Contesting the service model of ‘care’ in disabling capitalism: a Disability Politics perspective

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Mainstream feminist perspectives on social reproduction often portray non-disabled women as active providers of a service (care) to those assumed to be its passive, agency-less recipients. In response, this article accounts for social reproduction as a key factor in the reproduction of disabling capitalist social relations and argues for an understanding of social reproduction that no longer obscures the contributions of those considered to be ‘cared for’. Alternatives to what is termed here ‘the service model of care’ can be established through mobilising and organising for In(ter)dependent Living through an anti-productivist politics whose social relations prefigure alternatives against and beyond disabling capitalism.

Keywords social reproduction • care • Disability Politics • disabling capitalism

Introduction

This article engages with feminist and disability studies literature to explore differing accounts of social reproduction and ‘care’ in a context in which ‘care’ continues to have an ‘unclear epistemological status’ in academic literature (Thomas, 1993: 668). Taking an anti-productivist stance to socially reproductive work and informed by Disability Politics scholarship, I critique the mainstream feminist assumptions regarding the care relation that obscure the agency and participation of those subjected to disablement oppression and exploitation (Bhattacharya, 2017a; 2017b; Ferguson, 2020). I call this approach ‘the service model of care’. In short, mainstream and Social Reproduction Theory (SRT) feminists often construct and centre the agency of non-disabled women as caregivers through a dyadic and hierarchical relationship that also reduces other participants in the care relation to the role of care receivers (Gulland, 2023; see also Finch and Groves, 1980; McIntosh, 1981). It follows that the ‘receivers’ of care are deemed to be unproductive, agency-less and passive consumers of a service (care). By approaching this work through a moralising perspective, such accounts of care work also obscure the role of social reproduction in reproducing disabling
capitalist social relations of oppression and exploitation. By contrast, I argue that social reproduction scholarship ought to centre an anti-productivist politics that seeks to abolish disablement through prefigurative practices and principles of In(ter)dependent Living for ‘guaranteed material outcomes’ (Zarb, 2004: 7–8).

The article is organised as follows. First, it engages with the ‘work transfer thesis’ coined by Glazer (1984) and further developed by Munro (2021a; 2022) to indicate that work is subjected to processes of transfer from above and from below. Second, it offers an introduction to how SRT feminists problematically moralise socially reproductive work and those assumed to undertake it while obscuring the agency and participation of those reduced to the status of being ‘cared for’. In response, I argue that scholars and activists ought to consider social reproduction as playing an active role in the reproduction of disabling capitalist societies. Third, I make the case that people who are subjected to disablement oppression and exploitation are active participants in socially reproductive work, including the care relation. To this end, the article explores recent examples of socially reproductive work undertaken by the subjects of disablement in the context of the UK’s welfare system. I argue that socially reproductive work is increasingly being transferred (from above) onto the subjects of disablement through the UK government’s Department for Work and Pensions’ social security policies and practices. Fourth, the article highlights the importance of making space for prefigurative work against-and-beyond disabling capitalist oppression and exploitation. Such work represents a collective effort towards work transfer from below and a destabilisation of the hierarchical relationship reproduced within contemporary configurations of ‘care’ and other forms of work. A critical approach to ‘care’ is therefore necessary as a contribution to an emancipatory politics of liberation and social transformation.

Before moving further, it is important to clarify the meaning of the terms ‘subjects of disablement’, ‘disabling capitalism’ and ‘abolitionist politics’, as used in this article. As presented in Chis (2023; forthcoming), the ‘subjects of disablement’ is a non-identity, collective term that refers to all people who may or may not identify as being disabled, and who are neurodivergent, chronically ill, D/deaf, who have impairments, and/or who experience mental distress in contemporary capitalist societies. Regardless of their self-identification, all these groups are subjected to structural disablement exploitation and oppression in what is termed here ‘disabling capitalism’. In turn, disabling capitalism (Chis, 2023; forthcoming) is a concept that points to the way in which disablement and capitalism are structural and fundamental features of one another, similar to how racialisation and capitalism cannot be separated in racial capitalism (Bhattacharyya, 2023). Finally, the ‘abolitionist politics’ of this article seeks to negate (end) the systematic oppression and exploitation of the subjects of disablement; this negation can take place through a prefigurative reproduction of non-productivist social relations that collectively dismantle and move us beyond disabling capitalism. More universally, adopting a disability abolitionist politics entails a readiness for ‘searching for openings in the structures of society where we might effectively contribute with others in the restructuring of society so that it is neither competitive nor disabling for all people’ (Finkelstein, 2001: 5).

