurturant activities such as gardening, lifting people or driving (Parreñas, 2015: 49).

Yet, the phenomenon of transferring traditional female services is not new. In the ancient Middle East, the women of conquered populations were often enslaved and brought to the victors' households as maids. Throughout the 16<sup>th</sup> to the 19<sup>th</sup> century among African slaves there were many women recruited as concubines, domestic servants, or both (Hochschild and Ehrenreich, 2003:5). Besides the arrangements of slavery, there is a long history of women traveling either short or long distances to find employment in the sectors of reproductive labour, as Franca van Hooren, Birgit Apitzch and Clemence Ledoux show while giving an overview of care work and migration in Europe (van Hooren et al.,2018). It is presumed that by the 1900s in Paris, only 8 percent of domestic servants were born in the French capital (364). With the development of transportation, many domestic workers crossed national boundaries or even oceans to improve their standard of living. For example, Irish domestic workers moved to work in Britain and the US in the 19<sup>th</sup> century, while Germans were working in Dutch households during the 1920s and 1930s (Ibid). In the course of the 20<sup>th</sup> century in the US, minority and migrant women occupied paid activities from working in households to low-level institutional service work such as nursing. The women at the lowest positions were replaced by more disadvantaged ones, new migrants, thus creating what Evelyn Nakano Glen calls "a racialised hierarchy within reproductive labour" (Glen, 1992 in: Kofman and Raghuram, 2015: 59, Teeple Hopkins, 2017: 136). Building on the history of slavery and harsh racial segregation, Glen was one of the first to analyse the interlocking nature of sexual and racial division in reproductive labour, which in turn affects the ways it is organised, compensated and in the end valued.

For a few decades after WWII there was a decline in employment of domestic workers due to the state's income support, intended to stabilize devastated post-war economies, and the stimulation of a breadwinner model, whereby reproductive sectors in the socialist countries enjoyed relatively good support from the government (van Hooren et al.,2018: 364). As neoliberal globalisation started to occupy the ruling position in the world's economy and other non-capitalist regimes began to decline, in the climate of deepening inequalities, a need for domestic workers increased again, intervening in migration processes. According to the International Labour Organisation's (ILO) 2013 statistics, there was a rise of almost 20 million migrant domestic workers in the period between 1995 and 2010 (Kofman and Raghuram, 2015: 28).

Therefore, following Kofman and Raghuram (2015), the traditional image of the male migrant employed in more publicly visible sectors (e.g. mining and construction) does not provide a full picture (if it ever did) of migration flows. Today, women make for at least half of the populations who migrate. While mostly employed in the services of social reproduction, their contribution to spheres such as export production zones (textile, electronics, garments) and food production is noticeable (34). Moreover, the common assumption concerning the directions of migrations should be reconfigured and updated. Whereas the South-North migration is still the most common route of people's movements, flows within the Global South are, according to Kofman and Raghuram (2015) large and economically significant (21). For instance, places like Hong Kong or the United Arab Emirates have become attractive destinations for many migrant workers. Strictly dividing the Global North from the South is dangerous as it risks homogenizing the Global South where, especially after the emergence of neoliberalism, structural adjustment programs and political reforms, hierarchies have been reorganised within the states, consequently changing migration streams (Ibid.). Although many flows are dependent on historical legacies, be they colonialism (see Marchetti (2014)) or guest-worker programmes, regional blocks (EU, NAFTA, ECOWAS, MERCOSUR) established after the 1990s reoriented fluctuations of people by granting them rights of residence, working permits and social protection (24). In this regard, the enlargement of the European Union (EU) has made it easier for many Eastern and Southern Europeans to migrate towards wealthier parts of the continent.

### **1.6 Live-ins and circular migration**

One example of intra-European flows is the feminised migration from Eastern European countries to Western Europe, mostly Germany and Austria, to work in the care sectors. Many women from the former Soviet bloc and other socialist republics were encouraged to migrate due to the changes in welfare provisions and labour markets which limited the government's support in activities of social reproduction and left a considerable number of people without jobs due to the closure of public companies. The niche area of care work, especially the informal one, is the easiest option for many of those looking for a job abroad in terms of skill requirements and the needs of labour markets. For instance, in the case of live-ins, a basic knowledge of the language and a short course in caring are needed. Even though both Austria and Germany had transitional measures that restricted labour migration after EU enlargements

in 2004, 2007 and 2013 (notably, Austria still has restrictions for Croatian workers), they allowed some citizens from the new member states to work in private care (Lutz and Palenga-Möllenbeck, 2012, in: van Hooren et al., 2018). In so doing, many women from countries like Poland, Slovakia, Romania and more recently Croatia have become employed in so-called 24-hour care.

As it is operating within the conservative-corporalist welfare model, the care work in Germany and Austria is organised according to a fairly familial care regime (van Hooren et al. 2018) which means that families get direct provisions from the government to take care of their dependent members. In this framework, family is seen as a primary career, thereby encouraging the elderly to stay at home, with public shaming of nursing homes contributing to this picture as well (Lutz and Palenga-Möllenbeck, 2010: 422).

Helma Lutz and Ewa Palenga-Möllenbeck (2010), researchers working on migrant care work in Germany with a focus on Eastern European migrants, mainly Polish, note that the state's payment of individual allowances is a result of long-term care insurance introduced in the early 1990s in which care is financed through the insurance system, rather than tax-financed. Since it does not cover all the costs of care, citizens have to buy an additional, private insurance. Families that provide care for their members at home receive transfer payments, while nurses are directly paid by the government (Palenga-Möllenbeck, 2010: 422). Yet, to ensure nursing services for a person in need of 24-hour care, the state's provisions are insufficient. Hence, families look for other options offered by the (growing) market where they can pay live-in migrant care givers with these direct transfers (cash allowances). As it was unable to provide other ways of care, the state supported this solution, so it is not surprising that otherwise organised labour market regulations like the German ones leave the situation of live-ins in a grey area where neither the working conditions or assigned duties are clearly stated (Neumann and Hunger, 2016). Contrary to a common assumption that national laws are inapplicable for posted workers, Neumann and Hunger warn that basic working rights apply for all workers in Germany, even for those hired by foreign agencies (Neumann and Hunger, 2016: 126). Following this statement, it does not only mean that 24-hour shifts are an illegal way of employment in Germany, but also that, after dividing it to each hour, live-ins' salaries are much lower than the allowed minimum wage of 8,5 euros per hour. Moreover, since they are employed in private households that cannot be entirely controlled by the state due to privacy laws, home aids fall outside full legal protection (Ibid.) Even in Austria, where some efforts

were taken in 2006 to regularise a previously grey economy sector, as Gudrun Bauer and August Österle (2013) note, this programme was intended to attract Central and Eastern European women. By granting them working permits for this specific care arrangement of biweekly or monthly shifts, the main aim of affordability could be achieved as well (Bauer and Österle, 2013: 464-465).

Therefore, the rotational work of Eastern Europeans was also present before the first EU enlargement in 2004 where for example, according to Lutz and Palenga-Möllnbeck, Polish domestics would rhythmically change shifts with other female colleagues and family members while working in German households (Palenga-Möllnbeck, 2010: 424). The relative spatial proximity from the sending countries to Austria and Germany enabled this type of circular migration, allowing migrants to work abroad for a few weeks or months after which they return home for a couple of weeks before leaving again (van Hooren et al., 2018: 368). Circular migration is still present in this type of labour migration, yet the self-organised model was changed after 2004 with intermediate agencies recruiting care givers and assigning them to families (Ibid.). In addition to the agency in Austria or Germany, there is the one in a sending country, the agency responsible for the legal employment of live-ins (Neumann and Hunger, 2016). Even though workers can be recruited directly from the agency in the destination country, many women entered this profession through care agencies. Employed in this way, care givers work abroad as posted workers within the constitutional framework of providing free service in the EU, paying taxes and social contributions in the countries of their origin (Neumann and Hunger, 2016: 125). The system could be explained like this: there is an agency in a sending country officially employing workers and making the pool of care givers available for agencies in Austria, Germany or Italy that, since they are in contact with care receivers, allocate workers to each family. The agencies placed in Croatia also recruit live-ins in Northern Italy, the region of Sit Tirol (the German speaking part) where eldercare is similarly arranged through direct transfers from the government.

When only employed by, for example, a German agency, a worker is hired through the self-employed schema, which makes her responsible for paying social contributions there. Given the unfamiliarity with the legal framework and language barriers, this is not the favourable option for many care workers. Nevertheless, since this type of employment is more profitable and enables workers greater freedom in choosing the duration of shifts, some of the informants still decide to have only one intermediary between them and the family. The duration of the

stays differs from two weeks up to several months. In Austria, shifts are shorter, often lasting for 14 days, while in Germany and Italy they are longer, with a minimum of one or two months. For instance, the combinations could be three, four or five months of working abroad and returning for one month.

While the age of (Croatian) live-ins varies, with an increasing number of younger women in their forties, or even twenties, who are without jobs and decide to migrate after finishing their university studies, the most common age is mid-fifties. From six respondents, only one is forty years of age with the rest being between fifty-three and fifty-seven years. Since longer stays contribute to higher pension benefits, many women try to prolong their shifts as this is the last chance to ensure some material security for old age. Importantly, as Kofman and Raghuram (2015) note, the growth of (paid) domestic work corresponds with the decline of the sectors where these workers were previously employed, such as the textile industry and small businesses, that either closed or were forced to downsize due to harsh privatisation and competitive markets (Kofman and Raghuram, 2015: 77). This resulted in a considerable number of people, mostly women, being left without a stable income at an age when it is unsuitable to retire and also difficult to change professions. As such, it is not surprising that many women, when they saw the job advertisement, as one of the respondents says, “accepted it without thinking twice”. This is not to say that men have kept their working positions while women have not; however, it is important to acknowledge how economic restructuring affects feminine industries (e.g. textile) and has damaging consequences for women. To meet the new conditions of labour markets, which require feminine characteristics of caring and managing household chores together with long working hours, these women have become the most suitable candidates, thus financially boosting impoverished households back home.

## **Conclusions**

In this literature review I showed that reproducing people is not a unidirectional process organised in the same way throughout the history of capitalism. Even though there has always been the tendency of reducing the costs of reproductive labour, every time and in each part of the world, state’s support, the level of commodification and ideological values are involved differently, consequently shaping the form and performance of social reproduction. However, some characteristics can be drawn concerning a specific period as it is now with neoliberalism



where there is a general trend, according to Bakker (2007), toward intensified commodification of the activities of social reproduction and their return to the realm of home. One such manifestation, albeit context specific, is visible in the implementation of 24-hour care arrangement applicable only for Eastern European caregivers working in Austrian, (Northern) Italian and German households.

While acknowledging important contributions of domestic labour debate and ‘care chains’, particularly those of moving the focus from production to reproduction and looking at the ways care and domestic work is played out globally on the backs of migrant women, I argue that the theory of social reproduction complicates the story even more thus, giving the more comprehensive understanding of the organisation of reproductive labour under neoliberal capitalism, where eldercare is not only a matter of individual households and welfare models nor certain migration flows, but, of all these factors (and many others) combined together. As such, it helped me to contextualise the working arrangement of my interviewees and to clarify their position first, within the welfare regimes of sending countries then, international division of reproductive labour and finally, within economic restructuring that encouraged these women to find employment outside national borders.

Yet, I want to go deeper, to see how these systematic changes are played out in daily practices of caring. In other words, to see in which ways market rationale has affected the most intimate aspects of people’ lives, the aspects I call here ‘micro politics of care’. Therefore, I proceed now to the analysis of working experiences of caregivers starting from their everyday rituals, which is one way, yet crucial to grasp the complexity of human life, and as such, social reproduction from the micro level. In the next chapter, by focusing on daily routines and the meanings they hold for my interviewees, I question to what extent mundane rituals can be subsumed under capitalist accumulation and whether they have the potentiality to disturb this process. Whatever the answer, as part of the overall social reproduction, these minute details of care are nevertheless a necessary condition for the economic system to exist.

## Chapter 2

### **The Politics of Everyday: Routines and Daily Arrangements of Social reproduction**

My granny gets up at 8 o'clock. Usually, I get up, I don't need a lot of time, around 7:15. It depends, now, during the winter because it is winter and it is dark until late, and during the summer sometimes before 7. Then, I do my ritual, I exercise a little bit. And, at 8 o'clock I get granny out of bed. Then, it's time to wash her face in the bathroom, change clothes, and, around half past 8 – breakfast, which consists of, granny likes my bread. I make bread at home. And granny likes that bread. Then, she eats the bread with their butter and marmalade. This cannot be left out! And coffee in the morning and of course, the medicines she uses. Then, after that, she goes to the toilet. This is some kind of a ritual for them. This is exactly on time. And after that, at 10 o'clock she has to take another medicine, drops, then, her daughter comes. Sometimes, just to sit with her for 5 minutes, to see her, to bring her something if she needs it. Then, lunch is at 12 o'clock. They have everything scheduled – getting up is at 8, half past 8 breakfast. Lunch is at 12 o'clock... Then, after that, granny goes to bed. After lunch, granny has a break and then she sleeps until half past 1. By the way, granny is demented. My granny is demented, and she has something that stuck with her from before, a ritual, and she gets up already at half past 1. And then, she gets some medicines as well. And, at 3 o'clock... And, in between she watches television. She is not able to move by herself and for most of the time she is sitting in the chair watching television with me. At 3 o'clock we have coffee, and we always have something to eat. Either pancakes or a cake, anything, but they prefer something sweet. And then, after that, at half past 5 granny takes sleeping pills. Dinner is at 6 o'clock. Bathroom is at half past 6, and at 15 to 7 – 7 granny is already in bed. And I am free from this moment, from 7 until 8 in the morning. However, granny gets up during the night to go to the toilet... My room is next to hers, so she calls me, and I hear her during the night. I wake up when she calls me. So, I get her out of bed. I help her to get up. She has a so-called *princeza*, a chair with a potty, and then I open the lid, she urinates in it, and that is it. Once or twice during the night, it depends on how much she drinks during the day. (Štefica, 14'40'')

This is how Štefica, a 53-year-old care worker who has been doing this job for five years in both Austria and Germany, describes her working day in the household near Dusseldorf. Despite the differences and specific challenges my interviewees face in their everyday experiences – in terms of clients' disabilities, wards' families, modes of employment and

working conditions, to mention just a few – all of them emphasize the importance that daily routines have not only for their clients but on their jobs as well. Since caregivers who are employed within a live-in programme live together with their wards, clients' rituals also structure their working days and lives. In such a setting where capitalist relations have increasingly penetrated some of the most intimate activities of everyday life, be they eating, sleeping, urinating or shitting, I ask to what extent these activities can be commodified, especially if affection and touch are taken into account. Are the scheduled daily routines, as described by Štefica, only the impulse towards their standardization, making them more marketable and easier to control? Or does their dedicated following while meeting human needs have something to say about the reproduction of life and the (economic) system in general? Can this process of following be creative, going beyond the imperative of productivity (commodification) while also being (paradoxically) constituted by it? Hence, does meeting someone's needs require more than just a following where deeper intimate connections are necessary as well? What do these activities tell us about the meaning of labour, exploitation and satisfaction?

