



Love's Labours Lost? Feminism, the Disabled People's Movement and an Ethic of Care

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ABSTRACT

The Disabled People's Movement (DPM) and the Feminist Movement appeal to incompatible meanings of 'care'. For the DPM the word 'care' is to be resisted. The emotional connotations implicit in the concept and experience of care inhibit the emancipatory project for independence and self-determination. Feminist theorists value the concept of care, and the emotional aspect of 'caring about' in 'caring for'. Given that independence can be interpreted as an ideological distortion of 'malestream' public policy, feminists argue that it should be replaced by the concept of interdependence. Furthermore, feminists express concern that the DPM's pragmatic solution to the problem of 'care' is a form of discursive alignment with 'malestream' public policy that constitutes both disabled people and women as 'other' subjects of modern welfare state economies.

Drawing on the work of Irigaray, we propose that a post-feminist analysis of the constitution of the parties in the caring dyad can help to make the case for a mutually beneficial ethics of care. We support the feminist voice in disability studies, particularly its call for an embodied, experiential, emotional and political view of the caring relationship. We articulate a post-structuralist feminist critique of waste and want as the discursive terrain upon which both disabled people and

women are constituted as marginalized subjects in caring relationships. Irigaray's claim that women's immersion in the pleasure of 'the other' marginalizes her from her embodied experience, dims her sense of self, and locates her and her caring practices in a liminal, abject space on the margins of phallogocentric culture, ground this analysis. We claim that disabled people are similarly disembodied, and constituted as waste, and that their passionate fight for dispassionate goals might be working against their demands for a dignified and inclusive existence. Finally, we make a plea to disability activists and feminists to make common cause in the struggle for an ethics of care that is founded upon embodied interdependence.

KEY WORDS

care / disability / ethics / feminism / waste

Introduction: Contested Meanings of Care

It is possible to identify many different approaches to care. Nowhere is this difference clearer than in the contrasting ways in which caring is described by feminist scholars and disability activists. This difference is, in part, one of emphasis. Generally, for feminist scholars, the emphasis is on the giver of care (usually female), whilst in disability studies the recipient of care (male or female) is the locus of interest. Given the political agenda and standpoint of these two social movements, the contrast in focus is understandable. However, whilst these groups have a different agenda, both regard the parties involved in the caring relationship as constituted and colonized by its dynamic (Bowden, 1997; Cancian and Oliker, 1999; Finch and Mason, 1993; Morris, 1993; Oliver, 1990; Shakespeare, 2000; Williams, 2001). Yet this dynamic is envisaged in different ways. Despite its empirical vicissitudes and even the violences that sometimes accompany it, there is a tendency in feminist thought to valorize the caring relationship for its potential to symbolize and be the very embodiment of genuine intimacy and reciprocity that cannot find expression in a society dominated by the male imaginary. For the Disabled People's Movement (DPM), care is often demonized and its organization is regularly represented as a significant barrier to the emancipation and independence of disabled people. In this article, we attempt to transcend the binaries of an analysis derived from clear and distinct gendered subject positions and embodied political standpoints of feminism and the DPM by arguing that the relations of care draw all those involved in it into a feminized social space. We also propose that the feminization of care in a phallogocentric culture makes participants in the caring relationship – regardless of gender identity – necessarily subordinate. Our principal theoretical debt, in this respect, is to the work of Luce Irigaray (Irigaray, 1985[1974], 1991[1977], 1993; Whitford, 1991a, 1991b).

For some feminists, caring is the central process through which gender is defined. For example, Graham (1983) suggests that a woman's identity emerges through caring. Caring work is seen as the duty and responsibility of women and to take part in such work is linked 'umbilically' to their social and economic role. Care policy is premised on the notion that such work will be the responsibility of women (McKie et al., 2002; Sevenhuijsen, 1998). Much of this caring work is unpaid, but if it is paid, the wages tend to be low, conditions of employment poor, and pension provision inadequate (Women's Unit of the Cabinet Office, 2000). Further, there is evidence to suggest that the gendered nature of caring work, both paid and unpaid, reinforces already existing inequalities in the labour market (Rake, 2001; Windebank, 2001). Caring is not simply about a set of mechanical tasks. Indeed the gendered nature of care colonizes and constructs women as 'natural' subjects (Hochschild, 1983; Lister, 1997).