The work transfer thesis

The concept of ‘work transfer’ coined by Glazer (1984) and developed further by Munro (2022; 2023) represents the framework of this article. In short, work transfer entails ‘the elimination of certain elements of work from the jobs of paid workers,
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not by new technologies, but by how firms restructure the work process so that the buyer must do work once done by paid workers’ (Glazer, 1984: 67). Glazer (1984) explores work transfer as the process through which work previously undertaken through the wage becomes incorporated as part of women’s everyday life on an unwaged basis. In this article, I make a further distinction between two processes of work transfer, namely ‘from above’ and ‘from below’. Work transfer from above is the process revealed by Glazer (as outlined earlier), while work transfer from below represents the aims, struggles and achievements of social movements and organising collectives for a reorganisation of social reproduction that lessens the oppressive and exploitative processes of disabling capitalism. With austerity measures and the rolling out of neoliberal, individualising policies in the UK, the subjects of disablement are conditioned into undertaking increased socially reproductive work (uncompensated, often as externally imposed ‘self-care’), as the work is transferred onto them as ‘customers’ and unwaged workers. Indeed, they undertake work like employing personal assistants, providing ‘civic contributions’, acting ‘as unpaid voluntary workers’ and being ‘often engaged in family “care” roles’ (Roulstone, 2014: 241). They also attend to themselves or others within oppressive working conditions (Crow, 1996) while (in the UK) also undertaking state-monitored job searches, evidencing their searches via written reports and attending regular meetings with Job Centre work coaches.

With capital’s tendency to dominate ever-larger proportions of everyday life, there is increased precarity, lack of time and lack of energy for rest, recuperation and autonomous, prefigurative work. Thus, I contend that transfers from above also act as a ‘regulator’ for social categories, identities and criteria established within the legal system. Complementing Abberley’s (1987: 17) path-breaking article that sets the foundations of a social theory of disability as oppression, that is, stemming from the disadvantage and ideology shaped by capitalism, I argue that disablement is also a form of exploitation, occurring within the sphere of waged and unwaged work that the subjects of disablement traverse. Thus, disablement cannot be isolated from and is not exogenous to class relations and the coercive institution of work. Indeed, disability and class are internally related, with disability being a modality in which class is lived (on race and class, see Hall et al, 1978: 394).

Feminist accounts of social reproduction

Early social reproduction scholarship

Generally, feminist scholars argue against hierarchical and structural distinctions that have been reproduced since the Industrial Revolution. These distinctions are between the public/workplace/profit-oriented economy of capitalism (deemed to be the sphere inhabited by men) and the private/home/domestic sphere (deemed to be the sphere inhabited by women) (Glazer-Malbin, 1976; Davis, 1983; Glazer, 1984; McIntosh, 2013 [1979]: 155; Fraser, 2016: 104–5; Mohandes and Teitelman, 2017: 43; Hester and Srnicek, 2018: 4; Huws, 2020). From the standpoint of capital, socially reproductive work – understood as the unwaged work that mostly takes place within the domestic sphere, such as housework, ‘care’ and raising children – is not considered ‘productive’ (Giménez, 1990; Waring, 1999; Fraser, 2016; Huws, 2020: 63–7). This is because socially reproductive work does not appear to produce exchange and
surplus value for capital owners (Davis, 1983: 245–6; Jaffe, 2020: 19). Through feminist scholarship, we find that socially reproductive work is essential to the reproduction of society and ‘human life more generally’ (Arruzza and Gawel, 2020: 2) due to it ‘maintaining and producing workers’ (Bhattacharya, 2015; Hester and Srnicek, 2018: 4). Following the post-war era, the UK state started to present itself as responsible for ‘social welfare’, schooling and other institutions to sustain the reproduction of labour power (maintaining people’s capacity to work and raising the new generations of workers), with women as its main (low-)waged workers (Fraser, 2016).

The realm of social reproduction as a focus for political organising has been furthered since the 1970s, initially by Marxist feminists in Italy who, through the ‘wages for housework’ campaign, illustrated that women’s oppression and work are a constitutive part of the maintenance of a classed society (Jaffe, 2020: 2). However, they retained the distinction between waged work as production and unwaged work as reproduction (unproductive in a capitalist sense) (Hopkins, 2017: 138). The demand for wages has also been criticised for risking the individualisation, commodification and maintenance of social reproduction within the realm of discrete heteronormative and nuclear family/household units, unrealistically seeking valorisation within the framework of capitalism, and failing to challenge the idea that housework is women’s responsibility, thus leaving the structure of housework and the public–private distinction untouched (Glazer-Malbin, 1976: 918; McIntosh, 1981: 36; Davis, 1983; Huws, 2020: 69). Conversely, Glazer (1984: 80) persuasively argues that ‘the conventional view that women’s domestic work is directly for the family and only indirectly for capitalism must be rejected as an artifact of sexism; a blindness to how women’s domestic labor has been forced into the work process outside the home’.

