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INTRODUCTION

Care Communities Today

*I am cognizant of the interrelatedness of all communities and states. . . .
Injustice anywhere is a threat to justice everywhere. We are caught in an
inescapable network of mutuality, tied in a single garment of destiny.
Whatever affects one directly, affects all indirectly.*

—MARTIN LUTHER KING JR., “LETTER FROM
A BIRMINGHAM JAIL” (1963)

READER, I WANT TO WARN YOU from the start: although this book has a title featuring the word “care,” it is not going to be pleading for us all to care more about each other, nor will it be praising Victorian characters for truly caring. Forget the pleasant platitudes of care. Think of care as a practice—a difficult, often unpleasant, almost always underpaid, sometimes ineffective practice, but nonetheless an activity that defined the lives of nineteenth-century subjects, particularly female subjects, and that I assert helps define our lives today. As Florence Nightingale famously wrote in 1860, “Every woman, or at least almost every woman, in England has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid,—in other words, every woman is a nurse.”¹ Even more common is care in the larger sense: acts of friendship, parenting, mentoring. In looking at Victorian subjects, we might ask: why was caregiving so widespread in the nineteenth century, and how might caregiving have affected people’s ideas of subjectivity, writing, and social relations? In looking at our own needs as readers, critics, teachers, and citizens, we might ask a different question: how can an understanding of care principles help us rethink what we are doing?

In *Communities of Care: The Social Ethics of Victorian Fiction*, I am aiming to develop a literary criticism that is predicated on care. This book

makes no sentimental appeal to anyone's feelings. It stakes a claim that is as rigorous, textually embedded, philosophically abstract, and historically based as I could manage. Orienting us toward social relationality and action instead of individual psychology and deep motives, care ethics, I argue, can give us new understanding of our reading practices and strengthen alliances in our own lives.

This introduction demonstrates how to use care as the basis of a theory of reading, with special attention to ideas of character, and how to understand relationality as a powerful tool developed by global, indigenous, and queer communities. We can see care as a lens through which to view relationships, behaviors, and persons. Although it's common to refer to theory as a lens, I want to activate the material qualities of the metaphor.² A lens is a visual prosthesis that extends our sight, introducing close-ups, distortions, breakages, frames, and distances that can make us see the familiar anew. Because my work is so indebted to disability studies, I want to maintain that sense of the lens as extended prosthetic capability, rather than the medical correction of a flawed view. In other words, the lens of care doesn't fix a problem so much as it enhances our abilities.

Specifically, this book aims to develop the category of "communities of care." It does so by combining the feminist philosophy of "ethics of care" with particular examples in Victorian fiction, the incidences of voluntary carers who coalesce around someone in need, like the characters who flock to Louisa Musgrove's bedside after her fall, surround Esther Summerson in her great illness, and wait at Ralph Touchett's deathbed. I am using this small social formation, the care community, both to develop a relational reading of the fiction in which it is omnipresent and to model social networks in ways we can use ourselves.

Communities of Care is trying to do a lot of tasks at once, but like that lens, it aims to focus its multiple facets together into one vista. In making ethics of care theory speak to Victorian fiction, I hope to enrich both. I want to expand ethics of care by introducing the historical evidence of another culture's forms of care. The philosophy tends to assume contemporary Western conditions, and I join the efforts of critics like Vrinda Dalmiya and Oche Onazi in trying to diversifying its purview, although I do so through introducing historical rather than global alternatives.³ I also want us to use care theory to rethink our lives as academics, to reimagine what we do as teachers and scholars and service workers, to envision even the basic act of reading as a mode of repairing, sustaining, and maintaining an other.