Guided by these questions, primarily referring to Štefica's working schedule and Braduel's (1981) understanding of material life, I discuss the importance of everyday activities in resembling larger power structures as they create the conditions for economic activities to exist. From there, I will explore the meanings both caregivers and clients give to specific rituals as constitutive elements of providing care. Even though daily routines can serve as a means of controlling populations, making them suitable participants in the capitalist regime of accumulation, at the same time, they also consist of sensual components which are not so easily subsumed under the market rationale. This is especially visible in a working environment like this one, structured around personal needs and affinities on both sides of the caring exchange where creative impulses and enjoyable moments are more likely to happen. Despite its impossibility of being subjugated to the capitalist mode of production, those messy interruptions ensure the progression of the labour process (care work). Therefore, building on Susan Ferguson's (2017) argument how since it participates in creating human life, reproductive work enables other feelings and desires not motivated by profitmaking to emerge, I conclude by explaining the peculiar condition of (paid) caregiving in capitalist societies. On the one hand, care work opposes market rationale thus, obstructing accumulating profit while on the other hand, its non-capitalist aspects such as certain details of care, are necessary for

sustaining clients' daily reproduction, care service, and the social order more broadly that paradoxically tries to implement this rationale in every aspect of life.

## **2.1. Daily routines and social reproduction**

Like every live-in, Štefica provides around-the-clock care assisting the clients with their daily activities, from preparing food and feeding, dressing-up, getting out of bed to going to the toilet and bathing. After a considerable amount of repetition these activities have become routinised, making both Štefica's and the ward's life very well organised. At several instances she uses the term 'ritual' to describe the persistence of some of her client's habits, something deeply ingrained in the granny's personality. Even though they are a prerequisite for day-to-day survival building upon the biological functions of sleeping, eating and excreting, the ways they are played out are not universal or irresistible to changes, but rather vary according to the historical-material conditions and ideological values of a certain era/period. In order to connect these mundane human practices to the socio-economic structures, it is helpful to turn to Fernand Braudel (1981) and his approach to economic history analysed from 'bottom-up' and 'top-bottom' perspectives. One of his main concerns was how to give a long-term view of historical processes and to explain the persistence of certain events in the present. In his 1981 trilogy *The Structures of Everyday Life* he shows how human beings have created different forms of organising families and communitarian life, diet or costume in the process of adapting to various material pressures such as epidemics, climate changes, crop failures or famines (Braudel, quoted in Bakker, 2007: 542). While important for biological reproduction, these human practices are also directly linked to other spheres necessary for sustaining populations, such as food provisions, housing and health care, or in other words, social reproduction. They do not exist in a vacuum, but make the ground for other social relations to happen, namely those of production and consumption, that in turn acts upon them (542-3). For Braudel, capitalism, market economy and material life coexist in a hierarchical relationship to each other with capitalism at the top manipulating the market economy (connecting processes of consumption and production) and creating the material conditions of human existence (material life). Hence, economic history cannot be understood without looking at the interaction of all three parts of the pyramid. In other words, there is a constant struggle between the imperatives of capitalism and the necessities of material life, between capitalist production and social reproduction (543).

In this sense, the constitution of the household, family arrangements, gender norms, infrastructure, as well as the processes of consumption and production characteristic of each historical epoch determine the organisation of daily activities. For example, going back to Štefica and her client, the granny's toilet routine would be different if there was not an additional potty, 'princess', and if the toilet was outside the house the whole routine would be drastically complicated, requiring a different arrangement and time management. Beyond the house's equipment, preparing and consuming food in the living place is affected by the availability of the products in the supermarkets, agricultural production of that area and the financial status of the individuals who inhabit that space. While only a few decades earlier the performance of granny's rituals would be accompanied by her kinship family or close neighbours, today, her daughter comes to visit her for half an hour a day with daily routines being a means of making living/profit for Štefica and her agency. As such, meeting her most essential needs has become commodified and sold on the market in search of the most suitable caregiver, and granny's intimate mundane activities have gained a transnational character where her well-being now heavily depends on the live-ins recruited from abroad. Going to the bathroom, watching television, drinking coffee and eating pancakes as part of Štefica's working schedule signals the deep reach of neoliberal policy that, in combination with the familial welfare model, has managed to enter practically all aspects of human life down to the smallest detail.

However, this does not mean that market rationale has simply replaced previously 'non-economic' activities. Rather, following Bakker and Gill's (2003) explanation of a dual moment symptomatic of the contemporary arrangement of social reproduction, neoliberalism has appropriated some old patterns of reproduction and given them a new form. Despite restructuring kinship families, individual households have again become the main sites of care work where a paid caregiver, often a woman, resembles the old gendered division of reproductive labour. Braudel argues that a certain activity has greater chances of being generalised or structured once it is accepted as a response to current socio-economic circumstances and repeated many times. Due to their persistence over a considerable period of time, some structures become stable and taken for granted elements for innumerable generations (542). This can explain why certain aspects of social reproduction have gained different shapes over time while the gendered division of labour, as Bakker notes, is still present to a great extent (Ibid.). Similarly, micro politics of care, daily rituals of reproduction and small

pleasures have not been removed, but instead used, rewritten and performed in a different setting.

While the current reorganisation of social reproduction has definitely affected the client's daily living, for Štefica, this means that the entire time she is in the ward's house (approximately ten months a year), her days and nights are structured exclusively around the granny's life, not hers. Since they are expected to assist disabled elderly people in their everyday activities within their homes, many care givers I interviewed say they absorb clients' daily schedules as the only way to cope with such a work setting, something you cannot significantly change. After being countlessly repeated, especially if closely related to bodily needs, some rituals become deeply ingrained in the person's body, in this sense forming an indispensable part of individual identity, something which stuck with Štefica from her previous clients. It is not surprising that after losing a certain level of consciousness well-established routines are the only things that are left, the only things the body remembers.

On the question of the extent to which routine is important in a caregiver's job, it is useful to bring in the narrative of Maria, another care giver I interviewed. Maria is a 57-year-old caregiver, currently taking care of one couple in St Tirol (Northern Italy). Below, she recounts the value of routine:

It is very important! Very important. Ahh, I live together with them in the house, and I live as they live. And, you need to enter their world. Because, you simply must adapt. You cannot change anything... Some small things. (Maria, 18'40')

Interpreted in this way, repeated routines become, in Braudel's words, "habits that helps us to live, imprison us, and make decisions for us throughout our lives" (Braudel, 1981: 8, quoted in Bakker, 2007: 543). Making decisions for us, or living someone's life, as Maria mentioned, can lead to a state of alienation and estrangement, where there is no space for the worker to explore a range of potentialities other than steadfastly following the rules. When it is impossible to make the distinction between working and non-working time, as is the case with a 24-hour care arrangement, the live-in's whole day becomes practically commodified, subjugated under the direct control of capital. In that sense, the ward's daily rituals can be interpreted as the manifestation of that control, the means of disciplining caregivers, whereby their productivity is measured according to their ability to follow those rules.

## 2.2. Sensuous labour processes

Nevertheless, it is important to say that since the performance of material life is built upon the patterns developed throughout a certain period of time, there is a dialectical relationship, according to Braudel, between agency and structure, whereby everyday practices in their repetitiveness (multitude) add to and shape the historical structures that, in turn, act upon us and define our actions (543). Thus, in the same way that the relationship between social reproduction and capitalist accumulation is not unidirectional where all ‘non-economic’ activities follow the straightforward path toward commodification and rationalisation, in day-to-day survival, human agency is not entirely lost but, again, reworked, challenged and even incorporated into the current social order.

Bakker notes that despite neoliberal aspirations to reach the deepest areas of personhood, or in Wendy Brown’s words, to “transform the soul”, in reality, resistance to this contradictory rationality takes place on an everyday basis (550). Especially in the context of hands-on care where intimacy and companionship are required, the relationship between employers and employees cannot be understood simply as an economic equation. In the end, every labour process is much more than an economic exchange. As Bhattacharya explains, the ‘economy’ or the sphere where a worker gets paid for her working day is based on the premise of ‘equal’ exchange between a capitalist and a worker who enter this relationship as legally equal parties (Bhattacharya, 2017: 69-70). Whereas the received wage stands for the equality of that transaction, it indeed justifies and conceals the abode of exploitation on which this exchange is based as well as the concrete reality of the labour process. In that sense, ‘economy’ is merely a cover that hides the animating force of the system – human labour – which re-establishes itself as a complex social relation and the source of value under capitalism, restoring the ‘economic’ process, according to Bhattacharya, “its messy, sensuous, gendered, raced and unruly component: living human beings capable of following orders – as well as of flouting them” (70).

Going further to unlock the labour processes and their messy, sensuous and unruly components, I would like to explore if there is something more to this than simply following rules while living other people’s lives in return for money. Moreover, is there any potentiality in dedicatedly performing tasks while caring for a disabled person? For example, what does it mean when Maria says: “You cannot change anything... [only] some small things”? What are

those small things, and do they bring any particular significance to the aids' work, in that way becoming important aspects of survival in this world as well? Although I do not want to romanticize interviewees' often exploitative working conditions, which will be further discussed in the fifth chapter, I would like to highlight that there are some aspects that cannot be simply subsumed under the market logic of efficiency motivated only by economic reasons. By talking to these women, it is interesting to see the ways in which they find meaning and sources of satisfaction in their jobs by emphasising the great capacity they have for caring and being knowledgeable about their clients' specific needs. Many times, satisfying those specific needs, emotional needs in particular, involves a certain amount of creativity that exceeds the prescribed duties of care workers. In so doing, by dedicatedly following rules or paying attention to the minute details each client requires on an everyday basis, the workers paradoxically flout the same.

### **2.3 The process of adaptation and the creative potential of care work**

Even though every relationship between aids and their wards is specific, depending on many different actors, all of the participants emphasise that companionship with clients is a crucial aspect of the job. In this way, cultivating trust not only makes it possible for daily activities to proceed smoothly, but also enables aids to enter into "their world", as Maria would say, taking on the wards' rituals and ultimately their needs. Yet, this trust and deep understanding is not easily achieved. Every time when a care worker comes to a new family, a considerable amount of time is needed for both sides to adapt. An aid needs to get used to having another working and living environment, while a client has to adapt to a 'stranger' in their home. Often, the process of adaptation requires a lot of patience where aids use various methods to gain the trust of their wards. Again, daily rituals are of great importance. This is what Maria says:

Step by step. You gain trust, little by little, every day. For instance, this was an old lady who used to live in luxury. She had many opportunities. And so, I need some time to enter this world. For example, I did not live like that, but so what... At one moment we become actors. For instance, in the morning, she has tea for breakfast. English tea. This is two bags of tea. It has to be strong. *Stark!* Tea with milk. But, if I hadn't poured boiling water into the cup first, only water, and then thrown this water away... At first, for three days I did not get what she wanted – she left the table and, as soon as I brought water, I poured the water and she threw



it away. I thought to myself, what is she doing? The cup is washed. Dishes are clean. She even had a dishwasher. She did not say what she wanted. I did not understand what she wanted! Then, I asked her: 'Why do you throw this water away? Is it not cooked enough, or should I boil it again?' And then she said: 'First, we have to warm up the cup. The cup needs to be hot.' And I said: 'Would it not be hot from tea? I poured boiling water, so, would it not be hot?' 'No! The tea will get cooler if the cup is not hot'. And then... You try to do her routine, but she does not say what exactly should be done, she shows by example. Then, when you start to get the grip of what she likes or does not like... I cut thin, really thin slices of bread for her. I sit next to her... And so, at the same time I can have breakfast as well. Of course, we eat together. I put my hand on the table, and she strokes my hand just a little bit. Then, the next morning, I stroke hers as well, the whole hand. And she is happy! And she says: 'You are so gentle!' Indeed, every human being needs a touch, they need tenderness, they need love. (Maria, 34'05')

In order to engage with another person's daily rituals it is important to pay attention to the minute details and the specificity of the client's lifestyle, which in turn cannot be realized without a certain amount of trust and closeness, to that level when even words become redundant. Or, when they are there, they add to the already established relationship, to express the satisfaction of Maria's presence as a way of appreciating her contribution to the lady's well-being. However, there was a long journey for Maria to get that recognition for the work she performed. While the lady was craving intimacy, at the beginning she was reluctant to let the caregiver enter into her life, daily rituals, and in the end, her body. Maria was required to reorganise her life not only in terms of coming to the stranger's house, leaving her country of origin and her old life behind, but also to adapt to a new lifestyle which was previously unknown to her. Following the lady's routines encouraged her to acquire new skills without which such care would be impossible. Yet still, this was not enough. Maria arrived with original strategies of approaching the client's body, carefully calculating every move so each time she could come a little bit closer, even encouraging the old lady to respond in the same fashion. If she was only having breakfast and making sure that the client was fed, the moment of affection would not happen. In this instance, it was important to go beyond the required minimum of what was expected from her as a care giver. Therefore, together with attentive manoeuvring of daily rituals, creativity and readiness to respond to new situations have become necessary in cultivating their relationship.

Here, there are two things I would like to underline. First, entering the client's life and becoming accustomed to her habits is a complicated process that cannot be simply reduced to a mere 'unconscious' repetition. Accordingly, the care giver is asked for full engagement and is expected to always be prepared to exceed her prescribed duties. In that sense, instead of imprisoning Maria's creative potentiality, daily activities did exactly the opposite, at least to some extent. On the other hand, as an integrative part of the lady's personality, performing rituals in the exact same way she had been doing for her whole life made it possible for her to be in touch with the life she used to have, despite being the age of 97. For her, leaving the house was not an option. She even refused her son's offer to live with him, as Maria once noted. If she must die, this has to happen at her home. As such, mundane routines and their delicate performance have become the site of cultivating the lady's integrity, but also the space of great intimacy which she was willing to share with the care giver after a certain point. Maria knew that if she wanted to gain trust from the client, she needed to master those rituals, to integrate them, albeit with a personal (unique) touch. She managed to do this with a great sensibility and a dedication to care. In the end, she received the much-needed approval and positive feedback from the client while simultaneously improving the quality of care. Put like this, the procedure of drinking English tea or cutting very thin slices of bread acquire a different meaning, thus becoming a crucial aspect of the client's daily reproduction and in that sense, of Maria's job as well.

