



Sociology and Studies of Gender, Caregiving, and Inequality

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Abstract

This review focuses on scholarship that illuminates the ties between gendered care and persistent gender inequality. After an overview of work on gender and care across the disciplines, it examines sociologies of care and suggests how sociology might further enrich research and theory in this area. I explore the areas of work–family intersection, state care policy, and the organization of paid care work. I argue that the sociology of caregiving needs to better understand institutional effects on care and the interactions that transmit and resist them, organizational influences on paid care work, and how care policies relate to gender equality.

In recent decades, widening commitment to gender equality, along with emerging crises of care, galvanized interest across disciplines in thinking about human needs for care in conjunction with the social and familial inequalities shaped by women's primary responsibility for caregiving. This literature on gender and care focuses on explaining the ties between gendered care and persistent gender inequality, examining relations between paid and unpaid care, and projecting how affluent societies might support caregiving without impeding gender equality.

This paper is an overview of the linkages of gender, care, and inequality in this relatively recent body of work. It examines, in particular, sociologies of care, and suggests how sociology might further enrich research and theory in this arena. I explore three areas of sociological research on contemporary caregiving: the intersections of work and family, welfare states and care; and the organization of paid care work. Doing so, I address the apparent conflict between sustaining good care for those who need it and achieving social equality for women. These social goals are in conflict when women, as a society's main unpaid caregivers, are therefore required to sacrifice opportunities and achievements. My explorations lead to the claim that we need more research on institutional effects on caregiving and the interactions that transmit and resist them, on organizational influences paid care work, and on how care policies relate to gender equality at home and in society.

Work on gender and care has defined caregiving in different ways, shaped by the questions scholars wish to answer. Caregiving has been defined as broadly as dispositions toward and activities that respond to the needs of others and as narrowly as time spent with children (Tronto 1994). Here, I will narrow my purview to emotionally invested, responsive activity to meet the personal needs of those who are dependent, that is, unable to do these things for themselves. I use a narrower definition because care to dependents involves time-consuming, effortful, and often inflexible and unreciprocated activity. The asymmetry of dependence means that care time and effort are especially likely to impede the caregiver's access to social power and privilege. Three empirical foci illuminate the ties between caregiving and gender inequality. One focus here is unpaid care for young

children because generally, it is the most pervasive and time-consuming form of care (American Time Use Study 2009a,b). I emphasize nursing home care when I discuss paid care because low-tier care work is heavily gendered and undercompensated and because the skills involved are widely unrecognized. Also, there is a more abundant sociological literature on nursing home nursing assistants than on other low-tier care workers. My emphasis on fathers' care derives from the analysis that sharing care is essential for gender equality, and that more care by men is the route to both sufficient care and gender equality (Cancian and Olicker 2000). Thus, I favor research and theory that bears on the apparent conflict between good care and gender equality.

Because sociological theory of care is at an early stage of development, I have emphasized conceptual and explanatory frameworks, rather than theory. This means I have devoted little space to important theoretical projects. For example, Ann Orloff (1993) theorizes citizenship in relation to care and criticizes theory on welfare states that ignores the gendered family and women's position in systems of stratification. Viviana Zelizer challenges theory in moral philosophy and classical economic theory that rigorously separate caring and market incentives, instead situating the relations among money, markets, and care within cultural sites and negotiations. England and Kilbourne (1990) critique neoclassical economic theory that bears on care. And England (2005a) distils five explanatory frameworks in the literature and the care patterns each explains best. The latter also reviews the empirical evidence in support of each (and more than most sociologists who theorize care work, England draws evidence from overlooked fields, like experimental psychology). Since I cannot devote the space needed for the complexity of these theoretical arguments, I organize this review by arenas of sociological empirical investigation. First, however, I briefly review the development of scholarship on care outside sociology.

Studies of care and inequality outside sociology

The academic feminist turn toward a synthetic scholarship on caregiving and gender inequality first emerged in England and Europe, where academic feminists had experience with care policies, parliamentary access to influence, and in the Nordic states, public consensus on 'social care' (Finch and Groves 1983; Ungerson 1990; Waerness 1984). Beginning in the 1980s, new writing on care has appeared in a variety of disciplines, often becoming interdisciplinary. Disciplinary questions led to particular insights on caregiving in relation to gender inequality.

