

# The crisis of social reproduction and therapeutic self-care

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[journals.sagepub.com/home/sor](https://journals.sagepub.com/home/sor)**Suvi Salmenniemi<sup>1</sup>**

## Abstract

The article examines therapeutic self-care as a practice of social reproduction. It argues that therapeutic self-care sits at the heart of the systemic crisis materialising from the contradicting logics between capital accumulation and social reproduction. The article contributes to social reproduction feminism by showing the centrality of therapeutic self-care for reproducing capacity to labour and maintaining life as such. It also contributes to scholarship on therapeutic culture by offering a materialist reading and showing how capitalist production relies on and exploits self-care. It argues that therapeutic self-care has gained particularly heightened importance for social reproduction in the current capitalist conjuncture due to neoliberal reconfiguration of the welfare state, which shifts responsibility for social reproduction to individuals, and to the post-Fordist work ethic, which emphasises personality and subjectivity as pivotal factors of production. Therapeutic self-care intensifies the crisis of social reproduction through optimising workers for exploitation, but also offers potential to resistance, allowing workers to withdraw from work society and refuse to reproduce themselves as commodity labour power. However, such resistance tends to be individualised, reflecting structural barriers to collective struggles. The article concludes that new ways of political organising are sorely needed to radically reconfigure the dynamics between productive and reproductive forces, fight disenfranchisement and translate individualised forms of resistance into collective political struggles.

## Keywords

capitalism, Marxist feminism, post-Fordist work ethic, resistance, self-care, social reproduction, therapeutic culture

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## Introduction

Some years ago, I carried out ethnographic fieldwork among Finnish practitioners of therapeutic culture who were engaging with self-help, new spiritualities and alternative health and wellbeing practices. In the course of this research, I encountered a recurring phenomenon that might be called a dialectic of labour and care. I heard stories about the need or even compulsion to care for and work on the self, to tune it up and constantly improve it as a vessel for human capital in order to thrive in, or at least survive, the competitive and volatile grind of capitalist society. By engaging with a range of therapeutic care techniques, people sought to optimise their mental and physical health in order to maximise their employability and ability to provide top performance. The embodied self emerged in these stories as a machine that must be meticulously worked on, regulated and maintained to ensure its impeccable functioning. Emerging from these stories was an ideal subject who takes care of the self and contributes to the common good by avoiding placing additional strain on an overburdened welfare state.

Yet I also heard very different stories – stories in which therapeutic self-care emerged as the last straw to cling to when everything else had failed. It was something to turn to when the social reproduction structures of the welfare state were no longer available or able to deliver what was needed. Self-care was also a way to recover and survive when the ‘self as machine’ had broken down, due to burnout, depression or other forms of distress. In these stories, people cared for their selves not to restore or enhance their capacity to labour and be productive cogs in the wheel, but to drag themselves back to life from the depths of despair. They did not want to reproduce themselves merely as commodity labour power, but rather sought other ways of being.

These stories continued to exercise my mind long after finalising the project and writing it up into a book (Salmenniemi, 2022). There seemed to be something more under way in the stories that I captured through my initial theoretical lenses of articulation, affect, recognition and alienation. It took me some time to figure out what it was, but my subsequent research into social reproduction feminism brought home to me that the missing piece in the puzzle was, indeed, social reproduction and its crisis. This aspect is what I seek to draw together in this article. Accordingly, my aim is to place in conversation two bodies of scholarship that have thus far remained distinct: literature on therapeutic culture, and Marxist feminist theory of social reproduction. The vast extant literature tracing the historical emergence of therapeutic culture and detailing its key features and cultural resonance has not investigated and theorised it from the perspective of social reproduction. On the other hand, social reproduction feminism, theorising the reproduction of labour power as well as life itself, has largely overlooked therapeutic culture as an important locus of social reproduction in contemporary capitalism (however, see Dowling, 2022). I use the concept of ‘therapeutic self-care’ here to refer to a range of practices focusing on emotional, psychic and spiritual wellbeing, which are ‘alternative’ or ‘vernacular’ in the sense that they are not part of the official healthcare system. Therapeutic self-care covers forms of care that people carry out on themselves and those provided by service providers, such as life coaches, yoga instructors and alternative therapists. I conceptualise therapeutic self-care as a socially reproductive activity, because it is mobilised both to reproduce capacity to labour and to maintain life as such.

My central argument is that we cannot properly understand the growth and appeal of therapeutic culture in late capitalist societies without analysing and theorising it in relation to social reproduction and its crisis. Therapeutic culture has been thriving precisely as the crisis of social reproduction has accelerated and intensified, and this is no coincidence. I argue that therapeutic culture exacerbates the crisis of social reproduction, while also operating as a site in which this crisis and its devastating repercussions are grappled with and resisted. Therapeutic self-care sits at the heart of the systemic crisis that has materialised from the contradicting logics between capital accumulation and social reproduction (Barca, 2020; Fraser, 2017, 2022). It is a tool to manage this contradiction in that it enables capitalism's unlimited growth by passing the responsibility of social reproduction to workers. However, self-care is also mobilised to resist capitalism's unfettered drive to subject life to labour. This resistance tends to take individualised forms, which highlights structural barriers to collective struggle in capitalist societies.

