

Talia Schaffer

Care Communities:
Ethics, Fictions, Temporalities

An aide guides a person's shaky hand, a parent moves a child's legs in repeated therapeutic motions, a woman wipes her partner's face in the hospital bed. We can read these scenes not as the disabled person's loss of independence, but rather as exemplary cases that model the fundamental interdependency of human life and social organization.

This is how scholars of the feminist theory of "ethics of care," including Nel Noddings, Virginia Held, and Eva Feder Kittay, understand caregiving. Ethics of care is a philosophical theory, but in this article, I argue that literature can give us an invaluable perspective on care by playing out examples of caregiving in diverse, richly detailed cultural contexts. After briefly reviewing the current state of ethics of care theory, I move on to explain how care functioned in the Victorian period. As a specialist in Victorian fiction, I am accustomed to reading about caregiving in small social groups in the home, instead of the medical settings usually featured in modern care ethics, and this alternative configuration of "care communities," as I call them, helps us see care afresh. Specifically, care communities reveal how care works over time, helping us to think about care as a process, a duration, and a performance. I then

The South Atlantic Quarterly 118:3, July 2019

DOI 10.1215/00382876-7616139 © 2019 Duke University Press

show how care theory and Victorian practices converge to produce some new formulations. I hope to show that contact with another culture's care practices can helpfully defamiliarize our assumptions about disability and carework, pointing us toward new definitions of disability itself. Care ethics helps us glimpse a social organization in which we are all alleviating each other's suffering and feeling ours relieved in turn. In such a system, disability is only one of many reasons to need care. My hope is that the "care community" can do more than normalize disability; it can remind us all of our crucial, fragile, relational ties, vital no matter the state of our bodies or minds.

Ethics of Care: The Theory

Ethics of care is a wide-ranging theory. It argues that every one of us is alive because others care for us, from our helpless infancy onward, and every one of us reaches out to help others, in ways as large as parenting and as small as thanking a cashier. Enmeshed as we are in networks of obligation, gratitude, and assistance, we need to recognize our own profound social ties. None of us is autonomous; our very selfhood is intermeshed with others'. Aimee Carrillo Rowe puts it well when she writes that "the formation of the subject is never individual, but is forged across a shifting set of relations that we move in and out of, often without reflection. The politics of relation is a placing that moves a politics of location through a relational notion of the subject to create a subject who recognizes and works within the coalitional conditions that creates and might unmake her—and others" (cited in Chavez 2013: 147).

Carol Gilligan (1982) and Nel Noddings (1984) first outlined ethics of care in the 1980s. In the 1990s, theorists argued that it was a feminist practice to validate and emulate maternal caregiving in particular. Sara Ruddick's *Maternal Thinking* (1990) and Virginia Held's *Feminist Morality* (1993) both use "mothering" as the master example of care. Ruddick and Held are careful to note that mothering is a practice available to men too, but they were pursuing a feminist project of reclamation of a supposedly essentialist female function. Other critics, however, were uncomfortable with what seemed like an endorsement of a kind of domestic ideal steeped in white, heterosexist, reproductive, middle-class assumptions. Peta Bowden (1997: 8) warns that "celebrations of caring reduce and simplify the range of women's moral possibilities to those displayed in practices of care . . . the analysis of caring itself tends to be reduced to romantic stereotypes of mothering—usually those emanating from Western, white, middle-class, domestic relations." Women of color, for instance, acutely aware of the history of their

inscription as nannies and caregivers, may have a very different reaction to the imperative to extend care than middle-class white women. Ethics of care can seem like the latest iteration of a long series of exhortations for women to be grateful for long days of unpaid diaper-changing at home.

However, ethics of care theory really has two distinct generations, according to Olena Hankivsky (in Abu-Laban 2012: 163). For as the 1990s moved into the 2000s, Held and Eva Feder Kittay began to turn their maternalist thinking in a different direction, exploring how care could operate as a feminist political theory (Engster and Hamington 2015: 4–5). Many care theorists now use care ethics to rethink contemporary ideas of caretaking, citizenship, migration, and legislation. Daniel Engster (2007: 2) puts the modern understanding well:

Because human beings universally depend upon one another for care, we all have moral obligations to care for others in need. While we can fulfill some of our obligations to others through personal caring relationships, we can fulfill many others only through collective caring institutions and policies. Our moral obligations to care for others thus generate collective responsibilities to organize our political, economic, international, and cultural institutions at least in part to support caring practices and care for individuals in need.

Instead of enshrining maternal feeling, ethics of care now works to uphold the value of a practice traditionally associated with women. Care ethics fights the assumption that caregiving is an underpaid/unpaid, undervalued chore outsourced to our most vulnerable workers, rather asserting that caregiving is a crucial practice fundamental to a functional society. Many contemporary care ethicists try to develop ideas for supporting migrant careworkers and home health aides. For instance, Kittay (1999: 68) advocates a national program, “doulia,” that enables at-home caregivers by paying them, training them, and giving them sick leave and vacation time. Fiona Robinson (2015: 308) sums up the current state of the theory:

Care ethics is not a claim about women’s essential nature, or about women’s universal oppression. It is not an exhortation for us all to ‘care’ more, or to be ‘more caring.’ Care ethics is a critical feminist theory that seeks to reveal the different forms of power that keep the values and activities of care hidden from ‘public’ view, and to demonstrate the devastating effects that ensue when care is consistently devalued, sidelined, and subordinated to the higher values of profit and military power. As an antidote to the values of neoliberalism, care must be recognized as a social responsibility, an attribute of citizenship, and a basis of feminist solidarity.

Robinson's argument shows how far ethics of care has moved from its early stages, and how different it is from the popular conception that "caring" is merely a nice feeling. Instead, caregiving is an activity with social, political, and governmental requirements.

This idea breaks with three centuries of political thought.¹ Classic liberal theory relies on the assumption that people are "liberal individuals in the marketplace, independent, autonomous, and rational," able to make rational choices in everything from market behavior to votes (Held 2006: 43). However, Kittay (1998: 129) argues that caring relationships are stronger than rational contracts, and those care bonds indeed "make civic order and civic friendship possible" (see also Held 2006: 41). Interdependency not only constitutes personhood but also "all social organization" (Kittay 1998: 129). The classic liberal monad is not our identity but an artificial construct that is "at best suitable for a restricted and limited part of human life," Held (2006: 14) explains. This is a profound idea. If care ethicists are right, then a good government should prioritize supporting social ties, not just aim to protect individual citizens' liberties. Similarly, if care ethicists are right, economic theory should highlight models of cooperative and sustainable economic behavior that includes maternal and domestic ties, rather than competitive resource-mining or neoliberal consumerism (see Raworth 2017; Marçal 2015).