Gerontologists and child development scholars have long studied relations of care, and have generated knowledge that is applicable to practice (Brody 2003; Campbell and Martin-Matthews 2003; Damon et al. 2006; Lustbader and Hooyman 1993; Stone et al. 1987). Both fields are more focused on care receivers than are most feminist studies of caregiving, but their explorations of relations of care are often rich and underutilized by theorists of care, in general, and by sociological research, in particular. The same is true for the newer fields of childcare and nursing research, which more extensively study paid care providers. Research on the suppressed wages of care workers emerged in all of these fields (Clarke-Stewart and Allhusen 2005; Montgomery et al. 2005; Suominen et al. 1997; Whitebook 1999).

Psychologists and philosophers have distinct but overlapping interests in care. Psychologists have explored the mechanisms of affects and motives of caregiving. Psychology and social psychology have been particularly underused across their disciplinary borders, in particular, their debates about the development of empathy, pro-social or attachment

motives, gendered cognitive schema, and power interactions (Bem 1993; Deaux and Stewart 2001; Fiske et al. 2010; Hyde 2005). Evidence in these fields has been useful for challenging claims about bedrock gender identities and gender differences in traits associated with caregiving, and for understanding the dynamics of consequential interactions. Philosophers and political and educational theorists carved a focus on caregiving out of philosophical concerns with altruism, moral obligation, and justice. In the process, they raised philosophical issues of gender and inequality in these theoretical arenas (Noddings 1984; Held 1995, 2005; Kittay 1999; Kittay and Feder 2002; Tronto 1994; Fraser 1994).

Historians have uncovered the histories of institutions that provide care, both small-scale institutions like the family, and large-scale institutions, like the professions of nursing and social work or the creation of the modern hospital. On the one hand, histories of family life enable scholars of care to refute claims about the universals of caregiving (Boydston 1990; Minz 1998). On the other hand, histories of modern care institutions unearth the dynamics by which practices constructed in a particular historical context become institutionalized and resist alteration, and how organizational structures shape care (Gordon 1994; Reverby 1987). Historical accounts of caregiving in the United States seem to converge on a narrative that begins with the 19th century emergence of the middle-class maternal ideal of attentive, nurturant caregiving by a naturally moral and sentimental mother, which accompanied the separation of work and family (Boydston 1990; Minz 1998). Large-scale care institutions like hospital and government provision developed amid the cultural centrality of the breadwinner-caregiver family ideal and carried this division of labor into 20th century. In Europe, labor movements for suffrage had fostered the growth of welfare state policies and programs of 'social care', while in the United States, no comparably powerful movement fought for government care supports (Lewis 1993; Lister et al. 2007).

Policy scholars have compared various forms of state provision of care, and explored the histories of and effects of gender-policy regimes and the dynamics of policy innovation and change (Lewis 1993; Lister et al. 2007; Sainsbury 1994). The divergent paths of the US welfare policy gave US scholars different theoretical and empirical tasks, but encouraged their comparative focus (Gornick and Meyers 2009; Skocpol 1992). The journal *Social Politics* is the central venue for debates about gender and policy.

Economists have tackled questions of why care work pays less than comparable work that does not involve care, and how to calculate the market value of unpaid care and its place in economic theory. Economists associated with the journal, *Feminist Economics*, most prominently Nancy Folbre and Julie Nelson, have identified the presuppositions in economics that marginalize unpaid work and distort theory and economic models. Folbre, who often writes accessibly for general audiences, analyzes the production of 'public goods' in dependent care, especially childrearing. She explores the economic logic through which wide benefits accrue to individuals, apart from workplace transactions – for example, when well-reared children become publicly civil adolescents and then hard-working taxpayers and virtuous citizens. Using this public goods logic, Folbre argues that care of children must be subsidized the way other critical services for public consumption must be (England and Folbre 2002; Folbre 2000; Folbre and Nelson 2000). Folbre (2000, 2008) also develops an economic logic for the low wages of paid caregivers, whose wages may be discounted by workers' gratifications in giving care, and who also create, by nurturing people who are active in the world, public goods that are consumed without effect on the market price of paid care labor. She and Michael Bittman also model how we can use time-use research to begin assessing the necessary, effortful, and time-consuming

work of caring for others that has up to now been outside economic calculations of value and productivity (Folbre and Bittman 2004).

