The morality of caring: The discursive construction of informal care

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Abstract

In most Western countries 'traditional' family arrangements are in decline. Mainly due to demographic reasons, the need for care for the elderly is increasing. However, despite the shifting nature of familial situations, care needs for elderly people or people with disabilities are, to a large extent, still met in informal settings. This paper investigates the underlying mechanisms which secure the current system of provision of informal care. It will be argued that care should be understood as being based on a moral consensus, which is (re)produced in public, social and cultural discourse. The moral assembly of care constructs care work in explicit and implicit distinction to other, namely paid, work. In fact, care and carers are discussed in relation to affection, emotional and familial proximity and an underlying feeling of responsibility and compassion. Using Critical Discourse Analysis it will be demonstrated how care and carers are constructed. It will also be shown that the characteristics of the social understanding of care lead to a situation in which particular people's identities are constructed as carer identities. Furthermore, the role of gender will be explored and its meaning for the construction of a feminised identity will be discussed. It will be demonstrated that the moral construction of 'the carer' results in a vulnerability to exploitation for those involved in the provision of care.

Introduction

In most contemporary Western societies, care is a highly debated issue – in academic, politics and everyday discourse. Everyone will be concerned with care in some way at some point in his/her life[1]. While in Great Britain, as in other Western countries, traditional family arrangements are in decline, the need for care for the elderly is, mainly due to demographic reasons, increasing. However, even though the familial situations are shifting, care needs for elderly people or people with disabilities are to a large extent still met in informal settings, usually within the family. This situation, which

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[1] In this paper I focus in particular on informal care for the elderly. For theoretical and methodological purposes I do not include care the children or other groups in need.

according to Williams (2004: p. 40) shows that relationship have changed but people's sense of commitment has not (for a similar observation see Fine, 2005: p. 256). In order to sustain this historically developed system of care provision, Österle and Hammer (2004: p. 103) identify the question of how to keep and raise the willingness of relatives and others to take over and carry out care-services as one of the most significant issues for the design of modern societies.

In this paper I try to investigate the underlying mechanisms which secure the current system of the provision of informal care. I will argue that caring for the elderly is inescapably rooted in a moral mindset of individuals and society as a whole. this morality is furthermore based on particular value-laden public and private discourses that emphasise particular values and virtues. I will describe the discourse on care as constituting a moral consensus in society; the concept of a moral consensus I borrow from Honneth (1995), who does not interpret 'consensus' in a homogenous sense. It should be rather understood as the outcome of collectively constructed moral expectations based on individual's struggles. In the realm of care this moral consensus secures an engagement of family members and close relatives and positions care as a practice in opposition to a world of work, rationality and calculability. Care is constructed as being done out of dedication and is not really based on rational considerations. Thisn furthermore includes a moral conception of care being rooted in what could be described as natural ties, the formations upon which a care relationship relies, which are of utmost importance for the discursive construction of care.

However, this discursive construction of care, care relationships and carers are situated in opposition to formal employment and economic exchanges and its rooted in affection and selflessness lead to two highly problematic consequences. Firstly, people who care face substantial ideological and material disadvantages which entail a possible vulnerability to exploitation and domination (cf. Kittay, 1999). Secondly, the actual care work is not distributed equally over all members of society: in fact particular groups carry the main burden. In this paper I will then continue to argue that these groups (women, elderly men, migrant workers, volunteers) find themselves in a marginalised position, which I call feminised, i.e. they are furthermore disadvantaged by a feminising identity as 'the loving carer'. In other words the emphasis on carers' selflessness and dedication and the praise related to it, ideologically and culturally, marginalises and disadvantages carers.

The structure of this paper will reflect the analytical steps of my study and analysis. I will start with a brief theoretical and conceptual discussion off the moral consensus I am sketching and its relevance for the construction of

care and care relationships as natural bonds that stand in opposition to the economic, rationalistic sphere. I will furthermore elucidate the relevance and importance of discourse(s) for the construction of a particular moral framework and the construction of care as a moral practice. After some methodological remarks i will discuss the discursive realisation of the process and dynamics by presenting evidence and analytical developments of this study. I aim to demonstrate the importance of three main themes in the construction of care as a moral exercise. Firstly, there is a clear assembly of informal care in opposition to paid work. Secondly, informal care is discussed as a pillar and a sign of a decent society. Thirdly, carers are presented as heroes and angels, positioning them outside the normal citizenship based on work and employment. Taking up the concept of a 'feminisations# again, I will claim that, throughout, the very moral construction of carers shows important similarities to stereotypical feminised identities.