Finally, I aim to help literary scholars address the communal structures of Victorian texts. As Alicia Christoff points out, Victorian novel criticism

“has to some extent resisted relationality—perhaps inevitably, and perhaps without our knowing. We have insisted on firm divides between characters, narrators, readers, and authors rather than theorizing their interrelation.”⁴ I join Christoff in developing a relational theory that will help us think about not only how characters connect (as in *Daniel Deronda*), but also how readers get drawn into communion with the text (in *The Wings of the Dove*) and how authors may be read as composite, collaborative makers (in *The Heir of Redclyffe*). To do this properly, however, literary critics need to stop invoking “care” as a vaguely altruistic principle and instead access the full capacity of a modern, precise, grounded, politically aware theory of care.

In this introduction, I situate this project in twenty-first-century issues, while the epilogue proposes explicit lessons that readers can implement. Bookending the volume, these two chapters speak to an ethics of care as an immediate, pragmatic, urgently necessary practice, in literary criticism, in teaching, in academia, and in the social world in which we live. Between these two framing chapters, I tease out how care communities work by looking at some exceptionally well-developed examples produced before professional medical care became the norm. The case studies in Dickens, Eliot, Brontë, Yonge, and James show us how care communities operate and why they fail, and we can use them to deduce principles to guide us when we attempt to foster such communities ourselves.

I begin this introduction by analyzing how care’s communal dynamics might inform our reading practices and our understanding of character formations. I explain why it matters to understand care as an action rather than a feeling, and then I develop my key term, the “care community,” by showing its roots as a mechanism for survival among people of color, queer people, disabled folks, and radical activists. Just as characters can be understood relationally, not only as individuals, so too human flourishing can be read in terms of care communities, not only nuclear families. Using a wider lens can show us more ways of envisioning people in combination with one another.

Care and Theories of Reading

Communities of Care originally formed amid a body of criticism that seeks to produce an ethical, positive, creatively affirming form of reading.⁵ Eve Kosofsky Sedgwick began this trend in “Paranoid Reading and Reparative Reading,” where she refashioned Melanie Klein’s theory of paranoid and depressive states into what she called paranoid and reparative readings.⁶

[4] INTRODUCTION

Having replaced “depressive state” with “reparative reading,” however, Sedgwick found it difficult to define reparative reading practices without sounding “sappy, aestheticizing, defensive, anti-intellectual, or reactionary.”⁷ Today reparative reading is associated with what David Kurnick describes as a “hortatory, cheeriness-mandating critical tradition . . . that sometimes appears to operate as if the announcement that one speaks reparatively were sufficient to repair anyone in hearing range.” The aim of this book is to make reparative reading into a rigorous practice.⁸

One way to define reparative reading is to compare it with its opposite, paranoid reading: for each trait of paranoid reading, there must be a corresponding reparative function.⁹ Paranoid reading is a strong tautological reading that treats everything as proof for its conclusions, implying that reparative reading would need to be a weak reading that admits case-by-case divergences and requires individualized applications. Sedgwick posits paranoid reading as anticipatory, reflexive, mimetic, relentlessly seeking and predicting problems, so reparative reading ought to be other-directed and open to unpredictability and alterity.¹⁰ Paranoid reading litigates a repetitive temporality of sameness, so reparative reading ought to allow for subjectively diverse, multiple, creative experiences of time.¹¹ Paranoid reading works according to a logic of rigorous public exposure, so reparative reading might privilege private understandings, discursive exchanges, and immersion in others’ feelings.¹²

In these respects, paranoid reading sounds like the diagnostic medical gaze, seeking individual flaws in otherwise similar bodies, while reparative reading resembles care.¹³ I mean no disrespect for paranoid reading. I respect and try to practice the intensive, professional attention it requires. But this book explores the other side, the reparative practice of care, and the very fact that Sedgwick did not define reparative reading offers us an opportunity to imagine the range of alternative, creative practices affiliated with caregiving.