The sociology of gender and caregiving

The remainder of this review uses sociology to consider why multiple sites of gender change have had so little effect on two especially devalued arenas of care – unpaid care in private life and paid care in the lowest tiers of care work (the so-called low-skill sector). Surveying the scholarship of the past decades on gender and care, sociology has had distinctive strength in the study of institutions, organizations, and work, especially by using qualitative methods. I begin by teasing out the relations of gender and care that are illuminated in the literature on the work–family interface. From there, I consider the third sphere that intersects work and family – the state – and analyses of the uncertain relationship between policies for gender equality and policies that support unpaid care. Finally, I introduce a smaller, but important, literature on the organization of low-paid care work. This literature on work and organizations treats the contradictions between the profitability, control, and time-efficiency goals of employers and the service goals of care workers; the racial and immigrant composition of low-tier care workers, and issues in labor organizing. I end with questions for future research.

Work–family intersections and gendered unpaid care

A voluminous sociological literature examines the gendered divisions of childcare and eldercare, and the gendered experience and behavioral outcomes in the intersecting spheres of work and family, including effects on women's employment and wages. Sociologists have examined an array of propositions accounting for why women remain primary caregivers, the conditions that favor men's participation, and the ways the institutions of family, market, and state intersect to shape care and inequality.

Child and elder caregiving appears to be more resistant to the kinds of power resource explanations that have better explained other patterns in domestic life, like housework and helping (the broadest category of assistance), because institutional effects are sturdiest in intensive caregiving. Norms, rules, and internalized cognitive frameworks that are institutionalized in the family appear to shape gendered patterns of unpaid care to dependent others in a way that accounts for the persistence of gendered care, despite social forces that could un-gender care. I use the term, institutions, to refer to normative, recurrent, sanctioned, and 'self-activating' patterns of relationship that are taken for granted by participating actors (Jepperson 1991).

This section selects examples from the huge work–family literature. I begin with quantitative time use studies that suggest how individuals' externally derived power resources and their individual beliefs affect their care time and patterns, and then move to a literature that centers on work and family institutional effects. Then I consider the interactions that transmit institutional effects and those that counter them. In this context, I describe findings from studies of class cultures of childrearing. The section ends with one dystopian work–family projection of how gender inequalities in care might end.

Individual resources and ideas

Confronting changes in the domestic division of labor that have proceeded much slower than changes in gendered workforce participation, sociologists have investigated domestic

outcomes of individuals' material power resources, time constraints, and gender beliefs. Men, who earn higher wages than women, and work more hours, on average, tend to bring greater power resources to household negotiations over care. Time use studies that take wages and employment hours to indicate bargaining resources, have found that external resources and time constraints are more important in shaping the gender division of housework and general helping than they are in caregiving (Folbre and Bittman 2004; Sayer et al. 2009; Bittman et al. 2003; Craig 2006; Wang and Bianchi 2009; see also Coltrane et al. 2004; Sarkisian and Gerstel 2004; Oliker and Mathiowetz 2011). Fathers' time in childcare has increased steadily since the mid-1980s (around the time that their increase in household tasks stalled) (Bianchi et al. 2005). It appears that wives' employment, and relative work hours and income may increase fathers' time with children, and to a lesser extent, husbands' time in elder care. Controlling for age of child appears to uncover greater effects of mother' employment on the childcare time and tasks that fathers do. Still, resources and time constraints matter less here than in other domestic tasks and the care gap remains large. Moreover, mothers' time with children does not vary with fathers' hours or income (Bittman et al. 2003; Connelly and Kimmel 2009; Craig 2006; Szinovacz and Davey 2008; Wang and Bianchi 2009).

Both men's and women's gender beliefs and attitudes matter less in influencing men's share of housework than external resources do, and more, it appears, in caregiving. Fathers' beliefs are associated with small differences in their own childcare time, but mothers' gender beliefs appear not to affect fathers' care of children (Bulanda 2004; Campbell and Martin-Matthews 2003; Davis and Greenstein 2009). Perhaps individual resources and individual beliefs might not be highly correlated with time spent in care because cultural schemas of gender shape the weight that individuals' beliefs and power resources assume in interactions between partners. That is, the influence of individual beliefs and resources may depend on how they articulate with deeply institutionalized cultural schema.

