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From Women's Struggles to Distorted Emancipation

THE INTERPLAY OF CARE PRACTICES AND GLOBAL CAPITALISM

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Abstract

This article develops a critical analysis of transformations of the idea and practice of women's emancipation in late-modern western society under the influence of globalizing advanced capitalism. It builds on analyses of feminist critical theory and critical globalization studies and argues that global capitalism initiates processes in which the practice of emancipation is distorted. Distorted emancipation refers to the social consequences of the marketization and commodification of areas of social life that were previously excluded from market relationships. Care practices, which have been a fundamental issue in women's emancipatory struggles, are used as a reference point. The article argues that even if commodification creates certain possibilities for financial rewards of care, it institutionalizes a double misrecognition of care as both nonproductive work and paid work that cannot be a source of social recognition. Furthermore, distorted emancipation makes positive moments of changing gender patterns available only for some groups of women in socioeconomically, geopolitically or culturally privileged positions. These positive moments are dependent on transnational care practices, which are understood as a manifestation of distorted emancipation.

Keywords

feminist critical theory, distorted emancipation, transnational care practices, commodification, global capitalism

INTRODUCTION

The idea of emancipation has been continuously defined and redefined through the struggles and protests of groups establishing their claims and

demands for social change. The modern idea of women's emancipation crystallizes against the background of the development of the post-World War II feminist movement. The postwar feminist movement in the West frames its claims with the motto "the personal is political." This motto articulates the view that problems experienced by individual women do not have private solutions, and causes of women's oppression and subordination need to be identified within the institutional structure of society. Private problems should be redefined as problems of the political public and a matter of justice.

In this article I focus on a critical analysis of transformations of the idea and practice of women's emancipation under the influence of advanced capitalism. The starting point of the analysis is the context of late-modern western society,¹ which is shaped by globalization and growing global social connections. Although the historical experience before 1989 significantly influenced the development of gender relations in different parts of transatlantic macro-region, equally important from today's point of view is the development over the past twenty-five years, during which the macro-region has been reconstituted with inner inequalities. Central Europe has become part of the West, whereas most of Eastern Europe has been pushed outside of Europe, experiencing economic collapses and severe social strain.² After feminist debates framed by the relationship between the East and West, which were an important part of the reflection of the dissolution of a bipolar division of the globe, feminist theory faces new challenges and questions crucial for understanding contemporary gender dynamics. I suggest that a decisive issue for contemporary feminist theory is the internal connections between social struggles for women's emancipation and dominant global economic structures transcending state borders.

Emancipation as a process contains within itself an ongoing critique of existent injustices because social claims evolve in response to changing social circumstances. The idea of emancipation could also be modified during the process of its enforcement under the influence of changing social contexts. I argue that advanced capitalism sets into motion dynamics in which the concept of emancipation becomes distorted. While mainstream feminism partly legitimizes these tendencies, there is a growing critical feminist scholarship on the shortcomings of mainstream feminism. Nancy Fraser, Alison Jaggar and Hester Eisenstein warn that the departure from a material criticism of the ideology of capitalism and consumerism and the shift to a focus on individualism within mainstream feminism have led to unintended consequences and the partial co-optation of feminist critique by the ideology of global capitalism (Eisenstein 2010; Fraser 2009; Jaggar 2005, 2014). I expand on these analyses, and by focusing specifically on care practices I develop the argument that the historical interplay of selective enforcement of only some feminist claims and the changing social context of global capitalism leave the structures of the traditional gendered division of labor intact. I describe this situation as "distorted emancipation," which refers to a situation in which the personal has not become public; rather, it has been marketized, it

remains private and operates within a private economy. In this context, positive moments that are presented as an advancement of women's emancipation in western society are only available for a small group of women privileged along class, "racial"-ethnic and geopolitical intersecting axes of power; these positive moments are also dependent to a large degree on global inequalities and the continuing oppression of other intersectionally marginalized groups of women.³

