

The Care Crisis: Directions for the Feminist Movement

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Ruth Rosen (2007) argues that in the United States today the “problem that has no name” is no longer what Betty Friedan called the feminine mystique. Today the problem is what Rosen labels the care crisis. The care crisis “is the elephant in the room – at home, at work and in national politics – gigantic but ignored” (1). In this research paper I examine the issue of the care crisis, questioning what it is, why it is a feminist issue, and how the feminist movement is currently addressing it. I argue that the present strategies used by the feminist movement are inadequate because they focus either on policy change or cultural change; in order to address the care crisis both in the short and the long term, the movement must embrace a more comprehensive approach that works to change both public policy and public opinion simultaneously.

What exactly is the care crisis? Rosen (2007) writes, “A baby is born. A child develops a high fever. A spouse breaks a leg. A parent suffers a stroke. These are the events that throw a working woman’s delicate balance between work and family into chaos” (1). The care crisis can be understood as the present state of our society in which an adequate system of care-giving – in which the needs of all dependents and those who care for them are met – is lacking. Harrington (1998) argues that our traditional family care system began “collapsing” in the 1970s with the rise of the second wave feminist movement; prior to that time, dependents were sufficiently cared for through the unpaid labor of women at home. The women’s movement accurately pointed out that it was problematic to have a care system that, essentially, functioned by and through women’s inequality. The early 1970s sparked a rise in the labor force participation of women, due to a variety of factors, including the influence of the women’s movement, deindustrialization and the subsequent decline in men’s real wages, and the rise of material expectations of young individuals and families (Hattery, 2001). As more and more women began

working outside of the home, our society saw a dramatic decline in its built-in, unpaid legion of care workers, but had no adequate system or strategy to address the care-giving responsibilities these mothers previously handled full-time. Our system of care depended on women remaining outside of the paid labor force, and their movement into it has resulted in a state of crisis as individuals and families try to earn a living and manage the duties of care-giving simultaneously. Society needs both a quality care system and equality for women, and yet in the present state these two cannot suitably co-exist.

Issues of care and care work have always been of interest to the feminist community, particularly because, as stated above, our society's traditional system of care relied heavily on the inequality of women through their conventional, confining roles as unpaid, stay-at-home care givers. But even though the feminist movement has spurred women's participation in the paid labor force, the care crisis remains an important issue for feminists to address for two main reasons. First, even though women are much more free to work outside of the home than they were before, care-giving responsibilities must still be met, and it is still primarily women who shoulder this burden (Tong, 2009; Jackson & Scharman, 2002). The challenge to create a balance between work and family – to hold down a job or pursue a career while simultaneously raising children and maintaining a functioning household – is one faced mostly, or to a greater extent, by women. Second, women's continued responsibility for care-giving actually undermines their movement toward social and economic equality. Harrington (1998) points out that women's current state of inequality in public society – as evidenced by the gender-based wage gap, the lack of women in top corporate management positions, the confinement of women to “mommy tracks” or “women's fields,” and the relatively few women holding public office – is largely a

result of their care-giving responsibilities, although this is rarely mentioned. In order for women to be truly equal in our society, the care crisis must be addressed.

Outside of the feminist movement, responses to the care crisis tend to take one of two approaches. The first, espoused by many conservatives and traditionalists, is to endorse a societal state in which we revert back to the pre-1970s, pre-second wave feminist movement system of care, in which most women (although certainly not all) engaged in full-time, unpaid dependency work. Although such a reversion may seem unlikely or unrealistic, studies show a surprising number of Americans espouse this idea, at least in theory (Hattery, 2001). The other non-feminist response is to focus on helping the individual mothers and care-givers learn strategies for better achieving “balance” between work and family responsibilities; books and magazine articles abound to teach women how to “have it all” and juggle their ever-increasing responsibilities in both home and office.

Within the feminist movement there are also two distinct responses to the care crisis, which correspond with the two primary branches of feminist thinking – liberal and radical. Hattery (2001) writes, “liberal feminism argues for greater opportunity for women in male-dominated industry and an increased presence of men in female-dominated occupations. Radical feminism, on the other hand, agitates for a dismantling of the sociopolitical structures of capitalism and patriarchy” (80). In terms of the care crisis, liberal feminists focus specifically – and often exclusively – on supporting tangible, concrete changes in public policy. They promote ideals such as flexible scheduling, paid leave, quality part-time options, and public or employer-supported child and elder care (Loder, 2005; Bravo, 2007). Radical feminists, on the other hand, argue that such resolutions are merely bandages covering up the wound; they do not solve the actual problem, or get to the root of the care crisis, because they do nothing to challenge

institutionalized gender relations or to alter the way our society conceives of notions of family, motherhood, and care-giving. For these feminists, the care crisis is best addressed through an overall change in cultural attitudes and perceptions on issues of care-giving (Hattery, 2001).

