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**To cite this article:** Richard Bärnthaler & Corinna Dengler (2023) Universal basic income, services, or time politics? A critical realist analysis of (potentially) transformative responses to the care crisis, *Journal of Critical Realism*, 22:4, 670-691, DOI: [10.1080/14767430.2023.2229179](https://doi.org/10.1080/14767430.2023.2229179)

**To link to this article:** <https://doi.org/10.1080/14767430.2023.2229179>



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Published online: 13 Jul 2023.



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# Universal basic income, services, or time politics? A critical realist analysis of (potentially) transformative responses to the care crisis

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## ABSTRACT

Using an (eco-)feminist Marxist-Polanyian theoretical lens, this article explores the diverse relations between contemporary care-crisis symptoms in Western Europe and its generative structures. It investigates the potential of three possible responses to the crisis to transform rather than reproduce these structures: (un)conditional cash transfers, universal basic services, and time politics. Drawing upon critical realism and the evolutionary mechanisms of variation, selection, and retention, we seek to make sense of the dynamic between competing crisis construals and their effects on actuality. To answer our research question *What are the transformative potentials of different responses to the contemporary care crisis in Western Europe?*, we move from meta-theoretical abstractions to a theoretically grounded, concrete application of critical realism in the social sciences. We conclude that a symbiosis of time politics and universal basic services together with a universal, but not unconditional, guaranteed (minimum) income offers substantial transformative potentials.

## KEYWORDS

Care crisis; critical realism; universal basic services; time politics; social-ecological transformation; Polanyi

## 1. Introduction

The Covid-19 pandemic has made strikingly visible both the essential role of care work in societies and worrying symptoms of a care crisis (Dowling 2021; Rao 2021). These symptoms have become manifest in the paid and unpaid spheres of society, including overburdened households and communities on the one hand and chronic understaffing as well as systematic underpayment on the other. Those, who actually do care work are up until today predominantly women (ILO 2018), often migrant workers with precarious working conditions, pay, and status (Ehrenreich and Hochschild 2003; Kittay 2014). In global care chains, people from the majority world often fill the structural ‘care deficit’ in hospitals or households in the Global North, while many who cannot afford to out-source ‘their’ care work are increasingly overworked. Furthermore, the commodification and marketization of care, its gendered and racialized distribution, and acute deficits in

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public provisioning due to decades of neoliberal austerity exacerbate inequalities and leave vulnerable groups without access to the care they need (Karamessini and Rubery 2013). As we will argue, however, both the interpretation of these crisis symptoms and related responses are contested.

Drawing upon Jessop's (2015) concept of 'symptomatology,' we explore the contingently necessary relation between crisis symptoms and its (actualized) generative structures. The latter, as critical realists insist, can be approached through theoretical work. Using an (eco-)feminist Marxist-Polanyian theoretical lens, we analyze the care crisis as 'form-determined' (ibid., 246), i.e. as grounded in and conditioned by capitalist structural forms, and thus closely linked to the subordination of social reproduction to capitalist production, and of life-making to profit-making (Bhattacharya 2017). We argue that the concrete actualization of care crises is shaped by 'boundary struggles' (Fraser 2014a), i.e. conflict- and power-laden contestations about how, by whom, and for whom care is provided, how it is valued in societies, and how it relates to the capitalist mode of production.

In so doing, this article aims to illuminate critical realism's capacity to investigate the transformative potential of diverse crisis responses. We address Kemp's (2005) claim that, for critical realism to be persuasive, it must engage with a particular research topic and the explanatory problems rooted therein (see also Bhaskar 2014, 195). The pursuit of our research question *What are the transformative potentials of different responses to the contemporary care crisis in Western Europe?* allows us to move 'from abstract, philosophical and meta-theoretical reflections on critical realism in general to specific, practical and theoretically grounded research programmes "in particular"' (Jessop 2005, 243f).

To begin with, we deem it necessary to clarify two key terms: care work and social reproduction. The term '*care work*' has gained increasing attention in feminist debates and beyond since the 1990s. It focuses on the content of work, usually involves characteristics such as limited autonomy, dependency, vulnerability, and power asymmetries, and acknowledges that over a life course everyone depends on the caregiving of others and – most likely – will also give care. More concretely, care work refers to a caring activity provided by a caregiver to a care receiver, either as unpaid care work in households and communities or as paid care work, e.g. in public hospitals or private nursing establishments (England 2005; Jochimsen 2003). Hence, in line with feminist scholarship, we do not attribute the term 'work' only to paid activities and instead use it more holistically, i.e. as an essential activity in all economic domains and spheres of life (see e.g. Haug 2008; Laruffa 2022), thereby avoiding binary distinctions between (unpaid) caregivers and (paid) care workers. The fact that care work includes both paid and unpaid caring activities makes it possible to identify shifts between the paid and the unpaid sphere, e.g. when unpaid care work is shifted from the household (unpaid, uncommodified) to the state (paid, decommodified) or the market (paid, commodified), or when it is shifted back from the market to the household level.<sup>1</sup>

In contrast, the concept of '*social reproduction*' evolved from Marxist-feminist discussions in the 1970s and lies at the core of Social Reproduction Theory (SRT) (Bhattacharya 2017). Most SRT theorists insist that social reproduction does not directly contribute to the production of surplus value but is related to capitalist production by reproducing labour power (Bhattacharya 2017; Bieler and Morton 2021; Ferguson 2020). While some argue that social reproduction consists only of unpaid care work and housework – what we

might call the invisibilized counterpart of production – others include paid care work in the public and/or not-for profit sector. For our research endeavour, it is insightful to make use of both concepts: we refer to social reproduction when we discuss the structure of separation that separates capitalist production (profit-making) from social reproduction (life-making); and we use care work when referring to diverse paid and unpaid modes of care provisioning as well as shifts between those modes.