We might start with the term “reparative.” Steven Jackson defines “repair” as “the subtle acts of care by which order and meaning in complex sociotechnical systems are maintained and transformed, human value is preserved and extended, and the complicated work of fitting to the varied circumstances of organizations, systems, and lives is accomplished.”¹⁴ Similarly, the disability activist Eli Clare calls for “restoration” as an alternative to “cure,” highlighting restoration as a complex, responsive, dynamic interaction.¹⁵ Clare’s “restoration” and Jackson’s “repair” require thinking of breakage as something that affords opportunity, not as a defect to be fixed. In this respect, Jackson’s theory is indebted to the Heideggerian concept of

“tool-being”: only when objects break do we become aware of their being, their qualities and materials.¹⁶ Lenses that work are transparent; lenses that break make us conscious of the way glass cracks. We stop taking them for granted.¹⁷ The broken tool requires us to adjust, extend, and maintain systems. Moreover, breakage can be valuable in another way: it stops an abusive system. As Sara Ahmed points out, “To transform a system we have to stop it from working.”¹⁸ Breakage offers a kind of creative refresh. Thus, valuing repair also means seeing the beauty of breakage, loving the bodyminds that behave differently, noticing the creative potential in their play against norms. To repair is not to erase, but to think deeply about the usability of an older, inherited mode: to think about what it offered, why it ceased to function, what can be maintained or transformed for later use. In that sense, repair is a temporal bridge that connects the past to the future.¹⁹

A reparative reading, then, would update, preserve, translate, and explain the past to a new audience. It would seek the cruxes, knots, or gaps that critics are trained to spot. It is, in Jackson’s nice phrase, “articulation work”: fitting parts to wholes, calibrating and adjusting.²⁰ This idea turns what is broken into an opportunity for repairing and reaching out, and it positions us, perhaps, as the restorers of literary, formal, and cultural knowledge that is disintegrating. We literary critics do “articulation work” when we explicate a historical discourse to a modern reader. A reparative reading is historical criticism as a form of care.

If we want to do reparative reading, then, we need to embrace a carefully attuned relation with each particular text in which we can value what is broken, be patient with the past, and repair it to survive for future others to enjoy. It is a protocol. It is a methodology.

This introduction is not the place for a point-by-point definition of care—that will come in chapter 1—but I want to posit two important definitions for now. First: care is an action, not a feeling. Reparative readers attend to the needs of the text no matter how they feel about it. In ordinary life, we have all given care because we cared about the recipients, but we have also given care because we were paid to do it, because we had to do it as part of a job, or because there was simply nobody else around who could. “Caregiving” differs from, and need not derive from, “caring.” The acts and the feelings run on different tracks, and although they can intertwine and produce each other, they can also remain separate. Sometimes the feeling comes first: parental love can motivate you to change the diaper. But sometimes the action performatively generates the feeling: change enough diapers, and you may come to care about the person you are helping. Care actions and caring feelings can also remain distinct, as in

the case of therapists or medical personnel who try to keep their feelings detached from their work. In short, while care actions and caring feelings are intimately intertwined, they are not the same, and we can't always predict which will produce the other.

Second, good care is fluid; "parties are not stuck in their positions as carers or cared for."²¹ Marian Barnes explains that in a care network responsibilities operate among all members, for "interdependency is multidirectional."²² The care dynamic is a complicated, flexible set of actions among multiple actors in a social relationship. Crucially, the fluidity occurs through communication (which may, of course, be nonverbal): the carer tries to ascertain whether an action will work, and the cared-for acknowledges it; when the care has been extended and acknowledged, someone else's needs can spring up, to be in turn queried, met, and acknowledged. In reparative reading, a text can meet our needs by comforting us, and we can meet its needs by explaining its qualities to others. Socializing can be a constant exchange of microcaring acts.

For instance, think about how the carer and cared-for roles slip around in a familiar situation from academic life: a question-and-answer period after a talk. A questioner may need the speaker's help to understand the argument, but the speaker also needs the feedback provided by the questioner. If this exchange goes well, both sides will be both giving and receiving care, in a fluid dance performed without conscious effort, the only indicator of successful mutual care being each participant's sense of tacit satisfaction.