Some women went even further in 'disturbing' assigned duties of the home aid by implementing creative elements, which in turn extended the clients' needs. Jadranka, a 40-year-old care worker, currently working in a household near Graz (Austria), describes herself as a unique and creative home aid. Recalling one of her previous wards, Jadranka notes:

And it is true... Most of them want something other than what we would think they need. They just need someone to smile to them. Ninety-nine percent of them only want to enjoy life. They don't need 60 pills a day either, or what not. With my last granny – I painted her nails. She said she had painted nails for the first time in her life. And this turned into our ritual. Then, I did a manicure for her, and so on. And I played music - a little bit of Croatian songs, Serbian, Turkish, all kinds of songs. So, in the evening we would get out of this familiar framework...I do not know what to say...Why should it be like this, if this makes her happy, if she sang with me Lily Marlene, screaming in the kitchen – why not? To be perky and cheerful? And why would this be wrong? And why should I play cards with her

only because she always plays cards at 5 o'clock? And she is not focused on cards at all. Because her brain is somewhere else at the moment, right. ... So, I even danced a belly dance with my grandpa, [laughs]. My grandpa, so, this was my first client when I came to Germany for the first time, I taught him how to use a tablet. He started playing games. I usually play computer games a lot. Then, his daughter bought a tablet for him. He read newspapers on it. So, he, as an 83-year-old man was so enthusiastic about the fact that he mastered this so well. ... I had another grandpa. He was bored with everything. He suffered from depression so he walked up and down all day long, and then he, it's terrible, something bad can happen to him because he has difficulties walking. Then, I sewed with him since he was a sewer, and he really liked his job and all this. And then I took some old sheets, drew hearts and flowers on them, and I told him to sew embroiders. Then, the two of us used to do this together just for him to calm down sometimes. You simply must have this kind of creative ideas or something to entertain them with.

On the question of whether those creative activities have a positive effect on her as well, Jadranka replays:

Well, I like it, I enjoy in it. These creative things are relaxing for me too. Especially if I see that it works for them. ... But I like it. The most important thing is that we do something together. If I can get some free personal space, why not! So that they can amuse themselves. However, many of them are not able to do it on their own or they need to be encouraged. (Jadranka, 25'-30')

Guided by the premise of meeting clients' needs as best she can, Jadranka realised that the official duties prescribed to her as a caregiver are insufficient to entirely satisfy these needs, to make them happy. In that sense, medicines and some well-established rituals are not what they want, according to her. Maybe it keeps them alive, but for Jadranka this was not enough; care should and can go far beyond that. To do these extra tasks, a caregiver needs to know a client so they can become close with them. In this way, care work is specific because it necessitates cultivating a relationship in which a stronger personal tie provides a higher quality of service. Unlike other types of service work involving emotional labour – where connections are made with strangers – this is not the case here. To know the client and her needs is part of the job, and as such, there is a greater chance for the caregiver to care about a ward, even more if they share the same living space. While this emotional encounter can be mere 'artificial' and 'fake', another acquired skill to make profit, due to established trust and affection, it would be difficult

for live-ins to not seriously consider the well-being of their wards. In the end, a happier and relaxed client makes Jadranka feel more comfortable in her workplace as well. It is in this desire for another's well-being, often including catering to their physical and emotional needs, where Susan Himmelweit (1999) sees the limitation of care work to be fully commodified and led entirely by the market requirements.

As with all forms of concrete labour, according to Susan Ferguson, since care givers are in direct contact with their product, they are less alienated from the process of production and assign meanings not only to the finished product, but to the labour processes as well; processes motivated and intertwined by workers' decisions, companionship and creative impulses (Ferguson, 2017: 122). Yet, unlike many forms of concrete labour, these women participate primarily in a somewhat peculiar type of production, that of human beings, or better said, reproduction. Since the daily maintenance of people, in this case the elderly, requires actual spatial and temporal organisation, the monetary value live-ins get for their work cannot be entirely extracted from the material realities of these activities. An alive human body is calling back. Its desires, happiness, anxieties, habits, a need for love as well as for eating or excreting cannot be simply neglected. Rather, they affect care givers and incite further actions. For Jadranka, having a depressed person next to her was an alarming signal to change something, so she looked for the activities that could help the grandpa to feel better, to calm him down. Observing the one grandpa becoming more relaxed as well as another one mastering a new skill, left Jadranka with feelings of pride due to her successful caring and teaching practices. As such, even though she is no longer taking care of these clients, these experiences remained with Jadranka, and she still becomes excited when recalling them. They will probably stay in her memory for a long time, resisting erasure and being placed in the storage bin as another product she produced that day. While it is true that people engaged in assisting with these activities sometimes alienate themselves in order to survive in a working environment structured according to someone else's needs, the fact that they can choose (to some extent) how and when they want to engage with a labour process opens a space for pleasure and playful moments to emerge.

Whereas for Maria it was very important to incorporate the lady's rituals as a way of cultivating trust, necessitating a certain creativity and an ability to adapt to emerging situations, for Jadranka, with the same goal in mind, creative impulses encouraged her to arrange new activities by replacing the old ones. Even as something new without a long trajectory behind

it, after several repetitions, painting nails or singing in the evenings became a ritual as well, a customary activity in their daily schedule. In that sense, it was also a site for sharing intimacy between Jadranka and the client, their safe zone shaped by feelings of affection and excitement. The granny finally got the chance to express herself, to activate her creative energy that would otherwise have been left unrealised if they continued playing cards at 5 o'clock. In so doing, they overthrew the imprisoning habits (breaking the burden of the alienated) that diminished the client's capacities to fully participate in (actual life) reality where newly established rituals opened up the space for both a care giver and a care receiver to flourish.

Following Ferguson's discussion on the antagonism between play and labour under capitalism, we could say that Jadranka and her client managed to engage in the sensual and conscious (practical) human activity which is commonly called labour or work that is, according to Marx, "the premise of all human history, the very generator of society" (118, 119). They offer a taste of what could happen in a society with unlimited access to the resources and freedom to act according to personal affiliation where the reproduction of ourselves and social relations can be enjoyable, playful and creative. Yet, as Ferguson reminds us, capitalism cannot tolerate this. It needs instrumentalised individuals alienated not only from their labour but from each other, and from their sensual selves (120). By continuously delimiting the possibilities of everyday existence, capitalist modes of production have affected all conscious practical human activity, be they waged or not. This systematic repression of sensuous engagement with the world can be seen in various instances, from scheduling breaks and meals at workplaces, establishing productivity quotas, controlling birth rates, to social and institutional norms around sexuality, health care, education and social reproduction more generally (121). The daily schedules of my interviewees and their clients can be seen as the manifestation of this impetus toward rationalisation of human life, making it more predictable and easier to control, especially when governed by the health care system and the requirements of the labour market as is the case with this particular arrangement of care. In that sense, their relationship is largely determined by the logic of capitalist accumulation which has the specific role of sustaining labour power in the current society, although this is not put to work at the moment.

However, since caregivers do not only participate in the reproduction of labour power, but also the reproduction of life, their working environment is also shaped by the personal needs of clients and caretakers, their desires and creative energies (Ferguson, 2017: 122). They are shaped by the grandpa's anxiety, the lady's needs for touch as well as by the great joy in singing

and dancing. Moreover, Maria's wittiness in making the old lady feel comfortable and Jadranka's magnificent drive for creativity both directed the way care was performed. Sometimes daily routines, especially when supported by medicines (e.g. sleeping pills, medicines for urinating), are nothing more than the manifestation of successfully disciplining the body to do everything "exactly on time", as seen with the example of Štefica's granny. On the other hand, as unavoidable sites for sustaining life, daily rituals also have an important role in activating the human sensibilities necessary for conscious engagement with the world. Either by refusing to perform activities that delimit wards' capacities and implementing new ones or by intervening in the already established habits, it is impressive to see how Maria and Jadranka managed to free those sensual and playful aspects from their clients. Whatever the case, rituals become the sites of the greatest creativity, cultivating trust and intimate relationships. Despite capitalism's need to diminish those sensuous and playful components, since it relies on human life and its ability to participate in capitalist accumulation, these elements cannot be disregarded entirely, but rather exist in parallel to the market rationale providing the alternative to the same. Without this dual nature of care work present in its delicate daily performance – the contradiction which is characteristic for all reproductive labour under capitalism – the experience of these women cannot be fully grasped.

## **Conclusions**

Within a live-in programme, it is practically unimaginable to have daily routines without care. On the one hand, these caring routines imprison caregivers 'enforcing' them to embody clients' habits as their own; on the other hand, there is a lot of trust and companionship required from live-ins in order to integrate another person's rituals into their daily lives. In the process of adapting to the new wards and the unfamiliar working environment, home aids go beyond 'officially' prescribed duties, implementing various methods and creative strategies to build a close relationship as a necessary aspect of direct hands-on care. While dedicatedly following well-established rituals, care workers simultaneously disrupt these procedures, giving them new meanings and thus significantly affecting the lives of those for whom they care. Not only do creative impulses improve the quality of care, making the living/working situation more bearable for both sides, but they also raise some of the core questions of Marxist theory by mingling play and work. More specifically, they bring up the questions of labour, alienation and the im/possibility of pleasure under capitalist relations. Since care work contributes to

creating human life (like all other activities of social reproduction), other ‘non-capitalist’ elements shape its possibility of existence as well. Hence, such a working environment conditioned by the personal needs of care receivers and care givers opens up the space for the emergence of enjoyable and playful practices. Yet, those (creative) moments are not so easily realised and are instead “step by step”, as Maria says. They require time, they require patience, they require compassion, they require commitment, and maybe most importantly, they require labour. Labour that, despite the risk of being alienated when sold on the market, cannot be entirely deprived of its spatial-temporal reality and embodied experience, its messy and affective character that obstinately resists standardisation. But, it is exactly these grey areas and intimate relationships which assure that the capitalist economy proceeds smoothly. Even though they are not officially part of the job, a gentle touch or playing computer games make the ground for the labour process to exist. What is unique about the current regime of capitalist accumulation is that drinking tea, painting nails and dancing at someone’s home have become a matter of profit-making, whereby the importance of these activities for capitalist production is visible as never before. Therefore, the daily routines of care workers and their wards say a lot about the organisation of human life down to the smallest details; its complex relationship with discipline and capitalist relations as well as its disruptive potential.

In the next chapter, I take a step further in interlocking the emotional and physical facets of care work and the significance this holds for the clients’ families and health care system, forging a clearer connection between the minute practices of care and larger power structures. A great commitment to care and the ability to know clients’ needs enable respondents, again, to extend those needs, whereby their creativity expressed in the form of innovative healing practices is even recognised by medical ‘professionals’.

## Chapter 3

### **From Unskilled Workers to the Necessary Experts: Emotional and Physical Contributions of Live-ins**

While in the previous chapter I discussed the importance of minute details of care and daily rituals for the sustenance of care recipients and the labour process, considering the systematic relevance as well, in this chapter I want to be more specific about live-ins' contributions to the various parties involved in this care arrangement by focusing on the worker's capacities to provide physical and emotional support. Like in all kinds of care work, the neat distinction between these two aspects of care – physical and emotional – is hard to make when they are intertwined and occur simultaneously and at the same place. However, they are analysed separately to show the specificity of each, paying attention to the range of skills and activities which are included. Starting with emotional assets and referring to the key figure when it comes to emotional labour, Arlie Hochschild (1979, 2012), I examine the variety and intensity of managing feelings present in the daily experiences of my interviewees. Especially within a live-in arrangement, emotional support in care work is not only built on intimate relationship, but as Maria points out, it also serves the purpose of reproducing human life, consequently implying a greater responsibility and a more complex set of feelings than other service jobs and most of the activities of social reproduction. As such, these women appear to be aware of the vital role they have for the clients' lives in their final stages where Božica goes a step further by interpreting her job as making up for 'uncaring' wards' families. Together with intense emotional labour, live-ins engage with physical aspects of care, or body work, that is in no way less demanding. Simply put, body work, according to Carol Wolkowitz (2002) and Rachel Cohen (2011), involves the manipulation or touch of another's body.

Since they are the ones who spend the most time with clients, live-ins are the most knowledgeable about the client's needs, which gives them the sense of authority over the labour process, a fact which is also elaborated on by Clare L. Stacey (2005, 2011) in her work on home aids. This links to the working experiences of one of my interviewees, Ivana, who discovered new methods of healing which intersected with the assigned duties, while directly benefiting medical 'professionals'. Contrary to the common perception of live-ins as



‘unskilled’ workers, these women make it clear that without their commitment to a high standard of care and their incredible skills in handling emotions and frail leaky bodies, the maintenance of clients, their families and the health care system would be simply impossible. Therefore, in covering up the empty spot left by potential providers of care and by extending the quality of this care, live-ins are a key element in the conglomerate of social reproduction.

### **3.1 ‘Feeling rules’ and the brunt of emotional labour**

Ivana, a 54-year-old caretaker, who has been doing this job for five years, currently working in a place next to Nürnberg (Southern Germany), has “specialised” herself for palliative care. She describes how every time she comes to a new family she stays with clients ‘until the end’ participating in the most intensive parts of their lives in terms of the physical and emotional support they need in those moments. Despite economic reasons that encouraged her to work as a care giver, helping people both physically and emotionally plays a crucial role in her job, motivating her to constantly improve the quality of the care she provides. Affiliations toward care work have a long trajectory for Ivana, drawing upon her dreams from childhood, where she aspired to become something like a nurse or a doctor, although these dreams have not been realised due to life circumstances. Thus, she immediately accepted the offer to work as a live-in. Among my interviewees, it was common for them to have an innate talent for care or a personal preference emphasising service to others and a commitment to high-quality care, although not all of them expressed this to the same extent as Ivana when describing their motivations and attitudes toward work.