Likewise, for disability theorists, care plays a central role in the 'naturalization' of disabled bodies but the gendered nature of this process is much less important in the language and practice of the disabled people's movement. Care constructs disability first and foremost as a dependent, rather than a gendered, status. Care is associated with institutional confinement, limited social engagement, partial citizenship, disempowerment and exclusion. To be cared for is to be in deficit and to have one's competence as a social actor denied or questioned. Disabled recipients of care – be they male or female – live 'tragic' lives (Oliver, 1990), ontologically doomed to a deficit of agency. This position reflects the historical invalidation of disabled people's lives and bodies and it does so largely irrespective of gender. Social policy constructs male and female recipients of care as a burden and a drain on scarce resources. Largely because of these pejorative tropes, the DPM, in the UK at least, has dropped the discourse of care. It prefers terms such as personal assistance, help or support (Shakespeare, 2000; Vasey, 2001). This position brackets the emotional element of care and privileges a pragmatic material analysis in which the disabled person acquires economic control over the caring relationship. It also dislodges gender critique from the central position in the discourse of care. Where feminists see care in terms of its role in the making of men and women, disability activists see it primarily in terms of the infantilization and disempowerment of disabled people.

In an earlier article on disability and feminist theories of care and help, the authors utilized the work of Nancy Fraser on need and (inter) dependency (Fraser, 1989; Fraser and Gordon, 1994; Watson et al., 2004). We supported Fraser's call for a thorough conceptualization of the role of interdependency and mutual need across the lifecourse. The concept of interdependency draws attention to the ways in which mutual need is embodied in caring activities and caring responsibilities. Not only is it likely that all of us will need help, support and care of various kinds at different points of the lifecourse, but also that certain types of need and care will continue to be largely absent from discussion (for example, the needs of adult men who are sick or incapacitated). It is only

by drawing attention to the pervasiveness of caring that the complex dialectic of interdependency can be adequately articulated. Furthermore, concentration on the relational aspects of care clarifies the extent to which both parties involved – regardless of sex, gender and social status – become constructed as the ‘feminine other’ and therefore marginalized in the grand scheme of things which is a product of the male imaginary. This is so because care, like its sister concepts of love, nurture and reproduction, were relegated, at the outset of bourgeois modernity, to the realm of ‘nature’, to a private domain of human activity ‘beneath’ the public sphere where concerns about rights and justice prevailed. Agnes Heller (1979) once described this domain as the ‘household of the emotions’; the definitive modern space for all things maternal and womanly and natural, the ahistorical, immutable and unchangeable world of intimacy and domesticity, where considerations of politics and morality have no place. It is effectively, the space of the ‘other’.

‘The Other’ ... ‘of the Same’

In this article we propose an analysis of the constitution of disabled people and women as subjects produced by micro-technologies of modern power that operate through discourses of care. We also propose that the feminization of care in a culture dominated by the male imaginary makes the caring relationship and those involved in it necessarily subordinate. In so doing we draw on post-feminism and, in particular, the work of Luce Irigaray (Irigaray, 1985[1974], 1991[1977], 1993; Whitford, 1991a, 1991b).

However, before employing post-feminism as a means to supersede the tensions over care between feminism and the DPM, it is important to revisit these tensions in a way that is analytically sympathetic with the post-feminist imagination. In this respect the use of Foucault’s idea of ‘technologies of the self’ (1980, 1988) is apposite. It offers a means of exploring the processes of identity formation as it is produced by discourses of care. In this theory, identity or self arises through engagement with dominant norms – ‘technologies of domination’ – and these may be resisted or adopted in the context of both an ‘aesthetics of existence’ and a code of ethics. This analysis of self-formation has been criticized for a limited, dualist exploration of the dialectics of freedom and constraint (McNay, 2000: 9), but it offers a means of examining tensions and problems in relation to the formation of identities around care.