Moral consensus

Approximately 6 million people in Britain are providing unpaid care (5.2 million in England & Wales according to the Census 2001, Office for National Statistics; 6.8 million adult carers are counted in the Carers module of the General Household Service 000 (Maher, 2002)). Within the literature, one can find recognition of the importance of morality for the understanding of the concept o0f care and the motivations for people for taking up care; the discussion on the discursive construction of society's moral attitudes on care, however, is rather limited and deals almost exclusively with individuals' perceptions. Several psychological studies (Mintz and Mahalik, 1996; Skow, 1995; Karniol et al., 2003) demonstrate the relevance of the relation between the actual care work and the ethical or moral orientation of individuals. In my approach, however, I want to draw attention to the social and cultural factors within society. Supporting my claim, Hughes et al. (2005) argue that care as an activity and a culture leads to its feminised status and a subordination of carers. A similar argument is presented by Winch (2006: p. 6) who states that carers are 'produced by an interplay of political structures and ethical attitudes and practices' which is based on a carer discourse and a 'morality of caring' (p. 7). Also, Paoletti (2002: p. 815) takes up a discursive approach and places care 'as part of the social and moral order', which is produced and reproduced through ordinary talk. She furthermore argues that the vulnerable situation of carers needs to be explained by the moral context and its gendered nature. Contrary to Paoletti's (2002) focus on everyday conversations, however, my centre of attention is the societal component of discourse and its broader social and moral constitution, which I see as the main source for this vulnerability.

Clearly, a moral order in society is a main determination of the power of different groups and individuals in any present society. At the same time, in Britain a consumerist model of care is promoted by the government and others (Glendinning, 2008), in which the notion of choice is a very prominent feature. Those in need of care and their families should be given the choice to identify their needs and wishes and to organise and arrange the provision of care according to their particular wishes. I would claim, however, that the relevance of care within a moral order in its discursive construction and reproduction hinders this idea of this choice substantially. The public moral discourse does, as Paoletti (2002) shows, happen in a day to day conversation but also, and maybe more influentially, on a broader social and political level. Individuals then refer to this discursive construction, internalise the moral consensus and reproduce it through their actions and communications. This understanding of discourse which is loosely based on Foucault's conception (cf. E.g. 1972) is also taken up by Heaton (1999), using the concept of the inner gaze to analyse the discourse of informal care. She identifies several shifts in the very discourse which led to a construction of a certain carer identity. Heaton is right to state that '[t]he effects of the discourse of informal care (…) are real' (1999: p. 774), meaning that these discursive constructions have very particular consequences for all people involved. Her focus on policy discourse, however, fails to grasp the main realm of identity creation and discourse, namely the public discourse of the everyday life.

An impressive understanding of carers' motivations and situations is offered by Ungerson's (1987) influential analysis of qualitative interviews with informal carers in which she describes the process of 'becoming a carer' and the negotiation of this role. She identifies differences in the self-understanding of care between men and women and notices gendered differentiations between the notions of duty and love as the reasons for someone becoming a carer. Referring to the contemporary discussion of the gendered nature of care, Ungerson (2000) highlights that 11 per cent of men and 14 per cent of women are carers. The gender implications are clearer, though, when one evaluates the respective relationships between carer and cared for (e.g. elderly men often care for their wives). However, by using the concept of a 'feminisation' of carers, I claim that the specific moral discourse , which does remind one of the ideology of 'natural' traits, practices and identities of women which 'bear such a close resemblance to the practices based on experiences of mothering and hence are construed as 'natural' aptitudes of women' (Ungerson, 2000: p. 636), creates an identity for all carers. It is this identity which, regardless of their gender, marginalises and disadvantages their position in the public arena. Similarly, Gubeman et

al. (1992) identify feeling sof closeness and interconnectedness with family, gender-role conditioning, and life situation' as determining the (gendered) caring role. In this context paid and unpaid care are based on the specific construction of care 'as a hybrid of love and instrumentality' (Ungerson, 2000: p. 627). This twilight is based on naturalistic assumptions about both the carer and the cared for (see Watson et al. 2004). This 'naturalization of care' (Hughes et al., 2005) describes the consequences of the moral construction in the public discourse I attempt to explore in this paper.