Care ethicists interrogate precisely how care operates. They ask questions like this: Does care need to be authentically motivated, based in genuine feeling? Does care need to be acknowledged by its recipient? Are people stuck in single roles, as carers or cared-for? How can we balance the imperatives of care and justice in a viable society? What makes care go wrong? Noddings (1984: 18, 25) has argued that bad care occurs when the carer treats the cared-for as an abstract problem to be manipulated, or treats all cared-for via a universalist one-size-fits-all mentality. It is also bad care to project one's own wishes onto the cared-for, assuming that the cared-for must necessarily want what the carer would want in his or her place (Noddings 2002: 13). Instead, Noddings (1984: 7–29) argues that good care means flexible, contingent, case-by-case approaches in which the carer practices "engrossment" in another's mind-set, and "motivational displacement," in which she shelves her own intentions to enact another's.

As these examples indicate, much depends on how one defines care. At the broadest end, Joan Tronto defines care as "everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible." In this vision, all reparative work is care, presumably including such activities as cleaning up a riverbed. But at the other extreme, Diemut

Bubeck claims a highly restricted case: "Caring for is the meeting of the needs of one person by another person, where face-to-face interaction between carer and cared-for is a crucial element of the overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself."² In Bubeck's definition, care is only care if it occurs between humans and does something that the cared-for cannot do: feeding a child is care, but making dinner for a capable adult is not.

In this article, I use a way of thinking about care that steers between these two extremes, while hopefully partaking of both Bubeck's precision and Tronto's generosity. I use the following definition: care is "meeting another's need." Like Bubeck, I stress the cared-for's "need," not his or her desires. Whereas Bubeck argues that people who are just doing favors are not caregiving, I want to make a different point: cared-fors may have *needs* that differ from their *wants*. Engrossment in another's mind-set does not mean automatically agreeing to whatever the cared-for demands. Parents need to be able to say no, teachers need to be able to give a bad grade, and guardians need to withhold the substance that an addict is craving. Part of the carer's work is to figure out what the real "need" is. To revert to Bubeck's example of feeding someone, an adult cared-for may not need the food, but may need the affection communicated by the gift of a home-cooked meal. I use the word *need* to stress that the carer must figure out what the cared-for really needs, which may be quite different from what the cared-for wants.³

The word *meeting* emphasizes that care is an ongoing action, a repeated practice, perpetuated over time. As we shall see, that temporal progression is crucial to understanding care. Additionally, the word is not "solve" or "assuage"—it does not promise to make the cared-for feel good or to get rid of the problem, but simply to meet the cared-for's need at the time.

But perhaps the most important word in this definition is the one I have left out. There is no subject in this sentence. Anyone or anything can be doing the work of meeting a need, allowing us to imagine the carer's identity(ies) in the broadest possible way. I have also defined the object of the verb as generously as possible, simply as "another." For the point is not who the cared-for is; the cared-for could be anyone; the point is that that cared-for is always an Other, always retains an alterity that must be respected.⁴ Recognition of the fundamental alterity of the other is not only an ethical value in itself, but also, pragmatically, it ought to prevent the carer from projecting his or her own feelings onto the cared-for.

In my definition, caregiving is agnostic as to the animate status of its members. It demands at least two participants, a carer and a cared-for, and a

relation between them, and as long as the relation is a caring one, it doesn't matter much who or what the two agents are. Ideally a care relation might look something like a devoted teacher patiently working with a struggling student, but it could also be something like Jane Eyre taking comfort from the warm rough grasses on the moor: "Nature seemed to me benign and good; I thought she loved me, outcast as I was; and I, who from man could anticipate only mistrust, rejection, insult, clung to her with filial fondness" (Brontë 2006: 372). It might occur in a child's comfort in a stuffed animal, or a hiker's sight of the stars. A book, a poem, a piece of music can be sources of care. In thinking this way, we can develop an ethics of the relation with the inanimate.⁵

In the case of such nonhuman participants, it would be absurd to demand that they follow an ethical code (moonlight is not going to alter its trajectory because we think it should). In this case, the ethics in ethics of care shifts: our enjoyment of their care imposes a certain responsibility on us to maintain them. It involves an ethics of ecological sustenance, or animal rights, or historical preservation. For someone who feels a care relation with the divine, it may require a religious protocol. In this respect we can see the complexity of a care relation; the relation between an intimately cherished poem, say, and the person who loves it requires the person do whatever she can to make sure the poem lives on. The poem does not know it cares for the person; the person does the care work in return. Entering into a care relation with a nonliving entity lays a specially tender ethical burden on us; we need to feel for both.

Victorian Care: The Practice

Victorian novels constantly depict people rushing to meet another's need, forming ad-hoc, flexible, small groups of caregivers, usually composed of voluntary connections and including perhaps three to ten people.⁶ In *Dombey and Son* (1848), for instance, Florence Dombey's community of care includes two ex-servants, a local shopkeeper, the shopkeeper's best friend, the shopkeeper's nephew, the best friend's friend, her brother's schoolmate, and her dog. Such care communities appear in most Victorian novels, including almost all of Jane Austen's, Charlotte Yonge's, and Charles Dickens's novels; Elizabeth Gaskell's *Ruth* (1853), *Cranford* (1853), and *Wives and Daughters* (1864); George Eliot's fiction, particularly *Middlemarch* (1871) and *Daniel Deronda* (1876); and Henry James's novels, especially *The Portrait of a Lady* (1881) and *The Wings of the Dove* (1902).

The care community usually assembles in cases of illness. This was a very deeply rooted value in the nineteenth century. As Miriam Bailin (1994: 6) has argued, the Victorian sickroom could be “a haven of comfort, order, and natural affection.”⁷ Bailin explains that patients “often found the creation of small, select societies around their bedsides to be one of the greatest advantages of illness” (20). Such small domestic societies were widespread. Florence Nightingale (1860: v) remarked, “Every woman, or at least almost every woman, in England has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid,—in other words, every woman is a nurse.” In lived reality, care was considered paradigmatic women’s work, the basis of the women’s sphere. As a Victorianist, I can testify to the truth of Susan Moller Okin’s (1989: 15) claim that the early maternalist iteration of ethics of care “unfortunately reinforces the old stereotypes that justify separate spheres.” The way that the feminist validation of “mothering” converges with the Victorian women’s sphere is part of what makes it fit Victorian literature.