The article is structured as follows: Section 2 outlines our (eco-)feminist Marxist-Polanyian reading of the care crisis, thereby expounding generative structures, (counter-)tendencies, and contradictions. Section 3 seeks to understand the capacity of crisis responses to reproduce or transform the crisis' generative structures. Section 4 investigates three crisis responses – (un)conditional cash transfers, universal basic services, and time politics – and explores their transformative potential. Finally, section 5 concludes.

## 2. The care crisis as a crisis of capitalism: an (eco-)feminist Marxist-Polanyian reading

Drawing upon Polanyian, Marxist-feminist, and materialist ecofeminist perspectives, this section investigates capitalism's abstract-simple (care) crisis tendencies and their concrete-complex actualizations, expressed as symptoms.

### 2.1. The abstract-simple possibility of care crises in capitalist societies

Since no perspective 'has a monopoly of relevant insights,' critical realism emphasizes that the development of knowledge 'often involves syntheses' (Datta, Frauley, and Pearce 2010, 228), which must be reflexively interrogated (see also Danermark 2019). Hence, based on what Bigo and Negru (2008, 140) call an 'ontologically reflexive form of pluralism', we introduce and conjoin three theoretical perspectives – Polanyian, Marxist-feminist, and materialist ecofeminist – to develop a more comprehensive understanding of contemporary care crises.

Polanyian perspectives emphasize that economies have always consisted of diverse modes of provisioning, including *market exchange* (organized under price-making markets, dominated by a profit logic), *redistribution* (e.g. public-service provisioning, involving dues from and obligations towards societies), *householding* (self-provisioning rooted in families and households), and *reciprocity* (rooted in communities, based on give-and-take, and motivated by mutual sociality). Polanyi's realist-institutionalist understanding of the economy suggests that these modes of provisioning (that Polanyi referred to as 'socio-economic principles') always co-exist, are co-dependent, and work together in hybrid combinations to 'govern the ways in which real economies work, as combinatory sites of multiple rationalities, interests, and values' (Peck 2013, 1555). Arguably, the logics of reciprocity, householding, and redistribution are inherent in care work, which derives from the fundamental co-dependency and vulnerability of humans as relational beings. Notwithstanding the ongoing flourishing of non-market logics, capitalist 'market societies' (Polanyi 1944/2001, 60) are characterized by an 'institutional pattern' (ibid., 74) in which the logic of market exchange tends to invade and dominate entire spheres of life, thereby subjecting them to the interests of profitable valorization. For Polanyi, this process implies a movement of creating 'fictitious commodities' (ibid., 71)

such as land, labour, and money, but also care (e.g. Aulenbacher et al. 2019; Lutz 2017). This movement towards fictitious commodification, however, necessarily remains incomplete as ultimately it would annihilate nature and society, damaging them irreversibly (Polanyi 1944/2001, 37). It is thus deeply entangled with protective counter-movements that counteract ‘the action of this self-destructive mechanism’ (ibid., 79f), pushing back fictitious commodification, while simultaneously promoting logics of redistribution, householding, and/or reciprocity.<sup>2</sup>

Since the 1970s, Marxist-feminists have stressed that the capitalist mode of production structurally dominates the sphere of social reproduction (Dalla Costa and James 1972; Sargent 1981). The subordination of use value to exchange value (profit imperative) and the compulsion to expand the latter perpetually (accumulation imperative), triggers a hierarchical separation between capitalist production and social reproduction (Bhattacharya 2017; Fraser 2014a; Vogel 2013). Hence, although capital accumulation depends on it, as it ‘reproduces’ labour power, the sphere of social reproduction is socio-culturally and economically devalued. On the one hand, a mechanism of *exploitation* tends to commodify social reproduction, i.e. it renders care work ‘productive’ in capitalist terms to directly extract surplus value, e.g. in privatized and often financialized care homes. This counteracts the essentially time-consuming nature of care work, which follows a logic of time-spending rather than time-saving, and can hardly be rationalized. On the other hand, a mechanism of *appropriation* tends to treat un- and decommodified care work (e.g. in households/communities and in not-for-profit public care homes) as a free subsidy for capitalist production that indirectly increases surplus value by decreasing the wage necessary to purchase means for social reproduction (Bieler and Morton 2021; Fraser 2014a).

Materialist ecofeminism and other streams of thought at the intersection of feminisms and the environment contribute to this analysis, emphasizing the structural similarity of how ecosystem functions and social reproduction are invisibilized, devalued, and pillaged in capitalist growth economies (e.g. Gaard 2017; Mies 1986). Materialist ecofeminism emphasizes that ‘the feminization of nature and the naturalization of women are two aspects of a single historical process that has functioned as an ideological requisite for women’s and nature’s ensuing subordination’ (Oksala 2018, 219; see also Merchant 1980; Plumwood 1993). The capitalist strategy of assigning a price to grant visibility in the current economic system and, in an alleged second step, social recognition, falls short in capturing the logics of nature and care as life- rather than profit-making (Bhattacharya 2017). At the same time, it reifies the subordinate position of the non-monetized ‘economy of socio-ecological provisioning’ (Dengler and Lang 2022, 7) that is caused by the ‘structure of separation between the productive and the reproductive’ (Biesecker and Hofmeister 2010, 1703).

To sum up, despite their different conceptual grammar, the three perspectives can be combined in an (eco-)feminist Marxist-Polanyian theoretical lens. This facilitates the analysis of structural origins (deep separation of production and reproduction, the invasive logic of market exchange) and causal mechanisms (appropriation, exploitation, counter-/movements) of the care crisis, while embedding this crisis into broader questions of social-ecological transformation. This convergent lens shows that capitalism always entails an abstract-simple possibility of destroying its own foundations by exploiting and appropriating care work as well as nature. Whereas markets always coexist with other modes of provisioning, ‘usually in awkward and contradictory ways’ (Peck 2013,

1557), their tendency to invade various spheres of life in capitalist societies, including those related to care, triggers a 'socially destructive overreach of commodification and marketization' (ibid., 1559).