In order to elucidate the idea of emancipation I focus on the social form of care, which has been a fundamental issue in the articulation of women's claims to emancipation. The analytical point of departure is the theoretical and methodological framework of critical theory. I further develop my analysis through literature on care and globalization. Critical theory is a historically and contextually rooted reflection of struggles of marginalized and oppressed groups against injustice. Starting from a critical analysis coupled with social and political explanation, it formulates a normative reflection with a practical interest in emancipation.⁴ According to Hrubec (2012), the fundamental theoretical concepts of critical theory should have a *critical* dimension, that is, the potential to reveal negative aspects of reality of injustice; an *explanatory* dimension, that is, the ability to capture and systemize the experience of social actors; and a *normative* dimension, that is, the capacity to outline desirable ethical and legal norms of justice. Care is a critical concept by which we can identify protests against two contradictory social trends: instrumentalization and commodification of social life on the one hand, and on the other the liberal separation of the private and public spheres and the notion of atomistic individualism. Care is also an important explanatory concept for understanding mutual dependency in social relations and for describing gender relations in society, in particular with respect to the gendered structure of division of labor.⁵ Last but not least, care is also a normative concept. Relational practices of care are different from the dominant form of alienated relationships in late-modern capitalist society. Although care relations can include both positive and negative facticity, positive aspects are fragmentarily present in the social reality of care practices and these positive aspects may be referred to as a normative criterion of social critique.

First, I briefly outline the historical context in which women's struggles and claims of the feminist emancipatory project have developed and describe the contemporary situation of distorted emancipation. Then, building on feminist critical theory, I illuminate the process of commodification of the private and the paradoxical tendencies that accompany it, using examples of care-commodification practices. Next, I present my argument that transnational care practices are a concrete manifestation of distorted emancipation. Because struggles for recognition of those who provide care have been important to the articulation of the modern idea of women's emancipation, an analysis of these practices goes to the roots of the problem of distorted emancipation.⁶ Finally, I outline the consequences of these social dynamics for feminist critical theory.

Alongside the rejection of an essentialist understanding of care as the biologically based responsibility of women, the feminist movement has also demanded opportunities for women to engage in professional paid employment. In developed industrial countries, many paid work opportunities opened to women of various socioeconomic statuses after World War II. In western countries, women's entrance into professional jobs was largely possible not only because of an autonomous feminist movement but also because it mirrored the dominant liberal orientation toward atomized individualism, which was accompanied by structural economic changes (England 2010). In state socialist countries it was possible because of the official ideology of encouraging paid employment for women coupled with the need for a labor force (Funk and Mueller 1993; Hašková and Uhde 2009). In both contexts the growing employment of women during the second half of the twentieth century was not accompanied by corresponding changes in the gendered division of labor in terms of redistribution of the responsibility for care and housework between men and women on the one hand, and between the private and public spheres on the other. Hochschild (1989) tellingly describes the development in western countries as a stalled gender revolution. Thus, not all feminist claims were fully translated into practice (Fraser 2009; Young 2002). Feminist critiques point out that the performance of productive work rests on the unpaid reproductive work of women in the household (Malos 1980). The feminist motto "the personal is political" has also included claims that care should become a public responsibility and should be socially esteemed.

The limited notion of women's emancipation occurring through participation in the labor market that was promoted in both western industrial and state socialist countries has been questioned because it creates a double workload for women, as they largely continue to do most of the work inside the household despite holding paid outside work. Reflecting on the situation in state socialist countries, in particular in the former Czechoslovakia, Kiczková (2009) discusses the double burden as a consequence of "failed emancipation." In state socialist countries women's employment was explicitly represented as a means to women's emancipation (Fodor 2004; Funk and Mueller 1993). After World War II, public daycare facilities and other services supported by the state were introduced with the goal of liberating women from housework and care responsibilities. The gender revolution in state socialist countries was thus initiated by the state, rather than from below as in western society, though it picked up the threads of the prewar feminist movement. Nevertheless, despite a fairly developed network of public care facilities, the main responsibility for the care of the children was allocated to women. Moreover, due to the insufficient availability and some drawbacks of public daycare, many women still experienced a double workload (Fodor 2004; Hašková and Klenner 2010). Then, during the capitalist transition in the 1990s, care was privatized through

policies of familism, and today it is marketized to a growing degree (Hrženjak 2011). This overall development thus resulted in a similar constellation to the one described as a stalled gender revolution by Hochschild (1989), firmly reestablishing the public–private divide in distribution of care responsibilities.

