The care conundrum
On motherhood, caregiving and equality

Two different but equally important types of work are fundamental to the stability of our society and the growth of our economy: market work, which centers on the production of material goods and profit-making; and care work, which maintains the health and well-being of the population. (1)

Although we openly recognize the need for care as intrinsically human, and respect both giving and receiving care as a natural right, our society only attributes real value to the time, effort and resources devoted to market work. As a result, the social and economic importance of caregiving is severely underestimated in the public mind, and individuals who routinely provide care as part of their daily lives are presumed to be less productive — and are considered less socially and politically significant — than other active citizens.

The devaluation of care work and caregivers has a complex cultural history with widespread repercussions that are expressed in both custom and contemporary attitudes. Furthermore, the activity of caregiving — which often takes place in the privacy of the family and is characterized by attentive interaction, cooperation and interdependency — conflicts with prevailing social ideologies that prize autonomy, self-determination, and public achievement.

Even though the work we describe as “caregiving” typically requires an exceptional investment of effort — including time, labor, resources and intensive mental focus — the labor of caregivers remains largely unstudied and unmeasured as a meaningful contribution to the common good. Care work is universally underpaid or unpaid, and current political priorities and employment practices frequently exclude individuals with significant caregiving responsibilities from both public and private systems of support that protect other working citizens from undue hardship. (2) In a culture relentlessly dedicated to elevating the prestige and social power of individuals who demonstrate the greatest earning potential, the vital role of care work as a social and economic asset — and the broader concerns of those who furnish care — are consistently discounted and dismissed.

Care work is further stigmatized by a shared discomfort with the biological reality of the human body. Individuals in dominant social positions, whether male or female, are least likely to have daily responsibilities that involve direct contact with the normal by-products of human life. One of the functions of power and wealth in our society is to create a greater distance between the self and others who require direct care, and the void this creates in the caregiving chain is filled by an unpaid or underpaid workforce of women and low-wage workers. Seen from this perspective, the societal distribution of care work is of critical importance to understanding the institutionalization of inequality based on gender, race, and economic status. (3)

Motherhood & Care Work
Motherhood is a highly cherished relationship in our culture, and popular sentiment portrays the mother-child bond as the penultimate emotional attachment. A life that includes child-bearing and child-rearing is deeply desired and strategically planned by many women in their early adult years, and the majority of American women — over 81% — will become mothers.

Women may experience motherhood as a powerful personal transformation, and many will gain a sense of emotional enrichment as their children respond to nurturing care. But cultural expectations of motherhood that emphasize sacrifice and self-effacement as the baseline for ideal maternal behavior tend to result in rapid disillusionment, particularly when mothers discover they are disproportionately penalized by social conditions that arise from the low estimation of care work. Mothers who feel entitled to fair treatment and unrestricted access to opportunity are quickly learning that even though...
many barriers to women’s equality were reduced or eliminated in the last century, a lack of broad 
acknowledgement for caregiving as essential, productive work remains a significant obstacle to sustain-
ing the economic and social status of women who care for children or other dependents. 

Mothers today are adversely affected by any number of cultural, social and economic issues, regardless 
of their level of participation in the paid workforce; many of these factors have multiple dimensions 
and some are intertwined, but nearly all are connected to the devaluation of care. (4)

• Caregiving has long been considered women’s work, and the qualities and behaviors associated 
with women are still viewed as less useful and less valuable than the qualities and behaviors 
associated with men and the individualistic pursuit of market work. As a result, the personal and 
practical choices of mothers are effectively constrained by narrow cultural assumptions about 
who mothers are and what they do best. (A parallel claim must be made on behalf of fathers, 
who are also constrained by cultural expectations — some of which place unreasonable limita-
tions on fathers’ ability to devote time to family care.)

• Workplace standards that require unlimited work on demand from the most valued employees 
exclude mothers, fathers, and other individuals who wish to be actively involved in caring for their 
families from good jobs with good pay. Part-time work is often proposed as an ideal solution to 
balancing paid work with the responsibilities of family care, but most part-time jobs available in 
the existing market are poorly paid, offer meager or no benefits and provide limited opportunity 
for advancement.

• Key U.S. policies to promote social well-being were designed to support families that conform to 
the traditional model of full-time breadwinner father/full-time homemaker mother, but today only 
a minority of American families fit this form. In any case, mothers who modify their workforce 
participation to make more time available for care work are especially vulnerable to economic 
hardship over the course of a lifetime, but particularly in the event of divorce or disability – 
primarily because their caregiving role is assessed as having no economic or practical value.

• Although American politicians voice tremendous concern about “family values”, U.S. policies to 
support working families lag behind those of all other wealthy nations. For more than 30 years, 
proposals for basic programs such as parental leave, expanded health care coverage, improve-
ments to early childhood education and access to affordable, high quality child care for all work-
ing families have been repeatedly shunted aside from the national agenda. The failure of public 
policy to support care work as well as paid work is particularly damaging to the economic and 
personal well-being of mothers, who are typically responsible for the overwhelming majority of 
family care in addition to any hours they spend in paid employment.

As mothers become more aware of the cause and effect of these pervasive conditions, they are in a 
powerful position to call out for what is right, and what is fair. Mothers, and all citizens, deserve 
workplace practices and public policies that honor and accommodate all work that is central to the 
strength of our society. Through concerted collective action, mothers are poised play a leading role in 
creating a society that fully supports practices and policies that successfully balance the needs and 
interests of those who work for pay, those who work for care, and those who do both.

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Notes

1. Of course, other classes of human activity are essential to a strong society, including military service, which protects the nation from enemy threat; creative and intellectual work that maintains the vibrancy of the culture; vocations of faith that provide guidance for our personal spiritual journeys; and charitable work that aids the most vulnerable and those in crisis. However, the greatest polarity in our societal estimation of productive work is demonstrated by expenditure of public resources and cultural attitudes that grant the highest priority to paid employment and profit making as a social and individual imperative while completely neglecting the economic and social necessity of care work.

2. Mothers and others who take time out of the paid workforce for caregiving are particularly vulnerable to poverty in the event of divorce or disability and in old age, in part because of lower lifetime earnings but also because primary social programs, such as Social Security, do not offer credits for years devoted to care work. See Ann Crittenden’s *The Price of Motherhood* (2001) for further reading.

3. In Toward a New Psychology of Women (1986), Jean Baker Miller argues that societies typically cultivate an underclass or subordinate caste to deal with human waste, blood, and infirmity as well as the casual dirt and debris that accumulates in course of human life. Miller points out that women have historically occupied this devalued social position, and she explores women’s psychological dynamic in relation to their subordination. It is also worthwhile to note that women continue to serve as the emotional “placeholders” in the industrialized social order while men are expected to rely on rationality and objectivity to perform effectively in the market environment. The social construction of emotional care-taking as a maternal priority is important to understanding cultural resistance to granting mothers greater freedom and equality; the primal fear is that if mothers are no longer obliged to assume responsibility for caring for others, we would be fated to living in a cold, uncaring and over-commodified world. A far more reasonable and humane expectation is that caregiving would assume a larger and more rewarding role in the lives of those other than mothers.

4. The impact of gender bias – which is still overwhelmingly prevalent in our society – on the diminished social and economic status of mothers cannot be underestimated. However, mothers face an additional layer of discrimination over and above that which women without children typically encounter, and this enhanced bias is derived from social and cultural attitudes about care work.