This tends to erode social reproduction and transgress planetary boundaries, thereby undermining the very conditions for human (and more-than-human) flourishing. Already Luxemburg (1913/2003, 397) emphasized that 'although this non-capitalist milieu is indispensable for accumulation, the latter proceeds at the cost of this medium nevertheless, by eating it up.' At the same time, however, capitalism's self-destructive tendency to 'melt all that is solid into air' (Marx and Engels 1848/1976, 487) is enmeshed with counter-movements that potentially stabilize the capitalist market economy in new forms – even if only temporarily.<sup>3</sup> As such, the concrete-complex actualization of care crises results from a dialectical interplay between these tendencies and counter-tendencies, movements (expanding the logic of market exchange) and counter-movements (promoting the logics of redistribution, householding, and/or reciprocity), in a specific conjuncture.

## 2.2 *The concrete-complex actualization of care crises*

The always-contested dialectics of movements and counter-movements potentially consolidates into an accumulation regime.<sup>4</sup> Expanding on Harvey's (2004) concept of a 'fix,' Dowling (2017; 2021) conceptualizes the occurrence of care crises as an increasing breakdown between the accumulation regime and the regime of social reproduction. A 'care fix' involves attempts to manage/fix 'a crisis of care in ways that do not resolve but merely displace the crisis' (Dowling 2017, 332) into the future, elsewhere, or onto certain social groups, thereby serving the interests of specific groups and allowing for continued capital accumulation.

For example, the shift from a Fordist to a Post-Fordist accumulation regime in Western Europe, including the weakening of the male breadwinner-model and an increasing dismantling of welfare states, was accompanied by a shift from what we may call a 'welfare capitalist care fix'<sup>5</sup> to a 'neoliberal care fix' (ibid., 335). The latter 'has unwittingly provided a key ingredient of the new spirit of neoliberalism' (Fraser 2013, 220), leading to a highly ambivalent road to female emancipation. While enabling some women to emancipate themselves from the patriarchal household through labour market participation, it neither combatted the deep separation between capitalist production and social reproduction nor the gendered division of labour, as most women continued to face 'second shifts' (Hochschild 2012) at home. Rather than sharing unpaid care work among all members of society, 'progressive neoliberalism' (Fraser 2016, 113) and the neoliberal care fix deepened inequalities along the race-class-gender nexus. While it may have benefited quite some white middle-class women, who have the financial capacity to buy themselves out of 'their' caring duties, these duties are still placed onto women in general, thereby reproducing the highly gendered structural 'carelessness of the capitalist economy' (Aulenbacher, Décieux, and Riegraf 2018, 384).

However, since crises consist precisely in the fact 'that the old is dying and the new cannot be born' (Gramsci 1930/2003, 276), they open spaces for strategic interventions, with potentials to counteract the emergence of a new gendered, class-biased, and racialized care fix that functionally accommodates continued capital accumulation. This is especially relevant against the background of the Covid-19 pandemic, which has

underscored how our societal wealth and well-being is built upon paid and unpaid care work (FaDA 2020). Drawing upon Jessop's (2015, 247f) distinction between 'crisis *in*' and 'crisis *of*,' we propose that during the pandemic (and partly in its aftermath) the perception of the care crisis and the neoliberal care fix had changed from the former to the latter. A crisis *in* care constitutes a crisis that is managed through routinized adjustments and is therefore no longer seen as a crisis (even if effects are only shifted elsewhere, into the future, or onto vulnerable groups). A crisis *of* care, to the contrary, points to a 'crisis of crisis management (that is, normal responses no longer work) ... , indicating the breakdown of previous regularities and an inability to "go on managing crises in the old way"' (Jessop 2015, 248). In what follows, we provide a critical realist perspective on possibilities for intervention.

### 3. Boundary struggles and the reproduction/transformation of structures

Critical realism has a depth ontology, distinguishing three strata of the world (Bhaskar 1975/2008, 56ff). First, *the empirical* concerns our experiences, including observations and measurements of actual events (e.g. the gender care gap). Second, *the actual* denotes actually occurring events (e.g. care deficits) that in theory can be assessed empirically. Third, *the real* comprises both the empirical and the actual and denotes what makes things (not) happen. It can be approached through transcendental argumentation, posing retroductive questions like: *How must the world be for certain symptoms to exist?* Exploring such questions seeks to overcome the 'tendency to focus on immediate symptoms rather than causes' (Jessop 2015, 245) by means of theoretical work. Constituting the deepest layer of reality, the real includes generative structures/causal mechanisms and related powers, tendencies, and counter-tendencies. For example, our reading of the care crisis insists that the structural compulsion to expand market logics into various spheres of life – paralleled by the subordination of social reproduction to capitalist commodity production – is a necessary condition for capital accumulation, triggering mechanisms of exploitation and appropriation. This generative structure contains a self-destructive tendency that undermines capitalism's own social-ecological foundations and a counter-tendency that displaces or resolves the self-destructiveness at least temporarily. Hence, the real in the social world is 'doubly tendential' (Jessop 2015, 240): every actualization plays out in context-specific ways and has an effect only because social structures were actualized in the first place – which may or may not happen.

In this regard, Bhaskar's (1998) non-teleological transformational model of social activity (TMSA) emphasizes that although structural relations – e.g. between the capitalist and the worker, between commodity production and social reproduction – are pre-given,<sup>6</sup> persistent, and relatively enduring, they are open to re-articulation, i.e. actors can reproduce or transform them in various ways. Strategic (crisis) interventions, however, differ in their potential to transform the structural relations that they rearticulate. Drawing upon Fraser (2014a), such crisis responses can be conceptualized as boundary struggles. They are contestations over modes of provisioning, through which actors mobilize to defend or challenge capitalism's institutional map, i.e. the relationship structure between different modes of provisioning. For example, is elderly-care a task of families or communities (householding/reciprocity), a publicly guaranteed right (redistribution), or a service to be acquired on markets (market exchange)? Or should provision



aim for hybridity, e.g. commonized care in the sphere of reciprocity, enabled by redistribution through state institutions; or private care market providers subjected to enforceable public interest obligations? And what social position is assigned to the respective caregivers in society?