I argue that this division within the feminist movement is inhibiting our ability to make substantial progress in addressing the care crisis; the two separate approaches embraced by liberal and radical feminists must be combined into a single, comprehensive strategy. Neither policy change nor cultural change is effective or adequate on its own. Policy change is important and should be supported because of the immediate benefits it provides women struggling under the care crisis right now; however, policy change does not address the root of the issue, and it is usually inadequate and incremental. On the other hand, cultural change does address the root causes of the care crisis and can promote long-term social change, but it is a long, slow process that provides few immediate benefits. To fully address the care crisis – both in the short and the long-term – our society must change both in the realm of public policy and in the minds of individual citizens. The feminist movement, then, should implement a two-pronged approach to the care crisis that incorporates both policy change and cultural change simultaneously.

Before exploring this two-pronged approach in more detail, it is necessary to consider the theoretical foundations and perspectives on issues of care-giving and dependency work. These issues were initially brought to light by feminist thinkers whose insights have now been labeled care-focused feminism. Care-focused feminism emerged out of the fact that throughout the world women, much more so than men, handle the responsibility of care-giving – of children, the elderly, and other dependents. In *Feminist Thought: A More Comprehensive Introduction*, Rosemarie Tong (2009) explains that care-focused feminism is based on two main premises. First, these feminists argue that women's capacity for care and nurturing, traditionally viewed as

a symbol of their lesser status, is actually a form of human strength. For example, Carol Gilligan has argued that men and women exhibit two different styles of moral reasoning; when women's style, which focuses on care and relationships, is evaluated on its own terms (as opposed to through the lens of a masculine standard of justice), it reveals "not a sign of women's moral weakness, but of women's moral strength" (Tong, 2009, 167). Questions of morality and ethics must be reformulated to reflect a feminine standard, based on a responsiveness to others' needs, which upholds rather than diminishes women's moral capacity. Yes, these feminists argue, women do have a significant capacity for care and nurturing (whether this capacity is innate or socially constructed differs depending on which care-focused feminist is asked), but this capacity is a form of strength, not weakness.

The second main premise of care-focused feminism is that a feminist ethics of care should serve as either an equal complement to or even a replacement for a traditional ethics of justice. In other words, moral and ethical questions should not be answered solely on the basis of fairness or evenhandedness; rather, notions of relationship and community must also be taken into account. For example, Nel Noddings has argued that the human motivation to be moral actually comes from "our longing for care" (Tong, 2009, 169). For Noddings, ethics is fundamentally about overcoming pain and separation, which requires an emphasis on the care of others' needs. On a practical level, Noddings offers the example of war: war is fostered in our world, she argues, by an ethics of justice that leads to divisiveness and competition. An ethics of care, on the other hand, would promote peace and compromise by emphasizing unity over rivalry.

In addition to these two main tenets of care-focused feminism, some thinkers within this type of feminism have looked more specifically at the role of maternal ethics in our society.

These thinkers emphasize that mother-child relationships ought to serve as a model for all relationships, and that the maternal ethics of the private realm should be applied more prominently in the public realm. For example, Sara Ruddick argues that the public sector would very much benefit from what she calls “maternal thinking” – which puts the needs of others first – because “a very non-maternal thinking has dominated the public realm – the kind of thinking that leads to ecological disorder, social injustice, and even war” (Tong, 2009, 186). In addition, Virginia Held argues for an ethics of care in which the primary concern of public society is the bringing up of children; situations would then be evaluated based on “how well or badly they contribute to the flourishing of children” (Tong, 2009, 189). In this way, the mother-child relationship becomes a paradigm for all societal relations.