The growth of women's employment went hand in hand with the establishment of global capitalism as a qualitatively new global economic system. Since the fall of the former Eastern Bloc extensive enlargement of capitalism had been completed (i.e. the extension of capitalism as a world economic system). William Robinson argues that an essential strategy of profit accumulation in the transnational and global economy has focused on "intensive enlargement of capitalism." This intensive enlargement of capitalism is characterized by the marketization and commodification of areas of social life that were previously excluded from the market relations (Robinson 2004, 6f). Concurrently, profit accumulation strategies disconnect from social reproduction responsibilities in global capitalism. Global capital is mobile, and no longer dependent on a specific place or specific people. Thus, costs of social reproduction are transferred to the state and communities or are commodified and integrated into the profit accumulation process. The changes in the global economic system give rise to changes in the labor market, too. The labor market is polarized: on the one hand there is a demand for highly skilled workers, and on the other there is a growing demand for an unskilled and cheap labor force. The phenomena of deformatization, growth of insecurity, "negative flexibilization" and intensification of labor are becoming the characteristic features of the present economy.⁷ Therefore, women are entering a labor market that is fundamentally different from the post-World War II labor market, which was a Fordist model in western countries and a socialist model in state socialist countries; both were characteristic of relative social reconciliation in the form of a welfare state.

Feminist social theory has contributed significantly to the exposure of the limitations of the notion of emancipation through paid work. Nevertheless, it is necessary to move these analyses a step further in order to respond to contemporary social changes. Today the demand for care provision outside the family, which followed from growing women's employment, met with the structural changes of the capitalist system distinguished by intensive commodification. During the last twenty-five years, which have been characterized by the consolidation of the neoliberal global economic system, the market model of care in which families buy care services in the market has been presented in public discourse as a model supporting women's emancipation, in contrast to both the traditional model of care and the public model of care. Whereas in the traditional model care is provided by families, typically by women, the public model of care uses publically financed institutions.⁸ Over the past quarter of a century, support for the ideal of atomized individualism has increased and has gradually become dominant in the discourse of emancipation.⁹

However, the inclusion of care among other institutionalized activities governed by market norms did not lead to a refiguring of the unequal social valor-

ization of reproductive and productive labor in western capitalist society. On the contrary, in the context of late capitalism it led to the establishment of a low-paid and precarious care sector. The negative consequences of the development of the private care sector are functions of intersecting class and “racial”-ethnic social structures: market care services are financially accessible only to middle and higher classes, and these precarious jobs are designed for women from minority and socially disadvantaged groups. This trend is the subject of many studies dealing with employment of marginalized women (often migrants) as care workers in private institutions and as hired domestic workers in private homes in western capitalist society.¹⁰ According to Hochschild (2002), today we should not only demand that the personal be considered political and public but also that the personal be considered global.¹¹

The process of developing a transnational privatized care sector is characterized by ambivalent outcomes. Some groups of women, advantaged along class, “racial”-ethnic and geopolitical intersecting axes of privilege, are given more space to make autonomous decisions about their private lives by hiring domestic workers, which results in marginalized groups of women occupying unpaid or underpaid reproductive jobs, capturing them in a vicious cycle of exploitation in their struggle for livelihoods (Jaggar 2014; Sassen 2002).¹² This situation does not lead to institutional change in gender patterns in the long term. On the contrary, it reproduces a gendered structure of traditional division of labor in which most men do not participate in care provision.

I call this development “distorted emancipation.” While the stalled gender revolution refers to a change in the gendered structure of participation in the labor market that has normatively disconnected from the structure of the gendered division of labor in the private sphere of family, distorted emancipation refers to social inequalities resulting from the marketization and commodification of the private in late-modern western society. Moreover, in a situation in which the emancipation of some groups of women is in fact conditioned by gender and social injustices for other groups, partial positive moments become historically contingent on global economic and cultural inequalities in the long term. Distorted emancipation designates a situation in which the practice of women’s emancipation, in the form in which it is promoted today, is intrinsically connected to the structures of global inequalities. Because of the subsequent reproduction of traditional gendered divisions of labor, it obstructs a resumption of the stalled gender revolution.