The DPM has chosen to engage primarily with ‘technologies of domination’ and the way in which these have shaped the oppression of disabled people. Care as a concept is waterlogged with benign and pastoral connotations, but the DPM – drawing on the practical experience of disabled people throughout modernity – has seen into its darker heart and begins its case with Bauman’s caveat (1993: 11) that, ‘the impulse to care for the other, when taken to its extreme, leads to the annihilation of the autonomy of the other, to domination and oppression’. Nick Fox (2000) has pointed out that care is a powerful

disciplinary tool. It manifests itself as a 'vigil' in which the 'cared for' individual is subjected to fairly continuous surveillance. The DPM tends to emphasize this 'carceral' element in the caring relationship. However, Fox (2000: 338) points out – following Helene Cixous – that while care may embody masculine and custodial 'technologies of domination', it also a 'gift' and as such it is redolent with positive properties such as 'generosity, trust, confidence, love, commitment, delight and esteem'. Post-feminists are drawn to ethical possibilities inherent in the idea of care as a gift. It is, however, the possessive, disciplinary element in the caring relationship that has dominated the experience of disabled people in modernity and it is against this background that the DPM proposes the transformation of care into help or assistance (Shakespeare, 2000).

In responding to the actual link between care and oppression that has blighted disabled people's lives, the DPM has adopted a pragmatic and materialist interpretation of care that is commensurate with its masculinist ethic and idealizes masculinist notions of autonomy. The DPM defines care in terms of help, and argues that disabled people should control it by means of direct payments that they use to purchase the services of Personal Assistants (PAs). This approach, it is argued, breaks the link between care on the one hand and confinement and domination on the other, and restores agency to the disabled person. As 'master' of 'his' own destiny and PA at 'his' command, the disabled person is able to acquire control over many of the mundane but vitally important aspects of everyday existence which, hitherto, were delivered, if at all, to a timetable that suited the 'carer'.

This system effectively reverses the balance of power between 'carer' and 'cared for' to the extent that this terminology becomes redundant. The 'cared for' becomes the employer and 'carer' becomes the employee. There is little doubt that this system works for disabled people. It breaks the dominion of the carer. It offers possibilities for active citizenship that were hitherto constrained. It delivers raw, elemental freedoms that non-disabled people take for granted – a bath when one wants it and so on. Yet, despite its significance as an emancipatory mechanism, the system of direct payments reverses rather than abrogates the master/slave relation and, effectively, closes off the possibility of an ethic of care and responsibility in which many feminists place much hope (see for example Benhabib, 1992; Tronto, 1993; Williams, 2001). It takes care out of the 'household of feelings' (Heller, 1979) and leaves ethics in the masculine, bourgeois domain in which justice and rights are the only touchstones of moral behaviour (Gilligan, 1982).

The DPM embraces the dominant, modern model of the 'worker citizen'. In this model, the male imaginary looms large. An ethical world is a world in which disabled people get the same access opportunities to the labour market as non-disabled people and where such access, as well as the opportunity to participate fully in social and cultural life, is a matter of 'right'. Emancipation is defined in terms of the 'other' – socially, culturally and economically – becoming 'the same' and by having these opportunities 'constitutionally' enshrined and legally enforceable. The transition from feudalism to capitalism

may be a distant historical memory but it should not be forgotten that many disabled people are still fighting for the right to be wage slaves. The idea of all disabled persons as fully fledged 'worker citizens' is still an enormous challenge and the DPM continues to raid the discourse of social justice in order to sustain its political and moral impetus.