Care-focused feminists have certainly been criticized within the feminist community. Some thinkers, notably Sandra Lee Bartky, have questioned whether the association care-focused feminists make between women and care-giving could actually keep women confined to the private sphere, where most care work is done (Tong, 2009). Bartky and others are not convinced that an emphasis on care-giving is a means of empowering women. In addition, feminists such as Sarah Lucia Hoagland have argued that the connection between ethics and care cannot be applied as universally as care-focused feminism implies; there are instances, Hoagland argues, where the appropriate moral action is to *not* care, where continued care and forgiveness is wrong (Tong, 2009). Even so, care-focused feminism has been praised for bringing issues of care to the surface, for giving care-work legitimacy and authority as a subject of critical analysis.

In terms of the current care crisis specifically, care-focused feminist thought is useful because it illuminates the root cause of the problem, or why the crisis exists in the first place: because motherhood, care-giving, and dependency work are both devalued and privatized in our

society. As evidenced by its name, a care-focused feminist perspective elevates care-giving to a much higher level of value and legitimacy than it is typically given in our society. Two well-known care-focused feminist thinkers – Eva Feder Kittay and Martha Nussbaum – both emphasize that human dependency is universal, and hence must be a primary consideration in ordering society. Nussbaum (2000) writes that “variations and asymmetries in physical need are simply not isolated or easily isolatable cases; they are a pervasive fact of human life” (90). Similarly, Kittay (1995) argues that “at some stage in the lives of each of us we face at least one period of utter dependency; and...we are all, at least potentially, dependents” (8). Dependency and care are such important concerns because they affect everyone in a society. And yet, as Draut (2007) writes, in the United States “we simply don’t value mothers’ work” (1). Part of the underlying cause of the care crisis is that our society fails to value issues of care-giving as the primary priority that, according to care-focused feminism, they should be.

Devaluing and diminishing care-giving and dependency work means that such issues are relegated to the private realm; they are viewed as private rather than public concerns. This relegation is another part of the root cause of the care crisis, in that each mother/family is forced to manage the duties of care-giving completely on their own. Care-focused feminist thinkers continually emphasize that issues of care should be treated as public, social responsibilities. Nussbaum (2000) writes, “any real society is a care-giving and care-receiving society and must therefore discover ways of coping with these facts of human neediness and dependency”; in other words, the responsibility for handling dependency must lie with the society, rather than solely with individuals. Kittay (1995) argues for a total restructuring of how our society views social cooperation and social contracts; she rejects the liberal notions of mutual benefit, reciprocity, and fairness, which disregard the inevitable dependencies of the human condition.

Instead, she argues, we need an expanded notion of social cooperation that places dependency concerns at the forefront of a well-ordered and just society – at the forefront of the public sphere. Bravo (2007) writes, “although we read endless stories and reports about the problems faced by working women, we possess inadequate language for what most people view as a private rather than a political problem. ‘That’s life,’ we tell each other, instead of trying to forge common solutions to these dilemmas” (1). Overall, care-focused feminist thought illuminates the fact that we are a society without an adequate system of care because, overall, there is an ideological block that both devalues and privatizes issues of motherhood, care, and dependency.

How can the feminist movement overcome this block? In order to address both the devaluing and the privatizing of issues of care in both the short and the long term, the movement must implement a comprehensive approach that incorporates both policy change and cultural change. I first examine policy change, including an explanation of current policies and an exploration of why and how the feminist movement should go about supporting legislative initiatives. Then I examine cultural change, looking at the ways and means through which our society currently conceives of issues of care, and what strategies could be used to alter these perspectives. I conclude by emphasizing that neither policy change nor cultural change is sufficient on its own, but rather the two must be incorporated simultaneously into one comprehensive strategy.

There are few official public policies in the United States today securing rights and benefits for mothers, families, and care-givers, and the policies we do have are extremely inadequate. The first major piece of legislation in this area was the 1978 Pregnancy Discrimination Act (PDA), which amended the 1964 Civil Rights Act to include discrimination on the basis of pregnancy and childbirth (The U.S. Equal Employment Opportunity

Commission). The Act states that women who are pregnant or affected by pregnancy-related conditions must be treated in the same manner as other applicants or employees with similar abilities. While this Act was certainly a step in the right direction, Bravo (2007) points out that the policy does not require the employer to hold a woman's job for her when she leaves to give birth.