Methodological remarks

Having described the importance of the public discourse for an understanding of the moral constitution of care, I will now briefly describe the operationalisation of the present study. For this investigation i utilise Critical Discourse Analysis (CDA) to analyse the very discourse in its particular historical, cultural, political and material context. In order to identify the dominant discourses in society reflecting the social mainstream (Mautner, 2008) I use a sample of British newspapers. Aldridge (1994: p. 18) reminds us that 'the media have the potential to set the news agenda in terms of both topics and discursive framework' and that the media help to define what is both acceptable and socially thinkable (p.35). Newspapers can therefore be seen as a representation and reflection of dominant discourses, using narratives, expressions, ideas and ideologies that can be expressed publicly and which are hence thought to be shared widely. CDA understands discourse as a social practice and acknowledges that individuals are affected by the very discourse in two ways: as those designing and as those being shaped by it (Weiss and Wodak, 2003: p. 13) or, in Mautner's words, discourses are 'socially constituted but also constitutive' (2008: p. 32). Discourse understood in this sense always entails a relationship to power and action and I thus define it , following Link, as:

> '*An institutionally consolidated concept of speech inasmuch as it determines and consolidates action and thus already exercises power.*'

(cited in Jäger, 2001: p. 34)

The study is based on a sample of six British daily newspapers (The Sun, Daily Mirror, The Guardian (including The Observer), The Times, Daily Telegraph) over an 8-month period (January-August 2007). The choice of the sample which is based on Wodak et al.'s (1995) and van Dijk's (1998) studies tries to cover the whole range of the political, ideological and qualitative positions (for a discussion of various differentiations of newspapers see

Bednarek, 2006: 219 et sqq.). CDA provides the means to combine a theoretical discussion and an empirical investigation under one framework of analysis. In the process of operationalisation I apply Wodak's (2001a) work n which she distinguishes between different interlinked levels of analysis and shows the importance of the extralinguistic social level and the broader socio-political and historical context in which the discourse on care takes place. I combine this approach with van Leeuwen's (1995, 1996) account of grammatical and rhetorical realisations of discourse, and I also base my analysis on Richardson's (2007, in particular Chapter 3) discussion of using CDA for the analysis of newspapers. Similar to Richardson (2007; see also Leeuwen, 1996 and Mautner, 2008) I use Wodak's process of analysis starting with the micro-textual level (and here I explicitly refer to the use, the choice and the meaning of certain words and the construction of sentences) and moving to a mid-level analysis (which for instance includes a discussion of modalities, i.e. the speaker's attitudes, judgements and evaluations, an analysis of other presuppositions prevalent in the text itself and an identification of rhetorical tropes) The usefulness of an analysis of newspapers is a representation of broader discursive and societal structures and dynamics results furthermore from newspapers' transmitting function between the day to day experiences and the broader social structures and ideologies. Newspapers help us to understand how, as van Dijk (1991) argues, relationships on a macro level are translated onto the micro level of everyday routine. The last step build an evaluation of the narratives being used to tell a story, to report news or to construct a commentary.

In the following discussion of the findings I will present several examples to illustrate the broader discursive dynamics. The nature of the analysis with its focus on the socio-economic, cultural and political context, however, requires that the dynamics and tendencies presented below are not only based on linguistic processes in specific articles, but reflect general assumptions, dynamics and consequences of discursive practices. This paper does not present quantitative data on the reporting; it rather deals with the qualitative assumptions and consequences of the respective discourses and tries to analyse 'opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language' (Wodak, 2001b: 2). The examples presented here as illustrations are based on a sample which follows Meyer's (2001) idea of typical texts, i.e. texts which are representative of the broader discourse in general, but which also capture divergent news, ideas and narratives.

For an understanding of the materialist relevance of this particular discourse for social actors in society, I want to draw on De Cilla et al.'s (199: 157) conception of social actors who 'through discourse (…) constitute

knowledge, situations, social roles as well as identities and interpersonal relations'. Through the discourse and within the discourse a moral conception of right and wrong or good and bad is established. Public discourse for social actors provides a possibility of an easier understanding of the social world. In other words, due to public discourse's ability to 'demarcate the boundaries' (Reisigl and Wodak, 2001) exemplified in the newspaper discourse, individuals create, shape and are confronted with a morally structured world. In this sense the analysis of the discursive creation of the 'carer' enables an understanding of the real consequences for care/carers and which impacts on an idea of free choice and identity. It will then also become clear that the discourse manifested in the particular articles only represents a certain moral framework and should be understood as pointing to a broader societal structure, or, as van Dijk (1991: 161) put it:

> *'The text is like an iceberg of information of which only the tip is actually expressed in words and sentences. The rest is assumed to be supplied by the knowledge scripts and models of the media users, and therefore usually left unsaid'*

Discursive realisation – The construction of the care

Having discussed the theoretical conception and the empirical operationalisation of this paper, this section introduces some of the main findings presented in three distinct analytical steps. In the empirical public discourse, however, these aspects are obviously interlinked and emerging from each other. The different themes also relate to the different levels of abstraction, moving from a rather abstract, general distinction between care and work, via a focus on the values and virtues of society, to the more personal construction of carers as individuals. Hence the three analytical steps can also be interpreted as three different perspectives on one discursive construction, looking at the ideological, the societal and the individual configuration.