Building on Glazer’s argument (while rejecting the problematic use of an impairment as a metaphor in the quote above), I posit that the unwaged work (except for that of working against and beyond capitalism) of the subjects of disablement directly contributes to the reproduction of capitalism. Furthermore, drawing upon the history of Black women’s status in relation to waged work, liberation and joy do not have a price and cannot emerge out of the creation/expansion of domestic markets (Davis, 1983).

**Recent social reproduction scholarship**

Since the revival of scholarship on social reproduction in the mid-2010s (and compared to the earlier feminism of the 1970s), some activists and scholars have coined the term Social Reproduction Theory. SRT scholars expanded the definition of socially reproductive work to include that which they call ‘life-making’ work (Bhattacharya, 2017b; Arruzza and Gawel, 2020; Ferguson, 2020; Jaffe, 2020; Ferguson and Bhattacharya, 2021). Life-making work, through an SRT perspective, comprises the waged and unwaged work located within households and state institutions through such roles as mothers, educators, medics and carers. This work, SRT adopters suggest, sustains life itself, reproduces ‘labour power’ and maintains social bonds (Fraser, 2014; Ferguson and Bhattacharya, 2021); it does not simply reproduce capitalism. They also argue that without life-making work, society and capitalism could not function, as capital accumulation is dependent upon socially reproductive work within and outside the home or workplace (Fraser, 2014; Bhattacharya, 2017a; 2017b; Jaffe, 2020). As such,
life-making workers’ positioning within capitalist society is key for the potential of its transformation. It follows that ‘there could be no culture, no economy, no political organization’ without socially reproductive work; both capitalism and the sphere of the social could not be sustained without it, despite capital’s tendency to destabilise and disavow this work while ‘free riding’ upon it (Fraser, 2016: 70).

However, as O’Kane and Munro (2022: 82–3) astutely point out, the SRT approach to social reproduction offers a ‘positive critique’ of capitalism from ‘the standpoint of labour’. Scholars of SRT argue for valorising moralised-but-still-exploitative work and simply redistributing it (and its uncritically understood wealth or fruits) across society via the (uncritically approached) state. In short, they naturalise and depoliticise the work deemed as ‘life making’, which is also presumed to be undertaken by (non-disabled) women. This includes not only unwaged socially reproductive work but also waged work through the public sector, as the latter sits ‘sufficiently “outside” capital’ compared to other private sector work (Ferguson, 2020: 127). In making this argument, the subjects of disablement’s lives and health are, as presented in Ferguson (2020: 128–9), reduced to being the ‘products’ of public sector workers’ work.

More concretely, it would seem that for SRT, psychiatrists’ malevolent collaboration with the repressive and policing departments of the state to vilify and incarcerate the subjects of disablement with experiences of mental distress would still qualify as socially useful ‘care work’. As an illustrative example, in 2023, a suicide survivor in the UK was prosecuted for trying to end her life; she was punished for her distress. The prosecutor stated that the survivor’s own ‘consultant psychiatrist was spoken to, and, in his view, this was not a matter which was simply a manifestation of mental health issues and actually action should be taken’ (quoted in Seaward, 2023). The psychiatrist’s adoption of a carceral logic and active involvement in the prosecution and impoverishment of the survivor cannot be classed as acts of ‘life making’. However, SRT is unable to provide insight for critiquing such an instance. Following the logic of the SRT argument further, it is as if the state and the corporate repressors who are seeking to offer the subjects of disablement as sacrifices on the altar of capitalism should be rewarded for their service. Ultimately, SRT theorists ‘unwittingly promote the perpetuation of capitalist society’ (O’Kane and Munro, 2022: 77–8).

In the following, I argue that public sector workers’ waged work, instead of being simply tasked with producing ‘life’, often has systematic deathly consequences for the subjects of disablement who come into contact with these workers. One of the most evident and well-documented spheres of interaction between the two groups in the UK is the necropolitical context of social security. Recent comprehensive research and investigative journalistic work have collated and revealed thousands of examples of welfare-related deaths in the UK, most of whom were of subjects of disablement (Deaths By Welfare, 2022; Mills and Pring, 2023). These deaths are attributed to the ‘slow violence’ and approach of the bureaucratic system of the UK state’s welfare system (Mills and Pring, 2023). Indeed, it is not an exaggeration to claim that death itself ‘has become a part of Britain’s benefit system…. Now for thousands, all they receive is help to [the] grave’ (Ryan, quoted in Stewart, 2019: 49). This system is administered by the workers whom Ferguson (2020) and Bhattacharya (2017a; 2017b) centre in their political work. Furthermore, the subjects of disablement already undertake work that should either not exist (such as dealing with a punishing social security system) or that should be socially and collectively reorganised.
Feminism and the subjects of disablement’s socially reproductive work