In the Victorian novel, conditions are ideal for the formation of care communities. Characters live in small groups, constantly observing one another’s behavior (as Austen [1952: 401] famously explained in a letter to Anna Austen Lefroy on September 9, 1814, fiction ideally addresses three or four families in a country village). Vast numbers of the population have no gainful employment and therefore have leisure to care for one another, care-taking is profoundly approved of, and nursing occurs within the home, not the institution. Martha Stoddard Holmes (2007: 30) confirms that “ensemble plots construct disability as a feature of community life.” In Victorian fiction, care really does take a village. And these fictional villages could boast much more diverse carers than in normative practices. In Dickens’s novels, the care community consists of teenage apprentices, homeless street urchins, elderly neighbors, local shopkeepers, convalescents, and wounded ex-soldiers.⁸ Playing with class and gender, the Victorian fictional care community is a powerful expression of a wish for disparate people coming together in shared concern. No wonder Brigid Lowe (2007: 241) calls the Victorian novel “the medium par excellence for an exposition of a sympathetic politics of care, and an effective vehicle for the perpetuation of the conditions for its realization.”

Perhaps the theorist whose work bears the closest relation to ethics of care is George Eliot. Eliot (1994: 211) famously taught that the other has an “equivalent centre of self, whence the lights and shadows must always fall with a certain difference.” This is closely akin to a foundational definition of

care: “To be touched, to have aroused in me something that will disturb my own ethical reality, I must see the other’s reality as a possibility for my own,” Nel Noddings (1984: 14) writes. Eliot hoped her readers would achieve “a delicate sense of our neighbour’s rights, an active participation in the joys and sorrows of our fellowmen [*sic*], a magnanimous acceptance of privation or suffering for ourselves when it is a condition of good to others, in a word the extension and intensification of our sympathetic nature” (in Semmel 1994: 12). Like Noddings, Eliot advocates putting oneself aside in order to enter into another’s reality.

Thus far I have addressed historical Victorian culture, but ethics of care also has much to say to literary studies. Literary critics have read the novel as the story of the growth and development of the individual agent at least since Ian Watt’s *The Rise of the Novel* (1957), but, like our colleagues in economics and political science, we are increasingly turning toward relational ethics. Today, scholars are especially interested in such relations as hospitality, friendship, family, and neighborliness.⁹ Such topics give us new ways into the texts. After all, when we focus on individuality, we probe individual characters’ private musings and personal development, but when we turn to social relations, we can look at how social groups get structured via shared gestures, discourses, and deeds.

Literary critics do not simply apply the theory of ethics of care, however. Rather, we help push the theory further, by bringing our intensive knowledge of cultural representations and textual strategies to the work of understanding care. Wayne Booth once wrote that “the unique value of fiction” is “its relatively cost-free offer of trial runs” (quoted in Mitchell 2011: ix), and is certainly true that fiction provides test cases of care relationships in every possible configuration and with every imaginable variable, ranging from ideal to dystopian cases. However, it is important to remember that literary texts are not just passive, simple examples of a theory that happens elsewhere. As Nathan K. Hensley (2016: 83) reminds us, “literature does not recapitulate thought; it is itself thought.” A novel is a way of working something through. Literary texts challenge their readers, confronting us with culturally alien assumptions and unpredictable discursive complications, in ways that can teach us new ideas about the workings of care.

Care Communities

Victorian texts—or, indeed, any literature from a different time and place—depicts alternative social worlds, in which we can see alternative aspects of

care.¹⁰ Ethics of care tends, understandably, to assume contemporary Western forms of care: either intimate dyads, in which an unpaid parent, spouse, or child takes care of an ailing family member, or else large institutional experiences, in which a paid professional is responsible for many individuals. But Victorian novels feature a different organization: a community of care. The community offers us a mid-range scale, instead of an institutional macrolevel or a dyadic microlevel. Among the questions that might arise are the following: What are the tacit regulations that admit people into the group? What kinds of expectations govern their interactions? What are the mechanisms for changing the group dynamics over time?

One fact that is fundamental to the community of care is that, quite simply, it develops over time. Communities fluctuate, and narratives extend over many pages (in Victorian novels, many, many, many pages). This sense of extension and duration can help us resolve problems in care theory. For instance, currently care ethicists disagree over whether caregiving ought to be rooted in authentic feelings or whether one should professionally sideline one's emotions when giving care. Held (2015: 20) argues that parents' caregiving should be rooted in genuine caring, resorting to a sense of duty as an inferior substitute only when good feeling occasionally flags. Held is right; surely parents who love their children care for them better. And children who suspect a lack of genuine feeling in their parents can be deeply damaged, no matter how technically flawless the caregiving. On the other hand, Selma Sevenhuijsen (1998: 2) is also quite right when she cites a nursing home director who points out that "carers [must] avoid 'personal feelings' getting in the way of a professional approach." Professional caregivers who take care of strangers have a different responsibility: to suppress their own personal feelings. Psychoanalysts, for instance, learn to watch out for their own countertransference to their clients. An aide who cares too much may not enforce a painful but necessary therapy protocol. A teacher who cares too much may be reluctant to give a fair grade. So there is good reason both to express and to suppress feeling.

One way to reconcile this apparent contradiction is to notice that Held's and Sevenhuijsen's arguments both assume a steady-state condition: an institutional setting in Sevenhuijsen's case, and a parental setting in Held's. Institutions have stable rules, and parents ideally love their children no matter what. But what if we move to a dynamic care situation?

Community life fluctuates; people are constantly joining, circulating, negotiating, and leaving, and the fluctuations of their feelings help determine their roles in the group. Like weather, the community is never the

same from one hour to the next, and to understand its overall pattern—the climate, if you will—one has to watch it over time. Thus the care community lets us understand caring as a longer-term temporal development, not an on-off switch.

This duration reveals something crucial: care is performative (Hamington 2015: 279). While caregivers may begin the relationship with a sense of professional obligation, over time, they may develop caring feelings. Caregiving makes you care. Nannies, nurses, and aides to senior citizens often come to feel genuine love for their charges. In the classroom, as academics know, dutifully caregiving for students can make us genuinely feel for them by the end of the semester. Building up granular layers of shared experience over time can generate a powerful nostalgic and shared affection. Indeed, when the performativity fails, everyone gets distressed. When an aide remains indifferent to a disabled person, or a babysitter feels cold toward a child, the relationship can become irksome on both sides.¹¹ When initial tenderness gets abraded by the constant demands of caregiving, relationships suffer.

