

Care Revolution: A Feminist-Marxist Transformation Strategy from the Perspective of Caring for Each Other

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Concern for one's own wellbeing is as essential to human existence as concern for others. Beginning with, and especially at, birth, people are dependent on the care of others, without which they could not survive. But also beyond childhood and youth, and beyond times of illness and frailty, people are dependent on others in their everyday lives. Through interaction, people simultaneously learn to understand themselves and their environment better and to meet their needs together. Thus, it is important to have enough time to shape both individual and collective living conditions. This prerequisite for a good human life seems self-evident, but it is faced with a capitalist society in which time for activities beyond wage labour and the most urgent of reproductive work in families is scarce.

The neoliberal credo of personal responsibility calls on people today to balance high professional requirements with increasing tasks of self-organisation and with the growing everyday demands of familial reproductive work. Women in particular live with a permanent feeling of not being able to meet these requirements. There are, depending on the available financial resources, and depending on the extent of the care responsibilities, a number of very different strategies, but none of them meet the criterion of good care and self-care.¹ Thus many people currently lack the time and financial resources to keep themselves healthy, continue their education, and to organise their own lives while being confident of having social security. Friendships suffer. For some people, their very existence is under threat, others are too exhausted to take care of those close to them as they would like to. Still others feel oppressed by the excessive familial tasks that they have been left alone with. These developments are accompanied by great pressure and permanent overexertion, and can lead to fatigue, burnout, and other mental illnesses.² While it is generally recognised that the ongoing process of profit-led growth is destroying the earth's ecosystem, it is also destroying its people.

Accordingly, the starting point for the following discussion is the discrepancy between the desire for a good life in community with others and the narrow limits imposed on care and self-care by the capitalist economy. This is especially true at a time when capital is in a crisis of social reproduction, which I will outline below from the German perspective.

Crisis of social reproduction

The capitalist mode of production is based on the combination of wage labour and unpaid reproductive work, private owners' discretionary power over the results of societal work, and the primacy of capital accumulation. The production of use values and the meeting of basic human needs are not the purpose of an economy organised in this way. It requires a highly skilled, motivated work force at the lowest possible wages, with the lowest possible cost of their reproduction and provision.

In dealing with the crisis of over-accumulation resulting from neoliberal policies that began to appear in the mid-1970s, the gap between what would be possible with the current state of technology and education, and the real level of inequality and insecurity has become particularly striking. There are increasing attempts to reduce the costs of the reproduction of labour power as comprehensively as possible. As a result, real wages are pushed down, especially in the lower income groups, and the wage labour itself is intensified and expanded through unpaid work in the evenings and during holidays. Mini-jobs without social insurance benefits are on the increase, as are irregular working conditions. At the same time, all people of working age – regardless of gender, marital status, and number of dependent children and relatives – are expected to cover the cost of their own livelihood by selling their labour power. Furthermore, state benefits in the social sector are being reduced, as is

¹ See Gabriele Winker, *Care Revolution. Schritte in eine solidarische Gesellschaft* (Bielefeld 2015), pp. 55-71.

² Alain Ehrenberg, *La Fatigue d'être soi – dépression et société* (Paris 1998).

individual security through social transfer payments. Cuts are being made in care and education expenditure as well as in healthcare provision and support for elderly and sick people.

At the same time, it is clear that, notwithstanding cost savings, the reproduction of labour power must be maintained. This is because the consumption of labour power in the production process is a prerequisite for profit. Thus, labour power must be available in sufficient quality and quantity. However, due to extensive austerity policy, the task of keeping oneself employable increasingly falls to the individual. They and their families are responsible for performing the socially necessary reproductive work in familial contexts.

Due to gender stereotypes that remain in effect despite increased female employment, this reproductive work is assigned to women. At the same time, this socially necessary labour is often invisible in the hegemonic discourse and devalued as typical women's work. The fact that the work of self-care and care for children and relatives goes unpaid, and is performed in isolation and in private by women, allows this development to remain largely unnoticed. And this is all the more true because even many on the left do not systematically identify as a problem, either in the domain of wage labour or reproductive labour, the fact that people dependent on both wages and transfer payments are divided along heteronormative, and/or racist, classist, and bodyist lines.³

However, the continued success of this policy, imposed by business and government, is by no means certain. Currently, the costs of the reproduction of labour power are being minimised to such an extent that there is barely sufficient availability of the necessary skilled and physically fit workers. In so far as the intensification of the contradiction between profit maximisation and the reproduction of labour power so drastically affects the quantitative and qualitative availability of workers that it results in a significant deterioration in the conditions of capital valorisation, I speak of a crisis of social reproduction. This can already be seen in Germany in a variety of ways:

- There is a lack of skilled professionals in certain sectors.⁴ Through a combination of part-time and one of the lowest birth rates worldwide, women in particular are not meeting the challenge of combining the fullest possible employment with the high demands of reproductive work. Thus, female employment is stagnant despite rising employment rates.
- High stress and fatigue are reflected in a significant increase in mental illness, which is regularly accompanied by long absences from work.⁵ This especially applies to the care professions. While an average of 10.1% of days of incapacity to work across all sectors were attributable to mental illness in 2012, the proportion was considerably higher in social work and pedagogy at 16.9%, in child care and education at 16.0%, in geriatric care at 15.7%, and in health and nursing care at 14.7%.⁶
- Only a small proportion of employees are able to make the required commitment for work projects that are increasing in their complexity and scope and thus come with high. Accordingly, a Gallup study that is particularly alarming for companies shows that only 16% of employees are willing to voluntarily work for the goals of their company and 67% have little sense of allegiance to their

³ See Gabriele Winker, Nina Degele, *Intersektionalität. Zur Analyse sozialer Ungleichheiten* (Bielefeld 2009) and Gabriele Winker, Nina Degele, 'Intersectionality as multi-level-analysis: Dealing with social inequality.', *European Journal of Women's Studies*, 18 (2011), no. 1, pp. 51-66.

⁴ Tobias Maier et al., 'Engpässe im mittleren Qualifikationsbereich trotz erhöhter Zuwanderung', *BIBB-Report*, 23 (2014).

⁵ Bundespsychotherapeutenkammer (BPtK) (ed), *BPtK-Studie zur Arbeits- und Erwerbsunfähigkeit. Psychische Erkrankungen und gesundheitsbedingte Frühverrentung*, < http://www.bptk.de/uploads/media/20140128_BPtK-Studie_zur_Arbeits-und_Erwerbsunfaehigkeit_2013_1.pdf > (accessed: 18 August 2015).

⁶ Markus Meyer et al., 'Krankheitsbedingte Fehlzeiten in der deutschen Wirtschaft im Jahr 2012', in: Bernhard Badura et al. (eds), *Fehlzeiten-Report 2013* (Berlin etc. 2013), p. 345.

company. By contrast, 17% of employees do not feel an emotional bond with their company and have quitted their jobs internally.⁷

Despite these consequences of its own strategy, capital remains fundamentally committed to further reducing the cost of reproduction, and the state is reacting in only a few places, such as in the expansion of daycare facilities for young children. Otherwise, the availability of the required labour power – in this case of qualified women – would no longer sufficient in the short term. But even in the expansion of daycare for children, costs are kept down to the extent that basic quality standards are not observed.

Thus, any attempt to improve the conditions for care work will meet with fierce resistance, because such improvements will increase the cost of reproduction and exacerbate the crisis. Even if it is possible to push through fundamental reforms through changing the balance of power, there will be no stable accumulation regime, and these attempts will continue to be resisted. A successful care movement thus requires a permanent momentum of change, a true revolutionising of all conditions under which people currently live and often suffer.

Care revolution

More and more people are able to clearly see this systemic inability to provide adequate conditions for the satisfaction of basic human needs. In their various strategies through which they try to cope with their daily lives, they suffer from stress and overwork in different ways. Existential security, self-care, time to care for people who are close – one or the other has to be short-changed. However, a growing number of those affected, from all care fields and care positions, are no longer willing to accept these conditions. More than 70 initiatives and individuals in Germany have come together to form the Care Revolution Network. They relate to each other in their political action and also carry out joint action. In so doing, they frequently mention their dignity as care workers and as people requiring care, and they take care not to lose sight of the needs of people in different situations. At the same time, they are calling for a fundamental change in the organisation of care work.

The concept of Care Revolution stresses the need to propose a path through which a solidary society can be reached through fundamental transformation. Care Revolution is a political transformation strategy, which, informed by the insights of feminist politics, makes its focus the fundamental importance of care work and aims at bringing about a mode of social coexistence that is based on human needs. Care work, which is normally not a factor in most political strategies or in prevailing economic theories, becomes the point of reference for social change. The Care Revolution is thus based on a fundamental change in perspective. It is about no less than the challenge of placing at the centre of society and hence economic activity not the maximisation of profit but the realisation of human needs. And because of the incompatibility of the different underlying function logic, such a society cannot be capitalist. This means that a Care Revolution has to go beyond the realm of care work and aim at a comprehensive and consistent transformation.

To achieve even the smallest steps in this direction requires a societal mobilisation, a coalition of activists that cuts across all care sectors and roles in care relationships. Today in Germany there are already a number of organisations of caregiving relatives, parents' associations, and groups of immigrants and refugees that are fighting against the work overload and simultaneous devaluation of their unpaid care work. Many care workers in hospitals, daycare centres, and homes for the elderly are no longer willing to tolerate inhuman conditions for employees and care recipients. In addition, there are many young people who are standing up to a world in which they do not see a chance of living a meaningful life. Now it is imperative to reach other care workers who are not yet active. A starting point might be the collective reflective engagement with each other's everyday experiences. This will make it clear that the limitations and overwork people experience do not represent their

⁷ Marco Nink, Good News From Germany – But Still More Work to Do, *Gallup Business Journal*, May 15, 2014, <<http://www.gallup.com/businessjournal/168860/good-news-germany-work.aspx>> (accessed: 18 August 2015).

individual failure but are attributable to structural conditions that are changeable. From here, beyond the practical contesting of the given parameters the obvious question is what should substitute them.