History has delivered different answers as crises are always ‘objectively overdetermined’ (related to a complex set of generative structures, mechanisms, and counter/tendencies) and ‘subjectively indeterminate’ (crisis symptoms allow for diverse and always partial crisis construals and responses to deal with them) (Jessop 2015, 238). The outcome of boundary struggles is thus shaped by contestations over crisis construals that inform collective and individual responses, which, in turn, have the potential to transform structures if supported by significant social forces. To make sense of this dynamic between competing crisis construals and their effects on actuality, Jessop (2015, 255) explores how semiosis (meaning-making of the social world) materializes through crisis responses (structuration) in terms of the evolutionary mechanisms of variation, selection, and retention. First, *variation* refers to diverse crisis construals; they differ by focusing on particular aspects of the overdetermined crisis, framing them in a specific way. Second, *selection* is essentially about choosing one of these construals, thereby achieving consensus about a specific crisis interpretation and materializing it into coherent solutions and policies that match the objective aspects of the crisis. Third, *retention* concerns the institutionalization of these solutions and policies into new forms of meta-governance, which we interpret as a specific interplay between diverse modes of provisioning (and their respective logics) in real economies. As a relationship structure, this institutionalized interplay organizes, governs, and stabilizes re/productive capacities in societies, reflecting and normalizing ‘patterns of belief and behaviour’ (Peck 2013, 1555). Revisiting the neoliberal care fix as an example, this process roughly translates as follows.

Regarding *variations*, the crisis of the Fordist accumulation regime, paralleled by a crisis of the welfare capitalist care fix, has widely been construed as a crisis of inflexibility, discrimination, and social control. An alliance between neoliberal economic interests and culturally progressive social movements, including women’s protests against a paternalistic male breadwinner state, construed the crisis in terms of its obstacles for female labour market participation, flexibilization, libera(liza)tion, and individual empowerment. However, this crisis construal was contested by other variations. For example, more radical feminist strands like the *International Wages for Housework Campaign* argued that the crisis was a crisis of social reproduction that needs to be fought not in terms of individual liberation in the sphere of market exchange, but ‘from the position of the vast majority of women/houseworkers’ (Toupin 2018, 92), whose ‘status as unwaged workers determined the sexist attitudes to which all women were subjected’ (ibid.). Despite these (and many other) semiotic variations, a consensus evolved around the progressive neoliberal crisis construal, i.e. it was *selected*, and materialized in anti-discrimination policies, affirmative action, and the replacement of the ‘male breadwinner model’ with a ‘dual earner model’ with 40 h spent in wage work being the new normal for everybody (Fraser 2013). However, unpaid care work, quite obviously, did not dissolve but still occurred in all its time-consuming and barely rationalizable essence.

In terms of *retention*, this promoted a shifting strategy from households and public provisioning to markets and, to a smaller extent, also from households to public provisioning



(most notably, childcare). The materialized consensus around the liberal crisis construal thus consolidated into a new form of meta-governance, changing the pre-existent relationship structure between modes of provisioning. It expanded the logics of market exchange in new spheres of life, rendering parts of care work directly 'productive' (e.g. incorporating it into corporate business models), while continuing to offload substantial parts of it on to the private, domestic, and predominantly invisible household spheres. This neoliberal care fix displaced the crisis tendency spatio-temporally onto poorer social groups within and between countries. While mitigating the gendered division of labour between some people, it tended to reproduce intersectional inequalities along the race-class-gender nexus as integral part of the neoliberal accumulation strategy. It thereby reproduced the structural dominance of capitalist production over social reproduction via a new care fix.

The subjective indeterminacy of boundary struggles, however, also implies – in principle – the possibility to transform generative structures, i.e. to combat the structural subordination of social reproduction to capitalist production, by preventing and reversing the commodification of care. Transformative action, however, must not be reduced to pushing back the invasive logic of market exchange in the short term; it must also, in the long term, institutionalize un- and decommodified provisioning logics. Put differently, it must aim for new forms of non-market (or less-market) provisioning without further propelling dynamics of capital accumulation that drive the subordination of social reproduction to capitalist production.

Today, facing the aftermath of the Covid-19 pandemic, long-term demographic changes, and increasing evidence that the neoliberal care fix has exhausted itself (Dowling 2017, 336), there are strong signs for a crisis of care, signifying the advent of a critical conjuncture. This opens new windows for transformation and creates both new dangers (e.g. anti-feminist backlashes, re-traditionalization of care work, and mobilization against migrant workers) and opportunities (e.g. social and material recognition, centre-staging, and egalitarian distribution of care work).

#### **4. The transformative potential of contemporary boundary struggles**

In what follows, we analyze three responses to the care crisis: (un)conditional cash transfers, universal basic services, and time politics. We consider each of them a specific variation, i.e. they are constituted by competing crisis construals, and study their possible selections and retentions in view of their transformative potential in the real domain. In this sense, a particular crisis construal (variation), if chosen as a coherent policy programme (selection), is potentially transformative if it tends to restructure the contemporary meta-governance form (retention) in such a way that social reproduction is prioritized over capitalist production and that the logics of reciprocity, householding, and/or redistribution are strengthened over the long term.

##### **4.1. Cash transfers: universal basic income (UBI) and care income (CI)**

One response to the care crisis consists in cash transfers, provided either unconditionally – as in the case of UBI – or conditionally – as in the example of CI.<sup>7</sup> The idea of UBI, sometimes referred to as Citizen's Income or Basic Income (Guarantee), first came up in the

eighteenth century in the US and UK to counteract social dislocations in the context of the enclosure movement (Widerquist 2019). The idea behind this proposal, which gained renewed interest in the twenty-first century, is to ‘give all residents a modest regular income grant that is not dependent on means-tests or work requirement’ (Haagh 2019). CI, as formulated in the Green New Deal for Europe (2019), is a form of ‘participation income’ (Atkinson 1996) that is conditionally tied to participation in care work, i.e. it directly compensates caregivers and redistributes wealth to those caring for ‘people, the urban and rural environment, and the natural world’ (GWS 2020).

