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## Book Review: The Capacity to Care: Gender and Ethical Subjectivity

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***The Capacity to Care: Gender and Ethical Subjectivity.*** Wendy Hollway. 2006.  
London: Routledge, Taylor and Francis Group. 152 pp. (+ Index). US \$ 26.99 (Paperback).

Reviewed by Maureen P. Hogan, Ph.D.<sup>1</sup>

Like many other feminist sociologists, I am generally suspicious of psychoanalytical explanations for gendered practices. Thumbing through Wendy Hollway's book, *The Capacity to Care: Gender and Ethical Subjectivity*, I recoiled upon seeing terms like "object-relations theory," "Oedipal Complex," "paranoid-schizoid positions," and "maternal-infant dyad." How can such a narrow focus on the psychodynamics of the individual (or dyad) help us understand how "the capacity to care" is a gendered social construction that creates delimiting, deterministic subject positions for women? I was put temporarily at ease upon reading the introductory chapter where Hollway states that hers is a *psycho-social* inquiry that "does not ...reduce to individual or interpersonal problems but underpins the big questions of society, politics, ethics and global environmental sustainability" (2). She calls herself a "critical realist," which means that she wants her analysis to be grounded in "real" instances of care, rather than more post-structuralist "discourses of care." Despite this psycho-social analysis and critical realist disposition, this book is really more about psychodynamic processes than sociological ones, and more theoretical than concrete.

Hollway's theoretical framework, drawing most heavily on psychoanalysis but also philosophy, feminist theory, and sociological theory, is complex. She recognizes that all human activity is relational, dialectical, culturally situated and historically dynamic. At the same time, Hollway is squarely within her home discipline of psychology. She is interested in how infants and infants' relationships with their mothers and fathers as well as siblings, friends and others inform a child's developing subjectivity, its capacity to care for itself and others.

The five fascinating questions she tackles in this book are:

1. What is the capacity to care and why does it matter? How is it acquired?
2. What are its origins in the early development of self and morality?
3. Are women better at caring than men, and if so, is this likely to change with contemporary changes in parenting and gender relations? What would constitute a good-enough family as opposed to good-enough mothering?
4. How does the capacity to care inform the ethics of care debate about relationality and autonomy and their gender?
5. How do people care across distance and difference? The answers to these questions are not addressed systematically chapter by chapter, but rather are framed and reframed throughout the book.

In Chapter One, Hollway identifies a literature gap where previous discussions have largely failed to ask, how – psychologically – "respect for difference and care across differences are achieved" (3). She is critical of any paradigm that "does not appreciate how psychic structures and processes transform and co-construct experience and

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culturally dominant forms of living” (3). Therefore, she begins with a psychoanalytical approach that can account for the unconscious desires and anxieties of both the infant and the maternal figure in the early stages of a child’s development.

Chapter Two is also a literature review. Here, Hollway looks at mostly feminist literature on care as a moral and gendered construct. The main questions asked in this chapter include: How do we develop a model of separation *with* connectedness? What are the differences among separation, autonomy and connectedness? Are there differences in how boys and girls learn to differentiate? Hollway wants to rescue the terms “autonomy” and “rationality” from their masculinist roots. Autonomy, she argues, does not have to mean “total independence or impermeable boundaries” (31), but rather a realization that one needs to be recognized as an individual in his or her own right. All of this informs a process of differentiation that is crucial to healthy development, and is indeed the basis for an ethic of care. A caring relationship requires the ability to distinguish one’s own needs from others. If these get confused, then we muddle our own needs with those we are trying to care for. However, Hollway argues, boys and girls experience these processes differently. Of course, how we become “girls” and “boys” is socially and culturally influenced and steeped in power relations, which Hollway recognizes. Nonetheless, she concludes that we need a way of thinking about an ethic of care that can account for the early Oedipal trauma, and consider both the rational and emotional in the child’s differentiation process.