Feminist theorists, by contrast, argue that the dominant model of the 'worker citizen' obscures the need for, and the potential of, the 'carer citizen'. The carer citizen also works but she will be drawn into emotional and pragmatic relations of interdependency, invariably and in embodied ways, throughout the life-course, most likely as both a carer and a worker. Indeed, these two functions will inevitably collapse, one into the other. The 'carer-citizen' is constituted by her embodiment in an ethical orientation of care and responsibility in which mutuality, reciprocity and tactility are the mainsprings of moral life. Yet, inevitably, the concept of the 'carer citizen' neglects the citizenship of the recipient of care. Therefore, the tactility that, in theory, brings the participants in the caring process together in an embodied relation is cut short by a perspective that is over-determined by the subject position of the carer. The touch envisioned is not the touch of equals.

In an essay heavily influenced by the moral philosophy of Emmanuel Levinas and entitled 'The Fecundity of the Caress', Irigaray (1993) argues, quite irresistibly, for an embodied ethic of care in which tactility brushes aside the moment of dominion. 'Touch,' she writes, 'binds and unbinds two others in a flesh that is still and always untouched by mastery.' Bauman's pessimism is reversed. The connection he observes between care and the annihilation of autonomy that mirrors the position of the DPM is dislodged by an argument that replaces the masculine/ocular with the feminine/tactile (Jay, 1993). The putative 'maternal economy of flow' (Irigaray, 1991[1977]) is invoked and the subject – who in the canon of bourgeois individualism can be nothing without autonomy – is de-centred.

The multiple imbrications – embedded in social policy and dominant discourse – which link femininities to care suggest that care impacts powerfully on most women's identity formation. However, the work (as well as the work in care) is easily discounted as a source of status or social worth because the labour of love in a rationalized, masculinized polity is, invariably, unerringly 'other'. Feminists and the DPM seek to reform care in ways that challenge its naturalization but their respective standpoints end in tension. Some feminists valorize the ethical potential of the 'carer citizen' whilst the DPM embraces an ethic in which the rights of the 'worker citizen' are paramount. Disability activists seek to control care by transforming it into a formal contractual relationship, whilst feminists seek to protect and grow the affective, embodied elements in the caring relationship because therein lies the kernel of intimacy that might just save the phallogocentric world from itself. But perhaps both perspectives respond to their marginalization from a position that is best described as 'the other of the same'. However, it should be clear from the preceding argument that DPM activists are much more embedded in this position than their sisters in the feminist movement.

The reference to the phrase 'the other of the same' is clearly to Irigaray's analysis of power and gender and her appeal to the potential to create and celebrate difference. For Irigaray, patriarchy is premised upon the genealogy of sons and fathers and is a culture 'founded on sacrifice, crime, war' (Whitford, 1991a: 21–53). Women are not integral to this culture but are crucial because they help men to 'understand themselves and to find their limits'. For example, female sexuality is understood in terms of a masculine frame of reference (Irigaray, 1985[1974]). The vagina is a sheath, 'a masculine sex organ turned inside out in order to caress itself' (Irigaray, 1981: 99). The masculine provides the benchmark against which everything is measured. The feminine is therefore the negative to the (masculine) positive and the dominant, masculine culture acquires its autonomy from matricide or from the social processes by which the feminine is invalidated by its reduction, in the last instance, to masculinist values. Equality, Irigaray asserts, tends to mean equal to men. From our perspective, therefore, the parties involved in the caring relationship are perpetually invalidated because the value of care is measured against the autonomous adult male who neither requires nor delivers care. To be a carer or cared for – male or female, disabled or non-disabled in either role – is to be found wanting, to be other in relation to the masculine subject of modernity, to be reduced to 'the other of the same'. Those who give and receive care are marginalized, 'used and wasted' bodies, existing, by and large, on the margins of what counts as the truly human community. Participants in the caring relationship are constructed as the vulnerable, the monstrous and the feminine and, therefore, as 'other to the masculine subject of modernity' (Shildrick, 2002: 123). In order to challenge 'phallogocentric ideology' and the male imaginary that reduces everything to an image of itself, Irigaray argues for an autonomous feminine identity (Whitford, 1991a: 24):

Irigaray ... is positioning an 'other' which would not simply be the 'other of the same' ... but a self defined woman who would not be satisfied with sameness, but whose otherness and difference would be given social and symbolic representation.