Work–family intersections and their institutional effects

Slow changes in the division of care in the family, despite faster changes in the division of paid work and new family ideals of gender egalitarianism, as well as the limited influence of power resources in care allocations, suggest we examine institutional sources of persistent patterns, as well as inter-institutional relations. Institutional analyses can provide insight into the sturdy cultural structures that perpetuate the gendered division of care and the devaluation of caregiving. Institutional studies of gendered caregiving have explained how women are recurrently channeled into care roles and positions, through their simultaneous participation in family and work, developing empathic affects and altruistic motives as they move through overlapping institutional spheres. They examine how entry into and performance of caregiving is viewed as and experienced as natural, and how caregiving becomes part of intersecting identities (Abel and Nelson 1990; Acker 1990; Blair-Loy 2004; Cancian and Oliker 2000; Martin 2004; Orloff 1993).

Scholars who explore how institutional effects are mediated by interactions observe that whether or not caregiving is embedded in individual identity, social interactions make women distinctively 'accountable' for caregiving (to use the symbolic interactionists' term for this process). Some examine actual couple interactions through which, despite the power resources women may possess, their attempts to reallocate or decline caregiving are resisted by husbands who can frame women's wishes as unnatural and unworthy and their own as justifiable. They explain egalitarian-minded women's otherwise

unexplainable deference and rationalization in assuming primary responsibility for caregiving (Deutsch 1999; DeVault 1991; Ridgeway 2009; Walzer 1998).

The 19th century gender ideals that were institutionalized in changes in both family and work centered on the moral-emotional dyad of caring mothers and providing fathers. Since that time, and despite significant changes in paid work and family participation and new ideas about men and women as sharers of parenting and breadwinning, most people believe in women's distinctive and natural capacities for primary parenting, especially for younger children. Such beliefs are shared even by role-reversing fathers who stay home full time with children, and fathers who substantially share parenting roles (Deutsch 1999; Doucet 2009; Walzer 1998). In accounting for gendered care among various groups, Hochschild (2003), Blair-Loy (2004), and Gerson (2002) move beyond the typical cognitive framing of institutional rules and norms, to emphasize the emotional power of deep moral schemas that accompany or constitute the cognitive elements of institutional influence on care (see also DeVault 1991; Walzer 1998).

Conflicts affecting gendered care may be within or between work and family institutions. The broad field of work and family studies is anchored by studies of inter-institutional role conflict (Bianchi and Milkie 2010). Conflict may also be intra-institutional. Studies suggest that when intra-institutional norms about care conflict, norms tied to gender inequality often win. For example, familial norms of filial obligation, focused on bloodline children (often, eldest sons) and gendered norms of female care conflict when husbands' elder parents need care, but gender frequently prevails. Filial norms appear to lessen gendered care of elders when husbands' female siblings are not available, but elder care is more gendered when there are sufficient numbers of nearby female siblings. Ethnic traditions of elder-son obligations to care often give way to expectations of care by daughters and daughter-in-laws in contemporary communities (Schultz Lee 2010; Szinovacz and Davey 2008).

Work-family intersections and class patterns of gendered care

Institutions are not automatically self-maintaining. Men and women both carry and resist institutional influences. Sociologies of work and family explore how resource distributions, social networks, and non-familial institutions influence patterns and institutions of gendered care. The effects can ramify cultural structures, diversify and alter them, or de-institutionalize them. The best of these studies illuminate the mediating mechanism of couple interactions. In studies of care, patterns of action that resist institutional influences are well drawn in class contexts.

Blair-Loy (2004), studying high-status executive mothers portrays one group committed to 'family devotion schemas', the gendered moral-institutional frameworks that shape care-over-work decisions, even among those whose power resources exceed their husbands. A second group commits to 'work devotion schemas', the moral frameworks of their high-status occupations. Each group acts more strategically in the less morally invested institutional sphere. Qualitative studies of the division of childcare also examine how actors draw on resources associated with class or occupational characteristics to counter institutional influences. Employed working-class wives and husbands interviewed by Deutsch (1999) and Shows and Gerstel (2009) work alternate shifts to save childcare costs, and wives use power linked to their relatively high wages to recruit husbands to childcare.

These studies suggest that the activity of caregiving, rather than institutional effects on care, produces fathers' emotional investment in sharing, and may reshape their orientation to work. In contrast, among the highly educated couples Deutsch (1999) interviews, who

already share childrearing, women appeal to newer and not yet fully institutionalized values of marital equality and fairness to maintain sharing; those who fight over tasks rather than principles do not become sharers. The implication of these studies is that distinctive class subcultures of involved fathering and masculinity may evolve – or that involved fathering and new models of masculinity may become institutionalized, but along distinctive class routes.