The second major piece of legislation came in 1993 with the Family and Medical Leave Act (FMLA). FMLA permits up to twelve work weeks of unpaid leave for the birth of a child, the adoption of a child, and in order to care for a spouse, child, or parent in the case of a serious health condition. Kittay (1995) examines FMLA in great detail in her article "Taking Dependency Seriously: The Family and Medical Leave Act Considered in Light of the Social Organization of Dependency Work and Gender Equality." She argues that while FMLA is a step in the right direction – in that it elevates issues of care to a slightly higher position and begins to treat care as a public, social responsibility – it is also meager and inadequate: the leave is entirely unpaid, it excludes small employers, and it relies on a very limited, traditional definition of the family. Bravo (2007) adds another important limitation: it applies only to serious illness. She writes, "fortunately, most kids don't get leukemia, but they all get stomach flus and colds and a host of other ailments not covered by this law" (2). So while FMLA can be seen as an incremental step in the right direction, it is in no way an adequate solution.

Attempts to address FMLA's limitations have been largely unsuccessful. The Family and Medical Leave Expansion Act of 2005 would have applied FMLA to smaller employers and allowed parents to take a small amount of leave to participate in activities at their child's school; however, it died in committee at the end of the Congressional session and was never re-introduced (GovTrack.US). The Healthy Families Act – which would have provided for a set

number of days annually for an employee to take paid time off from work to recuperate from an illness, visit a healthcare provider, or care for an ill family member – met a similar fate (Library of Congress – THOMAS). At present, the House has passed the Federal Employees Paid Parental Leave Act, which guarantees that four of the twelve weeks of leave for the birth or adoption of a child must be paid for federal employees. The Act is still waiting on a Senate vote, but if passed, it could set a valuable precedent, in that it recognizes that new parents should not be forced to choose between their new child and their paycheck.

The U.S. policies – or lack thereof – are shown to be all the more inadequate when compared to several European countries, particular in northern and western Europe. Gornick (2007) explains that the Nordic countries – including Denmark, Finland, Norway, and Sweden – provide significant family leave rights and benefits, including almost a year of leave for new parents, with an average of two-thirds of their pay. Such countries also offer a high degree of flexibility for workers; in Denmark and Sweden, parents can take their leave in increments until their children are eight years old, and Finland and Norway allow parents to use portions of their leave benefits to purchase child care instead. Families in many western European countries are aided by publicly-supported child care, universal health insurance, and more flexible working-time measures.

Overall, we see that our society's current policies are inadequate and insufficient. But does this mean that the feminist movement is wasting its time supporting policy change and legislative initiatives? I argue that it is important for feminists to support policy change – even inadequate, incremental change – for two reasons. First, as Kittay (1995) points out, even small changes help to push issues of care from the private to the public realm. If a major cause of the care crisis is the privatization of dependency concerns, then thrusting these concerns into the

public sphere – even just a little – is important. Second, even though most policy initiatives are extremely meager, they do make small changes that help the women who are struggling under the pressures of the care crisis *right now*; they provide immediate, albeit imperfect, benefits. We cannot withhold our support for policies because they are not ideal or comprehensive; the ideal, comprehensive law may never come. And even though meager policy changes do not fully or deeply address the ideological block that has spurred the care crisis in the first place, they provide much-needed benefits in the short term, ones that slow, long-term changes in cultural attitudes and perceptions cannot give.

How exactly, then, should feminists go about inciting policy change? What kinds of strategies should they utilize? I suggest that the movement should embrace the use of maternal appeals or maternal politics. By this I mean that feminist activists should invoke their identities *as mothers* in order to stimulate political change. Appealing to maternity in support of political aims is a strategy that has often been used effectively by women activists, from the suffrage movement of the early 1900s to the peace protests of the 1960s to present day Mothers Against Drunk Driving (MADD) campaigns. Because so many women's identities are still tied to their roles as mothers, maternal political appeals function as a logical site of organization and activism.

And yet this political strategy is often criticized, on a theoretical and ideological level, for its broader implications. Just as some critics worry that care-focused feminism in general ties women too closely to their biology, some argue that maternal politics focuses too much on the reproductive capabilities of women, bordering on essentialism. They claim that invoking the identity of mother implies an acceptance of traditional gender roles that places the burden of care-giving solely or at least primarily on women. Others worry that maternal political appeals

maintain or reinforce the problematic “image of a woman who is other-oriented and selfless, hence hampering efforts to achieve advances for women as individuals” (Hayden, 2003, 197). Finally, critics claim that maternal politics – or any identity politics, for that matter – is exclusionary, limiting who can participate in the movement.