Informal Care vs, Paid Work

Underlying the discussion on care and carers is a construction of care in contrast to (paid) work and employment. This observation which results in a somewhat artificial dichotomy between care and work is important for two reasons: firstly, the self-sacrifice of carers is described as a decision (I would argue not always conscious) against an own career, job and work-satisfaction. Secondly, a traditional split between the sphere of work, income, success, career in contrast to the domestic sphere of care, responsibility and

emotions can be noticed. While the former is often identified with the (masculine) realm of 'hard' values such as reason and justice, the latter equates with conceptions of the (feminine) realm of nature and natural emotions (Hughes et al., 2005: 265); see also Held, 1990). Held argues that due to a naturalisation of a split between the two spheres, this dichotomy appears normal and essential. This also reinforces a split between the public realm in which the 'human' is constructed and the household, in which the natural and biological is reproduced, a dichotomy which is traditionally identified with gender differences (Held 1990, 2002), an important aspect which I will return to below. The dichotomy, however, goes even further. Not only does the discourse on care show a distinction between loving, affectionate informal care and paid labour, there is also an essentialisation of informal care in contrast to the world of work, politics, institutions and bureaucracy. This can, for instance, be seen in the context of a construction of care within institutional settings, ie. Care homes and here in particular the fact that care in an institutional context is often linked to abuse, mistreatment and ignorance. Two examples of headlines should illustrate this point:

> *'Grandmother dies after care home staff ignored head injuries' (Daily Mail, 14/03/07: 27)*

> *'Victory for man who "rescued" his wife from care' (Daily Mail, Narain 2007)*

However, rather than seeing it exclusively in the context of particular, personal experiences, care homes need to be understood a s a concept. The concept of 'care home' stands for an institutionalised, professionalised and de -personalised form of living and hence is constructed as the counterexample of dignified living and loving, relational care. Going even beyond that, the discursive construction of the care home already points to a general ideological aversion against professionalization and institutionalisation. This can be found in the context of care homes but also in the description of different carers (family carers, migrant carers, care services) whose roles and identities are also constructed in this dichotomy. In the context of the ideal carer it is therefore not really possible or desirable to distinguish between different tasks (as is done in a work environment); rather the identity of the ideal carer is one of simply being a carer. In other works, someone is caring if he/she is there and involved. Professional care, professionalised services and training are even seen as a step to commodify the ideal care and therefore take it out of the emotional, private sphere.

With her claim o a 'commodification of care', which describes the breaking down of the dichotomy of care and work, Ungerson (2005) argues that new policies have introduced new forms of care and work relationships

with different types of emotional attachment. While I agree with the idea that different methods of funding and organisation can lead to 'different types and levels of emotional attachment' and can eventually change the 'care relationship as a whole' (2005: 189) I want to add an important dimension to the analysis. Ungerson's study is based on a policy evaluation in combination with carers' self-identification. I argue, though, that the difficulties informal carers face, are due to a discursive emphasis on the specific attachment which can be characterised by responsibilities, duties and a particular expected behaviour, in opposition to formal work. And here often family relationships are emphasised in contrast or opposition to institutionalised living. The moral affection is also constructed as being based on a reciprocity over generations and the children owe their parents a 'natural' duty and responsibility. In a commentary in The Guardian on children exploiting their elderly parents, Alexander Chancellor says:

> *'But it appears that children are the main culprits. How can they be so callous? Their parents are sitting ducks, of course. They tend to trust their children and can't imagine that they would want to do them any harm. (...) it seems incredible that they should allow greed to override their natural affection for, and duty of care towards, the men and women who brought them into the world and nurtured them through childhood'*

(Chancellor, 2007: 9)

For this construction the natural bonds are emphasised and can be contrasted to a professional relationship, which inevitably involves some financial, economic transaction. Clearly, the dimension of abuse and mistreatment often separates the two spheres ideologically. But the general distinction between loving care and economic transactions appears to be more important for the overall moral consensus on which care is based. The aforementioned reciprocity, however, should not be misunderstood as resembling an economic exchange; rather, the 'natural' relation and affection between people favours an ideal of care given as a 'priceless gift'. And the notion of a gift involves an idea contrary to payment and financial exchange. In a commentary, launching new policies for carers, Gordon Brown (then Chancellor of the Exchequer) emphasises particularly the precelessness of care:

> *'It is far more a matter of love than of duty – caring that expresses itself in the priceless gift of sustained and dedicated support for people close to them'*

(Brown, 2007: 16)