PARADOXES OF COMMODIFICATION OF THE PRIVATE

The critique of distorted emancipation does not presuppose a demand to return to an imagined idealized condition in which the private sphere was not intruded upon by power and money. This is a historically inadequate idealization. Nevertheless, the processes of marketization and commodification did

not turn the private public: it is still private within a private economy. Fraser (1985) suggests a more nuanced understanding of the relationship between private and public considering Habermas's system – lifeworld differentiation.¹³ At the level of the system, the public–private divide lies in the differentiation between state and private economy; at the level of the lifeworld, it is a differentiation between the public sphere of political participation and the family. Arguing that care should become a public responsibility implies public as both political public and state. We do not need to accept the Habermasian binary in order to distinguish a more complex relationship between the private and public spheres. However, reservations about the Habermasian duality of system and lifeworld imply a critical stance toward his idea of decolonization as a strategy for emancipatory movement. According to Fraser, Habermas's concept of colonization of lifeworld by system as “the desiccation of meaning and values wrought by the intrusion of money and organizational power into women's lives” is empirically misleading in view of the fact that money and power have always been part of family dynamics (Fraser 1985, 126).

Moreover, in modern society, in which money exchange has become a prevailing form of social relationships, the idealization of care relations as outside the money system leads to obscuring women's exploitation under the mask of traditional gender relations. But there is a difference between commodification of care and financial reward for care. According to Andersen (1993), “what confers commodity status on a good is not that people pay for it, but that exclusively market norms govern its production, exchange, and enjoyment” (156). The mere transfer of money does not necessarily lead to commodification: the transfer of money receives significance as commodification in relations governed by market norms, which are intertwined with the structure of ownership.¹⁴ Andersen (1993) argues that “the norms structuring market relations . . . are impersonal, egoistic, exclusive, want-regarding and oriented to ‘exit’ rather than ‘voice’” (144–145). In contrast, Held (2006) argues that care practices are governed by values of cooperation, responsibility, preferences of needs and principles of intersubjectivity. Thus, the market model of care not only compromises the quality of care because it accents competing and contradictory norms, but it also does not allow for the equitable distribution of care responsibilities and care provision because these are distributed according to ownership of resources, not according to needs (Held 2006; Williams 2011, 32). Moreover, even if care and domestic work become paid employment, they are undervalued. The problem of low wages in caring jobs cannot be explained as a result of low demand, as Nelson (1999) suggests, nor can it be interpreted solely as a result of traditional ideology that asserts care out of love is better than care for money, as England and Folbre (1999) suggest.¹⁵

In modern society, financial resources are a material condition that allows for the possibility of exercising equality and freedom. While this understanding was behind feminist demands for women's paid employment and

for enlarging the concept of paid work to include care and domestic work, the modern reductive equation of social contribution with paid employment was not disputed by the feminist movement, at least not until the last several decades.¹⁶ Feminist economist Himmelveit (1995) highlights the negative effects of the uncritical acceptance of the abstract category of work that becomes paid work:

A further consequence is the undervaluation by society of those people who perform the activities that do not fit into the category of 'work,' seeing such people as consumers, or dependents. . . . Unfortunately, by insisting that domestic activities gain recognition by conforming to an unchallenged category of work, the significance of caring and self-fulfilling activities remains unrecognized, as does women's contribution in performing the majority of such 'nonwork'. (14)

Similarly, Honneth (2003) points out that the infiltration of the achievement principle into intimate relationships of care and love results in a distortion of recognition in these relationships.¹⁷ The principle of achievement which is based on ideologically defined merit is the dominant form of distribution of social esteem (a form of recognition in the social sphere) in capitalist society. According to Honneth's theory, while the principle of achievement governs the sphere of work, moral expectations of recognition in intimate relations are governed by the normative principles of love and care. Iris Young also draws attention to the limits of the achievement principle when it comes to recognizing those who provide care, but she also challenges the division between affective recognition and esteem, which she believes to be gender based. Young (2007, 210) argues: "properly to esteem those who do care work requires separating esteem from the achievement principle." However, whereas Honneth (2003) locates struggles for recognition of love and care solely in the private sphere of the family, Young is attentive to the permeation of care into the social sphere stemming from the demand for care provision outside the family. In late-modern society, care is provided outside the family and care workers expect social recognition of both their work accomplishments and their attentive ("loving") relationship with those for whom they provide care. Domestic care workers also expect these two distinct forms of recognition of their work, which is located in a private household. Thus, there are emerging articulations of struggles for recognition of care outside of the primary relationships of love and friendship. The everyday experience of misrecognition of marginalized groups of women who provide care articulates new claims for social recognition of care that cannot be met with policies of familialism or by the achievement principle that dominates capitalist society.¹⁸