While many of these criticisms are valid, we can better understand how maternal politics can still be effective by turning to Sara Hayden’s (2003) analysis of the Million Mom March, a rally of about 750,000 people that occurred on the National Mall in May of 2000 in support of stricter gun control legislation. While Hayden acknowledges the criticisms described above, she shows that maternal political appeals are not always, or automatically, essentialist or exclusionary; rather, she argues that “maternity is the grounding for an alternative vision of society in which the social welfare of citizens is privileged” (197). Despite the limitations of this political strategy, it can be extremely effective in bringing to light issues and values typically seen as irrelevant to politics or the public sphere, such as issues of care. Hayden claims that the Million Mom March was so powerful because it “reframe[d] maternity, ... rather than reflecting a subordinate position of the father, the Million Moms present maternity as a site of power and strength” (208). She argues that maternal politics are less about biology and more about a *public performance* of maternity, a performance that “enact[s] the potential of all people to engage in maternal behaviors, regardless of their participation in reproductive labor or their biological sex” (210). Motherhood and maternity are treated not as essential, exclusionary categories, but as political strategies and public performances. Because this allows an issue to move out of the confines of the private sphere – and because it treats motherhood and care-giving as a site of power and value – maternal political appeals would be effective in the feminist movement’s efforts to incite political change in the care crisis.

Hayden's (2003) analysis emphasizes that a large part of the appeal of maternal politics is the kind of alternative society that it envisions: "the values of caring and nurturance, of stressing the importance of human relationships as key elements of the good life, remain enticing possibilities in a culture that stresses, as its bottom line, an unlimited concern with productivity and progress" (197). Here we see that efforts to invoke political change are inherently tied to broader changes in cultural attitudes and perceptions; political change and cultural change are not mutually exclusive categories, but rather are interdependent. The success of any maternal political strategy is contingent upon society simultaneously embracing a higher valuing of issues of care and dependency work. While political changes can provide incremental, immediate, short-term steps, it is the broader cultural change that addresses the care crisis at its root. The feminist movement must focus on securing changes in legislation while simultaneously working on the less tangible task of altering the way society as a whole, and the individual citizens within it, conceive of motherhood and care-giving.

In order to change the way society conceptualizes motherhood and care-giving, we must first have a clear knowledge of how the public understands these concepts at present, and how such understandings are constituted and maintained. Despite the fact that mothers have been participating in the paid labor force in significant numbers since the 1970s, Hattery's (2001) research illustrates that our society's dominant motherhood ideology – which then influences beliefs about the appropriate roles for mothers – is still that of "intensive motherhood." Hattery explains, "though the data tells us that perhaps 14% of all U.S. families live as 'traditional' families, in which the father is the sole bread-winner and the mother stays at home raising the children, intensive motherhood ideology seems to dominate our cultural landscape" (39). Draut's (2007) research illustrates just how pervasive this belief in intensive motherhood is: she reports

that in a 2000 poll of registered voters, fifty-two percent strongly agreed and twenty-eight percent somewhat agreed that while “it may be necessary for mothers to work because the family needs money, it would be better if she could stay home and take care of the house and children” (1). Draut also argues that there is a class dimension to our society’s conception of ideal motherhood; she writes that “Americans are clearly in favor of mothers working when it comes to subsidized care in the context of *welfare*. Most Americans unequivocally believe poor moms should be at work...But that’s only when no father is present” (1). It is no wonder, then, that issues of care and dependency are not treated as matters of public, social responsibility, when the dominant ideology still insists that the ideal place for mothers is within the home, functioning as unpaid, full-time care workers.

Where does this ideology come from? How is it constituted, disseminated, and reinforced? While there is no singular answer to these questions, several have argued that one of the most influential disseminators of motherhood ideology is the mainstream media, including news outlets, parenting books and magazines, and popular television shows (Rosen, 2007; Hattery, 2001; Vavrus, 2007). The way that our society currently conceives of motherhood and care-work is directly related to how these issues are portrayed in the media. Overall, in terms of issues of care, motherhood, and the paid labor force, the media focuses on four main narratives: the narrative of choice, the so-called “mommy wars,” the erasure of difference based on race and class, and the naturalization of a neo-liberal agenda. In order to incite cultural change on the issue of the care crisis, the feminist movement must infuse the media with an alternative voice and perspective on each of these narratives.