The idea of the priceless gift does not easily relate to a commodification of care, as Ungerson observed it. I want to argue that the construction of this dichotomy, of the priceless gift of dedicated care and the professionalised, institutionalised paid-for care, which is carried out by employees of organisations, builds the basis of a moral framework which disadvantages and marginalises all those involved in the provision and delivery of care. It must be noted here that the bipolar construction does not only result from a clear reference to, for example 'professional carers, whose commitment may be questionable' (Routeledge, 2007) but is generally related to an ideal of care based in the realm of dedication, emotion and affection. The distinction can also be seen as a decision between two 'hostile worlds' of intimate and economic relations: people try to follow a dogma of two separate spheres of intimacy and emotional attachment on the one hand and financial and economic transactions on the other hand (Zelizer, 2007). Zelizer claims that there seems to be a need for a decision for either side, and that in many cases a combination of the two seems very problematic for the current moral order. Thus, the isolation of care from the financial, economic world fosters a construction of it as an intimate, emotional act based on attachment, love and closeness.

By constructing care in opposition to work with an emphasis on natural values of love, affection and dedication and in contrast to materialistic goals and motivations, care for the elderly is designed as a model of ideal, selfless and committed behaviour. The food behaviour, obviously, is done out of love and selflessness and can therefore not be included in the logic of the market and the payment of labour. The following quote from Cohn-Sherbock's commentary in The Guardian shows an example of this construction and the awareness of its problematic consequences for those involved in the arrangement of care for elderly people:

> *'Although she is much better cared for [in a nursing home] than formerly and she admits that she enjoys the food, the whole situation is an affront to her independence. It's hard to believe she will ever actively enjoy institutional living. (...) in desperation we looked at the various books dealing with the care of old people. Invariably such volumes have a patronising tone and refer to parents as Mum and Dad. They take it for granted that children will be determined to do their best for their parents whatever the personal or financial cost. The appeal is always to emotion, to sentimentality and to family loyalty'*

(Cohn-Sherbock, 2007)

Obviously, as this extract suggests, it is difficult and hard for relatives to object to the idea of 'natural', affectionate care within the family and a decision for a nursing home, or in general, institutional, professional care needs to be made against a moral discourse emphasising otherwise. In this particular example, though representing many others, institutional living is also described as contrary to independence and independent living, ideals which seem to be valued most highly in the discourse. The clear distinction between loving, affectionate care and the realm of work and employment is then furthermore emphasised and strengthened by a use of the former as an ideal and motive for the construction of broader society. It can almost be said that the moral construction of informal care serves as an ideal image for the idealised organisation of society and community. In the next section I will describe this link in more detail.

Decent society

The emphasis of a close, personal care relationship is idealised as an image giving prominence to emotive virtues as a model for society in general. A clear link is established between the way a society deals with its elderly members and the moral framework and constitution of this society. I am quoting the following commentary by Melanie Phillips from the Daily Mail at length as it very much shows the various aspects of these established links:

> '*One of the yardsticks of **a civilised society** is the way that it looks after its elderly. **A decent country** would ensure that its old and infirm received the best possible care, not least as a mark of respect that should be afforded to the elders of the community. Judged by this standard, Britain is becoming progressively less civilised. For British citizens, the experience of ageing is increasingly beset by hardship and neglect, both at the level of individual families and the institutions of the state. **In other European countries or in Asian societies** where family life is still very important, people venerate their elders and assume it is their duty to look after them when they can no longer look after themselves. In Britain, by contrast, expectations have changed along a profoundly altered way of life. **People are too busy and too self-centred** to assume such responsibilities. In particular, many women who once would have assumed it was their duty to look after aged parents are now themselves in paid employment. In addition, **family breakdown** is increasingly*

snapping the vital bonds of attachment between generations. (...) As the Health Service staggers under its own financial crisis, elderly or chronically sick people ate being discharged from hospital into 'community care', only to find that the community doesn't care at all and that neither nursing nor other essential services are available. (...) It is only in rethinking the welfare state from its first principles, and moving from underfunded dependency to personal and family responsibility, that our elderly and long -term sick will ever receive the care they need'

(Phillips, 2007: 8, my emphasis)

Apart from the references to clear gender roles and identities, this commentary points to many interesting aspects of the construction of care as a moral consensus. The ideas of the 'civilised society' and the 'decent country' are clearly linked to a particular arrangement and provision of care for elderly people. At the same time, other countries and cultures are constructed as being havens for elderly people. These (inevitably rather abstract) places are described in opposition to modern Britain as being based on a culture that not only deals differently with elderly people but shows a different public morality in general. And finally, the provision of care is linked to a broader discussion of social conditions. Self-centredness, economic involvement and family breakdown are linked to an image of the busy, self-absorbed and selfish modern society. Even though this particular commentary needs to be understood in delivering its own (rather traditional and conservative) agenda, the idea of linking the situation of care for the elderly to a moral category and categorisation of the condition of a society and culture is rather representative. Another example can be taken from a headline related to the organisation of care, published in The Guardian's Money section:

'So what sort of country do we really want?' (Collinson, 2007: 1)

Care is being constructed as one of the 'yardsticks' or characteristics of a decent society; those involved in the provision and the arrangement of care face a particular moral assembly. I again want to refer to commentary by Gordon Brown, praising carers for the role they play in designing a decent and compassionate society:

'Among men and women who do so much for Britain are our carers. The six million loved and loving carers of those close to them are the very heart of our compassionate

society and an immense force for good. But until now they have not always been acknowledged and appreciated as they should be'

(Brown, 2007: 15)

Informal carers are therefore constructed as the role models and cornerstones of society. With respect to the coherence of society and the heroes who keep this society together the notion of community and community values are addressed in various contexts. Community consequently also needs to be seen as an idea and as a concept and the term does not only refer to the geographical or cultural entity. A community is constructed as a real in which compassion, support and mutual affection dominate living. Ivan Lewis, then Minister for Care Services, makes this link explicit in a commentary published in The Observer:

*'... there are few more important challenges than the way society treats older people. (...) [C]ommunity networks, led by voluntary sector and faith groups, should be supported to deploy **volunteers and 'good neighbours'** to tackle loneliness and social isolation. It is not the state's job to provide befrienders, but it is the **duty of any community that has a right to the description 'civilised'**. (...) [W]e want older people to be valued as active citizens, mentoring and acting as role models to young people and, likewise, young people to be supported to befriend and 'adopt' older people'*

(Lewis, 2007: 31; my emphasis)

The construction of the treatment of elderly people in general, and care in particular, as opposed to selfish, rationalistic, economic world employment, labour and busy living are again positioned as the ideal for a decent society. A 'community' in this society is, then, a concept or a way of living which is ultimately founded on values of emotion, dedication and friendship. A reader-comment on abuse of the elderly in the online version of The Guardian suggests that mistreatment does not have a place in the communities sketched earlier:

'I wonder if this abuse of the elderly takes place in small tight-knit communities? Perhaps part of the problem is that we are all now 'individuals' who are less restrained by societal norms than by laws'

(The Guardian Unlimited, 23/02/07)

The last part of this statement also touches on another area in which the construction of care is representing the better, ideal society can be noticed. Being already represented in the statements of two politicians (Gordon Brown and Ivan Lewis) care is constructed as non-political or apolitical, i.e. as an issue that should not be the topic of political argumentation, campaigning, and legal regulation. Aldridge (1994) in this context points out that constructing issues as apolitical often implies a certain moral relevance that cannot or must not be contested. With reference to Brown's contribution the Daily Mail states:

> *'Some issues should be above party politics. The treatment of carers is one of them. They are the cement which holds the nation together, selflessly giving up their lives for the sake of those they love. We applaud Gordon Brown for recognising their worth'*

> (Daily Mail, 21/02/07: 7)

Political competition is thus also constructed as belonging to a sphere of rationalist, materialist decision-making. This is again contrasted with an ideal of care and community that opposes the world of work, markets, politics and de-personalised relating. Rather, the idea or ideal of care should be understood as an example for better living. Naturally this does not mean that anyone operating in the realm of care must do that within a moral framework that influences and shapes the meaning of his or her actions. Rejecting to care out of love and dedication, for instance, is surely possible; the moral manifestations and consequences of this decision, however, are inevitably derived from the discursive construction of the moral consensus. The sketching of the values and virtues of a decent society is then furthermore personalised. It is important to hold that the informal carer who stands outside the masculine realm of work and employment and whose affection, emotion and attentiveness is emphasised, is the main character in the picture of the ideal society. This construction of a society of clear opposites and the emphasis on the decentness of informal care relationships is related to a strong focus on family-bound and -influenced language. The decent society is discussed as a tight unit that has to and want to look after its elderly people., identified as people who share some family-relations with the rest of the community. In other words, the decent society is built on an understanding of care for 'our elderly'. To give just one example from the Daily Mail where Sally Emerson is referring to the treatment of elderly people in the community:

> *'How can **we** say **we** are civilised when **we** treat our elderly no better than prisoners? (Emerson, 2007: 12; my*

emphasis)

The use of personal pronouns, as shown in the example above, is instrumental in creating an imagined community between all involved in this discourse. It emphasises the significance of familial bonds in the context of care. By establishing a shared familial responsibility for those in need of care, a community is created which is based on specific ideals, traditionally and originally linked to the context of families. To summarise this point once again, care for the elderly is constructed as an accountability of the decent people in society who have a responsibility for 'our elderly people'. However, the duty is not distributed equally over all members of society; rather it is the 'family and friends who look after them' (Daily Mirror, 11/01/07: 21) who are supposed to carry the burden of ensuring a 'decent society'.