This analysis offers the possibility of a material and discursive representation of care in which the emotions and practices of care are valued in their own right rather than as the aberrant offspring of the male imaginary. It challenges the malestream interpretation of caring as marginal, de-based work. Despite seeking to challenge the discursive constitution and location of both carers and cared for as marginalized, 'used and wasted' bodies, feminists and the DPM remain embedded in a policy and practice agenda that is organized by the sham egalitarianism of the 'other of the same'. For example, Sevenhuijsen (1998: 131) notes that policy developments in The Netherlands draw upon a silent logic of the 'natural' provision of care within family and kinship networks, where it is self-evident that it will be women, rather than men, who, whenever the need arises, care spontaneously for others. Such assumptions remain remarkably robust across a variety of cultures (Windebank, 2001). Immersion in the pleasure of 'the other of the same' means that carers and disabled people continue

to live wasted lives in the shadow of phallogocentric symbolic representation. There may be something of an irony here because 'abjection' and waste – as we argue in the next section – are pivotal to the caring relationship. Indeed, in a phallogocentric and logocentric culture, care is easily dismissed on the grounds that it revolves around the management of bodily emissions and the emotional detritus that is produced in negotiations around the abject and the taboo.

Wasted Lives – Care as Waste

According to Irigaray (1985[1974], 1991[1977]) the 'feminine' is marginalized and suppressed in and by the masculine symbolic order. Care as the feminine is, therefore, also marginalized and suppressed and, thus, misrepresented by the male imaginary. The alterity embodied in caring is reduced to 'the other of the same'. Those involved in caring, be they women or disabled people – regardless of gender – are constituted as flawed subjects; as inferior or defective men. The marginalization of caring is evident in the metaphors of waste that constitute its practices and help to define and invalidate the 'subjects' involved in it.

The bodily apertures – those physical, erotogenic zones that lead to the pathways of ingestion and emission – are culturally problematic, spaces where the inside and the outside meet and mix (Falk, 1994). Emissions are particularly problematic. They are the stuff of taboo or what Kristeva (1982) calls 'abjection'. They constitute the waste material of the body, and the successful management of bodily emissions is one of the principal ways in which the human animal can demonstrate its domestication. What one does with one's shit, snot, sweat, saliva, sick, wind, blood and pee is highly circumscribed by social norms and controlled by an elaborate and highly codified system of 'manners' and one is expected to be autonomous in relation to the management of one's corporeal waste. Excrement and human waste are at the heart of a good deal of humour, but there is not much room for error or laughter when it comes to its practical management and disposal. The 'civilizing process' has made embarrassment the mediator in this sensitive domain. The threatening, polluting, disgusting must be managed in the name of prohibition and order.

All bodies are potentially transgressive or 'leaky' (Shildrick, 1997) in a manner that may be beyond the control of the individual. The role of the carer is to manage this potential transgression by acting as a fleshy stand-in for the civilizing forces of prohibition and order. Caring is (partly) about the containment of 'abjection', both in its material form as bodily fluids – or bodily difference – and in its symbolic form as 'horror' (Kristeva, 1982). Horror arises as the reaction to unclean, defiled, impure or prohibited objects which Sartre (1966) once described as '*le visqueux*' (usually translated as 'the slimy'). The 'cared for' body is, therefore, regarded as potentially dangerous on the grounds that its waste products, if not contained by appropriate defences, can leak into and contaminate the social order. A related argument in the canon of disability

studies focuses on the way in which non-disabled people respond to the threat associated with the presence of disabled bodies. Tom Shakespeare (1997) has argued that disabled people are used as 'dustbins for disavowal'. They are perceived as emotional waste bins into which non-disabled people project their emotional anxieties about bodily decay and decline. Disabled people, therefore, are either conceived of as a hygiene problem or as receptacles for the emotional excesses of their non-disabled counterparts. No matter how often or well the carer makes the case that she is socially valuable, she is, invariably, thwarted by her dealings with the excremental:

The rejection, the exclusion of the female imaginary undoubtedly places women in a position where she can experience herself only fragmentarily as 'waste' or as excess in the little structured margins of a dominant ideology, this mirror entrusted by the (masculine subject with the task of reflecting and redoubling himself). (Irigaray, 1981: 104)

Furthermore, impairment is also represented as a 'deficit' and a disabled life is characterized ubiquitously as an 'invalidated' (Hughes, 1999) or wasted existence. This arises from the economic marginalization of the labour power of disabled people that is associated with the rise of capitalist social relations in the early 19th century (Oliver, 1990) and the subsequent incarceration of disabled people in 'total institutions' (Goffman, 1968). The medical distinction between the normal and the pathological provides a discursive starting point that conflates and confounds the wasting or broken body with the wasted life. The policy of the confinement of disabled people, for the best part of modernity, has left a legacy that constitutes impairment as a 'tragedy' deserving a charitable response (Oliver, 1990) and a burden on the tax-paying community. The anomalous and the repulsive have a tendency to become inseparable; 'That which diverges from the preferable in a given area of evaluation is not the indifferent but the repulsive or more exactly, the repulsed, the detestable' (Canguilhem, 1991: 240). One tends to dispose of that which is repulsive or detested and the anthropoemic response to disabled people in modern times, be it in the form of incarceration or extermination in Hitler's gas chambers, is testimony to some of the – relatively contemporary – ways in which disabled people have been treated as the social equivalent of flotsam and jetsam (Hughes, 2002). Those who care, who enter this world of waste, place themselves in a domain of peripheral value outside the masculinist boundaries that define proper productivity and, therefore, have no claim upon the values of success, dignity or respect. Care is a social sphere in which all participants are blighted because they live wasted lives. Yet, the very temporal and fluid rhythms of the body and tactility that animate the world of care and are the source of its suspect symbolic status may provide the route to the semiotic feminine voice which is missing from representations of care. This is the argument that can be read in Irigaray's search for the 'passional foundations of reason' (Whitford, 1991b: 10). Excrement precedes logic but it is on the latter, rather than the former, that the logocentric/patriarchal world has been constructed.

From a post-feminist perspective, the discourse of waste and repulsion that binds and represents the caring dyad is a derivative of the masculine imaginary. It is outside the domain of the (male) symbolic order or rather is only interpretable in its terms. Caring is one of those repressed and excluded aspects of western culture that is about flows, fluids, multiplicity, difference, rhythm, embodiment, transient boundaries, contingency and the maternal. These are the very dimensions that constitute the feminine and are, therefore, in Luce Irigaray's terms (1985[1974], 1991[1977]), yet to be written about. It is the micro-technologies of power as they operate through social policy and welfare discourse that constitute the disabled body as dependent, burdensome, incapable, tragic and repulsive and the carer as charitable, altruistic, stalwart, saintly and dependable. Both parties – thus represented by the masculine imaginary – become hyperbolic fictions who can be lauded or vilified, the one invariably at the expense of the other. Dignity cannot possibly cut both ways simultaneously in a world mediated by excrement. The subtleties of love and power are effaced.

From Excrement to an Ethics of Care

Disabled people have been feminized/infantilized, forced to live down among the women in the 'household of the emotions', where waste is wanton and where Rousseau's bourgeois/patriarchal values of self-sufficiency and independence are conspicuous by their absence. The DPM is trying to put some hair back on the chests of the poor unfortunates who have been confined in feminized spaces but an analysis informed by Irigaray's work suggests that this is a wrong-headed strategy because it simply submits to the male imaginary, that is to '... the attributes of the father's production. To be. To own. To be one's own' (Irigaray, 1985[1974]: 300). Transforming care into Personal Assistance means buying into the logocentric and patriarchal heritage of the enlightenment. It might also mean that the ethical imperative of recognition of the other (Levinas, 1981) is left out of the moral equation. Indeed, Janet Price (2000) makes this (post-modern feminist) case against the work of American writer and disability activist, Albert Robillard. The male pragmatists who dominate the disability movement tend to forget that embodiment – for disabled and non-disabled people alike – is mutually constituted in complex and fragmentary ways and, therefore, fails to take seriously 'the notion of becoming-in-the-world-with-others':