However, such nicely mutual relations bely real labor conditions. The case of the talk is no exception. Here the cleaning staff has prepped the room for the comfort of the speaker and audience, who do not return care to the cleaners. (If anything, they leave behind more mess to clean up.) There is no mutuality in this scene; indeed, they will probably not even meet one another. The cleaners' work is invisible labor. Susan Leigh Star and Anselm Strauss have explained that two ways to invisibilize work are rendering the worker unseen (the attendees at the talk do not see the cleaners) and teaching people to take the work for granted (since attendees expect the floor to be clean, they don't notice that it is).²³

Invisibilized work is a big part of care, and this book attends to the conditions of mechanized labor, service work, and global migration that constitute the reality of paid caregiving today, along with the more mutual bonds of voluntary communal care. A successful theory of care needs to account for exploitative power dynamics as well as egalitarian mutual care. Here it proves helpful to stress care's status as an *action*. As such, it

can be contractually protected and adequately renumerated, whereas it is much harder to recompense a vaguely generous, sentimental impulse. If care is a thing you do, it can be subject to regulations. Sympathy is harder to itemize.

Activity can also point us toward interesting ways of reading personhood. Literary critics are used to imagining that a character's acts reveal a deeper inner self, but for caregivers, feelings can develop in antagonism with public acts, or in ways that are intimately shaped by those acts or remain quite independent of them. In other words, a character's acts do not necessarily reveal a deeper self. And what is true of caregivers may be true of all characters (perhaps we should call them "care-actors").²⁴ We need to read in a way that diverges from the surface/depth model, exploring ideas of character that are performative, accumulative, diffused, fractured, interdependent, generic—that is, reading character without the concept of the unique inner core. Moreover, the fluidity of care invites us to read relationships rather than people, interpolating even readers and authors in a constant dance of mutual attendance.

This expanded idea of character may be clearer if we return to the vignette of the speaker and the audience. On the one hand, we need to note that care occurs without much regard to the participants' specific identities—anyone could be the speaker, the questioner, the cleaner. Care theorists call them carers and cared-fors, stressing that anyone can step into and out of those roles. The slots of "speaker," "questioner," "cleaner," and "audience member" are simply placeholders that anyone could occupy. Yet at the same time, we all know that their specific subject position does matter. White men are still more likely to be the speakers, while women of color are more likely to be invisibilized cleaners. In assessing such scenes, we need to assume that these slots are fundamentally open—we can't argue that different bodies should step into those roles unless we believe these roles ought to be genuinely available—but at the same time we need to acknowledge the historically determined specificity of the bodies that are allowed to inhabit each role in reality. The lenses through which we read are actually giving us binocular vision, simultaneously registering the formal openness of the slot and the actual identity of the person. They feed one another. This person is a professor; professors look like this sort of person.

However, we experience binocular vision only when the two lenses are in balance. When there is a fracture, when the specific person actually clashes with the general role, that is the kind of creative breakage that makes us notice the system's failure and prompts us to begin reparative work. A good breakage happens when the person who is a professor is

darker, younger, more female, more trans, than the generic idea of a professor.²⁵ The space between the type and the individual is what provokes political action.

In conventional literary studies, character as generic type is often assumed to be an early model, later superseded by the rise of the individual. Critics generally agree that medieval literature used allegorical characters embodying qualities, and that many early modern characters were not full psychological beings in the modern sense. Michael McKeon notes that

before the modern period, the category of “personal identity” itself lacks the substance it has for us because people tend to conceive of themselves less as individual persons who join together to make social wholes than as components of social wholes that are already given. Character is a primarily a fact of kinship, family, clan, tribe, lineage.²⁶

During the eighteenth century, however, interest shifted “from . . . characters that typify to those that specify—what literary critics and historians have identified as the rise of the individual and subjective interiority.”²⁷