Carers are heroes

Finally, if the idea of a decent society is built on the ideal of affectionate care and closeness of family, friends and community, which are based on direct ties and bonds, a closer look at the construction of the person of the carer seems useful. Returning to the discussion of the distinction between informal care and care work, it can be seen that the idea of a 'carer' is sometimes linked exclusively to professionals. This fact, as Ungerson (1987) has pointed out already, shows that close relatives often do not call themselves carers as this is associated with a professional occupation. The public discourse itself reinforces this split between the care worker and the 'natural carer', i.e. the relative caring informally for the older person. This notion can also be found in the public arena, in newspapers. A commentary by Ros Coward, a caring daughter, published by The Guardian, exemplifies this claim:

> *'Should I really claim to be her carer? After all she's not living with me and I'm not responsible for her every minute of the day (...) Carer really is too grand a term. What I am engaged in is brinkmanship'*

(Coward, 2007)

Again, the bridging of the created distinction between love, dedication, affection and the labour of caring seems to cause the design of a particular identity of an informal carer. There seems to be an ontological insecurity expressed in the quote above, not only related to a particular position one is holding; rather it refers to the construction of an informal carer's identity in general. In a reply to a letter in The Times in which self doubts and feeling of guilt are expressed, Bel Mooney emphasises the attributes related to a carer's identity:

'You have been a truly wonderful, caring, selfless daughter, and when you go secretly to inspect residential homes, you are still being such a daughter'

(Mooney, 2007: 6)

To be a carer is again related to the ideal of selflessness, affection and absolute dedication. The decent society in the discourse on care is used to describe the realm in which the elderly are cared for through emotional attachment and emotional proximity. It is constructed as the other to a world based on work, income, business and prices. This distinction, however, consequently causes serious problems for those who care and those who are in a position that requires them to arrange care for elderly people. Those who do the caring work out of love, dedication and affection are then constructed around a notion of the 'hero' who sacrifices his/her own interests for the sake of someone else's wellbeing. This hero is assembled as role model for society, using his/her commitment as exemplary of ideal virtues. Gordon Brown's statement neatly describes the role the hero-identity plays in the construction of a particular kind of society:

'Every one of the carers I have met is an inspiration and refutes a widespread cynicism that in today's society, selfishness matters more than services to others'

(Brown, 2007: 16)

The role of the 'hero' is then not only a role model for an admirable identity in society but also defines what it means to be a good person. This notion of the good child, good husband, good wife etc. Also determines being a carer as 'the proper thing to do' (Williams, 2004: 74 et sqq.) Slote (2001) and other authors in the tradition of virtue ethics help to understand the relevance of the notion of the 'hero' for the construction of a totalising identity. As Slote (2001: 38) argues, it is the person's 'overall morally relevant motivation' that determines a good, virtuous person. Being a carer is thus constructed as both doing the right thing (i.e. caring out of love and selflessness) and being the morally good person (i.e. it describes the nature of the right carer). In other words, the construction of the carer's identity is leading to an ideal of the morally right person and character, an ideal for society. The important aspect here is that the discourse on informal caring does not focus on the tasks a carer is fulfilling but on a particular moral personality and identity that is required. The final extract for The Times emphasises this focus once again:

'Society owes an enormous debt of gratitude to the hundreds of thousands of relatives and friends who, out of

love and the kindness of their hearts, assist the elderly to lead comfortable and fulfilled lives. Yes, all abuse and neglect are unacceptable but the problem would be infinitely greater without the efforts of dedicated carers, many of whom work voluntarily'

(The Times, 15/06/07: 20)

The feminisation of carers

I now want to return to the gendered aspects of this informal carer identity mentioned in the beginning of this paper. Firstly, I want to point to the many parallels between the constructed identity of informal carers and the traditional, stereotypical female identity. As I argued earlier, the informal carer can be described as 'feminised' even though the difference in numbers between men and women doing the care work might not be vastly different in this day and age. Hence, the term 'feminised' refers to those being involved in care regardless of their gender. The construction of a moral consensus around the notion of love and in contrast to work must be understood as highly feminised, in a sense in which it is 'characterised not by gender but by theme' (Gilligan, 1982: 2). Gilligan and other authors of the ethics of care approach have shown that society's notion of morality and ethical values is traditionally based upon gendered differentiation which also led to differences in the values attached to certain modes of morality. Held (1990) in this context, highlights the historical split between reason and emotions in the history of philosophy and ethics which resulted, in her opinion, in a gendered concept of morality. Taking up my use of Zelizer's (2007) concept of the 'two hostile camps' again, this gendered notion of morality is also expressed in the construction of care in opposition to reason, rationality and economic transaction. Thus, the 'natural care relationship' is one based on emotional virtues, closeness and attachment rather than reasoning.