The dis-integrity and permeability of bodies, the fluctuations and reversibility of touch, the inconsistency of spatial and morphological awareness, the uncertainty of the future, are all features that may be experienced with particular force in the disabled body, but they are by no means unique to it. (Price and Shildrick, 2002: 72–4).

Making common cause with one's 'fellows' in the household of emotions is likely to deliver a more interdependent, mutual and ethically informed

existence. An ethics of care is an embodied ethics which, from an Irigarayan perspective, is spatially located in the 'household of the emotions' where one has to live with and should come to celebrate leakiness, contingency and, above all else, tactility. For Irigaray, tactility is the touchstone of ethics. It breaks down the modernist illusion of the singular embodied subject and signals a world of relational economies of caring and mutual recognition. This vision is manifest poetically in Irigaray's claim that (1993: 59): 'The internal and external horizons of my skin interpenetrating with yours wears away their edges, their limits, their solidity. Creating another space – outside my framework. An opening of openness.' W.B. Yeats once wrote that 'love has pitched his mansion in the place of excrement'. One might wish to query the poet's view of love's gender but the sentiment seems to imply that the 'maternal economy of flow' or the contingencies associated with 'leaky bodies and boundaries' (Shildrick, 1997) are, or can be, the mainspring of an ethic in which the recognition of the other is primary and privileged.

In modernity, ethics have been disembodied, associated with reason and rights and universal rules of conduct (Russell, 2000; Smart 1996). As such a (masculinist) conception of ethics begins to decompose, the affects, the sensual, the tactile; all that is associated with the banal practices of everyday life, with the 'becoming-in-the-world-with others' (Price and Shildrick, 2002), and with the emotional and non-rational (Bauman, 1993) offers itself as a set of possibilities for the revival of morality. From this perspective, the value of independence realized by way of contractual assistance – which is so important to the DPM – pales into insignificance. Indeed, value is embodied in the intimacy of interdependency; so much so that 'the fecundity of the caress' is most clearly expressed by the claim that 'separation' is a 'wounding' and that the memory of the flesh that is given by touch is a moral moment in which 'ethical fidelity to incarnation' is imperative (Irigaray, 1993: 217). If we are to extract the 'gift' in care from the cold, ocularcentric gaze that may inform the 'vigil' (Fox, 2000), then we have to try to work with Irigaray's message which is to try to think past or beyond a world in which women and disabled people are constituted as the 'negative of the positive', as inferior or defective men. That which is in the shadows of the symbolic order – care, love tactility, bodily emissions, the maternal – is that which is embryonically moral. According to Irigaray's argument, modern culture – insofar as the feminine is invariably reduced to the 'other of the same' – is founded on matricide (Whitford, 1991a: 34–46). The relationships of care fall into this realm and, therefore, into disrepute. The transformation of care into a cold contract – as the DPM propose – would amount to yet another victory for the male imaginary and the culture of matricide. A victory for pragmatism means the closure of the ethical potential that lurks in the 'household of the emotions'.

Care is a practice that takes us back to forgotten first principles. 'Man', claims Irigaray (quoted in Whitford, 1991a: 53), 'no longer even remembers that his body is the threshold, the porch of the construction of his universe.' Interestingly, forgetfulness about the carnal aspects of life is something that the

social model of disability and the DPM have been criticized for in recent years (Hughes and Paterson, 1997). Disabled people are finding pride in bodies battered by prejudice, invalidated by 'corrective discourse', excluded by barriers to social and economic participation and diminished by living in a world that is informed by the norms, needs and projects of non-disabled carnality. If, however, the world that disabled people are stepping into is founded on matricide and determined by the male imaginary, then it may be wise to step carefully and draw on the experience gained in the shadows of the symbolic order.