In western late-modern capitalist society we experience an extension of the achievement principle to include many aspects of social life, as I discussed earlier when referring to the intensive enlargement of capitalism,

to use William Robinson's term. While the enlargement of the achievement principle had some emancipatory potential, it has been neutralized by the development of global capitalism. Honneth and his research team explain these dynamics with the interpretative schema of the paradoxical development of capitalist modernization (Honneth 2002). According to Honneth, the principal characteristic of the contemporary development of capitalist modernization is the tendency toward an ambivalent development: progress in one domain of social life is accompanied by regress in another domain, or positive developments for some groups are accompanied by negative consequences for other groups. According to Stephan Voswinkel, changing forms of paid work in late capitalist society bring changes in the form of social recognition: the process of the achievement principle's enlargement is accompanied by its gradual erosion and reduction to financial success. The ethos of self-realization that was promoted as a result of the critique of managerial and bureaucratic paternalism¹⁹ paradoxically limits moral recognition of effort or sacrifice, the basis of the Taylorist-era ethos of obligation. Although imperfectly, social recognition was derived from social contribution under the ethos of obligation. Voswinkel argues that today effort or sacrifice are redefined as means to reach atomized self-realization, thus the reward of effort or sacrifice in the form of social recognition has been displaced. As a result, even paid work is not a self-evident source of social recognition (Voswinkel 2002).

I suggest that distorted emancipation is part of these paradoxical tendencies in late-modern capitalist societies. It makes positive moments of changing gender patterns available only for some groups of women in socioeconomically, geopolitically or culturally privileged positions. Moreover, the inclusion of care in paid activities did not remedy the undervaluation of reproductive activities. When recognition of work as obligation was partly derived from social contribution, which was gendered and racialized, it allowed only for unequal esteem of care and domestic work. Today even this kind of social recognition of care and domestic work is limited by the dominant form of recognition of achievement that is derived from financial success, while the gendered and racialized structure of esteem has not been reinterpreted. Recognition of social contribution is replaced by self-realization. The distinctions between productive labor on the one hand and reproductive activities (care and housework) on the other represent the first layer of the distribution pattern of social recognition that has been preserved in late-modern capitalist society. As a result of the reduction of achievement to financial success, a second layer is being established in the form of distinction between work providing recognition and work not providing recognition. In this context the commodification of care thus comprises a paradox: by opening certain options of financial reward, it institutionalized double misrecognition of care as both nonproductive work (the first layer of misrecognition) and paid work that cannot be a source of social recognition (the second layer of misrecognition).

Although not all care workers are necessarily migrants, transnational care practices have indisputably disclosed limitations with regard to recognition of care in the logic of costs and profits. The market model of care in the current context of global capitalism creates a sector of second-rate employment that is characterized by employing migrants. The migrant domestic worker figure can be read as a paradigmatic example of transnational care practices, although not all care workers are domestic servants. There are considerable differences in conditions and positions of migrant care workers, depending on their legal migration status, cultural perception of their country of origin, setting in which the work is performed, the legal relationship between employer and employee and on migration, gender and care regimes in the particular national context.²⁰ Even if we focus specifically on the institution of hired domestic care, which is a substantial pillar of the market model of care, there are differences in institutional conditions and lived experiences of migrant domestic workers. Nevertheless, the interconnection between the marketization of care and migration tends to produce similar outcomes in terms of the structural position of migrant care workers (Williams 2012). Just as employing domestic workers by individual households is not a historically new practice, the fact that the work is largely done by migrants is not new either (Sarti 2008). While the institution of hired domestic care seemed to be on the verge of disappearance as the European-style welfare state developed, today we can see its comeback.