Institutionalized family patterns shape the workplace

Sociologists often explain the persistent gender inequality in workplaces by intersecting institutional practices at home and work. England links different family institutional patterns to the gender wage gap and to job segregation. Institutional patterns of gendered childcare have entrenched a ‘mommy gap’ in wages that accounts for much of the gender gap; while gendered child socialization (overt and tacit lessons by parents and peers), historically and contemporarily, contribute to gender segregated jobs (England 2005b). Acker (1990) theorizes that contemporary institutionalized meanings of ‘worker’ and ‘workday’ embody the 19th-century-breadwinner male workers whose families were cared for by their wives. In the aftermath of decline in the breadwinner-caregiver family ideal, the taken-for-granted gender-neutral criteria of good workers marginalizes reproductive bodies and anyone with caregiving responsibility. Skill criteria correspond with wages in jobs not identified as care work better than they do in jobs that are (England et al. 2002). Maternity rather than parental leave benefits reinforce workplace gender inequality, but workplaces continue to institutionalize gendered care even when they offer family-friendly benefits, as long as promotable workers must work long hours (Morgan 2008). When only mothers resist the time demands of work, as when they leave the workforce or work part time during parenting years, this contributes to a world of gendered care and work.

A dystopian projection of equally gendered care

It is nonetheless conceivable that workplaces are the engines of the de-institutionalization of gendered care because they have been so consistently resistant to workers’ needs to care outside the workplace. Family patterns have historically adapted to the pressures of changing economies, and there are relatively few examples of the reverse. Lareau shows how ‘concerted cultivation’ deploys cultural capital for affluent children’s competitiveness at school and work, but their parents do not appear to resist the time demands of greedy workplaces (Jacobs and Gerson 2004; Lareau 2003). Given the time constraints in families where all adults are employed, it is plausible that, over time, gender inequalities in parental care will decline as mothers’ time with children and frail elders becomes more similar to men’s. As with housework, the gender gap in care could decline as fathers do somewhat more care while mothers do considerably less. It is plausible that as family moral commitments become widely unrealizable, ideals and standards of good care would decline (Hochschild 1995; Olicker 2002). In the absence of big changes in father care, this dystopia seems plausible given the power of work institutions over family.

State policies and gendered care

European welfare states have institutionalized principles of social care in ways that have tended to make their care-supporting policies resistant to fiscal attack. Family policies

buffer families in the marketplace, preserve a space for care by supporting leaves for parents and other caregivers, and subsidizing health and paid care as well. Paid leave, subsidized and regulated child and elder care, and child allowances, have given families considerable flexibility to arrange good care, and moved single mothers out of poverty (Sainsbury 1994). Nonetheless, their effects on gender differences in care, at home and in the workplace, and on women's social equality have been limited and the limits have persisted over decades. Women take much longer leaves and are much more likely than men to move into part-time work after leave (Morgan 2008). State benefits have not matched market rewards for non-carers enough to greatly change men's care patterns; women's part-time work hardens gender-segregated employment patterns, making segregation and glass ceilings at work more extensive in generous welfare states than in the United States. The few studies on the topic suggest that the availability of extensive leave (beyond six paid months, an amount US parents can only dream of) is associated with greater gender inequality (Bergmann 2008; Morgan 2008).

Comparative work on welfare states and gender usually separates European welfare states' relatively longstanding and generous regimes of family and care supports from the more market-oriented systems of care provision in English-speaking countries, with the United States occupying the extreme end of ungenerous nations. O'Connor et al. (1999) treat English-speaking nations' policy regimes, showing how care provision differentiates nations in which markets appear to have a similar relationship to state welfare provision. Gornick and Meyers (2009) focus their comparative policy analysis on the sources and effects of particular gendered policies and policy regimes, especially those that may support both caregiving and gender equality.

Care policy scholars are increasingly pressed to take account of women's persistent choices favoring time with children over employment advantage, many of whom see doing so as fully voluntary and affirmative. Hakim (1996) argues that there is fundamental diversity in women's aspirations regarding employment and caregiving, and that policy should support different care-work arrangements. Her critics argue that we cannot interpret choices as fully voluntary when made amid ramifying structures of constraint, including male power in couples.