The emergence of the modern novel form facilitated the development of characters with unique, complex, deep psychology. In inventing the novelistic deep character, the story goes, we learned to see ourselves differently. Nancy Armstrong famously argues that fictional characters were the first modern subjects, and that readers learned to articulate their selves by reading the novel, while modern writers worked to elaborate the figure of the individual.²⁸ The novel’s “primary criterion,” insists Ian Watt, “was truth to individual experience—individual experience which is always unique and therefore new.”²⁹ The conventional literary history I have been rehearsing lays out a progressive narrative—often encapsulated in “the rise of the novel” arguments—that starts with rudimentary types and rises to the climactic achievement of individuality in the modern novel form, although Deidre Shauna Lynch shrewdly argues for reading the shift to unique, individual character as a consumer choice rather than a cultural achievement. She argues that it became a kind of status symbol for readers to show they were capable of eliciting the subtle elements of deep character, so the invention of this form can be read as a market development rather than an advance toward the recognition of an innate reality.³⁰

Yet through the nineteenth century, allegorical types still haunt character, in spite of the presumed primacy of individualism. In *The Historical Novel*, Georg Lukács famously argues that Sir Walter Scott used characters who were representative human types to show how historical forces

affected people, and he ascribes this style to fiction written before 1848.³¹ Recent research on Chartist fiction, the industrial novel, and the social problem novel confirms that these genres produced from the 1820s to the 1840s tend to feature types rather than unique individuals, partly because of their strong links to the radical press.³² We recognize this generic tendency in Dickens, who so often wrote characters as types (probably because he was so influenced by melodrama), as in *Our Mutual Friend*'s trio of dinner guests, Brewer, Boots, and Buffer. In nineteenth-century fiction, men are often deployed in vocational identities—the industrialist, the worker, the organizer, the clergyman—while women tend to disappear into service roles like housekeeper and governess. Daniel M. Stout aims to

steer us away from a view of the period as one in which a monolithic individualism replaced the older forms of a collective England. Certain forms of collectivity (for example, Chartism, the aristocracy) were undoubtedly in or on the brink of decline in the early nineteenth century, but other forms of collectivity were also appearing in the period . . . like the business corporation or the romantic nation.³³

Not only did collective forms persist, but new ones emerged, like pollution; as Stout points out, how do you hold a specific agent liable for fogs, or clouds, or dirt, or contagion?³⁴

Collective action and corporate personhood remained integral to thinking about character in the nineteenth century, often coexisting with the realist model of interiority, making the reader toggle between seeing figures as specific persons and as types. In *Bleak House* (1853), Mrs. Jellyby and Mrs. Pardiggle may be named individuals, but they represent types of philanthropic action; Jo is both an individual with a particular personality and a generic representative of a category of indigent children who were “dying thus around us every day.”³⁵ Catherine Gallagher’s reading of *Middlemarch* (1871–1872) brilliantly evinces this dual movement, as Eliot constantly negotiates “the strife between type and instance, between reference and realization.”³⁶ Eliot constructed her characters both as examples of types, like Saint Theresa, and as atypical selves, people who have particular lots. We need to be able to affiliate Dorothea with a category in order to understand her, but we need to see how she differs in order to believe in her.³⁷

Instead of assuming that a unique inner self generates certain surface acts, so that the acts reveal the inner self, we might consider what happens if we move to the knottier, weirder psychologies visible through caregiving. What would that do to types and individuals? One possibility is that we learn to see them as simultaneously present. Stout sees a “permanent strain”

between collective personhood and individualism, intertwined and inextricable, locked in the dynamic Gallagher describes.³⁸ Literary character, then, may not trace a historical progress from type to individual, but rather may be the arena in which both stand, a space defined by an ongoing relationship between the two sides. But another possibility is that one disrupts the other. What if repeated acts of caregiving do not reveal deeper feelings of caring at all? What if a character's public acts are detached from—or even at odds with—a real core self? How do we read a character if her public speeches and deeds conceal (instead of revealing) an inner, authentic core?