Feminist negations of Disability Politics

Jenny Morris’ (1991; 1993a; 1993b; 1994; 2001) scholarship reveals the implicit and explicit disablism in feminist scholarship’s care-related arguments, especially in discussions of how women ought to be freed from the ‘burden of care’. Alongside the important contributions to the political economy of work made by feminist scholars and activists, much scholarship holds ‘certain cultural assumptions about disability’ as it narrows the claim that ‘the personal is political’ to the particular experiences of non-disabled people (Morris, 1993a: 59–60). For instance, care work is (still) deemed to be (non-disabled) women’s work, while the people subjected to disablement oppression and exploitation are portrayed as ‘dependent people’. By extension, older women and women who are subjected to disablement have been separated from the category ‘women’ (Morris, 1993a: 60–1). Thus, the social role of people gendered as women is limited to caring but not, within the care dualism, being cared for. In this process, the politics of disablement is ignored, instead endorsing policies that segregate and ‘warehouse’ (Roulstone, 2004: 18) the subjects of disablement into institutions and ‘residential homes’ (Morris, 1993a: 62). For instance, in seeking equality with men, feminist scholar McIntosh (1981: 41) – whose work is also critiqued by Morris (1991) – seeks to distance herself from dyslexic people, arguing that ‘women’ are ‘not a newly discovered minority group like dyslexics or people whose homes are threatened by road-widening, because our oppression is built in to the very structure of production and reproduction’.

She further argues for ‘a transformation of the dependent household so that women can participate in production on the same basis as men’ (McIntosh, 2013 [1979]: 171). McIntosh’s suggestion does not critique the care relation under disabling capitalism. Rather, it seeks to reduce the assumed ‘care burden’ on non-disabled women as a way of helping them increase their economic opportunities instead (McIntosh, 2013 [1979]: 170; for critiques of this approach, see Morris, 1993b: 42–4; 2001: 5; Abberley, 1996: 71–2). Along with the productivist and pro-wage-system underpinnings of seeking parity with men within the sphere of the wage as an end in itself, it is also worth noting that the institutionalisation of the subjects of disablement produces surplus value for capital owners: ‘Disabled persons contribute to the Gross Domestic Product when occupying a bed in an institution where they generate $30,000 to $82,000 in annual revenues and contribute to a company’s net worth – commodification is a root of institutional oppression’ (Russell, 2001: 93).

Thus, despite being part of a tradition sensitive to power relations, some feminist approaches to ‘care’ reinforce a relationship of domination towards the subjects of disablement. For instance, Finch and Groves (1980: 496) suggest that ‘the major burden of care is borne by the immediate family of the handicapped person, primarily by the mother’. Groves also makes an argument that portrays the everyday lives of the subjects of disablement as a social death, devoid of agency (see Morris, 1993b: 18; Finkelstein, 1997: 7). As a result, for Groves, the subjects of disablement’s deaths are a natural necessity, more achievable/desirable than changing society to avoid such death: ‘In the absence of protective legislation for elderly and handicapped people, perhaps the least that can be done is to offer them a dignified way of ending what,
after all, must be a living death’ (Groves, quoted in Morris, 1993b: 43). ‘Assisted suicide’, then, appears as a solution to reducing the ‘burden’ of the subjects of disablement on other people (Campbell, 2019). As observed throughout the COVID-19 pandemic, the deaths of the subjects of disablement have been perceived as marginal in the UK and beyond, not least through Do Not Resuscitate orders used against those with COVID-19, without their consent (Pring, 2020).