By interpreting therapeutic culture through the lens of social reproduction, this article makes two contributions. First, it contributes to social reproduction feminism by introducing the idea of therapeutic self-care as an emblematic practice of social reproduction in contemporary capitalism. In so doing, it highlights the ambivalent nature of self-care, insofar as it can be oriented towards reproducing labour power and delivering it for exploitation more efficiently, but also towards refusing the horizon of waged work as a sole locus of meaning and reproducing subjects for alternative, 'not-yet' (Bloch, 1986) ways of being. Structures of social reproduction are historically constituted and they change along the transformations of the capitalist mode of production. Therapeutic self-care has gained particularly heightened importance in the current capitalist conjuncture owing to the neoliberal reconfiguration of the welfare state, which has placed increasing responsibility for social reproduction on the individual, and to the post-Fordist work ethic, which emphasises personality and subjectivity as pivotal factors of production. There has, thus far, been insufficient acknowledgement of therapeutic self-care's role in upholding the capitalist system. To address this, I will show how capitalist production relies on and exploits self-care, making it a key pillar of social reproduction and social oppression. By analysing the processes that generate and regulate social reproduction in its different historical moments we can more clearly understand the dynamics of social oppression and ways of resisting it. My analysis follows the Marxian dialectical method in that it foregrounds the dynamics and contradictions between social reproduction and commodity production, and how they unfold in the context of therapeutic culture.

Second, this article contributes to scholarship on therapeutic culture by offering a materialist reading that implicates self-care in the reconfiguration of relationships between production and reproduction. Thus far, therapeutic culture and its dynamics of power and domination have been mostly theorised by drawing on a Foucauldian governmentality tradition (Binkley, 2009; Rimke, 2000; Rose, 1998) or various strands of cultural critique (Furedi, 2004; Lasch, 1991; Rieff, 1966). The few Marxist-inspired discussions available have focused on a critique of therapeutic ideology (Cloud, 1998) and the nexus of therapeutic practices and immaterial labour (Mäkinen, 2016). They have failed, however, to interrogate the relationship between commodity production and social reproduction. By addressing this lacuna, this article highlights the role of

therapeutic culture in the crisis of social reproduction and the transformation of waged work and welfare.

Despite drawing on longstanding ethnographic work on therapeutic culture, this article is intended as a theoretical rather than empirical treatise, seeking to advance conceptual understanding of the dynamics of social reproduction and therapeutic culture in contemporary capitalism. In the remainder of the piece, I first discuss the concepts of therapeutic culture and social reproduction, before briefly presenting the ethnographic research from which my arguments originate. Next, I address the transformation of the welfare state and the post-Fordist work ethic as crucial socio-structural forces that have contributed to the heightened role of therapeutic self-care in social reproduction and its crisis. I then flesh out how self-care may contribute to escalating the crisis of social reproduction, but also to resisting and surviving it, thus showing self-care to be a mode of both self-optimisation and self-preservation. The article ends with some conclusions.

## **Conceptual ground: Therapeutic culture and social reproduction**

The concept of therapeutic culture refers to the cultural ethos of explaining everything through the symbolic frameworks emanating from ‘psy’ discourses, and valorising emotion and experience and a focus on the self as key sources of truth claims (Furedi, 2004; Illouz, 2008; Rose, 1990). Problems formerly considered as primarily political or economic have increasingly come to be understood in psychological terms. One consequence of this shift is an impetus to find solutions in the depths of the self rather than in structural relations of power (Moskowitz, 2008; Rose, 1990, 1998). Therapeutic culture rests on a naturalised obligation to continuously optimise, improve and work on the self as a way to achieve a good life. The hegemonic therapeutic imaginary summons up a normative subject characterised by a desire for self-actualisation and personal fulfilment, which are to be reached through autonomy, self-responsibility, a strategic display and management of emotions, and continuous self-invention and self-surveillance (Cabanas & Illouz, 2019; Rose, 1998). This desire is reinforced by the happiness and wellness industry and self-help culture, which permeate our lives, for example through traditional and digital media, self-tracking gadgets, mental health applications, corporate wellness programmes, and the use of trauma and emotion tropes in activism (see, e.g., Bergroth, 2020; Davies, 2015; Illouz, 2008).

The concept of social reproduction is central to Marxist feminism. In general terms, it refers to ‘activities, attitudes, behaviours and emotions, responsibilities and relationships directly involved in maintaining life, on a daily basis and intergenerationally’ (Laslett & Brenner, 1989, p. 382). It includes the work people do to sustain themselves and others (Ferguson, 2020, p. 111). These activities, both paid and unpaid, cover forms of provisioning, caregiving and interaction that produce and maintain social bonds – socialising the young, building communities, and producing and reproducing the shared meanings, affective dispositions and horizons of value underpinning social cooperation (Fraser, 2014, p. 61). To paraphrase Fraser (2014, p. 61), they form capitalism’s human subjects and sustain them as embodied natural beings, while also constituting them as social beings.