Similarly, Bubeck (1995) argues that care as both an activity and attitude is deeply related to femininity (1995: 160) and that the pressure on women to care is exercised indirectly through social norms and institutions constituting power hierarchies which are reproduced in everyday discourse: the media, literature, sciences, and so on. Bubeck argues that the strong opposition of care and work that is created is the relevant force that exploits women in the realm of care. Williams (1998: 7) rightly holds that the 'state's assumptions of female dependency and responsibility for care blinkered it to the fact that the welfare state was built upon unpaid and low paid care of women'. I argue that, referring to the empirically required adjustment of the notion of care as an entirely female aspect, the situation for those who do care is characterised by

a 'feminised identity', and identity marginalised by its construction based on a moral framework that constructs care as the expression of a particular entity. Fraser, who states that 'affective care is actually women's labour, ideologically mystified and rendered invisible' (2003b: 220), addresses this problem of the marginalisation of care and its reduction to self-sacrifice and moral responsibility. 'As a result', she states, 'not just women but all low-status groups risk feminization and thus "depreciation"'. (Fraser, 2003a: 20). The feminised carer who does the work (which is, strictly speaking, often not regarded as work) is constructed outside a citizenship which is characterised by income, employment, reasonable decision-making and economic reciprocity. Being confronted with this construction of roles and identities, those involved in care thus face a vulnerability to exploitation and domination (cf. Kittay, 1999) just because he or she is the counterexample against a selfish, rationalistic and materialistic society. Choice and rational decision-making are restricted as they need to be based on this particular moral consensus. Women and all other low status groups are vulnerable because they are constructed as morally superior in a moral order that favour moral responsibility but defines it as a priceless emotional act rather than work. This is the process that can be described as the feminisation of carers (regardless their gender).

Conclusion

This paper has looked at the construction of a particular moral consensus in which care takes placed. One theme running through the different examples was a separation of informal care and paid work, emotional values and materialist decisions. Carers are constructed in an inescapable context that emphasises dedication, love and affection. In combination with the 'pricelessness' of care, the carer is constructed as offering a gift to the elderly but also to society. However, as this construction of care does not always reflect the real situation, it seems questionable that their commitment is described as 'voluntarily devot[ing] their lives to looking after others' (Palmer, 2007). In fact, this emphasis, which is at the heart of the carer's identity, leads to the moral framework within which carers have to operate and which is difficult to resist. This final quote demonstrates how the idea of heroes who give up their lives for other is used politically in the public arena:

> *'Chancellor Gordon Brown unveiled the extra cash as he praised the unsung heroes of British society who dedicate their lives to looking after loved ones without being paid a penny (…) hidden heroes who keep families together…'*

(Daily Mail, 21/02/07)

Praising the informal carers as morally superior and presenting those who care as heroes and role models in an otherwise selfish, materialist ad cold society leaves many people without a choice. Caring is constructed as being outside normal citizenship and carers are affected in any choice they make just because the discourse around care presents it as morally superior. This moral construction is then portrayed as an ideal for societal arrangements of the community and the concept of community itself is designed in this way. Using Bauman's (1993) discussion of postmodern ethics, it can be argued that the concerns of a community have changed from an individual's security to an individual's burden. The idea of a recovery of morality, through a re-construction of community (Smart, 1999), a community which constitutes morality and 'which reinforces moral commitments and inclinations' (Smart, 1999: 168), can clearly be seen in the public discourse.

This obviously links back to the discussion of Zelizer's (2007) notion of the two 'hostile worlds'. A combination of economic transactions and the realm of love, intimacy and attachment is difficult in this moral consensus. I would take this dogma of the two worlds even further and argue that the economic realm and morality are constructed as opposites in many aspects of society and in particular in the field of care and caring. As choice is an aspect of rational decision-making and therefore often associated with the (masculine) sphere of work, employment and politics, it is seen as contradicting ideas of closeness, dedication and real support. With Zelizer (2007) I claim that the concept of the two hostile worlds needs to be challenged, reconciled and overcome. But, even more, the ideological and discursive distinction between the idea of a morally good person and the economic, political sphere of transactions needs to be questioned. This would help to enable an understanding of the particularities of care and the difficulties for this who do this work. This paper highlights that all political interventions, social work, social care and other services can only take place within a certain discursive, moral mindset and framework. The vulnerability to exploitation of carers needs at least be recognised as being strongly linked to the moral conception of care in Western societies.

Acknowledgements

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