What is historically new today is the nationality of domestic workers in developed and wealthy countries: most come from non-European or East European countries (Anderson 2000; Palenga-Möllenbeck 2013). This is associated with a change in the class origins of current domestic workers: migrants from poorer countries are now as likely to come from the middle classes, and consequently they experience downward social mobility (Parreñas 2001). The phenomenon of transnational motherhood is another new pattern. Today, migrants employed as domestic workers often have their own children, who stay in their country of origin mainly because of migration restrictions (Ezzeddine 2012; Hondagneu-Sotelo 2001). A number of scholars note that the growing number of migrants working in private care institutions and as domestic workers is significantly related to restrictive immigration policies and migrants' insecure legal statuses.²¹ Their insecure situations give their employers more efficient control mechanisms and enable them to pay lower wages, making the migrants more powerless and constrainedly loyal. The institution of hired domestic workers thus re-institutionalizes a culture of subservience, a profoundly unequal social setting (cf. Glenn 1992; Tronto 2002).

For an understanding of the distorted emancipation process it is necessary to analyze these transnational and global connections of the social form of care. Such an analysis reveals that the prevailing market model of care in late-modern capitalist society depends on the serving class as defined by

sociologist Sassen (2002): migrants and marginalized women who satisfy the growing demand for hired domestic workers. While these women care for children of professionals and other members of the host societies who need care, they themselves, their own children and their relatives lack care provision. Widding Isaksen (2010) summarizes: “Gender equality in the private sphere is ‘outsourced’ to the global market” (11).

Hochschild (2002) discusses these global changes as global care chains. However, this concept points to only one dimension of global links between women (cf. Yeates 2004). I refer to these changes in the social form of care that is becoming dependent on transnational migration as “transnational care practices.” Methodologically, the concept of transnational care practices grounds the research in people’s action (and intentions), while simultaneously reflecting on the dynamics between their actions and transnational and global social circumstances that structure men’s and women’s lives in diverse locations. The term “transnational” thus refers to the scope of the consequences of these practices rather than the location where they take place. Transnational care practices result from a deeper qualitative change of global capitalism affecting the overall form of sociability, involving not only gender dynamics, but also economic, geopolitical and intercultural dynamics. Similarly, Tronto (2011) conceptualizes these changes as a transnational commodification of care.²²

I argue, first, that transnational care practices are a component of distorted emancipation which provides a link between transnational care practices and a more general process of marketization and commodification of the social and private life. However, tendencies toward paradoxical development in late capitalist society to some extent hinder the negative consequences of these processes. While for some groups of women commodified care seems to be a solution, it further marginalizes other groups of women. Commodification of care does not make care a public responsibility, it only shifts it into the sphere of private economy. Moreover, because migrant care workers are predominantly women, it reproduces the structures of the gendered division of labor.

Second, transnational care practices enter into a dialectic relationship with globalization processes. The material basis of distorted emancipation is found in the structures of global capitalism as described earlier (cf. Robinson 2004). Distorted emancipation processes retroactively reproduce this global economic system both ideologically and materially. The dynamics of these changes do not only affect the macro level, but also result in institutional changes at the national level and impact everyday people’s experiences. Strategies of mediation agencies promoting a market model of care that is defended as an effective connection of supply and demand are in reality exploiting global inequalities to generate profit (Williams 2011). The state is also not a neutral actor. Restrictive migration policies significantly influence the position of migrant care workers. Underlying these policies there is a pragmatic logic, because the low cost of migrant care workers enables financial cuts in

public provisions of care. Last but not least, individual households are not passive parties, as they actively participate in reproducing and recreating these inequalities.²³ Migration is not a free choice but an individual reaction to developments in the global economy that have taken place over the long term. Moreover, developed countries disproportionately profit from global inequalities both through cheap imported consumption goods and economically enforced migration that provides a cheap source of labor. This demonstrates the structural interconnection between geopolitical inequalities and transnational care practices.

CONCLUSION

In a situation in which the emancipation of some groups of women is in fact conditioned on solidifying gender and social injustices for other groups, we need to argue that without social justice at a global level, gender equality is not possible at the local level – and the reverse is also true. Injustices in gender structures need to be addressed simultaneously with global social injustices. Thus, global solidarity and social justice among women has to be a foundation for the collective struggle for women's emancipation. Articulating the impasse of distorted emancipation is the starting point in order to build a reflexive connection between advantaged and marginalized groups of women and to transform individual goals toward solidarity based collective struggle.