Social reproduction draws attention to processes of reproducing labour power as well as life itself, how these processes are part of capitalist accumulation, and what this means for how we, as individuals and society, produce and maintain our lives and human capacities (Bhattacharya et al., 2022; Farris, 2025). As reproductive labour is often rendered invisible and ‘worthless’, time spent on social reproduction is placed at the bottom of the hierarchy of temporal relations (Adam, 2004, p. 127). Social reproduction feminism has sought to make this socially necessary labour visible and recognised by demonstrating how the capitalist accumulation process devalues and exploits women’s labour (Federici, 2011; Ferguson, 2020). It has broadened the concept of labour, while insisting that socially-reproductive labour, and the social relations within which it takes place, can be theoretically distinguished from that of commodity production (Arruzza, 2015, p. 17; Farris, 2025). The configuration of social reproduction – the parts of it that come from the market, the welfare state, civil society or the family – is contingent on specific historical dynamics and feminist struggles (Arruzza, 2022). Weeks (2020, p. 577) has recently emphasised the need for a more expansive approach to socially-reproductive labour, encompassing ‘all the social, cultural, technological and subjective infrastructures on which the more narrowly conceived structure of production – work covered by wage – depends’. This conceptualisation is helpful for the purpose of this article, as it allows therapeutic self-care to be included in the remit of social reproduction.

Social reproduction feminism has traditionally focused particularly keenly on the reproduction of commodity labour power and the associated intersectional dynamics of oppression (Vogel, 2013). As Bhattacharya (2017, p. 1) has asked, ‘If workers’ labour produces all the wealth in society, who then produces the worker?’ From the point of view of capital, social reproduction of the workforce is absolutely necessary for the existence of waged work, the accumulation of surplus value and the functioning of capitalism as such, yet it is also an obstacle to capital accumulation. Capitalism requires that workers are socially reproduced, but with as few resources as possible (Vogel, 2013). The systemic drive towards constant accumulation of capital undermines the conditions of social reproduction, and thus capitalism’s own conditions of possibility (Fraser, 2014, p. 61).

However, not all socially-reproductive activities should be reduced to merely reproduction of labour power. As Ehrenreich (1984, p. 52) has noted, at times, everything women do in the home has been interpreted as being in the service of capital: ‘When a mother kissed her children goodnight she was “reproducing labour power”.’ Feminist political ecology has expanded how socially-reproductive labour is understood by introducing the notions of ‘earthcare’ and ‘forces of reproduction’ (Barca, 2020). These notions pertain to the labour of environmental reproduction, or ‘the work of making nonhuman nature fit for human reproduction while also protecting it from exploitation, and securing the conditions for nature’s own regeneration, for the needs of present and future generations’ (Barca, 2020, p. 32). Such work includes subsistence farming, fishing and gathering, domestic work, gardening, waste collection and recycling (Barca, 2020, p. 6). As with other forms of reproductive labour, earthcare goes largely unrecognised and is made invisible. In a recent paper, I and my co-author (Salmenniemi & Ylöstalo, 2023) have also sought to widen the scope of social reproduction by identifying forms of reproductive labour in the context of transformative politics, such as physical, affective, experimental

and mnemonic labour. We argue that not all forms of socially reproductive labour necessarily serve the reproduction of labour power and the capitalist economy. Many, in fact, are aligned more with reproducing political subjects for transformative politics.

It must be noted that both social reproduction and therapeutic culture are fields that are gendered, racialised and classed. Historically, it is women, particularly working-class, racialised and migrant women, who have been the principal providers of reproductive labour in both public and private spheres. Therapeutic culture has similarly been associated with femininely marked meanings, such as care, emotion and embodiment (Sointu, 2012, p. 73), and women are more likely than men to provide and consume therapeutic services (Barcan, 2011; Kempainen et al., 2018). In terms of class, therapeutic culture is commonly perceived to be an (upper) middle-class phenomenon, marked by notions of 'privilege', 'self-pampering' and 'self-indulgence' (Sointu, 2012) and comprising various expensive wellness services. Yet the working class do also engage with more accessible and inexpensive aspects of therapeutic culture (Salmenniemi, 2022; Utriainen, 2017), such as self-help books borrowed from the library, free mental health and meditation apps and women's empowerment circles free of charge.

## **Ethnography and experience**

The arguments presented in this article draw on my ethnographic research on a wide range of self-help, new spiritual and alternative health and wellbeing practices in Finland during 2014–2018 (for a detailed description of data and methods, see Salmenniemi, 2022). They are, therefore, contextualised in the Nordic welfare states, which provide more developed systems of social protection compared with their international counterparts, despite being subjected to neoliberalisation and austerity policies over recent decades. This means that the crisis tendencies of social reproduction presented here are likely to be more pronounced in countries with more limited versions of the welfare state.