Nineteenth-century novels often depict this performativity as they track the development of feeling across time. In Austen's *Persuasion* (1818), Anne Elliot must express enough "forced cheerfulness" to get her whiny sister Mary moving (Austen 1998: 38). Anne's feeling is initially inauthentic, but as Mary brightens, Anne's condition as her companion improves, so she can start feeling truly cheerful. Nursing generates romantic love and friendships in this novel. After all, Louisa's carers agree that they "love [Louisa] the better for having nursed her" (155). Similarly, when Rogue Riderhood nearly drowns in *Our Mutual Friend* (1865), Dickens (2003: 439–41) demonstrates how the attempt to revive him itself generates affection. The community despises Riderhood, but as they work to bring him back to life, the doctor and the rough sailors weep, shake hands, and express intense joy. In *Dombey and Son*, Susan Nipper is aggressively dismissive when employed as Florence's nurse, but the years of caretaking eventually generate affection that manifests after Susan gets fired. In these cases, people develop a feeling by enacting it.

Literary critics have traditionally used theories of sympathy to suss out the feelings of characters (and readers), but this becomes a murky continuum in which it is hard to differentiate among degrees of feeling, since sensibility, sympathy, and sentiment blend into each other so often.¹² But performativity can help us separate them. Audrey Jaffe has argued that sympathy is passively specular. A person gazes at someone in trouble to reassure her-

self that she would never be in that position. In my view, this differs fundamentally from sentiment, which names the irritating feeling of wanting to act when one cannot—a sensation that must have been particularly aggravating for Victorian female readers, who were trained to practical philanthropy. As Austen's Emma remarks briskly: "If we feel for the wretched, enough to do all we can for them, the rest is empty sympathy, only distressing to ourselves" (Austen 2003: 71). That "distressing" feeling is sentiment—the sensation of encountering suffering we cannot alleviate. Sentiment, in other words, is spoiled care.

Recognizing that care is performative can help us analyze characters differently, since we can assess actions without intuiting deeper motives. We can track performances of caregiving in ways that may or may not intersect with emotions of caring; we can focus specifically on the transitional state, the moments when action and feeling bloom in uneasy and complex proximity to one another. For instance, in *Daniel Deronda*, does it matter that Daniel is privately skeptical of the lessons he gets from Mordecai? By the end, Daniel has performatively come to feel the faith in Mordecai's teachings that he merely politely enacted at first. Sometimes performativity fails, and that, too, is important. Lucy Snowe in Charlotte Brontë's *Villette* (1853) competently performs professional teaching care for students and collegial friendliness for coteachers, even though she intensely despises both groups of people. The mismatch between her acts and her feelings eventually leads to a breakdown. In her case, it is merely performance, not performativity.

In a care community, people constantly have to explain their needs so that others know if they can meet them. Self-expression is, of course, important in all care relationships, but it is the care community that makes this need most vivid, since the cared-for has to explain herself to multiple carers, many times over.¹³ In *Dombey and Son*, Mr. Toots has to ask Cap'n Cuttle whether he can accept Mr. Toots's friendship. The indeterminate state of their friendship becomes a frequent topic of conversation. Similarly, in Charlotte Yonge's *The Heir of Redclyffe* (1853), Guy Morville explicitly describes his filial and romantic feelings to his relations as soon as he notices them himself. However, *Dombey* and *Heir* depict functional care communities. When discursivity fails, we have catastrophe. In *The Wings of the Dove* (1902), Milly Theale forbids everyone from mentioning her illness, while her carers, Kate and Merton, remain mum about their conspiracy. In this regime of silence, care cannot function and mistrust and misery proliferate.

To return to my definition, care relations are built around need, no matter what the need is. We might say that care ethics doesn't care why

someone needs care. A person might need care for many reasons: sadness, second-language learning, being lost, feeling sick. Even good news like acceptance into an elite program might trigger anxieties and self-doubt. Michael Bérubé (2016: 20) has argued that we need “to cure disability studies of its habit of diagnosing fictional characters,” and reading according to ethics of care accomplishes this nicely. Rather than trying to “solve” the text by finding a name for a character’s condition, a care ethics reading simply registers that someone needs help, and assesses how well someone else is meeting that need.¹⁴ Disability might be exemplary, but in a care reading, it need not be essentializing. It is, rather, simply a point on a spectrum of need, evoking a response just like any other need. And because everyone has needs, and because need fluctuates, a disabled person, like anyone else, can be seen as someone who needed help sometimes and not at other times. Redefining the issue as “need” rather than “ability” works against the notion that disability is a particular identity permanently inherent in some people (and determining everything about them), and not at all present in others.

Thus care ethics focuses on the relation, not the rationale. It doesn’t matter if we think Daniel really needs a Jewish education or if we suspect Mordecai is secretly enamored of Daniel. It doesn’t matter if Mary Musgrove in *Persuasion* is genuinely unwell or complaining because she’s bored. It doesn’t matter if people authentically feel caring or are just pretending. The only question is whether each person senses the other’s need accurately and fulfills it satisfactorily. This is true whether it’s as trivial as someone giving directions to a stranger, or as important as saving a life.¹⁵ The feeling doesn’t determine the quality of care, because if all goes well, the feeling is bound to change. What’s important is intention: if you intend to give care, you initiate the performative process, regardless of your private feeling, and when you enact caring enough times it will (hopefully) come to feel true.

Crucially, care communities are affiliative, not biologically based, and everyone who joins the care community has more or less equal status. In many novels, sick people insist on being nursed by handsome youths instead of their own mothers.¹⁶ Once they join the group, they are egalitarian members. In *Dombey and Son*, when Mr. Toots joins the care community, the fact that he is a wealthy young man and Cap’n Cuttle is an impoverished, elderly ex-sailor makes no difference at all. In *Bleak House* (1853), the wealthy Mr. Jarndyce and the indigent, starving Miss Flite care for Esther and each other. In *Persuasion*, Louisa’s accident means that Anne Elliot can leave her father’s strict social hierarchy behind to consort with invalids, ex-sailors, nurses, near-strangers. Anne Elliot, like Florence Dombey, has an oppressive biological family with a neglectful, even abusive father. Both Anne and Flor-

ence find relief in a community of care featuring a miscellaneous social mix of varied class, age, status, and even species (Florence's circle includes the dog Diogenes). In fiction, the egalitarian affiliative community functions to replace the problematic biological unit.

Just as with performativity, affiliation positions us, as critics, in a place that allows us to see two systems switching back and forth. It gives us a kind of magnifying glass we can train on the transitional moment. Whereas performativity allows us to view the complex relation between feeling and action, affiliation allows us to see how conventional social relations morph into the particular form of care community relations—this idealized egalitarian discursive networking I have been describing—and back again. This kind of whiplash is particularly moving in *Persuasion*, where Anne finds it disorienting to toggle between a care community around Louisa and the conventionally hierarchical class system followed by her father and sister. Pip performs the opposite journey in *Great Expectations* (1861), leaving behind his original care community as he becomes increasingly concerned about gentlemanly status, later attempting to return to Joe and Biddy.