**Variation:** Proponents of cash transfers construe the crisis of care as a crisis of wage relations. They emphasize that wage labour is a central feature of capitalism, as the majority of people have to sell their labour power on the labour market to secure their livelihood. Whereas workers are in theory free to enter or terminate any employment, the close tie between wage labour and livelihood security effectively leaves wage-dependent people with a limited choice (and barely any negotiation power) *not* to prioritize wage work over unwaged work and activities (Weeks 2020, 582). This enforced prioritization lies at the core of the socio-cultural devaluation of social reproduction and unpaid care work and thus the care crisis (Winker 2015; Zelleke 2008).

**Selection:** A policy consensus around this crisis construal would seek to dethrone wage work as the dominant form of work. However, the approaches of UBI and CI differ: By paying or at least compensating for care work, CI adds a second form of paid work – monetized but not commodified<sup>8</sup> – next to wage labour and thereby deposes it from being the only work that generates money. In contrast, UBI decouples monetized work from livelihood security by paying a universal and sufficient amount of cash to everyone. This gives individuals the freedom not to sell their labour power for 40 hours/week, thereby also indirectly incentivizing employers to improve working conditions. Though having no special focus on care work, UBI – by making individuals less dependent on wage work and thus freeing up time and capacity for other forms of work – opens a window of opportunity for a social revaluation and redistribution of different forms of work. Recent proposals underline the centrality of care within UBI arrangements by reformulating it as Universal Care Income (e.g. Kallis et al. 2020, 71).

**Retention:** Through a mechanism of redistribution, UBI and CI distribute cash (universally or conditionally), thereby subsidizing individual consumption, e.g. on (semi-)legal markets for care. The effects of UBI on markets are, however, more ambiguous as it also entails the potential to strengthen householding and reciprocity by enabling people, who could otherwise not afford it, to engage in unpaid forms of care work. While UBI thus has the potential to revalue social reproduction by decoupling livelihood security from wage work, and thus from employment in the domain of capitalist production, CI has the potential to revalue householding and reciprocity discursively (by ‘elevating’ them to the sphere of monetized activities) as well as materially (by reimbursing care work).

While the decoupling of livelihood security from wage work is imperative to revalue care work and social reproduction, it is noteworthy that cash transfers ‘imply a risk of neo-liberal co-optation that seeks individual and monetary solutions to problems of social inequalities’ (Wichterich 2015, 88). In particular, a conditional CI – though a valuable discourse intervention with its direct focus on the gendered division of labour – is partially affirmative to the current economic system’s hegemonic understanding of granting social

recognition through monetary valuation. More generally, 'by mobilizing the medium money – the primary social form of capitalism – as the means through which to tackle ... crises' (Thompson 2022, 4), cash transfers tend to reproduce 'the contradictions of capital and concomitant crisis conditions' (ibid.). We thus hold that cash transfers have limited transformative potential since they stimulate individual (rather than collective) consumption; this is reversed by the response discussed in the subsequent section.

#### 4.2. *Universal basic services (UBS)*

Intervention strategies focusing on UBS call for shared responsibilities, based on the pooling of resources, sharing of risks, and collective investments through state institutions to guarantee universal access to life's necessities (Coote and Percy 2020). Originally, the term UBS has been developed to signpost a policy alternative to UBI. The 2017 report by the Social Prosperity Network (2017) conceptualizes UBS 'to describe all those goods and services deemed essential to meeting basic needs and which should therefore be decommodified and provided universally without monetary mediation' (Thompson 2022, 13–14). On the one hand, it seeks to combat free-market ideology and government cutbacks in areas formerly characterized by public provisioning, such as healthcare, education, and housing. On the other hand, it aims at extending public provisioning to formerly neglected areas such as adult care, while seeking to overcome the Fordist model of public provisioning, which was often insensitive to context, by striving for socially innovative ways of provisioning (Coote 2020).

**Variation:** UBS proponents frame the crisis of care as a crisis of collective responsibility, impeding the satisfaction of shared and universal human needs. Those needs, e.g. for care, are grounded in objective psychological and physiological requirements. If they are not met, then 'serious harm of some objective kind will result' (Gough 2017, 42), obstructing successful social participation. At the core, UBS proponents highlight two crisis tendencies. First, the neoliberal tendency to outsource and privatize formerly collective responsibilities to satisfy basic human needs (e.g. healthcare, housing, education). Second, the (partial) disregard of collective responsibilities in other areas (e.g. adult social care), i.e. their delegation to the 'private' family and in particular to the gendered role of mother (or grandmother, daughter, etc.) (see also Fineman 2000). Disavowing shared responsibility for shared human needs (and thus for the shared *societal* dependence on social reproduction) tends to result in 'reduced services of poorer quality, greatly to the disadvantage of poor and marginalised groups' (Coote 2020, 1) as well as deteriorating and exploitative working conditions.

**Selection:** If chosen, this crisis construal materializes in UBS as a 'framework for policy and practice to make sure everyone has access to the necessities of life ... as a right, not a privilege' (Coote 2020, 1). UBS consists of basic (i.e. essential and sufficient rather than minimal) and collectively generated activities to which everyone is entitled, and which serve public interests (Coote and Percy 2020, 4). UBS is not necessarily delivered by public institutions directly, but is subject to enforceable public-interest obligations (e.g. not-for-profit provisioning). Its proponents distinguish two components of income: cash/individual and social income. Whereas UBS focuses on the latter, i.e. on in-kind services, the two components of income are interrelated, for 'the less social income you have, the more cash you will need to get by' (Coote 2020, 2). Similarly, while recognizing the

importance of a guaranteed minimum income, UBS frameworks emphasize that political priorities must lie with the provisioning and shaping of basic services, as cash transfers – primarily focusing on the demand side – cannot ensure high-quality, affordable, and sustainable care infrastructures in every neighbourhood, let alone fair pay and good working conditions.