The first concrete thing that has to be done now is to secure everyone's existence, for example through establishing an unconditional basic income. A significant reduction in full-time paid employment – as a necessary part of the Care Revolution – supports the idea of quality of life not being dependent on the production and sale of more and even more commodities. For this purpose, as has been demanded by feminists for decades, it is important to make a comprehensive concept of work, which also includes reproductive work, the basis for political practice. Moreover, it is necessary to expand public care services in education, childcare, health, and geriatric care, and to control them democratically. Only in this way can individuals be relieved of their burdens and the quality of public services simultaneously increased. And of course, the work conditions and the income of care workers, such as childcare workers and geriatric nursing staff, must be significantly improved and social security provided for those working in private households, who are often immigrants. This requires a comprehensive redistribution of social resources.

With these first steps in a transformation process, it is possible to reallocate work in the very broad sense and break away from the gendered division of labour. Everyone would have more time not only for care, but also for civil-society activism and political engagement. Such a politics would also allow people with extensive care responsibilities to re-experience leisure and to make dreams that are often no longer even contemplated into reality. The reliable means to make concrete plans, and free time permit people to stay politically active.

Social struggles around these and many other reform goals need to be permanently connected to the espousing of a society in which everyone – through solidary organisation – can develop their own capacities. At every step, this requires keeping the perspectives of others in view, advocating the inclusion of all people, and demanding fundamental participation through democratic structures. Such a strategy consciously looks beyond the context of the current political-economic system. Rosa Luxemburg calls it 'revolutionary realpolitik'.

In addition, I am working on the assumption that it makes sense to begin with the socialisation and comprehensive democratisation needed in the care sector. This premise is supported by the combination of several factors. First, the collective organisation of care is very important for existential security, and its structuring reaches deep into people's lives. Furthermore, in the care sector, it is particularly obvious how profit orientation is contrary to human needs and restricts many people in terms of their opportunities for development, their health, and their creativity. Many people recognise how nonsensical and counterproductive it is to heal, teach, support, advise, or care for people based on the principle of maximum profitability. Moreover, it is clear to many that the current system of social infrastructure results not only in poor quality but also in social inequality.

At the same time, people have very different needs in terms of social infrastructure. Therefore, in the areas of child care, care for the elderly, preventive and other health care, or education, for example, it makes sense to develop various services by giving everyone a say and collectively weighing all priorities. Moreover, much of this can be collectively planned and implemented at the level of municipalities, city districts, or villages, since the vast majority of care services do not need to be administered centrally. Here, in direct cooperation, concrete forms of self-government can be realised because people can express their needs and decide upon them locally as experts. In the process, people can come together who work in various forms of the care sector: professional care providers, caregivers in family and neighbour contexts, and those in self-care situations. The diverse nature of work and its interconnectedness with life as a whole is particularly tangible here.

If the exclusion of prevention, democratic organisation and orientation on people's needs are the goals on which a collectively organised care sector are to be based, then I see two viable paths. First, a gradual democratisation of the infrastructure previously organised by private enterprise, government, or charities. This can be realised, for example, through elected care councils that are

held accountable to their constituents. Second, the decentralised reconfiguration of care based on collective projects is easy to imagine. It is possible to build on the experience of existing collective communities such as housing projects, production cooperatives, or neighbourhood stores. I think both ways are attractive enough to be worth addressing and connecting.

With the establishment of such decentralised and centralised structures where needs-oriented and truly democratic decisions are made, experience can accumulate and skills be acquired that make possible the socialisation of the overall economy even beyond the care sector.

In the process of creating and developing a society based on solidarity, it is also crucial that hierarchies, as well as the denigration and exclusion of individuals or groups, are continuously and consciously addressed, both in local communities or collectives and in supra-regional institutions. The principles of domination and subordination are firmly anchored in today's culture, through categories like gender, sexual orientation, racist attributions, professional competence, and physical fitness. This is why it is so important in the care movement to actively combat the resulting discrimination but also to critically examine and continuously change our own behaviour towards people who are seen as different. This is a long-term and absolutely necessary process. If, consequently, we can establish a culture of open and solidary cooperation, then we can build a society in which people no longer face each other as competitors but have solidarity as their guiding principle.

There will be setbacks and detours along this road, which seems almost unimaginably long from where we are now. Some concepts that seem important today will not stand the test of practice. But there will also be surprising successes and new ideas that come from actors who have so far barely been a part of the movement, and who will bring their experiences and thoughts to bear. These will be very diverse kinds of people: visionaries, who already have a tangible idea of how a good, better, more beautiful life might look; realists, who see in clear detail where current concrete working and living conditions limit their options for action; seekers, who now find no place for themselves; compassionate people, who cannot tolerate others suffering from exclusion and discrimination, which also affects their own lives. The more diverse these fellow activists are, the more varied and interesting the resulting paths and concepts will be, which will also be enriched by global knowledge and ideas. The shared experience of people acting in solidarity to actually shape their world can help release the energy that is needed to walk the path towards a caring society.