No matter which level of commitment is present, it is important to note that altruistic feelings and compassion are affected by various power relations and social norms that consequently determine their value and price when sold on the labour market. To better understand the governing of emotions in oneself and others and their usage for commercial purposes, the notion of ‘feeling rules’ proposed by Arlie Hochschild (1979, 2012) is quite helpful; the term she uses to explain the ways emotional exchange is administered in each context where all the involved actors participate accordingly. Following this, various social roles accompanied by categories such as gender, age and religion form the baseline of what types of emotions are acceptable and encouraged at certain events. In this regard, women navigate their emotions differently from men, and children’s management of feelings varies from that of adults

(Hochschild, 2012). Additionally, the relationships between kinship family members is conditioned by altruistic motivations to care rather than profit making where female members (i.e. mothers and daughters) are more expected to express the feelings of love and kindness, consequently undertaking a greater brunt of care work. Since the space of home has certain connotations of domesticity and the family, similar 'feeling rules' determine live-ins' approaches to work and relationships with clients, whereby service to others plays an important role in their motivations for working.

Although commitment to help and the feelings of love and companionship cannot be easily measured, especially in domestic environments, they should not be taken for granted as always already there but rather, as Hochschild (2012) shows, they should be seen as something that is actively shaped and (re)established during the labour process. Formulated like this, the emphasis is moved from personality (that everybody has) to the distinct type of labour that manages emotions with required skills (Ibid.). Despite their immateriality, my interviewees seem aware of the fact that these feelings are indispensable in order to perform (paid) care properly, making it clear that for those who do not feel *anything* for their clients, it is better not to do this job. Some of them, like Ivana or Štefica, were prepared for specific 'feeling rules' before entering the profession. For example, since she decided to apply for this job, Štefica has been doing it with love in the way that care for an old, dependent person is expected to be done. Others simply accepted the fact that they are here for their clients, to meet their needs, which includes a certain amount of emotional support as well.

Due to sharing intimate moments of daily living and established affection as previously discussed, the relationships cultivated within the live-in programme are often strong, and according to Hochschild (2012), the deeper the bond, the greater the variety of exchange and repayment will be. In that sense, the range of qualities, nuances and actions that are received and given is far more complex between these women and the care recipients than between random strangers with only minimal interaction (Hochschild, 2012: 62). While talking to her, Maria was keen to highlight the complexity of emotional aspects of care she engages in and the importance they have for her client:

I think this work should be more appreciated. This is not just, as commonly said, wiping asses. This means taking complete care of a person and living with a person who is at the end of their life. It is necessary to talk really a lot, I don't know... People are different, some pray

a lot – they are religious. They are like that. Some people live in their own worlds they used to inhabit before. Therefore, it is necessary to adapt quickly, enter that world and try to make it nicer. To invent stories all the time in order to bring some happiness into their lives. Usually for them...mostly, it's fear! They are all in fear of death. Fear of loneliness. Fear of illness. They are full of fears. You should constantly fill them up with something in order to overcome this fear. All the time, talking, talking, talking. To have a gift of speech, first of all. Second, to be somewhat familiar with the language. I know I say a lot of things incorrectly, but for them, it doesn't matter anymore. Somebody is there, next to them. This sense of security – the fear is reduced immediately! So, I think this is the most important thing.

(Maria, 62'30'')

Building on the story Maria provided in the previous chapter, processes of adaptation were used as a way of “entering the client’s world” so she could satisfy the needs of the old lady. According to Maria, these needs – that of companionship, tenderness and love – are *universal* for every human being. Here, Maria points to the amount and intensity of labour required for inducing those feelings. Challenging the common assumption about her job, often looked upon as something dirty and simplistic, although ‘wiping asses’ is far from simple, she emphasizes the fact that majority loses from the view when talking about care work, and 24-hour care in particular; the fact that she is in charge of the complete care of a person at the end of their life which necessitates a complex set of emotional skills to deal with heavy and difficult feelings. In so doing, the service Maria provides touches upon some of the most basic existential questions. Namely, those of life and death, questions that are not given adequate concern in a society where the (human) existence is becoming largely a matter of calculation and profitability. Nevertheless, every human (material) life has its beginning and end for their specific trajectories, treatment and emotional engagement. While birth brings excitement surrounding all the potentialities of new life, on the other side of the spectrum, death signals the extinguishing of all these possibilities usually followed by illness, great pain and uneasy emotions which are further exaggerated if you are going through the process alone. Albeit largely unpopular, too dark to even think about and increasingly perceived as an unnecessary cost – one of the first things to be cut off – the ending like the beginning of life is still an inevitable component of human reproduction, and it must be addressed and taken care of, if populations are not simply left to die.

This is addressed in the way that the brunt of loneliness together with intense feelings of fear have been put on Maria's back, where she participates in a peculiar type of emotional labour which differs from many other jobs involving production and manipulation of feelings, due to the level of responsibility and the significance it has for her clients. For instance, flight attendants – the focus of group of Hochschild's ground-breaking piece *Managed Heart* (1979, 2012) – engage in the activity of creating a sense of safety and comfort during the flight, assuaging passengers' fears relating to potential plane accidents or flight phobias. All of these workers, be they sellers, masseuses or flight attendants provide some kind of emotional support, making the daily existence more durable for many and participating in the overall social reproduction.

However, depending on the stage of life and its material conditions, these activities both can and cannot contribute to a person's reproduction. In this regard, while popular and becoming more affordable, travelling by plane or visiting a beauty centre can easily escape someone's experience, or when they do not, they are not usually performed on a daily basis. With education or health care the situation is different. Today, they are in some form a part of the majority of people's lives. Going a step further, most of the activities of teaching, healing or nursing are rarely practised 24/7, and they therefore only participate partially in a person's reproductive circuit. This is not the case with a live-in programme where care givers are the main and often the only way of securing the clients' well-being. Living with a person of limited mobility and deteriorated health conditions means that additional services outside the home are of less significance for their survival. What they need the most is assistance in daily activities within the realm of household. Given that they are often alone – otherwise there would be no need for a live-in caregiver – these women are supposed to meet the clients' demands for companionship and warmth, and to reduce their anxieties and fears. For some, there is also more manual labour required, and I will discuss the physical aspects of care later in the chapter. Since she takes on the entire care of her wards, Maria makes it clear that she has become the crucial or most important figure for sustaining the client's life at this point, consequently undertaking a tremendous task.

Like everyone else, direct receivers of care are part of particular families, societies and welfare regimes, and therefore the service Maria provides has its role within those social structures as well. While trying to understand this role, I spoke to Božica, a 57-year-old care giver, currently taking care of an older couple near Salzburg (Austria). Specifically, I asked her to what extent

she thinks her job benefits the ward's family and the health care system more generally. Here is her reply:

I mean, it's important for old people because their children don't really want to take care of them. They are relatively cold, right. And for them, it is much easier to pay someone and then supervise that person, let's put it like this, to pay and supervise, better than... Rarely, very rarely, maybe out of hundred patients, out of hundred families in need of care, there is maybe only one person who would take care of their parents. All the others would rather pay. So... Those people dependant on others' care are indeed miserable.

A.P.: Why are they miserable?

They are miserable... They are miserable because they are not close to their children, and all this is a consequence of the fact that most of the children are kicked out of their homes at the age of 18... They (children) leave the house... This is all connected, right. And then, in old age, in that way, the kids pay them back by not caring for them, physically, financially maybe they are but then physically they are not, so then, a care worker is there to do it, right?

(Božica, 61'15'')

Božica is critical of the cold relationships Austrian parents have with their children, seeing this as the main reason for recruiting a paid caregiver in the family. Referring to 'uncaring' families can be interpreted as Stacey (2005, 2011) does in her research on home aids in the US, as a way of strengthening her image of a good worker, assigning meaning to a physically and emotionally demanding job that offers few material rewards while having the label of 'dirty work'. Here, criticising clients' families allows Božica to take a step further, expanding the meaning of the work she performs to the wards' children, thus situating it within the larger power structures of family and care institutions in the receiving country. In so doing, according to Božica, she makes up for lost familial connections, emotional closeness and solicitude that was never there or was missing from those who arranged care according to the familial-corporatist welfare model aimed to keep eldercare within private households.

Yet, beyond simply calling for some pastoral idealised form of family, Božica perceives close ties as a prerequisite for good care, and she believes that if this is not cultivated throughout life, there is a greater chance people will stay without it in old age or when daily sustenance necessitates help. Even if making deep connections is discouraged in some spaces – where there is praise for the ideal of the independent individual who is not supposed to rely on the

support of others – care and interdependence cannot be avoided for the reproduction of life, from its beginning to the end. They can be minimised, but as Božica shows, this still has consequences. As a result, warmth and companionship are lost, and according to Božica, this leaves the elderly “miserable” and alone. Not being willing to participate in others’ reproduction, in this case children, or only investing up to a certain point, comes back in the form of limited investment (or only financial investment) from the side of daughters and sons. As such, celebrating an individual who does not have any responsibility towards the society and the other way around is unsustainable, creating the climate where a familial welfare regime seems more ridiculous, and requiring a person from outside the family to solve these issues.

In addition to emotional support, physical aspects of care work are also something that children are often unwilling to undertake, transferring this responsibility to the care givers. While for Božica this is the result of cold relationships, Ivana says it is a matter of feeling uncomfortable exposing a naked body to the closest family members. Recalling one of her previous clients, every time Ivana was on holiday, instead of leaving it to the relatives, the ward needed to find another person to take care of those tasks. As recognised by other scholars working on home care, such as Kim England and Isabel Dyck (2011), entrusting the activities of bathing, excreting and clothing to non-family members secures wards’ sense of dignity in front of their children and spouses. Whatever the reason, a care giver, in this case a live-in, comes to fill that gap, becoming an important link in preserving clients’ family relationships; either in making up for the missing ones or maintaining already established ties.

Does that mean that the neoliberal project has failed and now tries to repair the damage by relying on the traditional role which the family used to have while simultaneously depriving families of their (emotional) capacities to sustain these roles? I think it does. The ‘phenomena’ of live-ins illustrates this dual moment of (re)privatising the rationale of social reproduction described by Bakker (2007), where the activities of reproductive labour acquire their well-known character, albeit in a commodified form. If they are lucky, care recipients can now get a whole range of services, from everyday small talk, releasing the fear and anxiety, to a life companion, everything that should have been ensured by the community, ideally in a kinship family setting, an ideal that has become fictional for many, and is only made real by policy makers and welfare regimes, or more precisely, by these women.

### **3.2 Managing bodies and the specificities of body work: towards the medical experts**

Whether holding a hand, assisting in walking, or bathing and changing diapers, body work is an indispensable part of live-ins' daily lives. Being in charge of the clients' most 'basic' needs, they are positioned at the bottom of the medical hierarchy. Officially, live-ins are not allowed to deal with any medical tasks such as giving insulin, measuring blood pressure, changing an oxygen pipe or giving the medicines doctors did not prescribe. These duties are assigned to a district nurse. When care workers notice any changes, both physical and psychological, they are supposed to let the medical authorities know.

To explain this hierarchy, it is useful to turn to Wolkowitz (2002) and Cohen (2011) who, while analysing the specific relation of the material body to labour processes, argue that there is a strong hierarchy according to certain body parts and the extent to which body work is involved. For instance, the scale goes from dealing with the dirtiest activities – such as excreting, direct contact with wounds and bathing – towards the ones with less touch (e.g. taking blood) to those where only minimal physical contact is needed like in a regular health check. In this sense, activities at the bottom are the least desirable and poorly payed, additionally having the label of 'unskilled' labour, in contrast to the far more appreciated tasks performed by 'skilled' medical professionals (Cohen, 2011). Considered as dirty albeit indispensable aspects of reproductive labour, body work has become a tiresome baggage that many, as described by Božica, try to get rid of or to transfer to someone else. Most of the time this is a migrant woman, the one who is willing to undertake heavy physical tasks for a low salary. In so doing, the intensity of work can be easily forgotten, whereby the label of 'unskilled' activity contributes to the image of this task – being in charge of someone's physical needs – as something which is merely simplistic and routinised, something that everyone can do. Nevertheless, these women show that the opposite is true. To meet someone's elementary needs very often requires non-elementary knowledge and skills.

Here, the adaptation, mutual trust and cooperation discussed in the previous chapter come together in full light, demanding the caretaker to invest a considerable amount of time and energy. Without these women presenting great commitment to their work and altruistic motivations, dealing with bodies that require around-the-clock care would be almost impossible. Depending on the level of disability, clients sometimes need to be looked after during the night, as is the case with Ivana's ward who suffers from great pain caused by a

decubitus ulcer, requiring her bodily position to be frequently changed. Thus, her working day (and night) consists of carefully adjusting bodily movements:

I mean, it's too hard. I adjust her hands, legs, entire back and the head while she's lying. Now it's fine, now it's fine. Yet, when I ask myself for how long, in five minutes, again. Or when I adjust her, she asks me to move her a little bit. Because her *illness* is like this. On days like these I wash her in completely cold water... Once she gets up from the bed, first, I have to give her a hands and legs massage only to be able to put her in a sitting position. And when she wends towards a sitting position, first, I have to crackle each vertebra in her back in order for her to sit. With my help, of course, otherwise, she would fall. She doesn't have enough strength to sit any more. And then, again, separating hands from the body so I could embrace her around the waist. It's not like when someone says, 'So what, I saw a video on YouTube how to transfer a person from the wheelchair into the bed'. 'Easier said than done', I say. Show it on the *patient* who is stiff like this one. (Ivana, 62')

Dealing with the client whose medical state is changing overnight, with a body that needs to be adjusted every few minutes, it is impossible for Ivana to have a prearranged or fixed schedule aligning with the client's immediate needs. In that way, the interview with Ivana was scheduled accordingly, taking place during the only break she had during the day, or the one she was supposed to have because there was still the chance of her leaving if the ward called. Thus, while discussing the specificity of body work and the resistance to its standardisation, Julia Twigg's (2006) statement about how "the body has its own timing" appropriately describes the current situation where the ward's bodily requirements determine Ivana's timetable, not the other way around. Her main preoccupation has become to separate the hands from the body in the least hurtful way or to adjust the legs in a way that works best for the whole skeleton. Going even deeper into the operation of musculature, bones and muscles are of deep concern, and to be adequately positioned they need to be prepared beforehand. By attentively manoeuvring the smallest movements, while finding the best position with the least pain, every part is carefully calculated according to the rest of the body.

Therefore, all segments cannot be treated separately but must always be seen in connection to each other. Such a treatment confronts the compartmentalisation of the human body which is symptomatic for mainstream medicine that, together with dividing activities according to the level of touch and dirt, has made different disciplines specialised for particular body parts and/or organs. In so doing, it has diminished a holistic approach to healing where not all the



involved actors are familiar with each other's work. According to Cohen (2011), this is one way to standardise a labour process, which indeed makes it easier to control. On the contrary, since Ivana is almost alone, or the main person responsible for the client's overall medical condition, she cannot look at each organ separately, as they are in constant interaction with all the others where even a single vertebra matters, reminding Ivana of its existence every time the ward wants to get out from the bed, sit down or take a shower. In the same way, stiff muscles call for attention, to be massaged regularly, and the skin asks for cold instead of warm water. Ivana needs to reply to all these modes of existence, knowing exactly when and how to react.