In a lively 2008 debate in *Theory and Politics*, Gornick and Meyers (2008) suggest that we would do best to use a dual earner/dual caregiver model and support both familial and substitute care and also give men incentives to become both carers and earners. No country yet has adopted all of the policies they think necessary, but some have come close. Bergmann (2008) responds that policies that enable inequality in family care and part-time work, even if aimed particularly at men, are now and will be used so disproportionately by women, that they will cement gender social equality for the long run. Bergmann advocates state-supported, high-quality substitute care and employment-focused strategies of gender equality that give women more power in the family to negotiate the division of labor. Folbre (2008) discourages hesitations based on the negative effects on gender equality of popular family-friendly policies, arguing that the likely alternative is a constriction of care (see my dystopian prediction above). In addition, she argues, a focus only on substitute care will be unable to mobilize political support. Morgan (2008) marshals data on the effects in Europe of various care and work reforms. She responds that one must take account of the mixed goals that produce policy and that the politics of policy matter a great deal to its long-run impact on equality. Unless countries create powerful incentives for fathers to take leave, or care mandates (like requiring that parents share leaves), the result is not likely to be gender equality. Morgan suggests emphasizing the provision of care services, and moving carefully and strategically in the

directions of leave and part-time work, since the latter, even when widely available to fathers, have not been widely used. Brighthouse and Wright (2008) suggest, though without supportive data, how small changes in fathers' behavior may have big effects on norms of father care.

While US government support for caregiving has long been meager in comparison with European nations, the United States has been an international model of mandating work over care for poor single mothers. Institutional recognition of the value and time involved in mother work was built into the early 20th century reforms establishing a safety net for single-mother families and its predecessor, mothers' pensions (Gordon 1994; Skocpol 1992). Nonetheless, a century of worry about idleness among the poor and disincentives to marriage, and decades of increases in mothers' workforce participation, culminated in the 1996 federal law abolishing Aid to Families with Dependent Children, and its replacement with benefits that are contingent on mandatory employment (see Collins and Mayer 2010). Though some states implemented this law with subsidies for paid childcare, one of the last laws institutionalizing poor parents' access to caregiving has been replaced by policy that supports only employment as grounds for safety-net support. In this respect, it parallels other programs of social insurance by making employment the requirement for eligibility. Social Security and Unemployment Insurance prominently establish citizenship recognition and rewards for paid work, while unpaid care workers gain only as dependents of entitled employed citizens (Meyer and Herd 2007). It may be reasonable to expect that the same political indifference to caregiving will greet the family-friendly policy efforts that made some progress in the decades before the current economic crisis.

The organization of paid work

Studies of caregiving are infrequent in the sociological literature on organizations, work and professions, and worker organizing, but they are rich with ideas and important. Most have relied on ethnographic methods, which will allow care theorists to identify how organization, work, and movement frameworks need to be revised in order to take account of the particularities of caregiving work. For example, Uttal (1997) recounts mothers' concerns about their children's experience of racial and cultural denigration in childcare settings. Book-length ethnographies by Nancy Foner (1995) and Timothy Diamond (1992) illuminate care relations and authority relations in nursing homes; they generate ideas about the organization of care work that a later cohort of service work scholars have explored. But quantitative studies in the sociology of work have also been critical, for example, England and Folbre's 2002 findings demonstrating the wage penalty associated with care work, in comparison with occupations requiring similar skills and effort.

Service work has finally become a central focus in the study of work and organizations. In that context, ideas from studies of services, emotion work, and care work, have mingled and enriched each field. Steven Lopez' theoretically rich and closely observed research in nursing homes illuminates organizational strategies, like 'mock routines', that hide the contradictions among regulation, time availability, and tasks of care. Contradictions result when government mandated care tasks cannot all be done profitably, not to mention humanely, by minimal staffs. And only health tasks, not comforting conversation, are mandated. Lopez argues, however, that profitability and efficiency do not necessarily prohibit good care, and care receivers interests are not necessarily counter-posed to the wage interests of workers (Lopez 2006, 2007, 2010) This argument is similar to the

one Ungerson (1997) and Zelizer (2005) make when they maintain that paying unpaid caregivers (for example, the relatives of disabled people) does not necessarily undermine caring motives and the quality of care.