**Retention:** UBS extends and strengthens redistribution as state institutions pool resources (e.g. through taxes) to guarantee universal access to decommodified care (and other) services. Thereby, it offers relief to overburdened caregivers in households and communities while also creating the temporal and spatial infrastructures to provide care in collective ways, e.g. via forms of commoning (Dengler and Lang 2022). It thus simultaneously unburdens and enables the logics of householding and reciprocity, while weakening market logics in care provisioning. As such, UBS, by counteracting the profit and accumulation imperatives (and the direct extraction of surplus value) where life's essentials are concerned, has the potential to limit the exploitation of care work, triggered by privatized and financialized market-based business models (see also Gerber and Gerber 2017).

Constituting a Polanyian counter-movement, UBS entails great potential to mitigate the contemporary care crisis by institutionalizing decommodified services through redistributive logics, thereby forcing back the dominance of market logics where life's essentials are concerned. However, as the experiences of welfare capitalism show, decommodification can strengthen the capitalist domain: in Fordism, policies that decommodified housing, health, and education reduced living costs for the mass of people, thereby facilitating private mass consumption as a new – and ecologically disastrous – 'social consumption norm' (Aglietta 1979/2015, 82). The actualization of UBS' transformative potential, i.e. its potential to decommodify without fuelling capital accumulation, is therefore contingent upon further measures that constrain capitalist production and the expansion of markets for private consumption, e.g. through production and consumption corridors (Bärnthaler and Gough 2023; Fuchs et al. 2021) that crucially depend on a reduction of time spent in wage labour.

### 4.3. Time politics

The third possible response to the care crisis is a reduction of time spent in wage work. Throughout the twentieth century, the claim for a (wage) working time reduction (WTR) has regularly been advanced both in the context of productivity gains or as means to counteract economic recessions (Zwickl, Disslbacher, and Stagl 2016). Venturing beyond WTR's sole focus on wage work, time politics has integrated calls for redistributing time devoted to socially valuable activities such as unpaid care work (Haug 2008) and more recently has been discussed as an important stepping-stone for social-ecological transformation (Winker 2021).

**Variation:** Feminist approaches to time politics frame the care crisis as one of an unequal and highly gendered distribution of time, which prioritizes time spent in wage work and commodity production in the capitalist domain. They emphasize hierarchically institutionalized time logics and distributions as well as the 'conspicuous disregard for time as a category of analysis' (Mezzadri and Majumder 2020, 1805). The shift from a male breadwinner to a dual earner model has led to the socio-cultural norm of 40 h/

week spent in wage work increasingly becoming the standard for everyone, thereby devaluing all other forms of work (e.g. community work, unpaid care work, and political work) – some of which do not follow the dominant logic of linear clock-time (Doucet 2022). For women, who have been until today primarily responsible for care work in the household (and beyond), this new time regime has often led to ‘second shifts’ and to a strategy of shifting unpaid to paid work that frequently deepens existing social inequalities and ‘only tackles the surface (i.e. the empirical domain in CR) rather than the deep, underlying “structure of separation”’ (Dengler 2022, 32).

**Selection:** This crisis diagnosis, if it became prevalent, could translate into policy proposals to reduce time spent in wage work. A variety of proposals for WTR (sometimes also called work-sharing) exist and more often than not putatively gender-neutral WTR proposals have highly gendered effects. For example, Dengler and Strunk (2018) highlight that due to the fact that most care work occurs daily, a reduction of hours spent in wage work *per day* is more likely to tackle the gendered distribution of unpaid care work than, for example, a 4-day-week. Moreover, it is noteworthy that most WTR/work-sharing proposals focus on the reduction of hours spent in wage work without specifying anything regarding the use of freed time. A notable exception is Frigga Haug’s (2008) ‘4-in-1 perspective,’ which proposes transforming four areas of work at once: wage, reproductive, and political work, as well as work on self-development. According to this perspective, which is explicitly framed as a vision to be aspired rather than a blueprint, each of these activities would occupy four hours of a sixteen-hours activities-day for everyone. This would radically and holistically redistribute socially valuable work, thereby not only de-gendering and revaluing care work and social reproduction but also enabling those who at present lack the time to engage politically and devote time to self-care.

**Retention:** Reducing *everyone’s* time spent in wage work, paired with a radical redistribution of other forms of work, tends to strengthen the logic of householding and reciprocity (e.g. more time for care and other communal activities), while potentially weakening the logic of market exchange in two respects. First, it curtails the market on which labour, as a fictitious commodity, is exchanged against wage. Second, reducing the overall time spent in wage labour may be part of a post-growth strategy to reduce production and consumption of commodities, also entailing an overall reduction of individual income (due to shorter working hours) to be spent on markets (see Schor 2005 on ‘work-and-spend cycles’). Moreover, in combatting the prioritization of wage work over other forms of socially valuable activities, time politics envisions a future in which all people partake in all activities and thus shakes the very foundation of the gendered socio-cultural devaluation of non-market activities.

As such, time politics entails strong transformative potentials. In freeing up time by pushing back the dominant role of wage labour, it is a prerequisite for both the revaluation of social reproduction vis-à-vis capitalist production and a flourishing economy of social-ecological provisioning. In some areas of social reproduction, a more equal distribution of care work could be implemented in the short term, e.g. regarding an equal division of childcare between parents via legal changes in parental leave regulations. In other areas, a more equal distribution requires long-term planning, in particular regarding socio-cultural changes and the building of skills and expertise, which require educational and vocational reforms. However, as in the current economic system a reduction in wage labour would reproduce socioeconomic inequalities and, in many cases, lead to financial

problems, most notably for low- but also for many medium-wage earners, the feasibility and usefulness of WTR depends on further measures to decouple wage work from livelihood security (see also Winker 2015). Two alternative means to this end, UBI and UBS, have already been discussed.