In the case of SRT, rather than seeking to avoid the ‘burden of care’, scholars argue for the valorisation of the (still top–down) transactional and dyadic care relation. Their concern with care work is not as much to reduce its burden on (non-disabled) women. Instead, they wish to see this work valorised and for care workers to be recognised as potential revolutionary subjects due to the (assumed to be) virtuous nature of their work (Bhattacharya, 2017a; Ferguson, 2020, for a critique of this approach, see Munro, 2023). Thus, through upholding the disabling vantage point of capital and perceiving non-disabled women to be the active social reproduction workers, non-disabled women are presumed to engage in a one-way, inherently positive activity of caregiving (Bhattacharya, 2017a; 2017b) while being placed in a subordinate relationship to men (Fraser, 2016: 108). In turn, the subjects of disablement are portrayed as passive non-workers (‘clients’, ‘patients’, ‘service users’ and so on), thus denying the existence of the two-way, reciprocal relationship to which all those implicated in the ‘caring’ relationship contribute (Prideaux et al, 2009; Roulstone, 2014). Unwaged activities, however, should not be associated with passivity and non-exploitation (Glazer, 1983; Glucksmann, 1990), as all these roles involve work, time and energy that the subjects of disablement actively undertake/use, alongside (when applicable) waged work. The subjects of disablement play an active role in socially reproductive work (with others and individually) (Roulstone, 2014), which is intrinsic to the reproduction of capitalist society and the struggle to reshape social relations. This work is often done in spite of and despite the absence of appropriate environments and support that would save time and energy and allow for other activities to take place throughout one’s daily life (Crow, 1996).

The subjects of disablement’s work in the context of social reproduction

An illustrative example of how the subjects of disablement are being compelled and constrained to perform unwaged work for the state is represented by the relationship between the UK’s Department for Work and Pensions’ employees (as the managers and distributors of so-called ‘benefits’) and the subjects of disablement who wish and/or are forced to apply for social security. The Department for Work and Pensions may sanction the subjects of disablement who use social security and class them as ‘work-shy’ fraudsters and malingerers when they undertake unwaged socially reproductive work (instead of waged work), as this is regarded as a sign of non-disabledness. In other words, supporting themselves or others in the face of a lack of resources leads to the subjects of disablement being deemed not disabled at all or enough (Soldatić, 2011: 409; Ryan, 2019: 30) and not adhering to the ‘subservient patient role of dependency’ (Finkelstein, 1999: 2). Thus, living outside the fixed and arbitrary parameters of ‘work capability’ and social security rules in the face of inadequate social infrastructures of support poses the risk of being forced into waged and unwaged work and having one’s status and socio-legal rights as ‘a disabled person’ denied. Access to social security could also be reduced or stopped within this constant reconfiguration of
what it means to be ‘disabled’ in relation to both waged and unwaged work (Soldatić, 2011). It follows that if one is regarded as ‘able’ to undertake self-assistance and other socially reproductive work (even if only for a limited time and with sacrifices), they should instead seek to use all that time and energy to produce surplus value within the sphere of the wage.

With the privatisation, outsourcing and control of public social reproduction by corporations, the social relations between ‘professionals’ (of education, care, leisure, knowledge, medicine and so on) and ‘customers’ are prone to becoming devoid of affectivity and reduced to routinised, standardised and ‘specialised’ tasks (Woodin, 2014: 248). For instance, education follows the ‘banking model’ of transmitting information instead of seeking collective emancipation (Illich, 1977). Social care is also reduced to prescribed, depersonalised and sped-up tasks related to hygiene and health management, or ‘“life and limb” support’ (Zarb, 2004: 2), due to subsumption to capital accumulation and marketisation, alongside the precarisation of ‘care’ roles. Thus, not all forms of ‘care’ are inherently positive self-sacrificial labours of love (hooks, 2000: 152; Mik-Meyer, 2016: 986).

Indeed, ‘care’ based on hierarchical social relations can oppress, harm and create a dependency of professional ‘caregivers’ on the subjects of disablement. In this way, professionals can continue to maintain their attachment to waged work and maintain their social status while the subjects of disablement are positioned in a way that necessitates professionals’ input for survival. This form of so-called ‘care’ negates the subjects of disablement’s autonomy and work, conceals mistreatment, and acts as a repressive force of the welfare state to ‘cure’ or punish (Morris, 1994: 37; Finkelstein, 1996: 6–7; Woodin, 2014; Mik-Meyer, 2016; Munro, 2021a: 203; 2023). Despite gradual deinstitutionalisation, social control has simply moved into households, with the carer–cared for relationship remaining largely unchanged (Oliver, 2009: 94–5, 129; Clifford, 2020: 51). Nonetheless, coalitions, resistance to the state and solidarity between professionals and the subjects of disablement also occur (Sapey and Bullimore, 2013: 624–5). By recognising that work is in a constant process of transfer across spheres of activity and social groups, we can point to how exploitation (and struggles against and beyond it) occurs within and outside the wage. Notwithstanding, the very existence of the wage relationship allows for exploitation to occur.