My research was informed by a wish to understand the lived experience of those engaging in therapeutic culture. Particularly, I was interested in the roles that these practices played in people's everyday lives and what it was that people found meaningful and appealing in these practices. All of my research participants were involved in multitude of therapeutic practices, including mindfulness, reiki healing, life coaching, angel healing, yoga, empowerment groups, acupuncture, self-help reading, and so on. I interviewed 46 participants, 39 women and seven men, in urban and rural parts of Finland. Participants ranged in age from their early thirties to their seventies. All were white, and all but two were born and raised in Finland.<sup>1</sup> They were from middle- and working-class backgrounds, and worked as nurses, personal care assistants, office clerks, teachers, NGO workers, hairdressers, tenant managers, needleworkers, gardeners, journalists, engineers, cooks, cleaners, entrepreneurs, sales assistants, youth workers, marketing specialists, HR managers, window dressers and others. Some were unemployed, receiving a pension or studying at the time of interview. Sixteen participants worked full- or part-time as professional therapeutic practitioners. They were predominantly self-employed; only one ran a firm with a couple of employees. The boundary between professional practitioners and clients was blurred, as professionals also engaged in their own everyday self-care, while

non-professionals occasionally administered these practices to friends or family members free of charge. I conducted participant observation at a range of therapeutic events, including seminars, women's self-care and empowerment classes, self-improvement training sessions, alternative health treatments and fairs dedicated to mental wellbeing. My data also included media materials, such as newspaper and magazine articles, websites and blog posts.

McNay (2022) has recently called for critical theory to acknowledge the pivotal role of lived experience in understanding and theorising intersectional dynamics of oppression. In contrast to therapeutic culture's elevation of experience as a source of 'authentic truth', she advocates for 'theorising from experience', by which she means the affirmation of the epistemic value of lived reality for effective diagnosis of social oppression in capitalism (McNay, 2022, pp. 2–6). The lived experience of directly affected groups can help reveal aspects of power that may not necessarily be visible from other vantage points (McNay, 2022, p. 29). I find this a productive approach for this article, as I seek to make theoretical sense of the dynamics of social reproduction through the lived experience of engagement with therapeutic culture. Ethnography is particularly well-suited to 'theorising from experience', as it works inductively from heterogeneous lifeworlds to crystallise a wider, multivalent account of power (McNay, 2022, p. 7). This theorising from experience echoes earlier feminist observations of the need to interrogate connections between everyday lifeworlds and structural forces. For example, Haug et al. (1987), Haug (1997), Davis (2011), Rowbotham et al. (2013) and Skeggs (1997), to name but a few, have theorised ways in which women experience capitalist structures in their everyday lives, how they are socialised to internalise those structures, and how they can subjectively appropriate, contest and transform them. Marxist analysis is characterised by the methodological mandate to relate and connect (Weeks, 2018), which helps to expose the connections between lived suffering and underlying structures of oppression, and facilitates struggles for emancipation (McNay, 2022). This allows us to understand how historical transformations affect our lives and limit us, but also how we can make and transform them (Rowbotham et al., 2013, p. 151). The lived experience of subordination is thus important to feminist scholarly and political praxis. I propose that the lived experience of therapeutic self-care can illuminate how the crisis of social reproduction manifests in everyday life, and how self-care can both contribute to and help to address this crisis.

## **Post-Fordist work ethic and transformation of the welfare state**

Before exploring how therapeutic self-care may both escalate the crisis of social reproduction and help to resist it, it is necessary to address two crucial structural transformations that underpin this process. The first is the transformation of the welfare state. In the Nordic countries, the development of the welfare state led to much unpaid reproductive labour performed in the private sphere being gradually shifted to delivery by the public sector in the form of waged work, with the aims of facilitating women's participation in the labour market and reorganising gender relations. This did not, however, fundamentally alter the gendered dynamics of social reproduction. Women continue to perform

most reproductive labour, both in the private sphere and in public-sector occupations such as nursing, social work and kindergarten teaching. In line with global trends, neo-liberal policies have been increasingly adopted in Nordic welfare states from the 1990s, ushering in the marketisation and privatisation of public social and healthcare services, as well as a growing emphasis on individual responsibility. A once relatively unified welfare infrastructure has become fragmented, and the principle of universalism has eroded (Eräsaari, 2016; Hirvonen & Husso, 2012). This has led to an ethical crisis in care work (Wrede et al., 2008), evidenced in the impoverishment of both care and care work. Workers in social and health services have become less able to influence their work or carry it out ethically. Working conditions in the sector have deteriorated owing to a chronic shortage of resources. The sector suffers from lack of symbolic and material recognition, showing in low wages and a poor public image of care work (Hirvonen & Husso, 2012; Hoppania et al., 2016). Henriksson and associates (2006, p. 186) have also identified a gendered backlash that has led to deprofessionalisation and proletarianisation of women's welfare service work, particularly at lower occupational levels. While the Nordic welfare state initially shifted responsibility for social reproduction from individuals and families to the state, the development has now been reversed, with responsibility for social reproduction being increasingly pushed onto individuals and households to be performed unpaid, and to private enterprises that profit from it (Dowling, 2022; Federici, 2011, p. 102; Fraser, 2017).