Whereas for a fully abled person these are mere details not worthy of special attention, for a severely disabled client like this they are the activities around which day-to-day survival is based. More precisely, it is not that they do not matter for someone else's life, since physical embodiment makes the ground for all human and non-human animals to participate in material life. Rather, the importance of bodily movements is more visible – demanding additional support – when severe pain is not allowed to become a secondary focus. The ward's survival is in no way simple but instead as highly complex and complicated as every organism, yet it is often dismissed when the ideal of independence is praised and everything to do with human flesh and the work to sustain it is hidden from view. Instead of avoiding talk about direct hands-on care, in her detailed description of the caring practice Ivana does exactly the opposite. It is even possible to see the sense of pride and satisfaction she feels while performing her daily tasks. In so doing, she reveals the intensity of her job, making it clear that being in charge of the declining human life asks for a great deal of attentiveness and 24-hour commitment that very few people are ready to do, building the image of an extraordinary worker who constantly improves the quality of service while purposefully choosing the most demanding clients.

Despite the drive towards standardisation as a way of making body work more predictable and efficient, the complexity of dealing with a human body cannot ever be completely reduced. The answer lies partly in the fact that beyond biological requirements, the relationship between Ivana and her wards is also shaped by companionship, whereby, as discussed in the previous chapter, a care giver will always try, at least to some extent, to improve the client's condition. Even if a deep connection has not been established, dealing with a human body that reacts and talks back makes it practically impossible to remain indifferent to the client's pain and the call for help. Another reason has to do with the specificity of each body, where its needs and stages of disability vary respectfully, thus asking for a unique treatment. Yet, this unique treatment

requires a considerable amount of resources measured either in time, energy, money or infrastructure, to name a few. Since the resources are not always available while care work cannot be entirely avoided, there is a need to come up with ways of reducing its costs, making it more routinised and easier to handle.

Besides using various medications and technology, as Cohen (2011) explains, one of the ways to standardise hands-on care is the spatial concentration of bodies in one place so, the time needed for the care worker to go from one client to another is reduced to a minimum. This is a common practice in residential homes with ten or twenty residents assigned to each worker (Cohen, 2011: 197). However, erasing individual approaches and not paying attention to specific needs necessarily impacts the quality of care. On the other hand, due to decreased public investment in the activities of social reproduction, what we are facing today is residential homes becoming largely privatised with the costs exceeding the budgets of many homes, encouraging them to look for the service elsewhere. This elsewhere often means a growing care market where, especially when supported by the state, care work becomes more affordable. For example, in the case of my interviewees, the direct allowance families get from the government for care givers is enough for two live-ins working interchangeably, yet it is only half for the costs of residential homes and even less for 'professional' home care. Therefore, for many families this is the best option, not only financially, but also considering the quality of care their frail members will receive. Almost all of the women mention how one-on-one care provides more space and time to devote to one person properly, consequently increasing the standard of care. When a caretaker shows such a stunning level of dedication as Ivana does, the quality of service goes far above all the expectations, providing the treatment people only dream about. In referring to her successful history of dealing with the most demanding cases of a decubitus ulcer, Ivana notes:

No matter she has an anti-decubitus mattress. No matter we are constantly being careful and turning her over, for her it was still the easiest way to lie on her back, it came close to her neck, the beginning stage of a decubitus ulcer. The second stage, the skin had already fallen off. The second decubitus ulcer was on her coccyx. Thanks to my persistence in, how to say, natural treatment, and of course, having asked her and her husband first, I cured it in a week. Without a sticking plaster, literally only with honey. I read about it and I heard about it, and in Switzerland they do it, even in hospitals. Eventually I made it. When I saw it, I said, let's try and do it, and she said, let's do it. I was thinking, the honey can only help. I had managed

to do it before the doctor came to see her and the doctor literally shook hands with me and (she) said that no one had ever done it before. It's not good only for decubitus ulcers, for any wound the honey is good in a way. The pure one, not the one from the store, but raw honey. I mean, I pulled it off, thank god, but you know... Okay, it was in a way only the beginning. Because, if someone doesn't know how to do it, it's all pointless. It was on such an inconvenient place on coccyx that, however you put the plaster, it would fall off. In half an hour, one hour it simply crumbles and falls off. I mean, it's like it's not there... I had a case in Berlin when I worked in a nursing home, a woman had a decubitus ulcer virtually on her head. On five-six different place on her body. So, we started to cure it in this way without her knowing it. Later, after I left, I heard that she was doing much better. So, I remembered this too, well, so I thought, let's give it a try. I like a lot to work with natural remedies, I don't know, with tea, people who have problems with their stool, older people. I like more natural stuff than syrups, suppositories etc. And especially people, older people, in Germany, they prefer alternative medicine, healthy diet, and all this. (Ivana, 9'50'')

A great commitment to care and performing her job the best she can encouraged Ivana to try or even discover some new ways of healing in order to help her clients. As those who spend the most time with clients, live-ins are the most knowledgeable ones about the wards' needs and their medical state. This grants them a sense of authority and we could even say courage to go beyond described duties and to approach a care recipient in the way they think is best for the client. Having necessary skills like managing emotions, bodily movements or domestic chores to ensure the labour process goes smoothly gives caretakers control over work practices, thus cultivating 'functional autonomy', the term used by Stacey to describe the type of autonomy home aids have at their workplace (Stacey, 2011: 92). Whereas courage is definitely important in making that additional step to adequately respond to the peculiar needs of the wards, what is behind Ivana's healing practice is also a creative impulse, or a thirst for knowledge that makes the whole process more enjoyable and playful. When the answer cannot be found in the given conditions, she is ready to invest extra time and energy to search for the most suitable treatment. For her, as Ivana once recounted, every medical 'case' she has not dealt with before is a source of excitement, motivating her to investigate more, to make research on this new disease or infection. In so doing, she has incorporated intellectual labour within a regular caring practice, improving her working skills and becoming knowledgeable about cases for which even mainstream medical practitioners cannot find an adequate cure.

Creativity in that sense has extended the sphere of emotional support as the means of gaining trust and enters the field of medical expertise. Her medical expertise was even recognised by physicians who directly approved her work after seeing the results of curing a serious decubitus ulcer. Given the stigmatised nature of their work, it is not surprising that care workers try to oppose this common narrative, as Stacey (2011) also recognises, by emphasising the benefits their work has for clients, their families, medical staff and the health care system in the country where they work (Stacey, 2011: 117). Ivana does not refrain from highlighting her capacities of impressive dedication and persistence, which differentiates her from ordinary care workers. Her extraordinary success has contributed to this image of the talented care giver who possesses, in a way, a special power of healing. As such, without her intervention (and knowledge) clients would be faced with disastrous consequences for their lives. While this is common behaviour for the workers at the bottom of a work hierarchy and a way of securing a sense of worth, according to Stacey (2011), approval from authority figures says that the service she provides has significance outside her 'private' world of identity construction and self-satisfaction. Furthermore, Ivana's example of curing a decubitus ulcer goes beyond the matter of recognition, from 'skilled' professionals to that of providing services which doctors were not able to provide, therefore, directly replacing their positions in the health care system. Again, she has revealed a stunning complexity in the labour process she is engaged with that incorporates various skills, from medical and bodily knowledge, empathy and closeness, to creativity and innovation. All these skills help Ivana to sustain her self-esteem and her clients' daily survival, and these incredible capacities to care make the work much easier for medical personnel and also seriously contribute to the broader health care system.

## **Conclusions**

Being in charge of someone's life in its final phase demands a particular type of engagement, both emotionally and physically. Whether this type of support is secured in a kinship family, residential homes or in any other way, the point is that affection and human interaction, even if commodified, are indispensable for sustaining relationships in particular and reproducing human life in general. Especially in moments of loneliness, the need for such support is exaggerated, whereby these women come as the best solution to undertake this tremendous task. While the close relationships with their clients resemble or even replace that of family ties, live-ins also perform the 'dirtiest' activities of direct hands-on care in order for clients to

keep a sense of dignity in front of their relatives. As such, there is a double contribution provided by care givers to the wards' families; they either contribute in preserving familial relationships or create them if they are not there. In the welfare regimes where families are seen as primary care givers, live-ins make sure that this can happen, at least from the state's view. Considering the emotional impact they have on the wards and their children, the work performed on the clients' bodies (body work) is equally important. This asks for a lot of patience and various sets of skills, as revealed by Ivana who has become a direct link to medical professionals and even entirely overtakes their responsibilities.

In a detailed description of their daily activities, care givers challenge the common assumption about care work being simplistic, showing the complexity and great responsibility required for their job, as is implied by taking complete care for one person at the end of their life. In so doing, the minute details of care and incredible attentiveness to the clients' mental and physical states have again proved to be indispensable for the existence of the elderly, but also to the preservation of their families and the sustenance of the health care system in its current form. Nevertheless, this commitment often demands a lot of self-sacrifice if not adequately compensated and can have damaging consequences for the workers themselves, consequently ruining the capacities for their own well-being. Thus, in the next chapter I will discuss the emotional and physical stresses live-ins experience, whereby the impossible task of sustaining 24-hour care arrangements can reflect the unsustainability of a socio-economic system that does not secure conditions for its own reproduction.

## Chapter 4

### Who Cares for Whom? Crisis of Care – Crisis of Capitalism

In the preceding chapter Maria, Božica and Ivana recognised themselves as important contributors not only to the well-being of clients, which is their primary duty, but also to the functioning of the broader care system where both family members and medical staff rely on their emotional and physical abilities for providing care.

However, entrusting such a great responsibility to only one person cannot go without costs for live-ins' well-being. In this chapter, I question the sustainability of the live-in programme by focusing on the damaging consequences this work has for my interviewees, using their critique of this care arrangement to detect deeper structural problems of our social order. Building on Jadranka's experience and Hochschild's analysis of the perils of emotional labour, I argue how close emotional ties make care workers vulnerable to breakdown, thus reducing the motivation to work and making them less willing to engage emotionally again, or with the same intensity as before. While this can be the result of an inability to put up boundaries in close relationships, decreased emotional investment can also happen due to inadequate compensation from the wards, who are often unable to give proper feedback and approval for the care provided. Dealing with demanding clients requires a lot of energy, both mentally and physically, and in the case of aggressive wards, as Maria shows, even elementary daily routines can be threatening for the workers. Around-the-clock care which is organised like this, where productivity is maximised and costs minimised, places care givers under taxing working conditions, consequently reducing their capacity to work. Such a contradictory situation – not investing in the work force on which the state and the health care system rely – is recognised by Ivana and Jadranka who point to the states' inadequate responses to the deficit of care, calling in turn for changes and an improvement of their situations. In doing so, their experiences and lucid interpretations of welfare regimes signal what Nancy Fraser (2017) would call a 'crisis of care', symptomatic for the neoliberal regime in particular, and capitalism in general. This predicament has been systematically diminishing the resources for populations to reproduce themselves, in this way threatening its own existence as well. Therefore, their daily practices of care are again an important link to larger power dynamics, an unavoidable source

from which the contradictory functioning of capitalist relations can be detected, analysed and in this case, deservedly criticised.

#### **4.1 Caring too much? The pitfalls of emotional ‘overinvestment’**

As previously mentioned, due to emotional closeness and the specific working environment of home, many care workers create family-like ties with their clients. Considering this, when live-ins receive affirmation from clients and their families, either in the form of material awards or respectful treatment, this makes their working conditions much easier and it is more common for them to build familial relationships in a situation of mutual understanding or personal ‘matching’. While the women often feel that they make up for the client’s missing relationships with relatives – being in that way openly critical of the responsibility they must take – it is still practically impossible for care workers not to have affection for their wards. Hence, deep feelings can emerge from both sides, feelings that, according to Ivana, “...although beneficial for some, sometimes, it can be damaging...”. How does this damage look and to what extent can great emotional investment cause negative consequences for these workers? As a deeper bond makes better service, this also has a greater potential to affect workers deeply, both positively and negatively.

Jadranka recalls pleasant memories of being accepted as a full family member in three families of the elderly clients for whom she cared. She specifically refers to one client with whom she established a special bond. To illustrate the level of their closeness, Jadranka explains that the grandpa got sick every time she was not there, which practically required her to extend the relationship with him and his family during the periods she went home for a break. Even now, after the grandpa passed away, she is still in contact with his partner and daughter. Once perceived as a family member, I was curious whether it was difficult for her to see her household exclusively as a workplace. Below is her reply:

Yes, yes, very difficult. We all get emotionally attached. In October she told me that the grandpa, in the place where I worked for a long time, died. So, I was at home, in my free days... Although he was not doing well when I left. For two days he had been in a very very bad state. He got to the ‘bed phase’ and already slowly, that, delusion. And... After 5 days the daughter called to tell me he died. During the night, he only fell asleep... And I said... I can’t do it, I can’t do it anymore... I mean, I no longer had the strength to do it at all. I really

didn't have it anymore... God... And I still can't get used to it. I don't know... When I was with the other granny for 3-4 months, no way, it's not the same. Nothing like it. Nothing like it. (Jadranka, 38')

Facing anyone's death is a difficult situation, although this is most unbearable when the deceased is someone for whom we gained special feelings. What makes the whole situation harder is when the sadness is not recognised as a valid feeling, and when the person in mourning is not given a space to express the same grief together with adequate support. Jadranka can be perceived as a family member in the eyes of the client's family, however, from the perspective of the recruitment agency this mutual relationship is simply a part of her job. Although she was encouraged or even expected to create family-like ties as a way of improving her caring skills, the fact that she is not an 'official' relative deprives her from the opportunity to mourn which is usually granted to family members. Unlike the grandpa's daughter, she is supposed to deal with grief privately, to suppress it as soon as possible, and to move on to another family to sustain new relationships as if nothing happened.