This problem is particularly true of caregivers in the nineteenth-century novel. In a good care dynamic, the roles of carer and cared-for constantly switch—but many care dynamics were not good in the nineteenth century, and they are not good now. Service workers may be structurally consigned to the exhausting carer role, while disabled people may be constantly forced into the disempowering role of cared-for. Getting stuck in those roles can damage one's selfhood. If a caregiver feels pressure to become invisible, the chance to develop (or to learn how to recognize or express) particular unique selfhood may be threatened. A cared-for who constantly receives personalized treatment may develop an excessive sense of centrality. Getting stuck in either a caregiver or cared-for role can wreck the psyche in different ways, as caregivers don't register their own individuality and cared-fors don't see themselves as types. These divergent ends are not accounted for by the balanced, binocular vision of the individual/type. Such care-actors need a different theory.

The most influential theory of fictional characters, Alex Woloch's, is based on an industrial model and thus does not quite account for the forms of subjectivity we see in caregiving. In brief, Woloch argues that the novel invokes minor characters in order to make them vanish, either by enfolding them or by expelling them. Minor characters, he famously claims, are "the proletariat of the novel," serving the needs of the protagonist and the narrative while their own selfhood gets suppressed.³⁹ Everyone strives for majorness, and the novel is the site of their battle for supremacy. For instance, here is Woloch's account of Dickens:

The protagonist might be continually overwhelmed, but as long as he holds on to his position as central character, the world of minorness never *completely*, or substantially, overwhelms him. In all of Dickens's novels, minor characters persistently wrest attention away from any privileged, central figure—but they never *succeed* in destroying the asymmetric structure that condemns them to minorness.⁴⁰

This agonistic model matches the Victorian experience of industrialization, in which people were pressed into service as interchangeable cogs, serving the factory owner—protagonist at the top. This economic and political perspective is compelling. Nobody would quarrel with Woloch's assumption that people ought to be able to achieve a fuller human existence, nor that industrialization dehumanized its workers, and it is his humane insistence on this necessity—his insistence on imagining an ethical alternative all too infrequently present in the texts themselves—that qualifies *The One Versus the Many* as a form of reparative reading.

However, if we test Woloch's model with caregiving, we run into problems. Caregivers—and other nineteenth-century subjects—were not necessarily struggling to express unique selfhood. If anyone could do so, it would have been white, middle-class, male, liberal individuals, but even so, they often had to follow a cultural script to take the jobs their families secured them and to exercise the values of duty, earnestness, piety, prudence, and self-discipline. Nineteenth-century exhortations commonly insist on people learning to accept their roles so as to become content with the station in which God had seen fit to place them. If people did not want to be wives, mothers, soldiers, or servants, or to work in the inherited farm or business, that was their problem, and it was their duty to learn to conform and be grateful. Such acquiescence in one's own categorization needs to be taken into account when reading character. Minor characters might not be struggling to reach the top, but rather to come to terms with the type of their own minorness.

Service was one of the largest employment categories in Victorian Britain.⁴¹ Work as a companion, a governess, a nurse, or a servant—or even as a shopkeeper—was a different kind of economic model from factory work. It required a performance of emotional affect, a public effort to demonstrate complaisance, affection, or respect that did not need to match the person's authentic emotion and would not have been necessary amid the roar of industrial machinery. If industrial labor featured the kind of physical struggle Woloch describes, service work depended on a private dynamic of feelings. Such caregiving did not usually eventuate in a battle for mastery but was more likely to produce an internal struggle, a desperation to sustain an authentic sense of self when the job made that self disappear. We might think, for instance, about the poignant fact that Grace Poole has so grim a life, so minimal a self, that it is nearly impossible for Jane Eyre to believe she is laughing. Grace, like other caregiver minor characters in Victorian fiction, is not struggling for primacy with

the protagonist, but trying, like other companions, governesses, servants, and nurses, to survive in an economic regime of emotional labor.

Another salient fact about care work in the Victorian novel is that it normally is a group activity. In the fantasy world of the novel, caregivers often join a care community that mystifies their labor to refashion it as a voluntary, leisured, feminized activity, as in *Dombey and Son* (1848) when Susan Nipper's paid nursemaid job is superseded by her spontaneous adherence to her mistress. Mediating between the lonely individual and the indifferent crowds, the community offers a form of organization that is both emotionally gratifying and endlessly adaptable, for its members can shift among various tasks—ameliorating each other's condition, addressing internal dissensions, or acting in solidarity against outside threats—while its amorphous size and fluctuating nature allow the reader to imagine herself a part of the group.