#### 4.4 *Synthesis: towards a (social-ecological) transformation of care*

We have argued that tackling the causes of the care crisis, rather than its symptoms, requires transforming the transfactual conditions, i.e. the contemporary relationship structure (between the logics of market exchange, redistribution, householding, and reciprocity) so as to counteract the tendencies towards commodification/exploitation and appropriation/devaluation of care work and social reproduction. Based on what we might call *counter-transfactual thinking* (asking: What would the *absence* of these dynamics presuppose?) or 'ex-ante retroduction' (Schoppek 2021; asking: what must be the case for a particular result to be possible to occur?), we have assessed the potential of different intervention strategies (summarized in Table 1) to *transform* this relationship structure by institutionalizing forms of non-market (or less-market) provisioning over the long term.

It has become evident that a redistribution of time is a key element in resolving the care crisis. Advocating social obligations for each person to perform their share of reproductive work, it can revalue social reproduction vis-à-vis capitalist production and implies strong redistributive effects regarding unequal care burdens and the vulnerabilities and asymmetries that lie therein. What is more, considering its social-ecological dimension, time politics not only liberates 'space for a more equal division of daily caring activities among genders' (Dengler and Strunk 2018, 160), but also potentially reduces unsustainable consumption patterns, especially regarding transport and food (e.g. Knight, Rosa, and Schor 2013). Time politics' feasibility and usefulness, however, hinges upon further interventions to decouple wage work from livelihood security to cope with reduced wages earned on labour markets. (Un)Conditional cash transfers (CI and UBI) and social wage (UBS) are alternative means to this end.

Our analysis shows that UBS – in offering decommodified services rather than distributing money that potentially reifies private consumption on commodity markets – has greater transformative potential than cash transfers. UBS, in other words, 'more directly addresses conditions underlying the "crisis of care" that separate individuals from the means of social reproduction, providing subsistence goods and providential services without the transaction costs, financialized intermediations or dominating effects of money' (Thompson 2022, 14). Pursuing a more direct route to needs satisfaction through services, UBS 'is less in tune with market ideology' (Gough 2019, 534) and its dogma of consumer sovereignty (see also Bohnenberger 2020). Rather than private consumption, it extends collective consumption and thereby curtails the dominance of markets, because 'the more we can collectively address and satisfy our care needs, the less we have to earn to pay for care or other compensatory goods and services' (Dowling 2021, 200).

As our discussion of the neoliberal care fix in sections 2 and 3 highlighted, the goal of individual liberation from the patriarchal household and unequal care responsibilities is insufficient to resolve the highly gendered, racialized, and class-biased care crisis.

**Table 1.** Possible intervention strategies to counteract the care crisis.

	(Un)Conditional Cash Transfers		Universal Basic Services	Time Politics (based on 4-in-1 proposal)
	Universal Basic Income	Care Income		
Variations	care crisis results from the prioritization of wage work over unpaid (care) work due to wage dependency		care crisis as a crisis of collective responsibility	care crisis results from unequal and gendered time distribution
Potential selections	unconditional income decouples livelihood security from wage work	conditional income specifically compensates caregivers	in-kind (care) services as a universal right	Work-sharing policies, WTR, 4-in-1 proposal to also redistribute freed time
Potential retentions	uses redistribution to distribute cash universally, ambiguous effects on market mechanism (may promote reciprocity and householding vis-à-vis paid care work, subsidizes individual market consumption), potential to revalue social reproduction by decoupling livelihood security from wage work	uses redistribution to distribute cash conditionally, subsidizes individual consumption on markets, revalues reciprocity and householding	uses redistribution to distribute in-kind services universally, curtails markets for life's essentials via decommodification, unburdens and enables the logics of reciprocity and householding, potential to revalue social reproduction by decoupling livelihood security from wage work	uses redistribution to redistribute time, potentially weakens capitalist commodity markets, encourages and de-genders reciprocity and householding, combats the subordination of social reproduction to capitalist production most radically by obligating each person to engage in care work



Instead, collective solutions are necessary (e.g. care infrastructures, labour and service standards, guaranteed access, laws to redistribute time, vocational and educational reform). What is more, considering its social-ecological dimension, UBS enables more sustainable provisioning through two channels: First, it can redirect funds through progressive taxation, leaving higher income earners with less money for 'conspicuous consumption' (Veblen 1899/2003); a leverage shared with UBI proposals. Second, and beyond the possibilities of UBI, collective consumption facilitates carbon reduction and a more sustainable use of resources as compared to individual consumption (e.g. Coote 2021; Vogel et al. 2021).

A symbiosis of time politics and UBS therefore creates critical possibilities to combat the subordination of social reproduction to capitalist production, revaluing and de-gendering the former through a radical redistribution of care work and the decoupling of livelihood security from wage work. Thereby this symbiosis has the potential to decommodify care work (weakening market exchange) and, in so doing, to strengthen the logics of redistribution (e.g. via the provisioning of public care services) as well as reciprocity and householding (e.g. by redistributing time and by providing the temporal and spatial infrastructures that abet caring commons). This policy mix should be combined with a guaranteed minimum income, which may be lower than UBI as basic needs are preferably satisfied collectively. However, since not all universal basic services are necessarily free at point of use and since a good life also depends on consumption outside the UBS frame, a guaranteed minimum income is crucial to decouple wage labour from human flourishing.

Such a basic income, according to Haug (2011), is universal, but not unconditional, as it relies on the social obligation to perform a share of every kind of work, including care work. This obligation is by no means an 'illiberal' intrusion into (supposedly) private choices and work preferences, but the basis of 'liberal solidarity' as 'no viable notion of rights [can exist] apart from society and a shared awareness of common interests' (Hodgson 2021, 53), i.e. an awareness of our shared dependence on social reproduction and care work. This collective/societal dependence, as Fineman (2000) emphasizes, creates collective and societal responsibilities. As individuals only exist in and are sustained by relational contexts and as individual freedom requires that basic needs are collectively met, 'our rights do not simply incur duties for others, they also create social duties for ourselves' (Hodgson 2021, 55). Moreover, whereas both UBI and UBS have the potential to decommodify labour by decoupling livelihood security from wage work, Ketterer (2021, 1316) rightly emphasizes that it is unclear whether such interventions, 'introduced into a deeply gendered and unequal capitalist society, would indeed increase individual autonomy.' In other words, 'there is no guarantee that men would increase their time spent in care work at the expense of income-generating work' (ibid., 1317); instead actualizing these potentials requires 'other policies that would strengthen [UBI's and UBS'] emancipatory power,' e.g. obligatory reductions in wage working time and regulations that also focus on the redistribution of freed time (ibid.).