Media representations of motherhood and the paid labor force constantly employ the rhetoric of choice. These representations focus on what has become known as the “opt-out”

explanation; mothers, the media claims, have a completely free choice regarding the balance of their work and care-giving responsibilities. If there remains a gender-based wage gap because so many women take time away from work or scale back their hours or do not earn a promotion, it is because they have “opted-out” of their career possibilities by freely choosing to focus more on at-home care-giving. As Lisa Belkin (2003) wrote in a popular *New York Times Magazine* article, “Why don’t women run the world? Maybe it’s because they don’t want to” (45). This rhetoric of choice even claims to be based on a feminist principle. While the notion of choice was certainly an important part of the women’s movement of the 1960s and 1970s, today’s media stories “caricature feminism as a superficial movement...In and of itself, choice is not a bad news frame, but when it is used almost exclusively in so much reporting on women, it begs the question of what message it may convey” (Vavrus, 2007, 52).

The problem is that the mainstream media’s focus on the narrative of choice ignores any and all institutional, structural barriers that limit the so-called “choices” of women and mothers. In her book *Opting Out?*, Pamela Stone (2007) argues that most mothers who are in the workforce and then leave do so “only as a last resort, and...for most, work, not family considerations were paramount and deciding factors” (18-19). Mothers are not “opting out” of participating in the paid labor force, Stone argues, but rather they are being “shut out.” Hattery (2001) cites almost a dozen empirical studies on the role that socio-structural variables play in mothers’ labor force participation decisions, highlighting that maternal employment is influenced by such factors as: marital status, economic need, occupational opportunity, child care costs, child care availability, number of children in the home, and the father’s employment schedule (71). The care crisis and the burdens it creates for women cannot be remedied when the public is unaware or blind to the institutions and structures that create the situation in the first place. The

feminist movement must infuse the mainstream media with a different perspective, one that challenges the narrative of choice by illuminating the structural limitations and constraints on mothers' decisions about work and family.

The second narrative that dominates the mainstream media's portrayal of mothers and the work force is that of the so-called "mommy wars." The notion of the mommy wars, which originated in the 1980s, contends that there is an ongoing conflict or competition between mothers who work and mothers who do not: Who is the better mother? Who loves their children more? Whose children fare better as adults? Who is helping or hurting feminism? In *The Wall Between Women*, Beth Brykman (2006) describes the mommy wars in this way: "working moms think stay-at-home moms are idle and self-indulgent, stay-at-home moms think working moms are neglectful and egotistical" (12-13). A prime example of the mommy wars is the *Family Circle* magazine chocolate-chip cookie bake-off between Barbara Bush and Hillary Clinton that occurred after Clinton remarked that as a working mother she had not "stayed home and baked cookies" (Peskowitz, 2005, 6). More recently, a television episode of the show *Dr. Phil* aired a face-off of sorts between workforce and stay-at-home mothers, during which a stay-at-home mother commented, "working moms should hide in shame for putting their kids in a filthy daycare center," to which a working mother retorted, "stay-at-home moms get their nails done all day long" (as quoted in Peskowitz, 2005, 20).

From a care-focused feminist perspective, such sensationalist stories are deeply flawed for several reasons. First, they create a strict dichotomy between stay-at-home and working mothers, ignoring the fact that most mothers move back and forth between working and staying at home, and many are employed part-time (Peskowitz, 2005). Second, they trivialize issues of care to a catfight of sorts between women, which not only reinforces our society's devaluing of

mothers and care-giving, but also leaves no space for a discussion of public, social responsibility. Finally, the mommy wars media narrative never poses the question, where are the fathers? It assumes that child-rearing and care-giving are rightfully and naturally the responsibilities of women, a belief that is still so pervasive in our society's dominant motherhood ideology. The depth of this ideology creates practical difficulties for those who want to challenge it: in a 2009 *New York Times* article, Laurie Tarkan writes that "many society obstacles conspire against" fathers who try to take on a larger portion of the care-giving duties. "Even as more fathers are changing diapers, dropping the children off at school and coaching soccer, they are often pushed aside in ways large and small" (1). She offers several examples: the lack of baby-changing-stations in men's public restrooms, the dominance of women's magazines in pediatricians' waiting rooms, and the fact that so often only the mother's name is on all of the child's files. The idea that fathers might also be care-givers is largely ignored, both in the media and in the concrete realities of daily life. Part of the feminist movement's approach to inciting cultural change, then, must be to fervently dispute the flawed narrative of the mommy wars, which includes opening up a dialogue about the role of men in the realm of care-giving and dependency work.