However, it is not only the structures of welfare provision that have changed, but also cultural understandings of welfare. In the Nordic countries, welfare was previously a question of resources and their redistribution, which was expected to be managed by state institutions. This structural understanding has given way to a subjective notion of wellbeing, understood as an individualised project marked by personal choice, a sense of happiness and empowerment (Saarinen et al., 2014). Therapeutic culture has grown rapidly precisely as welfare-state spending on health and wellbeing has declined, social reproduction has been commodified and the notion of welfare transformed to emphasise subjective wellbeing and individual responsibility. This process has created new opportunities for paid reproductive labour in the field of therapeutic self-care; yet, my ethnographic research illuminates how working as a service provider in this field is often far from economically viable or stable. Therapeutic care as a form of work seldom offers a sustainable livelihood, and many service providers are sole entrepreneurs struggling to make ends meet. It seems, then, that therapeutic care work has become yet another low-paid and feminised sector of social reproduction.

In addition to the receding welfare state, another major structural force has transformed the dynamics of social reproduction and contributed to therapeutic culture's appeal. This has to do with post-Fordism, marking a shift in which labour market precarity increases while the subjectivity of a worker becomes increasingly critical to value production (Farrugia, 2019; Weeks, 2011). The post-Fordist work ethic mobilises therapeutic discourses and practices to regulate workers' subjectivities and make them more productive, flexible, committed and 'resilient'. It places mental health and psychic wellbeing at the centre of working life, leading to more rigid psychological control over workers' subjectivities (Väänänen, 2024). Workers' affective, social, communicative and cognitive capacities, the whole personality, are forcefully harnessed for the production of

value and accumulation of capital. The post-Fordist work ethic requires that more and more of workers' subjectivities become folded into and fused with their identity as workers (Weeks, 2017, p. 38), serving to mystify and justify the contradictions built into the social relations of capitalism (Federici, 2014). With the post-Fordist work ethic, self-realisation and passion and love for work have become normative ideals, so that 'more and more prospective employees mindful of their ongoing employability will need to work continually on their lovingness and aptitude for happiness at work' (Weeks, 2017, p. 40). This ethic has permeated the socio-cultural fabric and become the new common sense of how workers understand work. It is particularly prevalent in middle-class cultural, creative and knowledge work, but it manifests itself in other sectors, too. For example, in care work and interactive service work embodied capacities, self-presentation and emotional expression have become integral aspects of work (Farrugia, 2019).

The post-Fordist work ethic has also transformed processes of social reproduction. As personality has become a central aspect of waged work, it is now exceedingly important to be able to reproduce this personality and its affective, aesthetic, communicative and bodily capacities. Therapeutic self-care offers the tools to do so, typically in the form of time-management advice, developing one's 'emotional intelligence', or enhancing one's 'self-leadership' skills and 'resilience' (Illouz, 2008; Salmenniemi, 2022). However, it also offers tools to recover from such labour on the self, subtly acknowledging that the constant requirement to reproduce one's personality for work can produce alienation (Salmenniemi, 2022). Alienated workers may engage in yoga classes, mindfulness or spiritual healing as ways to recover from the exhausting labour of 'becoming oneself' and 'realising oneself as a person' at work (Boltanski & Chiapello, 2005, p. 90). The apparent necessity of this self-labour has been exacerbated by the structural transformation of production. Work has become more precarious through deteriorating job stability, greater labour flexibility, harsher penalties for non-working, weakened power of organised labour, and the institutionalisation of competition and the 'cult of individual performance' (Boltanski & Chiapello, 2005, pp. 217–218, 273; Chibber, 2022). These dynamics have crucially contributed to the proliferation of therapeutic self-care as a way of responding to the contradictory logics of production and social reproduction.