Of course, care communities cannot be perfectly egalitarian, even in fiction. But because the care community is *supposed* to be egalitarian, people can complain when that standard is not met. Indeed, the distress of *Dombey and Son* is caused by such a failure: a parent caring for a son and not a daughter. We know that parents ought to love all their children equally; if we didn't, Florence's tragedy would have little purchase. In the little world of Highbury, Emma is the social leader, but when she insults Miss Bates at Box Hill, it is unbearable for the readers, because we tacitly share the assumption that everyone deserves equal respect within the community. One reason the Reed household in *Jane Eyre* fails as a care community is that John Reed is so tyrannical and Jane is so despised.

Finally, the care community can show us something else about care: it feels temporally askew. Just as the community offers the fantasy of a space that ignores conventional social hierarchy, it also offers the sense of unpredictable chronologies. In this affective temporality, the felt experience of the passage of time, we can sometimes have highly condensed chronology, as in medical crises, and sometimes an apparently endless suspension, a kind of perpetual present in which past history and future plans fade out in order to deal with the cared-for's urgent needs. Different members of the care community can feel time's passage differently. As Isabel tells Ralph in James's *The Portrait of a Lady*, "I don't want to think—I needn't think. I don't care for anything but you, and that's enough for the present. It will last a little yet. Here on my knees, with you dying in my arms, I'm happier than I have been

for a long time” (James 2009: 622). Suspension allows members of the care community to act without dealing with longer-term consequences. In *Bleak House*, Esther Summerson recalls that when she was delirious she experienced all the stages of her life concurrently, distressing her because “divisions of time became confused with one another” (Dickens 2003: 555). In *The Wings of the Dove*, Merton Densher finds the days in Venice to hang heavily and endlessly as he waits for Milly’s death. Such atemporality might be confusing, disorienting, boring, or frustrating.

Care’s temporal skew is not controllable or predictable, although its rhythms might, sometimes, be consoling, providing a slower and more personal beat against the onslaught of the merciless clock and calendar time in the industrial capitalist nineteenth century. Dana Luciano (2007) has identified this immersion in deep time as part of the nineteenth-century experience of grieving. At its best, the care community offers a temporal respite as well as a social haven, a space outside of political, productive, or practical needs.

The chronology of care has interesting overlaps with other forms of altered time discussed in queer theory and disability studies. “Crip time is flex time not just expanded but exploded; it requires reimagining our notions of what can and should happen in time,” challenging normative temporalities, writes Alison Kafer (2013: 27).¹⁷ Kafer is interested in the experience of temporality afforded extraordinary bodies, the way one experiences slowness, delay, bursts, asynchrony. Her work engages with theorists of queer temporality, who have been exploring the political affordances of finding oneself outside of conventional linear (re)productive time, the way in which this subject position might orient one toward suspension, looking backward, or a utopian futurity.¹⁸

Care temporality is transitional. It is neither a steady-state slowness, as in crip time, nor a consistent orientation to past, present, or future, as in queer temporality. As a fluctuating network changing over time, it affords multiple temporal stoppages, suspensions, reanimations, readjustments of subjective temporal experiences. Karma R. Chavez, addressing a concept of “coalitions” that resembles my “communities,” writes that “coalition connotes tension and precariousness in this sense, but it is not necessarily temporary. It describes the space in which we can engage, but because coalescing cannot be taken for granted, it requires constant work if it is to endure. . . . It can describe an enduring alliance at the same time that it can help explicate a juncture that happens to be brief” (Chavez 2013: 8). Community or coalition can, paradoxically, be both “temporary” and “endur[ing].”

Such a vision of a voluntary community may well be precious to us today, in the grip of neoliberalism and global capitalism, but it was also cher-

ished by the Victorians. Victorian people lived in an infamously hierarchical and essentialist culture, in which people were remorselessly tracked according to race, gender, and class, monitored according to time and movement, and regulated according to emotion. It is no wonder that they sustained this compensatory fantasy of a different kind of social relation. In canonical and noncanonical texts, in realism and sensation fiction, in Regency and fin-de-siècle writing, the community of care shows up, the dream of a tender, voluntary group of helpers persists. It fulfilled a crucial role for Victorians, the delineation of what Bailin (1994: 25) calls the “tender, reciprocal, and mutually constitutive” relations between nurse and patient, setting a model that may or may not have been matched in actual experience. And I have tried to respect this fantasy level in my account, laying out what seem to be the optimal ways for care communities to work while remaining quite aware that hardly any human care communities will indeed succeed in being perfectly egalitarian, performative, articulate, and atemporal. That is certainly true in the nineteenth-century novel, where domineering parenting, abusive teaching, and exploitative nursing are endemic, and of course colonialism was often justified by the language of care, since Victorians saw themselves as parenting childlike natives. Care, in practice, can be (and often was) dire in ways that this brief introduction has no space to explore. By focusing here on theoretical qualities of care, I hope to help readers measure those who try to approximate it in fiction, and, perhaps more importantly, in life.

Conclusion: The Uses of Care Communities

As a literary critic, I am interested in the ways that the community of care formulation might enable new insights into characters’ relationships—but as a disability studies scholar, I am, in a sense, interested in the opposite: how this theory helps us recognize the value of the social structures that have been here all along.

In literary criticism, we might look for care rather than desire. For instance, in Eliot’s *The Mill on the Floss*, critics have debated whether Maggie’s feeling for Philip is adequately erotic, but nobody questions whether she cares for him. As Maggie attests, “Her tranquil, tender affection for Philip, with its root deep down in her childhood, and its memories of long quiet talk confirming by distinct successive impressions the first instinctive bias—the fact that in him the appeal was more strongly to her pity and womanly devotedness than to her vanity or other egoistic excitability of her nature—seemed now to make a sort of sacred place” (Eliot 1860: 427). Maggie is describing the performative growth of tenderness. Meanwhile, Philip

writes, “The new life I have found in caring for your joy and sorrow more than for what is directly my own, has transformed the spirit of rebellious murmuring into that willing endurance which is the birth of strong sympathy. I think nothing but such complete and intense love could have initiated me into that enlarged life which grows and grows by appropriating the life of others” (523). Philip is describing Nodding’s “motivational displacement,” the idea of sidelining your own wishes to enter fully into another’s. By contrast, Maggie’s other relationship is not a caregiving one. Stephen gives bad care to Maggie, projecting his own desires onto her on the ill-fated boat trip, thinking of what he wants instead of engrossing himself in her needs. Meanwhile, Maggie never cares for Stephen at all. Their relationship is doomed because it has failed in mutual care.