Another common theme of mainstream media narratives about motherhood and labor is the erasure of difference based on race and class. The National Organization for Women's website states, "if you read major newspapers and news magazines or watch news broadcasts, you may have the impression that all mothers are white, married, college-educated and have (or have abandoned) careers in high-profile professions...In fact, as you might imagine, that profile fits only a tiny fraction of U.S. mothers" (National Organization for Women). The reality is that African-American mothers have a higher rate of working outside the home than any other

demographic, and that the care crisis hits low-income women the hardest (Harrington, 1998). Because most women in low-wage jobs cannot afford to pay for child or family care, they often rely on others (relatives, friends, neighbors) for “patchwork care systems that are fragile at best,” resulting in “a downward economic spiral that makes the promise of equal opportunity a cruel joke” (Harrington, 1998, 3). In addition, the benefits that some employers do offer workers are often based on social class and rank; for example, many manufacturing workplaces with lactation rooms only make them available to managers, while assembly-line workers are barely given breaks (Bravo, 2007). These realities, however, go unrealized and unrecognized in our cultural consciousness when the mainstream media focuses only on white, educated, middle-class women. The feminist movement can help to incite cultural change by bringing to the forefront stories about women and the care crisis that at present are invisible.

The final way that the feminist movement can infuse the media with an alternative voice is to challenge the media’s naturalization of a neoliberal agenda that automatically looks to private solutions rather than public ones. Vavrus’s (2007) in-depth research on motherhood and the media highlights that most mainstream media stories end by placing blame either on the feminist movement for encouraging women to leave the home in the first place or on individual employers who refuse to implement more family-friendly policies. The possibility of a public, socially-based solution is rarely even mentioned, let alone explored in any depth. Vavrus also points out that such stories rarely include information on other countries, such as the ones mentioned previously, that already provide significant government assistance to parents and care-givers. She argues, “That opting out stories do not include such information is a good example of neoliberal hegemony precluding even a suggestion of greater state responsibility for family care” (56). The mainstream media legitimizes and naturalizes the logic of neo-liberalism,

enforcing the notion that care-giving is a private concern rather than a political issue. In order to push the issue of the care crisis from the private realm to the public, the feminist movement must reveal and challenge the media's reliance on neoliberal ideology, making it clear that there are, in fact, solutions and remedies that go beyond blaming feminism or individual employers.

What concrete steps can feminist activists take to provide an alternative voice and viewpoint on the issue of the care crisis? While it may seem simple, I think that the very act of speaking out can make a significant difference. A good example occurred in 2006, when the morning television show *Good Morning America* featured a two-part series on the "Mommy Wars," pitting stay-at-home mothers against those working outside of the home. In response, the National Organization for Women organized a letter-writing campaign to the show's head anchor and executive producer – the show received over ten thousand messages criticizing the series. The message was obviously heard; a few weeks later the show aired a revised, more balanced segment. Writing letters and emails, making phone calls, submitting editorials to local newspapers, commenting on media websites and blogs – these kinds of grassroots efforts can be powerful, especially when many activists join together. The key is for the feminist movement to make it clear to the general public that the care crisis is a serious issue, one that can only be remedied by treating it as an important, public responsibility.

The movement must also remember that cultural change does not and cannot happen in a vacuum, and that limited, narrow changes in perspective are both unlikely and ineffective. To truly change the public's attitude toward issues of motherhood and care, we need a comprehensive change that also addresses how our society conceives of fatherhood, families, work culture, and economic rights and benefits. All of these issues are interdependent; we cannot change how we understand one without addressing the others. Such a comprehensive change in

cultural attitudes, however, certainly cannot happen overnight; it is a long, involved, slow process. That is why it is so important for the feminist movement to simultaneously support incremental policy changes that, while meager and inadequate, can provide immediate benefits for those suffering under the care crisis right now.

This two-pronged approach – which purposefully and intentionally supports policy change and cultural change simultaneously – can serve as a model for the feminist movement on more issues than just the care crisis. So many issues, such as LGBT rights, reproductive rights, and violence against women, can only be comprehensively addressed – both in the short and the long-term – by both changes in legislation and changes in cultural attitudes. While in many cases the feminist movement has activists working on these issues separately (some working on policy, others working on culture and community education), it would be much more effective for the different feminists to come together to create a unified, comprehensive strategy. In this way, policy change and cultural change would be treated not as two separate approaches taken by different kinds of feminists, but rather as equally important, complementary parts of the overall struggle on behalf of women.

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