## 5. Conclusion

Worrying symptoms of a care crisis characterize contemporary society. Led by critical realist philosophy of science, we have sought to make sense of the generative structures,

(counter-)tendencies, and related contradictions that must exist for these symptoms to be possible. Seeking to understand these transfactual conditions in the domain of the real, we used an (eco-)feminist Marxist-Polanyian theoretical lens, arguing that the care crisis (as well as the ecological crisis) is rooted in capitalism's abstract-simple possibility to destroy its own social-ecological foundations. Capitalism's tendency to commodify entire spheres of life, paralleled by the structural subordination of social reproduction to capitalist production and of life-making to profit-making, nurtures capital accumulation, triggering various forms of exploitation and appropriation of care work as well as nature. Whether and how these tendencies are actualized depends on a given conjuncture and balance of power. Counter-movements push back the dominance of market logics in certain spheres of life by strengthening the logics of redistribution, householding, and reciprocity. Hence, the concrete-complex actualization of crises results from the dialectics of tendencies and counter-tendencies in a specific conjuncture. Its outcome is shaped by diverse intervention strategies (based on different crisis construals), conceptualized as boundary struggles. They have the potential to re-institutionalize the contemporary relationship structure between diverse modes of provisioning.

Based on this, we focused on three possible interventions – (un)conditional cash transfers, universal basic services, and time politics – and their competing crisis construals (*variations*). We analyzed each variation in terms of its transformative potential, i.e. its potential – if chosen as a coherent policy programme (*selection*) – to strengthen and revalue the logics of reciprocity, householding, and redistribution to the detriment of market exchange (*retention*) in the sphere of care. We concluded that a symbiosis of time politics and UBS has substantial transformative potential, with a universal – but not unconditional – guaranteed (minimum) income as another essential element in a transformative policy mix. However, as the subjunctive above ('if chosen') indicates, one proviso is necessary: our analysis has been primarily conceptual, wherefore we have not discussed the feasibility of these proposals to be selected, i.e. their conjuncture- and context-specific potential to mobilize significant social forces given the pre-existent 'strategic selectivities' of structures (Jessop 1990).

Instead, the aspiration of this article was threefold. First, following Spash (2020), we sought to contribute to the field of Social-Ecological Economics, which understands economic systems not through deductive mathematical models and price mechanisms but 'from a realist perspective that includes the role in the economy of the non-monetary, non-market, unpriced and unpaid' (ibid., 10f.). Second, we aimed at illuminating the capacity of critical realism to move from meta-theoretical reflections to a theoretically grounded research programme 'in particular,' thereby highlighting its emancipatory potential in the real world. Third, synthesizing different theoretical traditions, we sought to contribute to a more profound understanding of the care crisis, highlighting policy implications. Even though we contend that new windows of opportunity have opened through the Covid-19 pandemic and its aftermath, powerful preservative forces are (once again!) gaining dominance and structural causes of the care crisis were hardly addressed even at the height of the pandemic. This makes it all the more important to put care at the centre of our research programme and to discuss the transformative potential of concrete policy interventions that can be promoted, demanded, and adopted by civil society, researchers, activists, trade unions, and other progressive political actors. The symbiotic nature of these proposals demonstrates the necessity for

alliance-building to collaborate *within* pre-existing (actualized) structures *against* them, strengthening and expanding already-existing de- and un-commodified domains, building new ones, and weakening the commodified capitalist domain dominated by profit and accumulation imperatives (see also Bärnthaler and Gough 2023; Bärnthaler, Novy, and Plank 2021; Koch 2022). This is a precondition for a transition from care-less capitalist institutional arrangements to care-full post-capitalist societies.

## Notes

1. These shifts are often paradoxical and follow a logic of parallel market internalization and externalization. For example, Oksala (2018, 226) points out that '[c]apitalism externalizes the costs of reproductive labour by expecting women to take care of their homes for free, as well as internalizing them by creating new markets for care work.'
2. Counter-movements have the potential to be, but are not necessarily, progressive/emancipatory (Bärnthaler, Novy, and Stadelmann 2020), e.g. expanding reciprocity and/or householding strengthens communities and families, creating a potential for solidarity but also for patriarchal, heteronormative, or racist traditions and customs (Fraser 2014b).
3. Polanyi underestimated this possibility of stabilization, remaining victim of a linear understanding of progress, which led to his erroneous assumption of 'the end of market society' (Polanyi 1944/2001, 260) (see also Bärnthaler, Novy, and Stadelmann 2020).
4. This idea has been developed extensively in French Regulation Theory (Aglietta 1979/2015).
5. This 'fix' was based on the ideals of a family wage and the caring housewife, while also 'enlisting state power on the side of reproduction' (Fraser 2016, 108), assuming public responsibility for social welfare, and promoting 'working-class familial consumerism' (ibid., 109) at the core. Postcolonial scholars have pointed out that these social welfare regimes rested upon (neo-)colonial exploitation of countries in the Global South (Bhambra 2021).
6. Since the world is pre-structured at any given moment, actors *reproduce* and/or *transform* structures, but never create them *ex nihilo* (Bhaskar 1998, 214).
7. These have been explored as central strategies for changing wage relations and redefining work in the field of care (Dengler, Lang, and Seebacher 2022).
8. This is, among others, because current proposals for CI are not directly linked to hours spent in care work.

## Acknowledgement

We acknowledge the valuable help and advice with previous drafts from Ann-Christin Kleinert, Andreas Novy, Mikael Stigendal, Birte Strunk, Hans Volmary, Sarah Ware, and two anonymous reviewers.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

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