## **Therapeutic self-care as escalating the crisis of social reproduction**

I now move on to address how therapeutic self-care may contribute to escalating and intensifying the crisis of social reproduction. Previous research has provided ample and compelling evidence of ways in which therapeutic culture and neoliberalism have coalesced to produce self-governing, self-sufficient and enterprising subjects (see Cabanas & Illouz, 2019; Foster, 2015; Salmenniemi, 2022). Workers are encouraged to strategically invest in themselves in order to maximise their employability and capacity to work under conditions of competition and insecurity. Therapeutic self-care comes packaged as a remedy for this problem, promising to enhance and maintain workers' capacity to labour by making their psyches and bodies better able to bear the weight of work. It provides tools and guidance for recovering from stress, maintaining inner peace and balance, optimising one's time, mood and sleep, and so on. This was evident during my

fieldwork, both at events I observed and in interviews with research participants. Some service providers advertised their services by promising to teach workers to optimise themselves in order to maximise productivity and happiness (the two often understood as being causally related), or to help optimise workforce so that organisations could get more out of workers. Service providers typically encouraged investment in workers' wellbeing as a method to increase 'productivity' and gain a 'competitive edge'. They emphasised the increasing importance of 'emotional and interaction skills' in the workplace, explaining how health and wellbeing are instruments to achieve one's own goals and improve company performance. Work was effectively psychologised and individualised: problems at work were seen as stemming from inadequate self-management, rather than from the structural factors of division of labour or resources.

The ability to synchronise reproduction of one's life with the reproduction of capitalism is nowadays presented as an ideal to strive for (Haiven & Khasnabish, 2014). Therapeutic self-care promises to help people reach this ultimately impossible ideal. Under the banner of corporate wellbeing, practices such as mindfulness, life coaching, digital self-tracking and yoga have been introduced into workplaces to foster enthusiasm for work and improve workers' performance and productivity, thus helping to deliver workers for exploitation more efficiently (Cabanas & Illouz, 2019; Davies, 2015; Till, 2014). Therapeutic self-care is carried out top-down, by organisations encouraging workers to engage with it, and bottom-up, with workers voluntarily attempting to improve and optimise themselves. However, the extent to which therapeutic self-care can really be voluntary is questionable, in circumstances where work has been elevated to an almost sacred duty and a measure of valuable personhood, and where surviving without paid work is exceedingly difficult. As waged work is framed as an essential requirement for independence and as the primary path to self-development, we are increasingly encouraged to organise our lives and identities around work (Weeks, 2020, p. 582). Life is experienced and lived as labour, and labour itself becomes the content of life (Marcuse, 2022, p. 46). In this context, therapeutic self-care becomes a seemingly essential activity for minimising the risk of failure. Simultaneously, it is increasingly clear that if we cannot produce and maintain our own wellbeing, we cannot rely on the welfare state to help. We must therefore invest in ourselves and care for ourselves, because no one else will. Dowling (2022) has called this a 'self-care fix', noting that 'we are quite literally picking up the tab by having to maintain more and more of our social reproduction in commodified forms' (Dowling, 2022, p. 184).

Within this constellation, work becomes depoliticised and responsibility for surviving in work is placed on the individual, while at the same time social reproduction structures previously provided by the welfare state are shrinking. It is no wonder, then, that workers turn to therapeutic self-care in the hope of, if not thriving, then at least somehow surviving and muddling through. However, as workers increasingly use their free time to engage in self-care activity to enhance their capacity to work, the scope of work expands beyond formal working hours. Maximum surplus value can be squeezed out of optimised selves that engage with physical exercise while self-tracking their optimum mode, follow meticulous nutrition programmes in order to keep healthy and avoid sick leave, read self-help manuals in bed at night, searching for tips on how to use their time as efficiently as possible, and optimise their sleep with smartphone apps. Here, therapeutic self-care

follows the logic of exchange value. It aims to secure the capacity to labour and sell it in the market, which helps to fuel the crisis of social reproduction as it directs efforts towards individualised and commercialised therapeutic self-care, rather than towards improving public social and health services, re-collectivising labour and strengthening social solidarity. As such, it perhaps legitimises withdrawal of the welfare state. Self-care benefits capital, because costs and risks are placed on the individual. Self-care is not remunerated through wages, and thus costs nothing or very little for employers, and contributes to intensifying the commodification of social reproduction and expanding the billion-dollar happiness industry.

This also demonstrates how capitalism tends to turn ever more free time into labour time and thus erode our autonomy (Gorz, 1982). It is no coincidence that so many people choose to use their time to develop their employability rather than focus on other aspects of and activities in their lives (Mäkinen, 2016, p. 79). Time spent on optimising and improving oneself could be used in other ways, such as engaging in what Soper (2020) calls ‘alternative hedonism’, meaning a less high-speed, consumption-oriented way of life where autonomous time is secured for intrinsically valuable pursuits. Yet, the current dialectics of production and reproduction make such a form of life difficult to realise, pushing people to instead turn their free time into self-care time.

### **Therapeutic self-care as a site of individualised resistance**

In the course of my research, it became evident that therapeutic self-care was not only a way to reproduce labour power, but also a way to refuse this logic and come to terms with the crisis of social reproduction as it manifested in everyday life. While self-care can be mobilised to maintain and enhance labour power and make bodies bear the weight of work, it can also be harnessed to undo these efforts.