Social reproduction and its models of care

As ‘care work’ often takes place within the household, it is worth emphasising that as a site of (unwaged) production, the household is part of the circuit of production. The household works in conjunction with two other sectors, all relying on one another: the state(s) institutions and employers (Munro, 2019). It functions akin to a firm that produces ‘intermediate goods and services’ to be used within the state, other firms or the household (Munro, 2019: 262); it is not separate from society (Glazer-Malbin, 1976: 920; Glazer, 1983; Glucksmann, 1990). Thus, ‘production is shifted from industry into households without compensation’ (Munro, 2022: 115), while the state and private enterprise continue to accumulate surplus by having household members perform socially reproductive work, reducing costs for the state and creating profit. The household’s productive efforts become inputs into the functioning of state institutions and workplaces, and they are not limited to just reproducing and maintaining new generations of workers. These efforts include, for instance, ‘gathering
supplies, transportation, looking after non-workers, raising children (some of whom may be the next generation of workers), preparing food, transmission of knowledge and skills, cleaning one’s self and one’s environment, and maintenance or making repairs’ (Munro, 2019: 463).

Contrary to the often-held view that socially reproductive work is not directly reproductive of capitalist society, this work is instead integral to the reproduction of capitalism, with exploitation taking place not only during work mediated by the wage relation (Glazer, 1984: 61–2) but outside of the wage too. The creation and transfer of work across social spheres of production are also linked to the work of consumption (Glazer, 1984: 62; Glucksmann, 1995: 71–2; Munro, 2022: 117), which furthers capital accumulation, outsourcing, imperial and colonial extraction, the precarisation of working conditions, exploitation, and oppression. In addition, I posit that the unwaged work the subjects of disablement are constrained and compelled to undertake also directly contributes to the reproduction of disabling capitalism and capitalist state structures. It is part of society’s overall ‘direct labor for capitalism’ (Glazer, 1984: 63–4). With cuts to welfare, healthcare and social security and the precarisation of waged work, new markets have been revolving around the unwaged work required of the subjects of disablement to undertake heteronomously, that is, without a choice or control over it, and without a wage.

**Service models**

SRT theorists, while not discrediting ‘care work’ in the same way that some earlier feminists (explored in the previous section) did, fall into the trap of endorsing what is termed here a ‘service model of care’. This model is underpinned by the individual model of disability, an approach to disability that seeks to ‘fix’ the subjects of disablement’s bodyminds instead of changing the conditions of disablement exploitation and oppression (Oliver, 2009). It also conceptualises the so-called ‘care provider’ and ‘care receiver’ through an atomistic approach and prioritisation of ‘rights’, thus obscuring the understanding of care as a relation (Lai, 2020).

The service model of care is akin to service models elsewhere, such as the well-known service model of trade unionism, which approaches trade union activism through the perspective of legalistic struggles over individualised rights and competition with other groups of workers and unions. It takes a top-down approach within the internal structures of the union, treating members through an individualising perspective as passive customers while concurrently seeking to manage and contain activists’ attempts to self-organise (Carter, 2000). Within this context, lay members are regarded (and may regard themselves) as passive recipients of a depoliticised ‘service’ that is provided by the salaried workers of the union, under the top-down management of the union’s headquarters (Aronowitz, 1998; Carter, 2000). Through the service model of trade unionism, the union’s role is defined as one of maintaining a non-antagonistic relationship with workplace management, with reps acting as ‘cops for the boss’ (Lynd, 2015: 25). For instance, in 2023, the Royal College of Nursing’s senior officials went as far as to refer the union’s own members to the police for collecting member signatures for a vote of no confidence in the union’s leadership. The referral was made in the aftermath of the union’s leadership pressuring members to accept a pay cut dressed as a pay ‘offer’ (Stacey, 2023).
In turn, through the service model of care, the subjects of disablement, as ‘customers’, are expected to adapt themselves to the ‘services’ offered to them by ‘care providers’ who have the structurally granted power to control the everyday activities of those whom they are supposed to support. This dynamic leads to the following situation described by Zarb (2004: 5), whereby ‘instead of being able to participate freely in the full range of community life, disabled people have to organise their lives around whatever kinds of practical support are available’. The subjects of disablement are especially affected by the service model of care, as ‘an attendant assumption has often been that disabled people do not know what is best for them and that this is best left to experts’ (Roulstone, 2004: 8).

A service model of care does not allow for an analysis of struggle and the transformation of social reproduction from a perspective that seeks to abolish disablement oppression and exploitation. It also conceals the role of state-funded workers in harming, suppressing, oppressing, exploiting and managing populations (Yeandle et al, 2017: 14; Lai, 2020; Munro, 2021b: 623). More concretely, the romanticised approach to socially reproductive work presented by SRT theorists (Bhattacharya, 2017a; Ferguson, 2020; Jaffe, 2020) portrays it as ‘unproductive’ work that takes place outside capitalist accumulation. This sanitised portrayal of care work only serves to absolve carers of their role in reproducing oppressive and exploitative social relations within disabling capitalism, despite their potential and, at times, actual refusal to dominate the subjects of disablement’s lives. Critiquing SRT, Marxist feminist Kirstin Munro (2021b: 624) also cautions against efforts to identify and essentialise a particular section of the working class as being the revolutionary subject.