We might also consider Mr. George and Phil Squod, who cohabit in the shooting gallery in *Bleak House*. It is hard to tell if they are friends, employer/employee, or a same-sex couple. But I’d submit that this is hard because it is the wrong question, and it is the wrong question in part because it’s an either/or; if we type them as a romantic couple, then to some extent we think that that precludes employer/employee status. In fact they are all those things, and that is because of the fluidity of care. Mr. George cares for the indigent and disabled Phil by giving him food and shelter, while Phil responds by cleaning, carrying, and cooking. Reading their relationship as mutual care, without trying to make it fit a category, is a more supple and truthful way to do it, just as reading Philip and Maggie as enmeshed in care makes it unnecessary to judge their romantic status.

The care-community structure is most visible in nineteenth-century culture, but it persists in our own time. We need only think about our own groups: friends, neighbors, colleagues, teammates, classmates, participants in clubs, and fellow worshippers. Communities of care can form around any kind of need: a group working on a project, a team trying to win a game, students working on a final paper, contributors to a collection—all have people who need to sustain one another with encouragement and sustenance, giving joint care for a shared aim. One might even see the periodical, the conference, or the collection as printed forms of communal labor, since they represent the mutual labor of multiple people working to fulfill a need.¹⁹ Not all groups are communities of care—people can be conscripted into work they don’t want to do, may not like the people they’re working with, and may perform work that doesn’t help anyone. But in that case they would be unlikely to call it a community, and it would not be offering care. When people genuinely feel that they are in a community, there’s a strong chance that they are engaged in mutual caregiving—otherwise the community could not function.

The care community is especially crucial for people who may not have reliable familial support, as in queer families of choice. Kath Weston describes how such groups, formed without recourse to biology and procreation, might extend our idea of kinship.²⁰ Similarly, “racial, ethnic, and working-class communities have maintained expansive notions of kinship that supersede the genealogical grid, a fact reflected in many ethnographic studies of these communities,” writes Elizabeth Freeman (2007: 303). The most famous example is Patricia Hill Collins’s term, “other-mothering,” an African American practice that dates back to slavery and that uses an extended idea of kinship to establish communal child-care arrangements.²¹ Flying under the radar, the care community, an amorphous, fluid, ad-hoc, volunteer formation, remains crucial for functioning social relations. The assumption that nuclear families are the norm has worked against a proper appreciation of the crucial role of care communities, obscuring a sense of what qualities make such a community function properly.²² If we sharpen our awareness of the specific qualities a successful care community requires—like discursivity, fluidity, performativity, and egalitarianism—we can do better in assessing and perhaps improving the communities in which we already participate.

Ethics of care is not a platform to adopt or a protocol to follow. Rather, it is more like a lens, giving us a different way of viewing what we are already doing. It is like a microphone, helping us project norms that we know tacitly but rarely fully express. In disability studies, it speaks to the dignity of interdependency and sees disability as typical of fluctuating needs that must be met, not a special essentializing nonnormative identity.

In literary criticism, ethics of care can expand what we notice. If it is a lens, it is a fish-eye lens, capturing the edges of the scene; if it is a microphone, it is one that picks up heretofore ambient noise. It reorients us from intensive focus on individual characters’ deep psychology and personal erotic desires toward the larger purview of the group, attending to the qualities that are necessary if that community is going to function: performativity, discursivity, affiliation, egalitarianism, temporal skew. Crises occur in narratives when these structures crumble—when Lucy Snowe’s caregiving fails to be performative, or when Milly, Kate, and Merton impose silence on each other instead of articulation. But communities work when they achieve egalitarianism (Florence Dombey’s group) and temporal suspension (Ralph Touchett’s carers). To look at narratives for communal relationships, not individuals, can help literary criticism participate in a global realignment also occurring in economics, philosophy, economics, and political science. Enshrining relationality as the basis of civic society alters our ideas of value

and our aims in reading. It can also help us survive, particularly those of us living on the margins. I have mentioned that the care community was a compensatory fantasy for Victorians, a haven of tender, egalitarian, affiliative caregiving in a harshly stratified daily existence, but being a fantasy does not make it any less real, or any less necessary, in our own harsh world today.

Notes

Writing an article definitely requires a care community. I am grateful to Virginia Held, Michele Friedner, Karen Weingarten, members of the faculty reading group at Queens College, City University of New York, and the two anonymous readers.

- 1 Communitarian philosophy also tries to rethink political societies in terms of a communal ethos, but care ethicists have critiqued it for being indifferent to feminism and politically retrograde in its nostalgia for older, more exclusionary social traditions (see Kittay 2001: 523–25).
- 2 Tronto's and Bubeck's definitions appear in Held (2006: 31–32).
- 3 For instance, a child may want a treat, but the carer may know that the child really needs a nap. This risks, of course, turning into paternalism, when the carer can assert that she or he knows best and overrule the cared-for.
- 4 This formulation is indebted to Emmanuel Levinas's insistence that one produces one's own being through the ethical experience of acknowledging the other (Wehrs and Haney 2009: 17–21).
- 5 The ethic of care I am proposing bears some affinity to Bruno Latour's actor-network theory, in which every actor is equally important, whether animate or inanimate, and the social simply consists of the momentary interaction of certain actants regardless of motive or meaning.
- 6 The "community of care," a fluctuating, voluntary dynamic, differs from the set communities addressed in communitarianism, such as religious institutions, tribes, castes, and nations.
- 7 However, enjoying one's selected society at the sickbed was not universal. In *Victorian Pain*, Rachel Ablow (2017) has shown that Harriet Martineau regarded illness as an ideal time to achieve solitude and escape inconvenient social responsibilities.
- 8 Holly Furneaux (2016) argues that the mid-Victorian cultural ideal of the gentle, nurturing soldier compensated for the shock of imagining British young men killing and being killed in the Crimean War.
- 9 In my field, Victorian fiction, recent studies of ethics and relationality include Miller 2010, Wehrs and Haney 2009, and Hollander 2013. Work interrogating historical social relations includes Marcus 2007, Corbett 2010, Davidoff 2012, Schaffer 2016, and Wallace 2018.
- 10 Anyone who studies representations of care in other genres, cultures, or periods—in Caribbean literature or Southeast Asian family structures or medieval saints' tales—might notice other practices that contemporary care ethicists miss. My immersion in Victorian studies has pointed me toward the community of care structure, but I am making no special claims for Victorian culture; a scholar of any other culture would presumably notice something equally useful.