Many of my research participants, particularly working-class and lower middle-class women, had turned to therapeutic self-care out of necessity and to make up for the failures of the welfare state. For example, although publicly-funded rehabilitative psychotherapy is available to those who can prove that their ability to work or study is impaired by mental health problems, services are subject to long waiting times and are unevenly available across the country. My research participants shared with me stories of not getting help from public mental health clinics, or simply receiving prescriptions for antidepressants. Many could not afford private health services. Some also questioned the goal of rehabilitation therapy, which is supposed to help people remain economically active, or enter or return to working life. They perceived this as a misguided way of nullifying the suffering caused by work: society trying to get people back in the saddle as quickly as possible, making them better able to bear the unbearable through medication and therapy, rather than attending to the underlying causes of suffering. Therefore, they often turned to therapeutic self-care out of both necessity – they had to self-care when traditional forms of social and health care were no longer available – and a wish to disengage from the work ethic underpinning rehabilitation therapy.

As this point implies, many of my research participants were critical of work-centred society and its moral imperative to be always ready and willing to provide top performance in work. One is expected to sacrifice oneself to work and always perform a little

bit better. As one participant concluded: ‘demands are rising all the time and we just give more at work all the time’. The service providers I interviewed described how people were ‘extremely stressed by work, and life in general’, with ‘an overburdened everyday life’ and suffering from ‘a giant stress factor’. Some participants had chosen to opt out of work society by withdrawing from waged work, often initially out of compulsion. They described how their bodies and minds had simply collapsed after prolonged stress and pressure at work. They had been unable to reproduce themselves for work; they simply could not bear the weight of work anymore and had to leave, either for sick leave, unemployment or re-training. This reflects how the body is not only a condition for the existence of labour power, but is also its limit (Federici, 2014, p. 141). Many had reached this limit. Although middle-class people may be able to opt out of work more easily than the working class who have fewer resources to fall back on, working-class participants in my study had also opted out.

While leaving work had often initially been a kind of self-preservation strategy, dictated by a collapsed body, some research participants had gradually developed a more conscious refusal of work. Rather than mobilising therapeutic self-care to reproduce their capacity to work, they employed it to disengage from work society and refuse the norm of the ever-performing and productive worker. For them, therapeutic self-care was more than a strategy to rehabilitate themselves to work; it was a way to maintain life for itself (Dowling, 2022, p. 45). This can be seen as a small utopian gesture. These participants abandoned what could no longer be (commitment and subjection to waged work), and gestured towards what could not yet be (alternative forms of life not subject to the logics of work society) (Bammer, 2015, p. 74). In doing so, they asked what else might emerge if waged work were no longer at the centre of life. In line with the radical care literature, drawing from Black feminist thought, participants’ self-care efforts could be interpreted as ‘vital but underappreciated strategies for enduring precarious worlds’ (Hobart & Kneese, 2020, p. 2). Here, self-care followed the logic of use value, maintaining bodies for life, not for sale in the labour market. Dowling (2022) has argued in a similar vein that caring for ourselves and others can represent a reclamation of time and space that goes against the logic of productivity and economic growth that dominates our lives. However, in practice this is far from straightforward; it comes at a price. For many of my research participants, refusing work had entailed economic precarity and feelings of guilt and shame. Although refusal of work was not always successful in the long run, the struggle and longing for a different way of being was real. Therapeutic self-care offered a way to explore this struggle. By opting out of work society, they attempted to transform themselves by simultaneously struggling to transform the social relations that defined them (Weeks, 2018, p. 99). This resonates with Aarseth’s (2020) analysis of highly-educated and wealthy women’s investment in ‘domestic femininity’ in Norway. She reads the resurgence of re-romanticisation of domestic femininity and women’s opting out of successful careers as indicators of the boundary struggle between care and commodity production, and antagonism between promoting gender equality and extending the market logic to all possible sectors of society.

I suggest that we can conceptualise engagements with therapeutic self-care that refuse to reproduce oneself for work as a form of counter-conduct (Binkley, 2009) and everyday resistance (Scott, 1985) that is neither publicly vocal nor organised, but rather takes the

form of small acts of subversion: persistent non-compliance, silent withdrawal, and rejecting the expected models of self-governance. This resistance can reveal what Merrifield (2011, p. 58) calls ‘residue’, meaning the irreducible and implacable aspects of life that refuse assimilation into systems of control. No system of control can ever be total: there is always contingency and non-coincidence between capitalist subjects and capitalist society (Merrifield, 2011, p. 59). Reproducing the self for life as a residue highlights how the contradictions between commodity production and reproduction are encountered, lived out and struggled with at the level of subjectivity. Social reproduction as distinct from capitalistically productive labour may help to resist life-thwarting pressures of capitalism and inspire disloyalty and disobedience to the values of capitalist society (Ferguson, 2020, p. 119; Weeks, 2018).