Yet, it does not work like that. As with all types of concrete labour, care givers are directly implicated in constituting the labour process, which reduces the possibility of alienation from the final product. Given that the final product is the peculiar one, a human being, whose particular needs must be satisfied in order for the labour process to proceed smoothly, each relationship established with a client is inevitably unique. In that sense, Jadranka's grandpa can never be replaced with any of the clients coming after him. Not only is a lot of time and effort required to adapt to every ward, but on the other hand, it is also not easy to form a clear cut or well-established relationship. Without time to process, these losses stay ingrained in a care giver and can have damaging consequences for her (mental) well-being. Jadranka lost the ability to connect deeply with someone else again, or in other words, to 'actually' care as she did for the grandpa. In that sense, this situation not only drained her emotionally but also reduced her capacities to work, capacities that the agency heavily relies on yet does not provide the conditions to sustain.

The move from 'overinvestment' (intense feelings) to 'disassociation' (feeling less or almost nothing) is typical, according to Hochschild (2012) for the workers who identify with a job, making them unable to disassociate from the stresses at work. In so doing, the worker is most likely to experience a burnout (2). Such a stance toward work differs from the other two where, for example, to prevent a burnout the worker develops what Hochschild refers to as a "healthy



estrangement” where she can clearly distinguish between the self and her ‘professional’ role, being fully aware of whether and how much she ‘acts’ for commercial purposes (3). In the third instance, when exposed to the high requirements of emotional labour, she can refuse to emotionally engage for commercial purposes, withdrawing emotional labour altogether (Ibid.). Due to unavoidable closeness and the high level of responsibility they have for clients, entirely withdrawing emotional labour would be practically impossible for live-ins to do. It is more likely that they would either identify with the job or try to keep an emotional distance to the extent that a working arrangement like this one allows.

Soon after she entered the profession, Jadranka made a special relationship with the grandpa, not placing any distinction between her ‘professional’ and ‘private’ life, even allowing the relationship to extend spatio-temporal boundaries of the workplace. In so doing, she was keen to invest in her job without limitation, thus making herself (extremely) vulnerable to burnout which in the end happened once the grandpa passed away. Integrating all the empowering aspects of the job, albeit all the stresses as well, this attitude toward work, as Hochschild notes, is potentially the most harmful compared to the other two stances mentioned above (2-3). A common strategy for reducing stress is for workers to block the feelings that initiated this stress, in this case, empathy and warmth, minimising the access to these feelings accordingly (page?). Therefore, Jadranka has been left with the sense of emotional numbness, becoming more remote from the people for whom she cares.

#### **4.2 Unwillingness to cooperate and the challenges for live-ins**

In order to not give the impression that these women always have special connections with their clients – in this way idealising their working arrangements – it is important to mention that in many occasions this special familial bond is not established. Even the contrary can be the case, where they feel unwelcome and their role as care givers, the ones who invest in the client’s welfare, is not recognised. Bad treatment and a misunderstanding of the live-in’s needs make already exhausting working conditions even worse, which greatly affects the motivations and capacities of the workers to keep high standards of care. Considering this, in Jadranka’s words:

You're lucky if you come to a place where you are wanted. Where they realize that you are there to help them, and not only someone they pay for something and then treat you as they please.

...

Here, it all depends on the family, patient and his diagnosis. How much they cooperate with you. How much, I mean... there are families who definitively want, who know this is your job, and who know you are a human being, accepting you accordingly. And they understand how much this work is hard and demanding. When his mom is getting up six times during the night, and it is totally logic and realistic you are sleep-deprived, tomorrow you have to function again. So, these two hours of rest you are entitled by the contract means more than anything. On the other hand, there are people who react differently. What I am doing, for example, I am trying to disassociate/disconnect, I simply accept the situation the way it is as there is no other option. All kinds of things are going here. We all break down after a while, especially if you happen to have some personal problems or what not. And you can have some emotions for the patient and everything, but it all escalates when it's difficult or when you are sleepy. Or, of course... It's hard. Frankly, we work with old people and it doesn't get any better. The state, naturally, only gets worse. So, it's hard here... Overnight they change. Super-friendly grannies turn into aggressive patients, you cannot believe it when it happens. That someone who's been smiling until recently is now trying to bite you, and hit you, and... You understand, right? But then again, that's the stuff... haha... that happens (Jadranka, 4'-8').

Being in charge of the monetary exchange, even if not directly, can give clients a sense of power over live-ins without recognising the amount of work these women are doing. Once a certain activity is compensated with money, there is a risk that the labourer will be deprived of any power at their workplace, and as Bhattacharya reminds us, the premise of exchange between 'equals' hides the exploitative nature and the material reality of the working arrangement (Bhattacharya, 2017: 69-70). To demonstrate the 'equality' of this exchange it is enough to say that as a migrant live-in Jadranka is facing intense working conditions with a salary much lower than the native worker would receive for the same job, while her inability to find a job in her home country encouraged her to agree on the terms of employment in the first place. Hence, it is questionable whether she participates in the labour process on equal terms with her client and the recruitment agency. However, even if the salary is not the main concern, caregivers still need to maintain a respectful relationship where the heavy workload is acknowledged. These aspects seem crucial in determining Jadranka's well-being and her

sense of worth. As she makes clear, they cannot be reduced to machines working without a break, and there is a need to understand the material ‘limitations’ of the human body. In this regard, it is necessary to secure the requirement of sleeping and regeneration, which is the basic minimum for many, although this is not always the case for a 24-hour care arrangement. Otherwise, her body is prone to collapse.

While considering her elementary needs is crucial for a live-in to perform daily tasks of caring, another equally important type of cooperation is needed for the caregiver to be efficient in meeting the client’s needs. To what extent care recipients are ready to help in, for example, articulating what they want, lifting a hand when needed or taking prescribed medicine determines the quality of care, as well as the labour intensity in providing this care. Therefore, a mutually respectful relationship in which both sides (providers and receivers of care) actively contribute to the labour process, depending on their capacities, enables its smooth functioning. On the other hand, as recognised by Bauer and Osterle (2013) in their research on migrant live-ins in Austria, the fact that clients are co-producers of the care services, claiming authority over their bodies, gives them a certain power over the whole process. Having this in mind while taking into account the client’s dependence on her help, a care giver needs to carefully negotiate various power dynamics in the care relationship, whereby leaving an uncollaborative client is not an option. In the end, she is responsible for taking care of the client’s well-being, including establishing the relationship with them, and the agency is not concerned whether the wards cooperate or not. The most challenging part of cooperation is when the body work comes in, where clients are asked to entrust their bodies to a care giver, making them available for touch and adjustment. To gain access to someone’s body and in that sense, a considerable amount of trust, is not an easy thing to do, as discussed in Chapter 3; however, without access to the wards’ bodies, the women are unable to provide proper care, which in turn complicates their job significantly. Referring to regular battles she has while getting her client up, Maria notes:

Oh yeah! It takes a lot to get her out of bed. She never gets out of bed alone. Which she could. I literally drag her out of there, I just told him that we need to get a *flegenbed*, a hospital bed, because I cannot break my back with her anymore. She doesn’t give in. And then, when something comes over her, from the bed she kicks me with the leg in my stomach like a football player, and things like that. And even though I have a routine and I know how to handle her. But still there are times when I need to use my strength to pull her, lift her up, up. She simply won’t do it alone. So yes, there’s physical work. (Maria, 22’55’)

In some instances negotiating power relations, adapting to the ward's routines and the careful handling of bodily movements can be an opportunity for live-ins to shine by showing their impressive talents, where the final outcome (such as innovative healing practices or getting the client's affection) can to some extent compensate for the work performed, however, this is not the case here. Maria presented great mastery in dealing with physically and emotionally demanding tasks, albeit without a happy ending. Contrary to the established relationship of mutual trust and understanding, she was attacked and taking a regular beating has become a part of her working routine. In front of Maria is an aggressive person who makes the workplace uncomfortable or even dangerous for her. The situation would be threatening enough if she was in charge of the client's needs for a limited amount of time, or if the care was undertaken elsewhere, outside the ward's house, however, being practically locked up with someone who could potentially harm her at any time makes both the living and working setting almost unbearable.

During the conversation, Maria recounted everyday struggles she has with her client who is in the last stage of Alzheimer's and who is, according to her, severely mentally disabled. The ward met all the requirements to be placed in the institution, yet her husband did not let her go. Obviously, this decision was not resisted by the welfare regime which places care workers in households, and in the end, Maria is paying the brunt of handling the client whose treatment goes beyond her field of expertise. This is symptomatic for a live-in programme without clear qualification requirements and which relies on traditionally female skills. As Bauer and Osterle (2013) note, this programme has failed to ensure (professional) supervision and a sufficient educational basis, while at the same time demanding that live-ins engage with tasks which require medical skills (Bauer and Osterle, 2013: 469). I am not saying that these women, Maria and Jadranka in particular, are unable to deal with the range of issues that arise – be they 'light' or 'severe' – as their experiences show that the opposite is true.

Nonetheless, among the many responsibilities on their backs, taking care of demanding clients in conditions that do not support this – for example, missing a hospital bed, not sleeping properly, being alone with aggressive people without the opportunity to exit these vulnerable situations – has disastrous consequences for care givers. Unlike 'skilled professionals' who are better paid and who work in a safer environment with less responsibilities, Maria and Jadranka's working environments extract every bit of energy from their bodies. When the client refuses to use diapers, she has to assist them in using the toilet during the night, or when the

process of getting out of bed is obstructed, requiring an additional effort to fight with the clients, live-ins' physical and emotional capacities are overtly drained. Even though Maria has come up with special techniques for approaching the aggressive ward, from feeding to giving medicines, it has been impossible to be entirely in control of client's behaviour, necessitating her to always be prepared for sudden outbursts and physical attacks. But, can a person ever become prepared for (ordinary) beatings? How does this affect her self-esteem? Would it be possible for her to keep working like that? If yes, for how long?

While for some of the wards this is just another means of exercising power, for others, as is often the case, the deterioration of their mental state impedes their ability to cooperate. Importantly, it also obstructs them from doing something very important for the caregivers' well-being, from recognising and appreciating the effort they make to sustain the lives of those people, which is a necessary compensation for the care performed in the conditions of a heavy workload and a relatively low material reward. Where emotional exchange is everything but also not equal, the live-ins' motivation to keep investing as they did before consequently decreases. Unsurprisingly, after some time, many women lessen the emotional expectation, as Jadranka does, highlighting the client's health condition that will not get any better due to the dictates of ageing. Despite pleasant and creative moments she had with the clients, throughout the conversation she seemed generally pessimistic about the job, implying how the initial enthusiasm and excitement (for caring) have been lost along the way. Whereas Jadranka has stopped caring partly because of 'overinvestment' at the beginning of her career, another reason for her being more disassociated at work has to do with the specificity of the employment, where both emotional and physical requirements have pulled her down. In a situation where unpredictable behaviour and aggression are a rule rather than an exception, the only reasonable thing would be to protect yourself, to prevent the body from further damage. But even if she protects herself, in an environment where duties practically never end, to what extent can she protect herself, to preserve strength and energy? Going further, what does it say about the arrangement of care when the system does not ensure a proper regeneration of the workers on which it relies?

### 4.3. Un/sustainability of live-in programme: where to go, how to work?

In her critical observation of the live-in programme, while referring to her exhaustion and the capacities to care that diminish each time, Ivana gives an interesting/valuable answer to the questions asked above:

First of all, the job is, as I said, underpaid. The fact that every country should do something about it is another matter... Because, caring for someone 24 hours a day, staying in a stranger's house with an unknown family, being with a patient 24 hours... Hmm... If the job was easy, Germany as Germany wouldn't look for women from Poland, from Serbia, from Croatia, from Romania, and I don't from where else. So, their women would do it. They don't do it because it's a hard job and because it's very poorly paid.

...

But as I said, the issue of 24-hour care, Germany and all the countries, should do something about it. First, raise salaries, second, I don't know, maybe some benefits, do something. Because this is not so easy.

...

Well I said, with Croatian pension I will go to work with a rollator. How long will I work, I don't know. I don't know, as long as I can, hopefully until I retire. This in, how much, around 15 years. Now I don't know, I think it's 65, 6, 7. Now they constantly raise the age-limit – 67. I guess I will make it. If not with a rollator, then with a wheelchair, so... See, in a wheelchair I will care for others! Ha! (Ivana, 60'10''- 69'20'')

Even though for Ivana working as a care giver satisfied personal ambitions, with the motives going far beyond purely economic goals, this does not prevent her from romanticizing the live-in programme as it is organised now. Being on call for up to 24 hours a day and undertaking the entire care of one person, while also living with that person who is at the end of their life, is something that exceeds regular employment in many ways. Thus, it is not surprising, as elucidated by Ivana's magnificent analysis of the current situation of care work, where she notes that women outside national borders are recruited to perform the activity for which welfare states like Germany are not ready to ensure adequate compensation, or at least the same compensation granted for native workers. We could say that Ivana reveals the 'open secret' pointed out by Helma Lutz and Ewa Palenga-Mollenbeck (2010) who show how the German welfare regime disregards the actual circumstances and the need for care work, insisting on the

illusory image of families as care providers and turning a blind eye on the unregulated working conditions of live-ins.

Contextualising her work within the broader framework of the care deficit, Ivana's complaint transcends the individual bargaining for a higher wage, thus pointing to the unsustainability of the live-in programme not only in Germany but also in other countries that rely on this type of care provision. Even in the cases of more regulated 24-hour migrant work, like in Austria, it has been ensured that such an arrangement is unique, applicable only for non-citizens, and first of all, affordable so that the salaries are lower than the national minimum wage assigned for a working hour (Bauer and Osterle, 2013). Although officially intended as assistance for family members, in this way justifying their low wages, live-ins' responsibilities, as discussed in previous chapters, go far beyond additional support in the activities of caring. Considering the great importance these women have in filling the state's gap in providing the activities of reproductive labour, it seems contradictory that the same state washes its hands from securing the wellbeing of live-ins. In her observation of the situation, Jadranka notes:

...it is interesting that they need us yet, they do not do anything to keep us. Likewise, doctors need us. Residential homes need us. Families need us. Politics need us. But it always stays there; on the other hand, it is only taken away from us, taken and taken! Yet, again, if we are so unskilled, right? Then, why is it expected from us to do some skilled stuff? And again, how come that doctors accept and respect us, even more than families and politicians, for example? Here you go! I don't know, I don't know what else to say. (Jadranka, 71')

Placed under the broad category of care or even 'help in the house' and sold on the market, where families bargain with the agencies for the best prices of care services, Jadranka and Ivana's labour power becomes another commodity whose value is determined by the supply and demand of the growing care market, not by the intensity of the labour process. As such, the minute details of care, live-ins' daily struggles and their excitement can be easily missed from the view of those regulating salaries and working benefits. But those in power know that this is not only an 'ordinary' help in the house, that being responsible for a stranger's life 24/7 is not an easy thing to do. They also know that this is too much to be carried out by only one person. If the situation were otherwise, Jadranka and Ivana's work would not go unnoticed and the native women, as Ivana makes it clear, would undertake the care. However, they do not do this because it is hard and they would require better payment. Yet, when the matter of

profitability arises, somehow all these things are irrelevant. In the end, migrant live-ins are the most affordable option and this is all that matters.