- 11 Arlie Russell Hochschild (2003) parses this failure as “emotional labor,” the performance of an emotion as part of one’s job, not as an expression of authentic feeling. In an article forthcoming in *Novel* I read *Villette* as a novel of emotional labor.
- 12 See, for instance, Festa (2006), Greiner (2012), Nandrea (2015), Kaplan (1987), and Bown (2007).
- 13 On the importance of discourse in care relations, see Laugier (2015).
- 14 “It does not matter whether Charles Wallace Murry is a child on the autism spectrum. What matters is the web of social relations that constitutes other people’s responses to Charles Wallace, and that intensifies to Meg’s fierce, protective love of him” (Bérubé 2016: 24–25).
- 15 Matthew Crawford, a philosopher who repairs motorcycles, writes about how his presenting the bill to his customer is a kind of care relation. “In presenting the labor bill, I am owning my actions. I am standing behind them retrospectively. And this requires making my actions intelligible to the customer,” he writes. “Work, then, is a mode of acting in the world that carries the possibility of justification through pay. When the claim I make for the value of what I have done prevails in a meeting with another free agent and I succeed in getting paid, I take this as a validation of my own take on my doings” (Crawford 2015: 154, 155).
- 16 The mothers get replaced by love interests in Yonge’s *The Clever Woman of the Family* (1865) and James’s *Portrait of a Lady* (1881).
- 17 On crip time, also see Samuels (2017) and Puar (2009, 2017).
- 18 Important works of queer temporality theory include Edelman 2004, Halberstam 1998, Love 2009, Freeman 2007 and 2010, and Muñoz 2009.
- 19 As Margaret Beetham (2015: 222) reminds us, such collective writing is particularly typical of the Victorians: “A literary criticism that carries some trace of the Romantic idea of the writer as solitary genius is . . . inadequate to an understanding of Victorian literary culture,” given their immersion in the multivocality of periodicals.
- 20 See Weston 1997. A particularly thoughtful account of the difficulty finding a language for queer relations that neither emulates heterosexual ties nor dissolves those relationships into generic community can be found in Freeman 2007.
- 21 Also see White 2015 and Stack 1974 on “fictive kin” relationships in the African American community.
- 22 In *Romance’s Rival* (Schaffer 2016), I point out that the nuclear family is a fairly recent norm. Until the twentieth century, the British practice was to house an extended family/care community that might include poor relations, elderly dependents, servants, and apprentices.

References

- Ablow, Rachel. 2017. *Victorian Pain*. Princeton, NJ: Princeton University Press.
- Abu-Laban, Yasmeen. 2012. “A World of Strangers or a World of Relationships? The Value of Care Ethics in Migration Research and Policy.” In *Routed Cosmopolitanism: Canada and the World*, edited by Will Kymlicka and Kathryn Walker, 156–77. Vancouver: University of British Columbia Press.
- Austen, Jane. 1952. *Jane Austen’s Letters*, edited by R. W. Chapman, 2nd ed. Oxford: Oxford University Press.

- Austen, Jane. 1998. *Persuasion*. Edited by Gillian Beer. New York: Penguin.
- Austen, Jane. 2003. *Emma*. New York: Oxford University Press.
- Bailin, Miriam. 1994. *The Sickroom in Victorian Fiction: The Art of Being Ill*. Cambridge: Cambridge University Press.
- Beetham, Margaret. 2015. "Periodical Writing." In *The Cambridge Companion to Victorian Women's Writing*, edited by Linda H. Peterson, 221–35. Cambridge: Cambridge University Press.
- Bérubé, Michael. 2016. *The Secret Life of Stories: From Don Quixote to Harry Potter, How Understanding Intellectual Disability Transforms the Way We Read*. New York: New York University Press.
- Bowden, Peta. 1997. *Caring: Gender-Sensitive Ethics*. London: Routledge.
- Bown, Nicola. 2007. "Introduction: Crying over Little Nell." 19: *Interdisciplinary Studies in the Long Nineteenth Century*, no. 4. doi: 10.16995/ntn.453.
- Brontë, Charlotte. 2006. *Jane Eyre*. New York: Penguin.
- Chavez, Karma R. 2013. *Queer Migration Politics: Activist Rhetoric and Coalitional Possibilities*. Urbana: University of Illinois Press.
- Collins, Patricia Hill. 2000. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge. uniteyouthdublin.files.wordpress.com/2015/01/black-feminist-thought-by-patricia-hill-collins.pdf.
- Corbett, Mary Jean. 2010. *Family Likeness: Sex, Marriage, and Incest from Jane Austen to Virginia Woolf*. Ithaca, NY: Cornell University Press.
- Crawford, Matthew B. 2015. *The World beyond Your Head: On Becoming an Individual in an Age of Distraction*. New York: Farrar, Straus, and Giroux.
- Davidoff, Lenore. 2012. *Thicker Than Water: Siblings and Their Relations, 1780–1920*. New York: Oxford University Press.
- Dickens, Charles. 1997. *Our Mutual Friend*. New York: Penguin.
- Dickens, Charles. 2003. *Bleak House*. Edited by Nicola Bradbury. New York: Penguin.
- Edelman, Lee. 2004. *No Future: Queer Theory and the Death Drive*. Durham, NC: Duke University Press.
- Eliot, George. 1994. *Middlemarch*. New York: Penguin.
- Eliot, George. 2003. *The Mill on the Floss*. New York: Penguin.
- Engster, Daniel, and Maurice Hamington, eds. 2015. "Introduction." In *Care Ethics and Political Theory*, 1–15. Oxford: Oxford University Press.
- Engster, Daniel. 2007. *The Heart of Justice: Care Ethics and Political Theory*. Oxford: Oxford University Press.
- Festa, Lynn. 2006. *Sentimental Figures of Empire in Eighteenth-Century Britain and France*. Baltimore: Johns Hopkins University Press.
- Freeman, Elizabeth. 2007. "Queer Belongings: Kinship Theory and Queer Theory." In *A Companion to Lesbian, Gay, Bisexual, Transgender, and Queer Theory*, edited by George Haggerty and Molly McGarry, 295–314. Oxford: Blackwell.
- Freeman, Elizabeth. 2010. *Time Binds: Queer Temporalities, Queer Histories*. Durham, NC: Duke University Press.
- Freeman, Elizabeth, ed. 2007. Introduction, "Queer Temporalities." Special issue, *GLQ: A Journal of Lesbian and Gay Studies* 13, no. 2/3: 159–76.
- Furneaux, Holly. 2016. *Military Men of Feeling: Emotion, Touch, and Masculinity in the Crimean War*. Oxford: Oxford University Press.