Concluding Remarks

While the arguments offered here are primarily in the context of an exploration of disabled bodies and the caring nexus, they are also of general relevance to the sociological analysis of embodied practices. However, Morris (1993) has noted that feminism has failed to adequately include the disability perspective in its agenda, or has done so in unhelpful ways. Constituting disabled women as 'doubly disadvantaged' invites unhelpful cultural representations of 'pitiable victims', and simplistic binaries such as 'carers and dependent people' obscure the reciprocity in human relationships and the unpredictability, mutability, and often multiple subjectivities of all of our lives (Morris, 1993). Disabled feminists have tried to develop an agenda that includes the embodied, the personal and the experiential or the 'psycho-emotional' aspects of disability (Thomas, 1999) but malestream disability studies do not really want to go there. If care is reduced to direct payments and personal assistance, to an employer/employee relationship, then the disabled person in receipt of care has escaped from the chains of many everyday forms of dependency and the emancipatory standpoint of disability studies is well served. Presumably, one does not need to ask whether or not the carer is well served or whether or not the caring relationship is emotionally satisfying. Such questions – commensurate with what Irigaray (1991[1977]: 148) calls the maternal 'economy of flow' – become eclipsed as the male imaginary dominates the agenda and reduces everything to the 'law of the Father'. Feminists tend to offer a vision of care in which the standpoint of women dominates, but this valorizes a particular subject position within the dyad rather than the relational processes that constitute the caring experience. We have argued that Irigaray provides a conceptual tool kit that helps one focus on the relational aspects of the caring process, its tactility, fluidity and embodied interdependence, and on how the meaning of care is distorted when judged by – as it invariably is – a phallogocentric tribunal.

Fraser's call for a genealogy of interdependency in the context of modern welfare states (1989) challenges the assumption that the rational, economically independent social actor must prevail. Such an assumption means that the participants in the caring nexus are constituted as 'excess to requirement' and burdensome. To date, feminists and disability activists have protested about discrimination and disadvantage in welfare policy, particularly with respect to

the issue of care through separate, though sometimes parallel channels. These groups could make common cause and in this respect Nancy Fraser's advice is instructive. She urges critical intellectuals and emancipatory movements to create new 'discourse bridges' to open new 'hybrid publics and arenas of struggle' (1989: 11). She adds, 'no single oppressed group can possibly win significant structural change on its own, nor can it be trusted to look out for the interests of the others' (1989: 11). Moreover, social transformation requires struggle in the sense of engagement with one's opponents. In academic arenas this means 'challenging ideological distortions built into mainstream/malestream perspectives and, insofar as possible, compelling their adherents to respond' (1989: 13). This article has probed the possibility of a 'discourses bridge' between feminist and disability perspectives on care. Without such a bridge, one wonders if an ethics of care is at all possible.

The need for care or help is commonplace. None of us will escape it. Those involved in caring relationships and their advocates struggle to represent its delight and drudgery and to fashion a dignified 'aesthetics of existence'. Care is a marginal world heavily influenced by the management of bodily waste and constituted by the masculine imaginary as a threatening, transgressive space in which autonomy is absent and emotion pervasive. In developing a masculinist approach to care, the DPM seeks to promote autonomy for disabled people but eliminates emotion from the caring process by transforming it into a formal, contractual, exchange relationship. These obvious concessions to the male imaginary are problematic. Feminist work on care emphasizes need, emotion and embodiment, valorizes care yet neglects the citizenship of the recipient of care. In developing ideas about care that reflect the priorities of their 'tribal' standpoints, the two social movements configure dignity and inclusion in different ways and thus play into the hands of the 'other of the same'. We have argued that a reading of Irigaray's post-feminist canon can help to think through this impasse.

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