What if, instead of looking at individual character, we consider community relations? What if we leave behind the particular character's type or individual problem in order to zoom out and pan over a larger field? We might then focus on the functions that different agents perform in the group, the way those relations shift, the development of feeling over time, or the way a person's place in a community might be consolidated not by whom that person is but by what that person does. Communities direct our attention to duration, disindividuation, performance, fluctuation, communication. These are very different qualities from what literary critics have traditionally sought in characters: depth, uniqueness, individuality, authenticity, and feeling. They are also very different qualities from those of the crowd, a newer subject of critical interest: flaneurship, population, biopolitics, and urbanism.⁴² Between the individual and the crowd, the community lingers—a lived experience, a nostalgic vision, a fictional world.

Because care communities are flexible, they can operate across barriers. As we shall see in this book, care communities can link multiple authors from different eras. The diffuse sociability of the care community might include the fictional, the dead, the text, and the reader. For Victorian audiences, a successful novel might have counted as one that conjured up a community of texts. They might reach out toward the reader, perhaps even by direct address, demanding that we respond and intervene to save suffering children, to consider proper actions in an unhappy marriage, to find the information the detective requires. Instead of asking who a character truly is, we might start asking who cares for whom, and how—a question that may lead us to disregard the boundaries of the text. Breaking

the fourth wall, the care community can alter what we imagine to be the components and personnel of the space of fiction.

Modern Care Communities

The communal structure of the Victorian novel is not foreign to us. Some of us live with extended family or in families of choice, and most of us spend the bulk of our daily lives in small groups of unrelated people working together: coworkers, classes, teams, departments, congregations, neighborhoods, colleagues, coalitions, unions, clubs, friends. Communities of care can form around any kind of need: a group working on a project, a team trying to win a game, students working on a final paper, contributors to a collection. In each case, people give mutual care for a shared aim. A good class can become a care community. One might even see the periodical, the conference, the coauthored work, or the collection as printed forms of communal labor, since they represent the mutual labor of multiple people working to fulfill a need. Watching workplace sitcoms with ensemble casts allows us to revel in a fantasy care community not unlike the groups that form in Dickens novels.

Care communities help us survive, as witnessed by the fact that we keep producing them. Many of us crave the sensation of being securely ensconced in a group whose members sustain one another, but it is rare to find explicit advice about how to make this group work.⁴³ Usually we figure it out experientially, but we can also absorb lessons from fiction. Think, for instance, of the contrasting cases of Mrs. Pardiggle and Esther in *Bleak House*. Both enter the bricklayer's cottage, but the residents are offended by Mrs. Pardiggle's domineering presence, her monologuing, and her inappropriate assigned reading, while Esther successfully activates the tools that characterize a care community: fluid discourse, mutual respect, and voluntary participation. Both produce these effects through acts, not pre-existing feelings, for the bricklayer's family are strangers. To be clear, I am not advocating that each of us turn to Victorian fiction for life lessons, and I certainly would not advise anyone to take Esther Summerson as a role model. Rather, I want us to read care relations as foundational concerns of Victorian culture and to recognize the remarkably rich, complex representations of care relations in these novels, for they were produced in a culture whose members had lifelong experience with communities of care.