Towards an organising model of care

The service model of trade unionism works in opposition to the organising model of trade unionism. The latter, which was coined as such in the UK, is a participatory approach to struggle that is situated within social movements, prioritises collective action from below and practices solidarity beyond legal limitations, union membership and individual rights (Vandaele and Leschte, 2010). In other words, the organising model is concerned with autonomy, solidarity and transformative social change rather than preserving hierarchical social roles and institutions. The organising model is also similar to the US-based praxis and theory of ‘class struggle unionism’ and ‘solidarity unionism’ (Lynd, 2015; Burns, 2022). Class struggle unionism takes a holistic and coalitional approach to struggle, positioning campaigns as part of a ‘broader working-class conflict’. Class struggle activists ‘link labor struggles with other fights. They fight for the unemployed, for single-payer health care, and for issues benefitting the entire working class’ (Burns, 2022: 61). They also ‘fight against attempts to divide the working class, such as racism, sexism, and anti-immigrant policies’ (Burns, 2022: 61).

To this, I add the imperative to abolish disabling capitalist oppression and exploitation, of which the hierarchical care dyad and the service model of care are part.

Against ‘carers’ control of the subjects of disablement’s time and activities, the UK–based Stay Up Late! campaign group emerged in 2007. Adopting what is termed here an ‘organising approach to care’, it has asserted demands for learning disabled people’s self-determination and control over their social lives through its ‘Manifesto for Ordinary Life’ and the ‘No Bedtimes’ campaign. A key concrete example of what
the campaign opposes is that of being constrained to leave musical concerts at 9 pm due to the work arrangements of (underpaid) personal assistants. Thus, Stay Up Late! (nd) seeks to:

challenge inflexible support systems that prevent people with learning disabilities from staying up late. We know that if you’re supported to have a great social life you’re probably going to have great support around other areas of your life. That’s why being able to choose to Stay Up Late is important.

Beyond Stay Up Late!, an organising model of care would reject the individualisation of care work and reveal its current contribution to the reproduction of disabling capitalism. Along with Munro, I argue that the working class cannot be reduced to a particular activity, and revolutionary consciousness does not belong to the domain of workers identified to offer ‘care’. Indeed, SRT articulates a false premise that the ‘life makers’ and their ‘care work’ are potentially revolutionary, notwithstanding disabled activists’ and scholars’ arguments that many of those who hold these jobs are managers or ‘agents’ of the repressive, disabling capitalist state (Illich, 1977; 1981; Abberley, 1995; Oliver, 1999; Munro, 2021b: 625–6). While some of these professionals’ working conditions are often highly precarious, they are also gatekeepers with the power to ‘decide who receives health care and who is dismissed as a malingerer or drug-seeker’ (Munro, 2021b: 627). Thus, I join Munro (2022), Giménez (1990) and Collins (1990) in arguing that social reproduction is work that sustains the reproduction of the totality of capitalist society – it is not part of a sphere that sits outside disabling capitalism. Taking this argument further, I posit that all subjects of disablement are workers upon whom disabling capitalism is dependent, including those who are considered to be ‘in receipt’ of ‘care’ and/or unemployed. Put simply, there is no such thing as a ‘non-worker’ (except for the capitalist class). The often-naturalised and essentialised ‘dependence’ of the subjects of disablement is a myth that serves to negate their (our, including myself) agency and status as workers.

Alongside the socially reproductive work explored in this article and despite increasing tendencies of capital to steal more time, work and energy, autonomous/self-determined work (of varying degrees) does take place. By ‘autonomous’ (used loosely here), I refer to the collective self-activity of refusing/resisting the status quo and building alternatives to it. Autonomous are purposeful activities that create space for flourishing; they include attending to others and oneself and, in the process, altering social relations. Organising, as well as resting, sleeping, recuperating, loafing, idling, organising and relaxing, are part of this sphere of activity and represent sites of struggle that are increasingly marketised, narrowed, subsumed and turned into unwaged work that produces surplus value in the form of ‘playbour’ (Ferrer-Conill, 2018), ‘prosumption’ and ‘co-production’ (Glucksmann, 2016: 884–6). Bailey et al (2018: 22) succinctly express the necessity to acknowledge the work of changing our worlds: ‘unless we recognize the primacy of labour, and the disrupting and disturbing effects that it always–already has, we end up with a “narrative of defeat” that is both politically debilitating and analytically inaccurate’.