Analysts of what Hochschild (1983) labeled 'emotion work' now explore how paid work that draws on emotions, even when emotions are required, can be self-expressive or self-expansive as well as exploitive (Wharton 1999, 2009). Lopez (2010), like Cancian (2002), suggests that both the interests of care workers and their caring labors are sometimes achieved not only against the interests and structures of care organizations but also by means of managerial and organizational supports. These conclusions may best fit high-quality and expensive settings that are more likely to admit study by sociologists, but they indicate strategic possibilities for good paid care. Analyzing transnational flows of care work, as well as the work-family relations among migrant care workers, Hochschild (2003), Parreñas (2003), and Hondagneu-Sotelo (2001) show both the sense of exploitation and gratifying emotions among migrant care workers in receiving countries, and, in the same women, the emotional burdens of exiting maternal care in sending countries.

High rates of caregiver turnover and worker dissatisfaction affect both labor shortages and the quality of care giving (Clarke-Stewart and Allhusen 2005; Diamond 1992). Studies of nursing homes reveal the impact on care work of low pay and mobility prospects, and of the deep conflicts and hostilities between professional and low-tier care workers, who divide the care of the same bodies and spirits (Diamond 1992; Foner 1995; Roscigno et al. 2009; Stone 2000). All of these problems affect the emotional management of ambivalence inherent in care work. Studies also identify how care crises involving short staffing in nursing homes are tied to care crises at home (for example, when a child is ill) for a labor force with high numbers of single mothers (Dodson and Zincavage 2007).

Nursing home studies also illuminate the asymmetric burden of racism borne by caregivers, mostly racial minority or immigrant, inflicted by care receivers and supervisors, most of them White (Diamond 1992; Dodson and Zincavage 2007). Glenn (2010) assembles a sociological-historical account of how low-tier health care work became the domain of the poor, racial minorities, and immigrants, and how the low status of the work and that of the workers is recurrently and mutually reinforcing. She shows how this history along with fiscal pressures toward de-institutionalizing health and elder care, mandatory work in welfare reform, and the gendered global circuits of care work have converged to determine the rock-bottom wages and the hyper-exploitive working conditions of home health workers. Uttal (1997), Uttal and Tuominen (1999) treat issues of race in childcare. Tuominen's (2003) study of family childcare workers shows how the low-wage labor markets of racial minority and immigrant mothers, rather than their own beliefs about maternal domesticity, channel them into this lowest-wage tier of childcare. It is one of the few studies that examines networks and routes of recruitment to care work.

There are few empirical studies of political groups and coalitions advocating for care and care workers, but those that do show how organizers confront workers' sense of the conflict between their caregivers' commitment to consistent care for care receivers and their labor interests in organizing for wages and benefits (Tuominen 2003; Macdonald and Merrill 2002; Lopez 2004). The underlying structural conflict between expanding care and rewarding caregivers, identified by England and Folbre (2002), is evident in these accounts. Jill Quadagno (2010) offers an analysis applicable to the macro-institutional field confronted by anyone who would reform low-tier care work. In an article about health care reform, but applicable to imagining any broad movement of care reform, Quadagno draws our attention to the relations among care organizations, those

that finance them, and their embedment in the “institutional logics and distributional principles that restructure class relations in specific ways” (126).

Questions for future research

I identify here a few issues for future research, related to the literature I have reviewed. I think we need deeper examination of the mechanisms of institutional effects on caregiving. Quantitative studies that measure individual resources and beliefs may not sufficiently capture institutional or couple-interactive effects on the gendering of care. Qualitative studies have identified the institutional elements in individuals' accounts and rationales. These studies are rich, but by relying on individual accounts, they cannot closely observe the interactions of power and moral influence that carry or subvert institutional effects. Though we frequently presume that interactions are the mechanism of structural and cultural influences, we have little scholarship that systematically explores relations of caregiving at the interactional level. The interactional transmission or subversion of institutional effects in caregiving will probably be best observed inside families, but interviews with couples, as well as lab experiments and surveys of couples have been fruitful (Glick and Fiske 1999; Ridgeway 2009; Ridgeway and Correll 2004; Zipp et al. 2004).

If the division of care work at home is critical for imagining a future of both gender equality and plentiful caregiving, then research on the processes by which fathers become more involved in caregiving remains central. The often unarticulated assumption behind policy strategies for increasing fathers' care work is that incentives facilitate care, and then those who do caregiving will develop caring affects, gratifying bonds, identification with care, and the internally motivated choice of sacrifices for caregiving. Qualitative studies supply some supportive qualitative evidence (Coltrane 1996; Deutsch 1999; Risman 1987; Shows and Gerstel 2009; Walzer 1998). On the other hand, we have plentiful evidence linking various kinds of primary caregiving to depression, stress, the experience of work–family conflict, and lifetime costs to income and mobility. Research on the links between doing caregiving and wanting to could enrich private and public strategies to increase father care.