The example of transnational care practices shows how the emancipation of some groups of women, in the form in which it is promoted today in late-modern western society, depends on preserving current global inequalities. Despite institutional differences between individual national contexts in late-modern western society, there is a convergent tendency in structural outcomes resulting from the intertwined practices of marketization and transnational migration. This example also shows that these processes reproduce the structures of the traditional gendered division of labor in which most men do not need to shoulder the responsibility for care provision, and care is still a private responsibility. Consequently, because the gendered structures remain intact, in the long-term perspective the practice of distorted emancipation is the antithesis of emancipation.

Distorted emancipation arises from the changing form of the capitalist system. The global capitalist system is characterized by intensive enlargement in which profit is increasingly generated through the marketization and commodification of social and private life. The process of commodification of care did not make private care public; it is still private within the private economy. Even if marketization creates certain possibilities for financial rewards of care, it institutionalizes a double misrecognition of care. In late capitalist society, care is still misrecognized as nonproductive work, and although it becomes a paid job, it does not garner the social recognition that derives from financial success.

The critique of distorted emancipation points out that feminist critical theory is needed to rethink the principles of women's emancipation in order to claim recognition of care as a matter of global justice. This rethinking requires addressing structural injustices which are consequences of distorted emancipation and which reproduce misrecognition of care and marginalization of some groups of women along the class, "racial"-ethnic and geopolitical lines through intensive enlargement of the capitalist system and unjust global order but also through everyday action of advantaged groups of women and men. It also requires being attentive to the new claims for social recognition of care that are emerging in late-modern society and being expressed in the everyday critique of the misrecognition experienced by migrant care workers. Today's claims for recognition of care involve a redefinition of social recognition beyond the principle of achievement, and a refusal of market norms as the organizing principle of social relations.

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Notes

- 1 I use the term "western society" as shorthand for transatlantic modernity developed mainly in the European and Anglo-American economic and cultural regions. Nevertheless, its boundaries as well as inner differentiation are historically reconstituting, reflecting global economic, geopolitical and cultural transformations and conditions.
- 2 Despite significant intra-European differences and inequalities, the main features of the socioeconomic development in Central Europe after 1989 copied the Western European trajectory. Central European countries and Baltic countries have also become members of the EU and NATO. The 2007 and 2014 enlargement of the EU (Bulgaria and Romania, Croatia) has drawn a new line separating most of Eastern Europe.
- 3 While the phenomenon of some privileged groups of women gaining some advantages at the expense of other marginalized groups of women is not new in the era of neoliberal globalization, the contemporary form of these intersectional power relationships has some distinctive features and is rooted in the changed system logic of global capitalism.
- 4 I follow the tradition of Critical Theory as formulated by such scholars as Fraser and Honneth (2003), Hrubec (2012), Marcuse (1968), Young (1990) and others.
- 5 I follow Young's conceptualization of gender. According to her, gender does not mean identity but rather is a specific structural link between institutional

conditions and individual life possibilities and their realization. The fundamental social structures that condition gender relations are, according to Young (2005), structures of normative heterosexuality, which define the meaning of bodies, structures that organize a gendered division of labor with emphasis on division of labor within a family and on a differentiation between “public” and “private” labor, and structures of gender power hierarchy.