Bailey et al (2018) centre the collective agency of (workers’) struggle and regard it as the vantage point through which to analyse the continuous conflict between dissenting agents and capital. Work, then, is often transferred from above, from one group/sphere of activity to another (Glazer, 1984: 62; see also
Giménez, 1990: 27). At the same time, oppositions and prefigurations against and beyond current configurations of disabling capitalist societies seek a transfer of work from below, that is, to socialise, democratise, transform, expand and abolish certain forms and conditions of work. Indeed, as the ‘care dyad’ is a disabling capitalist social relation, alternatives and counter-values are needed to counteract its productivist underpinnings. A politics that centres work transfer from below, the subjects of disablement’s autonomy and control over their livelihoods, and the principles and praxis of In(ter)dependent Living would provide an affront to the overall productivist and coercive institution of work, the wage, and market systems (Abberley, 1996: 74–6; Finkelstein, 1996: 20; Graby, 2015). Work, as presented in this article, incorporates resistance and the derailing of top-down initiatives through the organising, prefigurative work of struggle and solidarity, which can lead to qualitative changes in the work process and its social relations.

Social reproduction scholarship ought to move beyond the service model of care’s dyadic, hierarchical and oppressive conceptualisation of care that negates the contribution and agency of the subjects of disablement in the care relation. Instead, reflections on ‘care’ ought to be considered through the insights offered by the organising model of trade unionism (its practice and literature), as well as the principles and praxis of In(ter)dependent Living. Such a synthesis of perspectives offers more fruitful avenues for conceptualising and prefiguring social reproduction and ‘care’ against and beyond disabling capitalist social relations. An organising model that critically approaches care and socially reproductive work within the context of disabling capitalism would reveal the lack of necessity of much contemporary work and argue for an abundance of time and resources for collective self-activity.

A starting point for facilitating alternatives to current iterations of ‘care’ is offered by scholarship that is currently seeking to create a bridge between disability studies and feminism, such as Garland-Thomson’s (2011) social-theoretical and Maker’s (2022) socio-legal perspectives, Tronto’s (2017) critique of paternalism and parochialism and proposal for socialising and democratising care, Nishida’s (2022) notion of ‘just care’, and Finkelstein’s (1999) arguments for ‘professions allied to the community’. It is notable that within SRT too, Jaffe (2024) has undertaken the task of reflecting on how SRT could alter its framework of analysis to account for disability. At a time when waged and unwaged work is increasingly created and transferred from above onto the subjects of disablement through neoliberal policies and austerity measures, mobilising scholarship and collectively organising towards work transfers from below would help to concretise horizons for post-capitalist social relations.

Conclusion

Mainstream feminist approaches to social reproduction offer limited avenues for conceptualising the subjects of disablement as other than burdens who inhibit women’s equality with men. At the same time, SRT, in its placing of care workers on a revolutionary pedestal, offers an inadequate critique of the state, its professionals and the way their ‘care work’ reproduces hierarchies that hinder the subjects of disablement’s autonomy and collective self-determination. Instead, I propose that social reproduction and ‘care’ ought to be approached through an abolitionist Disability Politics perspective (from a UK-based social model of disability perspective, as adopted here; see, for example, Abberley, 1987; Morris, 1993a; Finkelstein, 1999; from
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a US-based activist-scholarship perspective, see, for example, Puar, 2017; Ben-Moshe, 2020; Davis et al, 2022). In other words, social reproduction’s disabling capitalist underpinnings ought to be rejected in collective struggles towards reorganising work. Thus, waged work (and its various forms of organisation as ‘secure’ or ‘precarious’) cannot be analysed in isolation from unwaged work (Glazer, 1984: 64). Similarly, we cannot isolate the spheres of activity, social institutions and other everyday processes that the subjects of disablement engage in without sacrificing the potential for a comprehensive analysis of disabling capitalism. Compelling accounts underpinned by an abolitionist politics have also been made in relation to other institutions, alongside that of work. They include mental health ‘asylums’, the family, prisons, the household, the institution of marriage and current forms of ‘social care’ (Barrett and McIntosh, 2015 [1982]; Hester and Srnicek, 2018: 14; Lewis, 2021). In their current form, these institutions also require critical examination as avenues for maintaining and reproducing disabling capitalism.

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Conflict of interest
The author declares that there is no conflict of interest.

References


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Stay Up Late! (nd) About us, https://stayuplate.org/about/.