Largely working off of developmental psychoanalytical theory in Chapter Three, Hollway explores how intersubjectivity works in processes of self-development. She takes as a given that the infant-mother relationship is necessary for understanding a child’s capacity to care, and that “psychoanalytical theory—the principles of unconscious dynamics, conflicts, intersubjectivity, body and mind—guide the understanding of a capacity to care in this book” (41). The central premise in this chapter is that *babies don’t care*. The baby, helpless, ruthless and dependent, begins to organize a sense of self through the “psyche-soma” of its mother in the early dyadic relationship. The capacity to care, though changeable, is premised on these early developments. Later, through a process of recognition and differentiation, the baby learns that she or he is not just an ego extension of its mother. The baby moves from conflict (“paranoid-schizoid mode of experience”) to resolution (“the depressive position”). The latter is necessary for a normal healthy personality, and is what produces empathy toward others and a capacity to care. In this chapter, Hollway also goes beyond this early dyadic intersubjectivity of the mother-infant to include triangular relationships (child, mother, and father, other primary caretakers), and sibling relationships. By explaining these early processes, Hollway supports her argument that a baby’s subjectivity is shaped by complex unconscious and conscious intersubjective relationships.

And so what of the mother’s subjectivity? In Chapter Four, Hollway asks: How does a mother negotiate the impact of infantile demands without losing herself? The mother is largely at the demand of an infant, often at the expense of foregoing her own self-care and subjectivity. A baby cannot alter its demands in light of the mother’s needs and desires. A mother will feel primary responsibility for the infant even if she cannot meet all of its needs. She can only give it “good-enough” care. Feminist accounts, Hollway believes, have not fully understood the psychoanalytical aspects of mothering, instead focusing on mothering as an oppressive artifact of the discourses and practices of

patriarchy. How, then, Hollway asks, can we explain the psycho-somatic “skin bond” (giving birth, breastfeeding etc.) that mothers have with their infants? What about the unconscious messages that a mother unwittingly communicates to her baby? If mothering is a symbol of women’s oppression, how can we explain the joy and “reverie” in caring for others? There is a dynamic tension between subjectivity and intersubjectivity, which, in any caring relationship, is “not only the source of conflict, frustration and occasional breakdown, but also a creative source of change and the crucible for the capacity to care” (82). In other words, one need not give up one’s own subjectivity in order to care for others. The sociologist in Hollway is careful to point out that other (non-maternal) caretakers can learn from this selfless capacity to care, but the psychologist in her insists that the infant-biological mother dyad is the prototype.

In Chapter Five, Hollway shifts to the gender of parenting and the gender of care. Could there be a gender-neutral set of practices called parenting? What difference might it make if fathers rather than mothers were the primary carers for babies and children? How does this affect an infant’s developing gendered subjectivity? Hollway believes that “while fathers can perform the maternal and paternal functions ... in the internal world of the child, these will never be entirely interchangeable as long as the infant is born out of the mother’s body” (90). For the infant, the father always stands as “the third term,” the one who “must break the asocial dyadic unit of mother and child” (96). Additionally, how a father himself was raised as a boy is likely to affect a father’s capacity to care. Here, Hollway is trying to side step both biological and sociological reductionism. Though she hesitates to provide definitive answers, she writes that a political shift to fathers as primary caretakers depends on “whether as boys, these fathers succeeded in retaining their own positive identifications with maternal capacities to care for them, while at the same time coming to terms with being boys” (99).

In Chapter Six, the most promising in the book for a sociological bridge, Hollway moves her care analysis beyond non-family settings to friendship, institutional care, caring across social difference and caring at a distance. How do we learn to care for less-intimate others, even those we have never met? If differentiating oneself from others is requisite for care, and morality means treating others ethically, how do we maintain our sense of difference without the derogatory meanings often attached to the “other”? “Empirically, it is clear that conflicts, from genocidal to marital, revolve to some extent around difference,” (101) Hollway writes. However, she continues, the ways in which people respond to the suffering of others is quite diverse because of early relationships. To explore this, she reviews psychoanalyst Melanie Klein’s version of object relations theory. Klein sees the selfishness of infantile love (the focus of its desires on an object or person, especially the mother or mother’s breast) as appropriately modifying into genuine love for the other. Sometimes called “love’s knowledge,” the ability to love someone for who they are, without intruding into their otherness is, in Hollway’s view, a core component of good-quality care. This kind of care need not connote suffering, Hollway adds, because it offers *both* pleasures and burdens. The carer recognizes his or hers own needs as distinct. Identification with the other co-occurs with recognition of the cared for’s separate existence. If this doesn’t occur, good care can be thwarted by either overidentifying with the other (because one lacks a sense of self) or not identifying enough (because one is too autonomous and disconnected). Although Hollway agrees that friendships, like all relationships, are indeed constrained by power dynamics and other

exigencies particular to specific cases, she maintains that they are also highly susceptible to transferences from early relationships and sibling relationships—where the roots of self-care and feelings of self-worth are acquired.