The peculiar arrangement of the live-in programme ensures that the caregivers' labour power is utilised to the highest degree. In every labour process, to increase the worker's surplus value (profit), as Vogel (2013) notes, either the worker's day needs to be prolonged or her productivity increased. In the case of live-ins, we can see that her working day is practically stretched to its maximum. Since these care givers carry out a whole range of necessary activities that could have otherwise been performed by medical professionals (nurses and doctors), family members or someone else (such as cleaners or cooks the live-ins' efficiency is enhanced. Yet, another aspect is also necessary for a worker to be more available to participate in waged work; namely, domestic labour needs to take place (Vogel, 2013: 161). Here, domestic labour is decreased on several fronts. First, when taking care of the elderly she reduces domestic labour for the family members, enabling them to participate in professions outside the household, while simultaneously decreasing the state's participation in the activities of social reproduction. On the other hand, when a workplace doubles as a home, all the activities making a live-in ready for the work – from commuting to personal regeneration – are incorporated into the shift, and therefore no time for her recuperation is spent outside working hours. Nevertheless, the quality of her rest and her daily maintenance is questionable seeing that she is on duty for up to 24 hours a day.

Even though labourers are subjugated to the rule of capitalist accumulation, the human body is mortal and therefore has its own limitations. The body needs proper sleep, understanding, support, love; it needs a companion in everyday activities, all the things that care givers provide for their wards but often do not get in return, since her days are organised around the clients' needs rather than her own. As such, her needs become secondary not only in the eyes of the wards, but also of all those who are just, in Jadranka's words, taking, taking and taking from her, while not giving enough in return. For how long can this exchange go on like this? According to Ivana, this can definitely not happen for too long. Increasing productivity without paying attention to the worker's needs is evidently unsustainable. By draining Jadranka and Ivana emotionally and physically, a live-in programme not only managed to lessen the resources for their renewal, but most importantly from the capitalist's perspective, it also reduced their capacities to work, to engage in the labour process, thus lowering the quality of care. How is it possible that their work is of great importance for wards' families, doctors,



politicians and the states, yet all of them contribute to its devastation? Something is contradictory here, however, this contradiction cannot be resolved in the current circumstances. The legs of live-ins are getting weaker every day, dramatically shaking the grounds of the live-in arrangement. In the end, care work must be performed. Like the rest of the population, the elderly has to be nurtured, washed, regularly turned around and engaged in conversation. If the women who are assigned those duties are becoming less capable of doing this, what is the solution? Is the solution to take care of their clients while in a wheelchair, as Ivana ironically said?

Considering the live-ins' average age and the intensity of their work, this is not such an unexpected thing to happen, and it could become a reality. The reality of our social order, that for the last four decades has been systematically reducing the resources for people's daily maintenance and generational reproduction while simultaneously intensifying their working responsibilities. The neoliberal reality that encourages women in their fifties to engage in physically exhausting tasks as the only way to secure retirement, for which the age requirement is increasing. In doing so, Ivana summarises the deep paradox of a system that refuses to invest in the labour power on which it heavily relies. As Nancy Fraser explains (2017), systematically diminishing the resources of its own reproduction makes capitalism highly unsustainable and prone to periodical crises which are resolved differently every time according to the specific socio-material conditions of each era. The deficit of care – or in Fraser's words, the 'crisis of care' – that we face today is one manifestation of such an attitude that dangerously limits the existence of neoliberal capitalism, together with ecological and financial crises (Fraser, 2014, 2017).

For those who can afford it, caring for their unworking family members was transferred to less fortunate individuals, and although these workers are highly underpaid, this is still often the best option to make a living. In doing so, the care gap has been filled up for women in the wealthiest part of the world, yet the reproductive labour performed by the women who went to care for others was either transferred to the communities and families left behind or passed on to even poorer caregivers. Producing never-ending 'global care chains' instead of solving the care deficit actually secures care for some while limiting or foreclosing the care for those on the end of the chain. As demonstrated by Fraser (2017), this can be one way to illustrate the current crisis of care as having its roots in the systematic devaluation of social reproduction. Here, rather than focusing on the live-ins' families who are left behind, I see the crises of care

ingrained in the care givers' overworked bodies, implying the unsustainability of this care arrangement as an insufficient response to the needs of care work. Yet, their stories do not end at the workplace. Instead, these stories say something about the overall increase in precarity, where real wages have decreased, compelling populations to engage in peculiar exchanges for which the price to participate has become extremely high: work that never ends. Ivana, Jadranka and Maria's working experiences indicate the failed transition to (neoliberal) capitalism, where these women, like many others from their region, are left without resources to support themselves and their families. Consequently, they are encouraged to cross the national border to find employment in the only profession that is bothered by their age. Yet, the baggage of their age is overtly present in every working day, making Ivana question to what extent such an intensive activity can be a proper solution for securing her well-being when she gets older.

Due to the continuous weakening of Ivana's capacities, a live-in programme does not seem promising. First, the chances for her to keep working like this are getting smaller, thus reducing the probability of sufficient retirement benefits. On the other hand, if stretching her body to the breaking point has already left damaging consequences, they will only become greater at an older age, seriously limiting her quality of life in retirement. Does this mean (somewhat ironically) that in caring for others, while in a need of care herself, she accepted the possibility that she would be left without care? Maybe. But definitely, she does not think it should be like that. Ivana does not go with the flow of devaluing care work, looking at her current employment as a phase which should be passed to reach more appreciated or better paid jobs. For her, this job is already important, as it is for all those clients, families and doctors for whom her help is needed. She also knows that the problem is not individual nor of an individual state, but rather structural.

## **Conclusions**

Trust and mutual understanding cannot be gained immediately; they are rather acquired step by step through carefully managing the process of adaptation. However, this attentive negotiation is not performed effortlessly. The care giver's energy is diminished every time she needs to approach her clients differently, to reduce their feelings of fear and loneliness or to deal with her own grief; every time she gets a 'random' slap or when the house is not properly

equipped for an immobile person. Whatever the reason for the emerging situation, be it placing severely disabled elderly people in households, making family-like ties or unpredictable client behaviour, care givers take the brunt of the problem. Their sleep-deprived and emotionally exhausted bodies pay the costs of all the pitfalls of the familial welfare regime that did not account for the complexity and challenges brought by sustaining human life. Unlike the sensible management of the elderly's needs, care givers' needs are given very limited consideration. With their productivity stretched to the maximum and daily regeneration reaching a breaking point, the live-in programme has responded to the neoliberal requirements of disinvestment in social reproduction, aimed at more efficient accumulation of capital. Yet, according to Ivana and Jadranka, something has to be changed. A system that does not provide proper compensation and regeneration for its animating force – human labour – is simply unsustainable in the same way that particular care arrangement cannot survive for much longer. Not only should being in charge of someone's final stage of life be paid much more, but this also necessitates other benefits, as Ivana recommends, since working in a 24-hour care arrangement differs in many ways from other more standardised jobs which have regular shifts. At this point, we can only imagine what these benefits would look like and what would be the best way of dealing with the current 'crisis of care'. However, one thing is clear – the solution is not in any way simple. It asks us to re-examine the dangerous attitude of subjugating social reproduction to capitalist accumulation, whereby building families and households as well as establishing intimate relationships and social bonds is not dictated by the market requirements but, rather by embodied experiences and personal needs.

## **The Way to Conclude: Towards the Radical Potentiality of Care**

Starting with the main premise of showing the systematic relevance of the daily performance of eldercare, I chose to base my research on the experiences of six migrant eldercare givers working in Austrian, German and (North) Italian households, whose insights I found to be extremely valuable for discussing what I call ‘micro politics of care’. Their working days are composed of numerous rituals, with some of them having a long history while others are newly established in the process of cultivating trust and close relationships. Regular or more uncommon routines, moving a hand to reduce pain, talking to reduce anxiety, household chores or giving a bath all make the conditions for sustaining a human life, in this case the lives of the elderly, and as such, these activities participate in the circuit of social reproduction. In the context of 24-hour care, a direct link can be made between micro and macro, or in other words, between minute details of care and various social structures, since every moment is part of the job and all actions are affected by recruiting agencies and the health care system. Reconnecting the activities of reproductive labour to the household while simultaneously commodifying these processes is symptomatic, according to Bakker (2007), of a neoliberal move towards (re)privatisation and rationalisation of social reproduction. It is important to note that this process of commodification is in no way unidirectional and it presents various contradictions, in the same way that human existence under capitalism is highly contradictory.

On the one hand, not compensating for the activities of social reproduction risks, as the proponents of ‘wages for housework’ warned, their dismissal, boosting in that way the existing gendered, racialised and classed hierarchy. However, although negotiating wages is a crucial way to bargain power, this is only one side of the story. The mere existence of wages does not solve the problem. As already mentioned, remuneration conceals the exploitation and the unequal power relations on which this monetary exchange relies. For example, a migrant live-in gets paid, yet she still faces intense working conditions with a salary which is much lower than what the native worker would receive for the same job, and she is pressured into accepting the terms of agreement due to the difficulty of finding a job in her home country. Hence, it is questionable whether she participates in the labour process on equal terms with her client and the recruitment agency.

From the perspective of social reproduction, the care worker's diminishing resources for reproduction back home leads her to move to another country to fill up the gap in the services of reproductive labour. In so doing, social reproduction is both a reason for and a result of migration, implying that the need for this work moves beyond the assumed inability of impoverished countries to compete in global labour markets and to meet people's needs, and also demonstrating that the resources for social reproduction are not secured in the parts of the world which represent successful capitalist development. As poorer regions are increasingly dependent on those who have more power in the international fluctuation of capital, wealthier states largely rely on recruiting a cheap labour force from elsewhere in order to build their economies and to sustain their communities. Although specific to each country, for a long time the arrangement of social reproduction has not been only the matter of individual welfare regimes, but rather influenced by the inter and transcontinental movement of goods (material and immaterial), labour and people. In that sense, it is necessary to contextualise the deficit of care in relation to the German speaking countries discussed here, the bad socio-economic situation in post-socialist Europe as well as working conditions and experiences of the caregivers, and to consequently question how these situations all resemble the crisis of social reproduction at a global level. This crisis is harshly felt in the sleep deprived, physically exhausted and emotionally drained bodies of the care workers, whose wellbeing has been left out of the story due to the costs of care being continuously minimised.

If their bodies point to the systematic devaluation of social reproduction, they also have something to say about the other structural changes caused by the neoliberal drive for accumulation, commodifying the most intimate spheres of people's lives with the household becoming a site of various power dynamics, types of exchanges and different relationships. In so doing, the line between private and public, reproduction and production is becoming dramatically porous, thus challenging the relevance of the categories on which (Marxist) feminists have been relying to explain the modes of oppression under capitalism. This can lead someone to (hastily) argue that there is no difference between them. Yet, if these two processes are entirely the same this would not explain why the activities which contribute to reproducing human beings are paid much less in comparison to other jobs, and why they are often even performed for free. Such a practice resembles a well-known attitude in all capitalist societies or those organised around accumulating surplus value. As Lisa Vogel (2013) reminds us, reducing the cost of domestic labour is a necessary component of creating profit or surplus without which capitalism would not be capitalism any more. Even if relocated to profit-making

sectors, reproduction is always placed in a subjugated position to production, making sure that it is performed at a minimal cost. In addition, what I have aimed to show throughout the thesis is that these women participate, first of all, in a peculiar type of production – that of human beings –and due to the approach that a living body requires, this would never be the same as the production of other commodities.

When the activities of reproduction (especially the ones people grant deep feelings) become commodified and enter the sphere of production, this can cause confusion among the workers and, according to Hochschild (2012), a great damage. This impact is especially notable given the different meanings assigned to production and reproduction – meanings used and reinforced for the purposes of capitalist accumulation. In a live-in programme, establishing mutual trust and cooperation is an obligatory factor for creating manageable working conditions, and without ‘successful’ relationships care would be impossible. Hence, the closer the relationship the higher the quality of care, creating a fertile environment in which empathy and the commitment to care can be best exercised. A strong (emotional) investment, if not equally compensated, has more chances to seriously affect the worker who – in order to prevent further damage – limits the access to those feelings, thereby reducing her capacity to feel or to invest emotionally, as was the case with Jadranka. However, this does not mean that emotional support should not be financially compensated or that pleasure, love and wage cannot go together. Rather, alienation and decreased capacities to care are inevitable if the conditions for emotional labour are not secured. Evidently, the care worker is emotionally drained due to treating her feelings like any other commodity, while simultaneously relying upon and encouraging their specific ‘non-capitalist’ character, despite there being no resources for their renewal. While it is indispensable for capitalist production – making labour power available for its exploitation – reproductive labour, following Vogel (2013), is at the same time an obstacle for accumulating surplus value. This is something that needs to be reduced, yet if it is squeezed too much this will necessarily decrease the labourer’s productivity. What we see here is exactly this – care givers’ capacities for regeneration have been squeezed to the breaking point.

Therefore, the problem is not whether certain professions, even the ones asking for the greatest intimacy, should be commodified or not; I do not want to fall into the moralising trap here. Along these lines would be the question of whether family members can be remunerated for care work in contrast to non-relatives who are labelled as ‘professionals’. The type and level

of closeness as well as the overall approach to care would definitely vary, as Hochschild (2012) shows, according to the given social roles and other factors such as age, gender, ethnicity and material conditions, to name a few. Yet, the point I want to make here is that the reproduction of human life is far more complex than the question of commodification. In that sense, it is important to explain the specificity of work which deals with human beings, where the exchange of money adds another layer to it.

Considering the multiple skills required to take care of an elderly disabled person, these women were eager to show that offering remuneration for skills used to establish close relationships does not necessarily mean they are less 'real' or of reduced intensity. For Ivana and Štefica, they are a prerequisite for care work and this is how the elderly should be treated, with love and tenderness, emotions that, according to Maria, every human being needs. Ivana's incredible capacities to care are motivated by altruistic feelings, which makes this job so important to her. This is something which gives her great satisfaction, and when someone likes their job, as Ivana once said, they do it to the best of their ability. On the other hand, Ivana does not think this should be taken for granted and used however you wish. No, this is what makes her special, an extraordinary worker, asking to be adequately compensated, unlike now with the salary she is currently receiving. Ivana is also clear about the significance her work has for the clients who are in the final stages of their lives. She is undertaking the demanding tasks that many do not want to do and cannot do; something which requires a complex set of skills, great commitment, astonishing motivation and willingness to help. And yes, they have to be fairly compensated, recognised and appreciated.