The evidence we do have on whether doing caregiving increases caring motives suggests we should more fully explore the consequences of social class and marital power for the spread of this ‘do-then-feel’ dynamic. Though ideals of involved fathering appear to be spreading across classes (Waller 2010), qualitative studies described above suggest that among the non-affluent, employed mothers' economic power and family income constraints push fathers into care work. In doing caregiving, non-affluent fathers develop caring motives, at least partly because these men experience less conflict than affluent men do between the rewards of work and care (Deutsch 1999; Shows and Gerstel 2009). Time use studies are adaptable to this purpose, if they include subjective measures (which few large-scale time studies do), but longitudinal approaches are needed.

The practical question of how to raise the status and wages of low-tier care work is especially pressing as we face deepening care labor shortages. Existing shortages should burgeon with the aging of the population and the continuing advances in women's higher education. Shortages theoretically portend higher wages, but nursing homes appear to be increasingly hiring immigrants, including male immigrants, to fill positions, so caregiving labor markets may not tighten and raise wages. In the recent past, urgent need motivated some states to offer ‘pass-through’ wage supplements to front-line care worker wages, even in the private sector, but because of fiscal crises, states may no longer be the best legislative targets for subsidizing caregiver wages. Sociologists can contribute a great

deal to understanding the ideological sources of wage setting, strategies of union organizing and social movements, organizational sources of workplace dynamics, and the construction of skills in occupations. Hopefully, the scholarly turn toward service work will spark more curiosity about paid care work.

Under pressures of demographic changes that shrink pools of unpaid caregivers and plunge baby boomers into need and possibly, the political position to demand care reform, and with family changes pulling men into caregiving, the potential for a broad-based care movement may develop (Cancian and Oliker 2000). Social movement studies of moral movements unrelated to caregiving might offer ideas to scholars who want to understand how successful movements draw widespread values into new articulation with institutional and political resources. And feminist scholars can explore how women's interests have been deployed or submerged in movements with multiple aims.

In the end, we must imagine a politics of care for the United States that can mobilize political support, taking account how our political institutions differ from those in Europe. The question of what combination of care-friendly policy could, even over a long-term, increase gender equality needs theoretical specification and empirical study. In the meantime, scholars should be circumspect about the policy recommendations with which they end studies of care. An effective and sustained feminist politics cannot afford casual prescription about what may be a deeply entrenched opposition between a caring and a gender egalitarian society. We need thoroughgoing studies of politics and policy, capable of accounting for the possibility that popular concern about the constriction of care may be, at this moment, deeper than concern about women's equality. Paula England (2005a,b) concludes her synthetic review of scholarship on care with a caution that using causal theory to form policy strategies requires much more empirical elaboration. I take this as both a call for empirical studies of care and for circumspection in formulating policy agendas.

Sociologists have contributed distinctive insight into the broad field of patterns that link caregiving and gender inequality. At its present stage of development, scholarship in this arena may be best advanced by empirical research in many directions, which will bear on and generate theory. I have advocated more empirical work, especially in the area of institutions, organizations, work, and policies for care in relation to gender inequality. Work on the mediating role of interactions may illuminate relations of power and of cultural and institutional change. We may have most to gain by pressing scholarship on care into frameworks and debates outside gender scholarship, into broader studies of institutions, organizations, social networks, social psychology, and fields that study the dynamics of commitment and change. By this, I mean both drawing on the work of others in these fields, and importantly, participating in critical exchanges with scholars in them who are not studying gender or care.

Short Biography

Stacey Oliker is Associate Professor of Sociology and Urban Studies at the University of Wisconsin-Milwaukee. Her book *Best Friends and Marriage: Exchange Among Women* (1989, University of California Press) was a finalist for the American Sociological Association Jessie Bernard Award. *Gender and Caregiving*, co-authored with Francesca Cancian (2000, Rowman and Littlefield), examines the dynamics of gender, caregiving, and social inequality across institutions. She has also written about welfare reform, families during welfare reform, a sociology of friendship and individualism, and gendered time use in adult caregiving. Currently, she is studying how nursing assistants in nursing homes balance care work at home and on the job. Oliker received her PhD from UC Berkeley.

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