Moving to an institutional level of care, Hollway writes of a post-war England case in hospitals, where care became institutionalized, enabling medical staff to keep a safe distance from others' pain, and thus denying the need for relationships altogether. Here, again, a psycho-social solution is offered through discourses of "attachment theory" (specifically, helping a child go through detachment from primary relationships while hospitalized), which can lead to less suffering and a more just, caring institution. In this way, Hollway claims, caring is politicized because it can be used to change practices across institutions. Social justice, an extension of face-to-face care, consists of fair and reasonable treatment of others. An identification with difference coupled with an "emotionally informed imagination" (116), supported by culturally constituted discourses and practices of charitable giving, can help explain why people give blood to nameless recipients and donate money to faraway tsunami victims. The media also play a role by making proximal and accessible text and images of human suffering across the world. Through a process of identification with the suffering, a caring person can transcend his or her own situation. This process, as Hollway has argued throughout the book, is rooted in a person's primary relationships, especially with its mother. This position is boldly reinforced in her conclusion: "Early maternal care—non-negotiable, asymmetrical—is, I have argued, a prototype for the capacity to care. This is because the experience of this care (good enough or not) creates the floor of everyone's self and lies at the heart of all dependency and all care receiving as well as care giving" (128).

Hollway is a seasoned scholar who has seriously thought through these issues on multiple levels. Her nuanced arguments are thoroughly explained and supported from the material in which she engaged, and I applaud her efforts to bridge the psychological and the social—working the hyphens is never easy. However, its emphasis is definitely on psychoanalytical theory, and the "bridges" to the social, cultural and political are weak. She starts with the psychological and thus winds up with primarily a psychodynamic analysis. It seems to me a truly psycho-social analysis would have to start in the middle, perhaps with ethnographic work on families. That way, perhaps, one could more easily move back and forth between the psychological and the social. For me, this book speaks more to the *limits* of psychoanalytical theory for understanding care, rather than a convincing psycho-social connection.

But my biggest problem is that I was left with the gnawing feeling that the biological mother is centrally responsible for caring for the child because her very body and psyche, the "psyche-soma" is, in early infancy, indistinguishable from the infant's and that, furthermore, an infant's ruthlessness, driven by egocentricity needs and desires, is uniquely reserved for the biological mother. In other words, the biological mother is never let off the hook. This stance could be taken up as yet another excuse for why caring falls under the unique province of women's work and responsibility, while simultaneously reinforcing the notion that motherhood is somehow both natural and magical.

Nonetheless, this book is indeed a contribution to an overlooked psychodynamic perspective on caring and would be useful for any serious scholar of care. (Because of its theoretical density, I would not recommend this book for undergraduates.) But for all of

her efforts to avoid biological essentialism and instead focus on relationality, what Hollway presents is, in the end, a reductive argument. Additionally, I was confused by her “realist” position because the text is largely theoretical with only a small number of concrete instances of care. Another problem with this realist position, critical or not, is this: How do we know what’s real for an infant? How will we ever know? In this way, the arguments about a mother-infant relationship will never be known except from the mother’s stories. We have no idea what an infant is thinking or feeling or whether or not it experiences the Oedipal conflict as traumatic or less traumatic, depending on its gender. This discussion will always be purely academic. If the point is to broaden our understanding of who cares for whom and why, and how we can get more people to adopt an ethic of care, why dwell on the mother-infant relationship? Why not open up the possibilities immediately to a broad range of people (straight, gay, biologically related or not) who can, and do, care for a child throughout its life? Wouldn’t this hold better possibilities for a more caring and just world?