- Gilligan, Carol. 1982. *In a Different Voice*. Cambridge, MA: Harvard University Press.
- Greiner, Rae. 2012. *Sympathetic Realism in Nineteenth-Century British Fiction*. Baltimore: Johns Hopkins University Press.
- Halberstam, Judith. 1998. "Chapter 2, Perverse Presentism: The Androgyne, the Tribade, the Female Husband, and Other Pre-Twentieth Century Genders." In *Female Masculinity*, 45–73. Durham, NC: Duke University Press.
- Hamington, Maurice. 2015. "Politics Is Not a Game: The Radical Potential of Care." In Engster and Hamington, *Care Ethics*, 272–92.
- Held, Virginia. 1993. *Feminist Morality: Transforming Culture, Society, and Politics*. Chicago: University of Chicago Press.
- Held, Virginia. 2006. *The Ethics of Care: Personal, Political, and Global*. New York: Oxford University Press.
- Held, Virginia. 2015. "Care and Justice, Still." In Engster and Hamington, *Care Ethics*, 19–36.
- Hensley, Nathan K. 2016. *Forms of Empire: The Poetics of Victorian Sovereignty*. Oxford: Oxford University Press.
- Hochschild, Arlie Russell. 2003. *The Managed Heart: The Commercialization of Human Feeling*. Berkeley: University of California Press.
- Hollander, Rachel. 2013. *Narrative Hospitality in Late-Victorian Fiction*. New York: Routledge.
- Holmes, Martha Stoddard. 2007. "Victorian Fictions of Interdependency: Gaskell, Craik, and Yonge." *Journal of Literary Disability* 1, no. 2: 29–41.
- Jaffe, Audrey. 2000. *Scenes of Sympathy: Identity and Representation in Victorian Fiction*. Ithaca, NY: Cornell University Press.
- James, Henry. 2009. *The Portrait of a Lady*. Edited by Roger Luckhurst. New York: Oxford Worlds Classics.
- Kafer, Alison. 2013. *Feminist, Queer, Crip*. Bloomington: Indiana University Press.
- Kaplan, Fred. 1987. *Sacred Tears: Sentimentality in Victorian Literature*. Princeton, NJ: Princeton University Press.
- Kittay, Eva Feder. 1998. "Welfare, Dependency, and a Public Ethic of Care." *Social Justice* 25, no. 1: 123–45.
- Kittay, Eva Feder. 1999. *Love's Labor: Essays on Women, Equality, and Dependence*. New York: Routledge.
- Kittay, Eva Feder. 2001. "A Feminist Public Ethic of Care Meets the New Communitarian Family Policy." *Ethics* 111, no. 3: 523–47.
- Latour, Bruno. 2005. *Reassembling the Social: An Introduction to Actor-Network-Theory*. Oxford: Oxford University Press.
- Laugier, Sandra. 2015. "The Ethics of Care as a Politics of the Ordinary." *New Literary History* 46, no. 2: 217–40.
- Love, Heather. 2009. *Feeling Backward: Loss and the Politics of Queer History*. Cambridge, MA: Harvard University Press.
- Lowe, Brigid. 2007. *Victorian Fiction and the Insights of Sympathy: An Alternative to the Hermeneutics of Suspicion*. London: Anthem Press.
- Luciano, Dana. 2007. *Arranging Grief: Sacred Time and the Body in Nineteenth-Century America*. New York: New York University Press.
- Marçal, Katrine. 2015. *Who Cooked Adam Smith's Dinner?: A Story about Women and Economics*. London: Portobello Books.

- Marcus, Sharon. 2007. *Between Women: Friendship, Desire, and Marriage in Victorian England*. Princeton, NJ: Princeton University Press.
- Miller, Andrew H. 2010. *The Burdens of Perfection: On Ethics and Reading in Nineteenth-Century British Literature*. Ithaca, NY: Cornell University Press.
- Mitchell, Rebecca N. 2011. *Victorian Lessons in Empathy and Difference*. Columbus: Ohio State University Press.
- Muñoz, José Esteban. 2009. *Cruising Utopia: The There and Then of Queer Futurity*. New York: New York University Press.
- Nandrea, Lorrie. 2015. *Misfit Forms: Paths Not Taken by the British Novel*. New York: Fordham University Press.
- Nightingale, Florence. 1860. *Notes on Nursing: What It Is, and What It Is Not*. London: Harrison.
- Noddings, Nel. 1984. *Caring: A Feminine Approach to Ethics and Moral Education*. Berkeley: University of California Press.
- Noddings, Nel. 2002. *Starting at Home: Caring and Social Policy*. Berkeley: University of California Press.
- Okin, Susan Moller. 1989. *Justice, Gender, and the Family*. New York: Basic Books.
- Puar, Jasbir. 2009. "Prognosis Time: Toward a Geopolitics of Affect, Debility, and Capacity." *Women and Performance* 19, no. 2: 161–72. doi.org/10.1080/07407700903034147.
- Puar, Jasbir. 2017. "Hands Up, Don't Shoot!" *The New Inquiry*, September 15. thenewinquiry.com/hands-up-dont-shoot/.
- Raworth, Kate. 2017. *Doughnut Economics: Seven Ways to Think Like a Twenty-First-Century Economist*. London: Random House.
- Robinson, Fiona. 2015. "Care Ethics, Political Theory, and the Future of Feminism." In Engster and Hamington, *Care Ethics*, 293–311.
- Ruddick, Sara. 1990. *Maternal Thinking: Towards a Politics of Peace*. London: Women's Press.
- Samuels, Ellen. 2017. "Six Ways of Looking at Crip Time." *Disability Studies Quarterly* 37, no. 3. dsq-sds.org/article/view/5824/4684.
- Schaffer, Talia. 2016. *Romance's Rival: Familiar Marriage in Victorian Fiction*. New York: Oxford University Press.
- Semmel, Bernard. 1994. *George Eliot and the Politics of National Inheritance*. New York: Oxford University Press.
- Sevenhuijsen, Selma. 1998. *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality, and Politics*. Translated by Liz Savage. New York: Routledge.
- Stack, Carol. 1974. *All Our Kin: Strategies for Survival in a Black Community*. New York: Basic Books.
- Wallace, Anne D. 2018. *Sisters and the English Household: Domesticity and Women's Autonomy in Nineteenth-Century English Literature*. London: Anthem Press.
- Wehrs, Donald R., and David P. Haney. 2009. "Introduction: Levinas, Twenty-First-Century Ethical Criticism, and Their Nineteenth-Century Contexts." In *Levinas and Nineteenth-Century Literature: Ethics and Otherness from Romanticism through Realism*, edited by Donald R. Wehrs and David P. Haney, 15–41. Cranbury, NJ: Rosemont.
- Weston, Kath. 1997. *The Families We Choose: Lesbians, Gays, Kinship*. New York: Columbia University Press.
- White, Julie Anne. 2015. "Practicing Care at the Margins: Other-Mothering as Public Care." In Engster and Hamington, *Care Ethics*, 208–24.