Although raising wages is the first step that countries relying on a live-in programme should implement, this is not the only way Ivana sees to improve caregivers working and living situations. While not giving the exact measures needed for that improvement, something began to crystallise; she expressed the need to acknowledge the intensity of 24-hour care performed in a stranger's house, which cannot be endured for too long, even for dedicated caregivers such as Ivana. In addition to the mentioned benefits that will secure an earlier retirement than that of 67 years old, the caregivers need respect and approval for the work performed as well as liveable working conditions that secure proper sleep and rest. Moreover, they need legislations which protect caretakers from violent clients, providing an adequate environment for dealing with severely disabled wards. Following this, it is important to take into account that these women deal with populations in their 'worst' condition, both physically and mentally, where

the deepest fears and darkest parts of someone's personality come to light. Due to a reduction in the state's direct investments into social reproduction and the encouragement of home care, the most demanding elderly – those who need more than just assistance in performing daily activities, and who would previously go to institutions – are now staying at home and become the responsibility of one woman working interchangeably with another, but never simultaneously. In addition, since their labour power is not seen as useful, the elderly are more affected by the dismantling of public services than, for example, children who are still perceived as a valuable investment used for nationalist projects. As such, eldercare is a specific type of care facing several constraints.

That is not to say that childcare is easy or simplistic in any way. Participating in the creation of human life is a demanding process that is affected by neoliberal (re)privatisation, like all other activities of social reproduction. Thus, it is also becoming a matter of individual responsibility accompanied by its well-known gendered attributes, which are not so much about unconditionally sticking to traditional values as they are a personal 'choice', a good investment, and the most reasonable way of dealing with the brunt of reproductive labour. However, the young, 'healthy' body is largely celebrated as the promise of 'unlimited' productivity, the body that can fit the requirements of flexible labour markets and non-stop work, where after a certain amount of time – once the assistance in everyday activities of feeding, dressing and bathing is no longer needed – dependence on others and the vulnerability of human existence can be easily forgotten. On the other hand, with an older disabled body at the end of its (material) life the story is different, or even reversed. It reminds us of its mortality and brute material existence, placing limits on the labour standardisation and unlimited accumulation. This body exasperatingly calls for attention even if that attention has been systematically shut down, in that way becoming systematic baggage undertaken differently in every historical phase of capitalism. Yet, the solution must be found as has always been the case, otherwise our socio-economic order (in a more or less similar form) would not last for as long, over 500 years. This time, like many times before, the workforce is recruited outside national borders. But, unlike many times before, the transfer of reproductive labour has never gained such momentum at the global scale, where the performance of social reproduction has become practically unimaginable without migrant women. These women often inhabit grey areas of labour law regulations, thus escaping the basic minimum working conditions assigned by the states. Or when there is a need to make it legal, as was the case with regulating a live-in programme in



Austria, laws can be easily adjusted to support exploitation and reduce the costs of social reproduction.

Whether entirely legalised or not, the grounds have been set for the most affordable and highest quality care for the elderly. In lowering the price, the devaluation of reproductive labour (and eldercare in particular) played a major role whereby placing it in the realm of home, care work could be easily deprived of serious concern and justified compensation. That attitude has contributed to the perception that hands-on and emotional care are routinised and simplistic, not requiring complex skills and therefore occupying the lowest position in the medical hierarchy. As a result, migrant live-ins can be paid less while being in charge of much more than native workers. This ‘much more’ means being the person who is most responsible for a client’s well-being, and entails assisting in daily activities, managing bodily movements and emotional support, where going beyond described duties is a rule rather than an exception. Nevertheless, it would be hard to imagine that the weight of such a tremendous task is not felt first by the caregivers themselves and then by all the participants implicated in the care arrangement.

By positioning their work within larger power structure, the provided care is seen as benefiting not only direct recipients of the service, but also clients’ absent or ‘uncaring’ families. As such, live-ins enable welfare regimes to preserve the picture of families as the main providers of care, leaving care workers to fix the damage caused by implanting neoliberal images of the independent individual. Moreover, as the ones who are most knowledgeable about the clients’ needs, it is not a coincidence that they become experts in mastering those needs with their skills even exceeding those of medical ‘professionals’. In short, these caring women undertake the tasks that could have been done somewhere else by someone else, in that way having a highly noticeable role at many levels of social reproduction, from clients, families, medical staff to the welfare regimes.

Going further into the structure of the work, since ensuring the well-being of elderly people has systematic relevance, even the smallest detail of that labour process can be traced through a similar trajectory. In this regard, a particular way of drinking tea, daily bathing and massaging as well as adjusting the right temperature while showering, reducing anxiety and the fear of death or encouraging creative impulses occupy a particular place in the circuit of overall social reproduction. This formulation of daily routines is a prerequisite for other forms of social life

to exist, and it is important to not take them for granted, but to go behind the scenes in order to understand their background composed of inherited history, persistence in their performance and efforts to change them. They can be sites of great joy and at the same time places of humiliation and physical attacks. Therefore, minute details of care are challenging and playful, unpredictable and heavy – as every life can be – albeit missing from view when it comes to the issue of eldercare.

In detailed descriptions of their working experiences, the women I talked to oppose a public ‘deskilling’ of care work showing how being in charge of someone’s life is definitely not a simple process, no matter what anyone says. These detailed descriptions are also something else. They are valuable interventions in the production of knowledge on care work and reproductive labour where a single touch, a smile, a move and every bone that needs to be cracked gains a different, international meaning. This bone connects a care giver and a care receiver, joins impoverished postsocialist Europe and failed familial welfare regimes, and links global (neoliberal) economy that despite its desire to keep everyone away from each other, consistently, and sometimes even violently keeps people close to one another to that extend where Ivana becomes the legs and the arms of her client.

Importantly, the main purpose of those links and connections is that of serving human needs and maintaining populations, the processes that have been increasingly put under the threat. Although necessary for the reproduction of human life and capitalist relations, clients’ needs are systematically undermined by diminishing caregivers’ capacities to meet them, in that way destroying the conditions on which those relations rely. Here we come to the systematic contradiction of capitalism as such – that of meeting people’s needs and accumulating profit – the contradiction that cannot be resolved under capitalism. But, this paradoxical condition of social reproduction under capitalism can encourage us to rethink the meanings of daily mundane routines, questioning their importance for the reproduction of life and interrogating the complex, multidimensional relationship they have with wider economic structures.

Additionally, this enables us to question the im/possibility of disciplining the body and to ask whether this discipline can be used for purposes other than alienation and market rationality. While capitalism has been quite successful in appropriating the strength of training, the strength needed for people’s daily reproduction and for nourishing their labour power, this work cannot ever be entirely subsumed under the market rationale. The reason lays in the fact that performing routines as well as consistently maintaining a high quality of care is not only shaped

by 'unconscious' following and employee-employer relationships, but also by desires and creative impulses of both the care giver and receiver, who always give a different, unique touch to their relationship and the labour process. As such, those rituals become places for detecting some deep systematic problems, while at the same time they are places for discovering the impressive capacity human bodies still have to work and care, despite very limited conditions to do so. At this stage, we can only imagine what could happen if those capacities were not limited by structural constraints and were instead given the space and conditions they deserve. Most likely, eldercare would not be at the bottom of the social hierarchy as it is now. Such speculations exceed the scope of this thesis. However, the first step has been made; the significance of caregiving job performed by these women and its complexity from the smallest details are recognised and moved to the forefront, pointing out that micropolitics of care are more than relevant subjects for serious theoretical discussions. Like the old disabled body that persistently calls for attention, micropolitics of care are looking for their so needed place in the debates on social reproduction, the place I hope they got in this thesis.

They are indispensable sites of reproducing human life, sustaining intimate relationships, and preserving communities and welfare regimes. In short, minute details of care are crucial for the maintenance of societies and economic system that plays with them as they would always be there. Yet, as these women highlight, they will be there only if the conditions for their performance is secured and the main performers are properly taken care of. How these conditions and needs are going to be met is a matter of various factors but, one thing is clear, without care there is no existence. Delving into the organisation of our social order, micropolitics of care can be the starting point from which this order can be challenged and arranged differently. Or at least, they can help to change our attitudes towards eldercare in particular and reproductive labour in general.

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## **Appendix**

### **Božica, 56, Salzburg**

Božica is 56 years of age, providing care for a couple in Salzburg (Austria). When she left for Austria six years ago, Božica had two underage daughters to take care of and five children in total. To illustrate the precarity of her financial situation, she notes that she used her last bit of money to buy the newspaper where she saw the advertisement for a caregiving job. Soon after that, she started working as a live-in. Since then Božica has changed several recruiting agencies, and she is currently employed by a charity organisation which pays a relatively good salary, according to her. The shifts are each two weeks long, so 14 days of work accompanied by 14 days of leave. She does not seem overtly enthusiastic about the job, indicating how five years of working in a 24-hour care arrangement is the maximum that a person can endure. For her, the most demanding part is the emotional aspect of care, where either dealing with the elderly in their final stage of dementia or their refusal to cooperate makes her working conditions sometimes unbearable. In a situation like this, the main incentive which pushes Božica to keep working is monetary compensation. She is looking forward to finding employment in the so-called ‘mobile care’ where workers do not live with the clients.

### **Ivana, 54, Nürnberg**

A 54-year-old caregiver, currently providing around-the-clock care for a woman who was waiting to be euthanized a few days from the time when I spoke to her. The ward was facing unbearable pain and was unable to make a single move on her own. The elderly lady lives in the South of Germany close to Nürnberg. Throughout five years of working as a caretaker, both institutionally and in households, Ivana has become specialised in dealing with severely disabled clients who are often in the last stages of their lives. Although the financial compensation is important for her, she emphasises the fact that she likes the job. Ivana sees it as the fulfilment of her long-time dream to become a nurse or a doctor. Her dedication to the job and her willingness to maintain high quality care have been recognised by many, including clients themselves, their families and medical staff. Before coming to this house, she worked

in both Austria and Germany, and sometimes even illegally. Now, she is employed through a Croatian recruitment agency and she has the status of a posted worker in Germany. Her goal is to find a way to be directly employed in Germany so she can receive better social security benefits. Her shifts are mostly three to four months long, and depending on the client's medical state, she can stay even longer. Like with this client, Ivana promises the wards that she will be with them until the end.

### **Jadranka, 40, Graz**

The youngest among all of the women, at the time of the interview she was preparing to go to a new family in Graz (Austria). Jadranka is usually situated in the region of Steiermark (Southern Austria), which is the most practical option for her in terms of travelling. She has been doing this job for five years in all of the countries mentioned above, starting with Italy from where she recounts her best experiences. However, the agency through which she was first employed was caught engaging in illegal activities and subsequently shut down, leaving the live-ins without payment. For the last two and a half years Jadranka has been in Austria working in two-week shifts as a self-employed worker who pays all social security benefits by herself. This is not her preferred type of employment since her salary is considerably reduced after paying the benefits. The main reason she decided to work as a live-in was due to the inability to find a job in her home country. Jadranka is the mother of a teenage boy, and she has managed to preserve or even strengthen the relationship with her son. Yet, this was not the case with her now ex-husband, where the long-distance relationship broke down in the end. Despite having some pleasant memories from working in a live-in programme, her general level of motivation for the job has decreased over the years, mostly as a result of “the cold mentality” of Austrians as she says, and heavy working conditions.

### **Maria, 57, St Tirol**

Maria is 57 years old, a mother of three married daughters and a grandmother of seven. At the moment she is providing care for one couple which includes a wife who is in her final stage of Alzheimer's. They live in St Tirol, the autonomous, German-speaking region in Northern Italy. She is employed by the family with the agency as a mediator. The family is responsible for her

salary and for paying the retirement benefits. Maria receives the benefits only for the period she is working. This is why she chooses longer shifts of three to four months rather than one month, as this is a more common practice among women employed there. Hence, she stays with the family for up to nine months a year. Maria has been doing this job for three years now. She started working in Germany, near Kassel, but after only three months she decided to go to St Tirol for a higher remuneration. At the age of 51 – after four unsuccessful attempts to start a private business and being refused at other jobs, mostly due to her age – Maria started working seasonally at the Croatian coast, which was notably underpaid for such a heavy workload. As soon as she saw a job advertisement for live-ins, she immediately accepted it.

### **Mirjana, 54, München**

Even though I did not refer directly to her transcripts in the thesis, Mirjana's experiences were nevertheless very valuable for providing insight into the stories of live-ins. It is important to mention that Mirjana – a 54-year-old care giver who is working in München (Southern Germany) at the moment – was my first interviewee and the one to break the ice, therefore occupying a special place in my research. She is taking care of a 95-year-old lady, who has been her client for one year out of the four years she has been working in this area. After her family's business went bankrupt, she found an opportunity to work in Germany through a recruiting agency in Croatia as a posted worker, which means that the agency is in charge of health care and retirement benefits. Her shifts are longer than those working in Austria, with a minimum of two months. The main challenge she faces is the process of adaptation where getting a respectful client is not always the case, albeit a crucial aspect for the care service. Mirjana is on good terms with the lady's family, pointing out that this makes her job much easier, especially knowing that she has achieved a considerable amount of trust from their side.

### **Štefica, 53, Düsseldorf**

Štefica, a single mother of two grown-ups who are already working and at the end of their studies, saw the migrant live-in programme as a chance to pay back her financial debts at a time when her kids no longer needed her direct help. Nonetheless, while talking to her, she seemed enthusiastic about the job and she observed how her childhood desire to be a

kindergarten teacher can now be expressed in taking care of elderly people whom Štefica perceives as children in need of tenderness and love, which she is willing to provide. Inspired by many women from her region who had already been working as live-ins for some time, she started working in Austria through a recruitment agency. This was not the preferred option due to high charges from the agency and short shifts. Therefore, after one month Štefica decided to work in Germany where she found a job in an agency with better working conditions, and she is still working for this agency after two years. Although it is her responsibility to pay social security benefits, her travel expenses are covered and she has the freedom to choose the duration of shifts, which commonly last between three and four months. In this way, Štefica can earn more while ensuring her kids a life without debts. She is currently taking care of an old woman with dementia in a place next to Düsseldorf (Western Germany).