- 6 While the initial feminist struggles claimed women’s liberation from domestic work, soon the necessity of reproductive labor and recognition of women who perform domestic work and provide care for others appeared on the agenda of the feminist movement. For example, the campaign “Wages for Housework” in the 1970s centered on the demand to recognize women as workers in the domestic sphere (cf. Malos 1980). In the field of feminist theory, Marx-inspired feminists and later theorists of ethics of care, in contrast to liberal feminists, pursue the goal of recognition of women providing care, albeit from a very different perspective.
- 7 See Beck (2000), and Boltanski and Chiapello (2007) for analyses of changing work relations.
- 8 Publically financed institutions were to some extent established in state socialist countries and European welfare states, although not without problems. The practices of public institutions providing care were subject to criticism in western as well as state socialist countries. Nevertheless, Tronto (2010) argues that establishing caring institutions according to high standards of democratic and participative care relationships is possible and she formulates the principles of such institutions.
- 9 The analysis of individualization was thoroughly developed by, for example, Beck and Beck-Gernsheim (2002) and Honneth (2002).
- 10 See Anderson (2000); Ehrenreich and Hochschild (2002); Glenn (1992); Hondagneu-Sotelo (2001); Lutz (2008); Parreñas (2001); Tronto (2011); Widding Isaksen (2010); Yeates (2004); Zimmerman et al. (2006) for analyses of global care chains and hired domestic work.
- 11 Some feminist theorists propose ways to include the critique of commodification of care in the theorization of global justice (Jaggar 2014; Sarvasy and Longo 2004; Tronto 2011). While earlier the global dimension was present more as an extension of maternal thinking or caring practices into propositions on how to deal with global issues such as war and peace (e.g. Ruddick [1989] 2002), or humanitarian aid (e.g. Robinson 1999), more contemporary scholarship focuses on structural analysis and inclusion of the concept of care in proposals of global justice and/or cosmopolitan citizenship. I see this as a necessary step, however it lies beyond the scope of this article.
- 12 These institutionalized processes constitute structural injustice, which occurs according to Iris M. Young (2006) “as a consequence of many individuals and institutions acting in pursuit of their particular goals and interests, within given institutional rules and accepted norms” (114). Young’s approach enables us to uncover the sources of structural injustices located in intersubjective relations without the necessary identification of an individualized originator of these injustices. These injustices cannot be characterized as a direct or intentional consequence of actions of individuals or organizations. Rather it is a realization of life

- opportunities on the basis of conditions and resources that are available to individuals in view of their social status, history and cultural context. Their individual and collective agency both reproduce and change existing structures, which in turn constrain their agency and define future conditions for it.
- 13 My aim here is not to introduce Habermas's analysis, but rather to spell out Fraser's more complex understanding of the relationship between private and public.
 - 14 Research attention is directed particularly to commodification of reproduction, which is highly relevant for feminist theory (Anderson 1993; Hochschild 2012). Hochschild (2012) recently analyzed other aspects of the commodification of the private.
 - 15 Many of those who defend commodification of care fail to differentiate between commodification and transfer of money, or they focus only on motivations of carers and not on the practical consequences of the pressure for effectiveness and minimization of expenses motivated by profit accumulation. Further, they do not thematize the potential harm of commodification of aspects and characteristics of personality (Folbre and Nelson 2000; Nelson 1999).
 - 16 Even the protagonists of the campaign of Wages for Housework in the 1970s demanded pay for care and domestic work in order to value women's work in the household and make them self-aware as workers. They did not question the connection between social contribution and paid performance, but criticized the fact that some social contributions were excluded from paid work. It is fair to say that they were critical of the capitalist relations between capital and work (Malos 1980).
 - 17 According to Honneth (2003), recognition arises out of the historical process of struggles against misrecognition and claims for reformulating the normative principles governing society or a specific sphere of society. Honneth builds his theory of recognition on the interpretation of the historic differentiation between three spheres of recognition and three related forms of relation to self: intimate relations governed by the normative principle of love which provides the individual with basic self-confidence, legal relations guided by the principle of equal rights which provides one with self-respect, and social recognition providing social esteem according to the principle of individual achievement, which is a source of self-esteem and group solidarity.
 - 18 While this is certainly an area that deserves more attention, a more detailed analysis of emerging new claims for recognition of care lies beyond the scope of this article.
 - 19 Boltanski and Chiapello (2007) develop an analysis of how the critique of managerial and bureaucratic paternalism provided legitimation of neoliberal capitalism based on flexibility, individualism and requirement of self-realization.
 - 20 A number of feminist scholarships focus on different forms of transnational care practices, for example Mahon and Robinson 2011; Williams 2011; Yeates 2009; Zimmerman et al. 2006. While comparing local specificities the literature also shows important similarities in structural positioning of migrant care workers.
 - 21 For these analyses see Anderson (2000); Ehrenreich and Hochschild (2002); Lutz and Palenga-Möllenberg (2010).

- 22 Nevertheless, I do not see the processes of commodification of care and transnational care practices as necessarily one process. The process of commodification of care does not require the presence of migrants even though in reality they are often present.
- 23 There are different levels of responsibility for reproducing these exploitative relations based on the differentiated power and alternative possibilities of diverse social actors. Although individual households also have limited possibilities, they are still an active part of these arrangements.

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