Although most of my participants acknowledged that their suffering at work was connected to broader societal structures, they often sought to come to terms with it with individualised tactics of self-care rather than engaging in collective action to challenge those structures. Some had been involved in political parties and labour unions, but had become disillusioned with them, feeling unable to make a difference. While some continued to pursue collective action, for most research participants’ therapeutic self-care was the form of resistance they found most appropriate for opposing the damaging logic of the capitalist system and reproducing themselves for life. This was not because they did not believe that structural changes were needed, nor because they had bought into the neoliberal promises of endless self-invention, but rather because they saw few meaningful channels for collective resistance.

Viewing therapeutic self-care as an individualised form of resistance relates to Chibber’s (2022) observations about the difficulty of organising collective resistance. Capitalist class structure tends to position people such a way that they will typically find individualised modes of contestation more feasible than trying to build collective struggles. Collective action is arduous, time-consuming and risky. With the weakening of labour movements and other traditional collective political movements, resistance tends to take individualised forms, since it incurs fewer direct costs – time and money that go into building collective actions and sustaining them – and includes fewer risks. Moreover, the grammar of social inequalities has also been redefined by neoliberal and therapeutic discourses during the past decades, resulting in class being increasingly conceived in psychological and individualised terms and social oppression attributed to the ‘defects’ of the self rather than to the structural forces of capitalism (Johnson & Lawler, 2005). This shift helps to obscure the dynamics of class inequality and exploitation and reinforce the tendency toward individualised tactics of survival and resistance. Yet, such tactics do little to alter the structural causes of inequality and suffering. These intertwined processes of the weakening of collective struggles and the psychologisation and individualisation of social inequalities highlight how therapeutic self-care as an individualised form of resistance has deep-seated structural roots.

## Conclusions

I have argued in this article that therapeutic culture is an important site in which the contradictions of social reproduction and commodity production manifest and play out. I

have suggested that therapeutic self-care as a practice of social reproduction has gained heightened importance in the current capitalist conjuncture, which is marked by the dismantling of the welfare state and a thriving of post-Fordist work ethic. Therapeutic self-care can be harnessed to reproduce labour power and deliver workers to exploitation more efficiently and insidiously. Yet, it can also enable workers to refuse to reproduce themselves as commodity labour power and disengage from the work ethic, refusing to submit life to work. Therapeutic self-care can thus exacerbate the crisis of social reproduction, but also enable efforts to push back against the pressures that capitalism places on social reproduction.

According to social reproduction feminism, studying socially-reproductive labour can shed light on forms of social oppression that would otherwise remain hidden (Bhattacharya et al., 2022). Examining therapeutic culture through the lens of social reproduction brings several important dynamics of social oppression to light. Therapeutic self-care shows how thoroughly the responsibility for reproducing labour power and life has been placed on individuals, driving simultaneously the happiness and wellness industry and creating new ways to generate profit in the field of social reproduction. It also exposes new forms of exploitation as workers are effectively compelled to engage in self-care to reproduce their capacity to labour and retain employability. The erosion of traditional structures of social reproduction has made people more likely to turn to self-care practices, as no other adequate support services are available. Nonetheless, I have also shown how therapeutic self-care can become a form of resistance, although its capacity for collective organising is limited by the structural barriers of capitalist society.

Finally, therapeutic self-care can also shed important light on gendered forms of oppression that arise from the reconfiguration of relationships between capitalistic production and social reproduction. Today, women are expected to empower themselves and provide top performance in all spheres of life all of the time, while also having to take responsibility for the care of others under conditions of precarity and persistent gender inequalities. They are expected to take responsibility for social reproduction both in homes and in care occupations, being at the same time targeted with the demand to comply with the post-Fordist work ethic of loving one's work and devoting themselves to it. These intertwined processes of diminishing welfare state provision and the increasing necessity to perform waged work and show enthusiastic commitment to it under precarious circumstances affect women especially strongly. Women generally take greater responsibility for social reproduction, so they have more to lose from the disappearance of welfare state services, as both workers and carers. The logics of commodity production and social reproduction pull in different directions, with women being caught in the middle (see also Aarseth, 2020). Some try to solve this quandary by externalising reproductive labour to women in precarious social positions, who do not themselves have this possibility of externalisation but are stuck with the pressure. Some may adopt therapeutic self-care methods, such as calming the over-wrung body down with meditation or attending life coaching, and thus trying to keep going and ward off alienation. Yet some may opt out of waged work and engage with self-care as a form of self-preservation and an individualised strategy of resistance, revealing a desire for a better way of being, which capitalism cannot satisfy. What is ultimately needed, however, is a collective struggle to

dismantle the oppressive structures of production and social reproduction that threaten to wear us all down. Yet we cannot assume that the strategies of collective action that were effective in the past will automatically work today (Chibber, 2022, p. 175). There is, therefore, a need to invent new ways of organising that radically reconfigure the dynamics between productive and reproductive forces, fight disenfranchisement and translate individualised forms of resistance into broader collective struggles.

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### Note

1. The therapeutic field seems to be strikingly white in Finland. The therapeutic events I observed were attended solely by white participants, raising important questions about racialised dimensions of therapeutic culture that merit further research.

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