Also, please do not think I am hoping to transform all small groups into mutually loving care communities through the magic of Victorian fiction. I want to stress this: not all small groups can or should become

communities of care. Some small groups need to focus on an external desideratum, not attend to each other. Think, for instance, of audience members watching a film, customers eating in a cafeteria, or passengers waiting to board a plane. People might also be enmeshed in hierarchical structures marked by obedience and deference, as in the military, or systematizing bureaucracies in which members are processed, as in a state agency. They might perform jobs at separate stations, like checkout clerks at a register. In such cases, the disposition of bodies is a giveaway: they are parallel or in a line, oriented toward the thing they want, not each other.⁴⁴ People coexist neutrally in such structures, or even compete, even though they are occupying the same space. More ambiguous cases can be found in collectives organized to express shared interests: political advocacy coalitions, book clubs, fan groups, knitting circles, sports teams, classes. These groups can easily transform into care communities as participants bond and start to take care of each other, but they can also remain friendly yet distant coalitions of people who continue to focus jointly on something beyond the group.

This is perfectly fine: many groups should not turn into care communities. In an urgent situation, or a situation where large numbers have to be managed, a streamlined protocol may be more efficient than the kind of free-flowing, egalitarian conversations that characterize a care community. In a case where efficiency is the goal, the slow, personalized adaptability of the care community may be exactly the wrong approach. If the goal is improvement of labor conditions, large-scale unionization is certainly a much more useful route. If the group wants to effect political change, a pragmatic coalition can work better than a social group with complicated internal relationships.⁴⁵ After all, care communities are small, personal groups that are not designed for external change but for individual members' comfort, and their tendency to dissension can make them inappropriate mechanisms for swift decision-making. Care communities are not good for generating major social or political change, but they are good for helping people thrive. And when enough people can thrive, they can produce change.

Given this book's immersion in Victorian texts, my readers might expect me to place this analysis in the context of the ideal of feminine service. The unpaid labor of the "angel in the house" is often mystified as voluntary, delightful self-sacrifice, while the physical work of care is represented as an unpleasant burden. The white, female, middle-class carer spreads sunbeams to the sick in her heavenly ministrations; meanwhile, another carer, very often a person of color, empties bedpans and wipes

up vomit. These two roles, one fetishizing care and the other debasing it, may seem like polar opposites, but they operate together. In a kind of pincer move, both work to “enlist, elicit, or forcibly extract the unwaged labor of women and the many others (typically, but not always, people of color) from whom it has historically demanded uncompensated or barely compensated care work,” writes Micki McGee.⁴⁶ Whether care floats loftily above remuneration or seems too debased to be worth much, people get it for free either way.

It is perhaps a sign of the value of a care community that its structure resists this dehumanizing version of care. A care community flourishes on the premise of fluid care among everyone in the group. This is true even in texts produced in the heyday of the feminized ideal. Florence Dombey, for instance, is an iconic “angel in the house,” yet her care communities include Sol Gills, Cap’n Cuttle, Wal’r, Jack Bunsby, Mr. Toots, Susan Nipper, Edith Dombey, and the dog Diogenes—a group diverse in gender, class, age, and even species. Indeed, care communities in Victorian fiction often depict military men as better caregivers than mothers, showing that care communities can license a different way of imagining care beyond the ministering angel.⁴⁷ The rest of this book will show that Victorian care communities are diverse, fluid groups. Jane Eyre’s care community includes the moon and the tall grasses. Miss Flite’s has birds and scraps of papers. Maggie Tulliver has a particular volume of Thomas à Kempis. Victorian care communities are not sentimental retreats but sophisticated adumbrations of the comfort to be found in relation with the outside world: the nonhuman, the dead, the disabled, the trees, the sky, the voices of the past, the feel of a book, the imagined reader, the future.

Thus, while discussions of *care* need to address the history of care as a feminized, maternal practice, discussions of *communities of care* can take their warrant from other experiences, other ways of being in the world. And those other experiences offer hope: along with the many sustaining, supportive, diverse groups in Victorian experience, they include queer extended families, grassroots movements, radical coalitions, and indigent and disability self-care collectives. Hi’ilei Julia Kawehipuaakahaopulani Hobart and Tamara Kneese stress that “care contains radical promise through a grounding in autonomous direct action and nonhierarchical collective work. Instead of only acting as a force for self-preservation, care is about the survival of marginal communities because it is intimately connected to modern radical politics and activism.”⁴⁸ Care communities offer “the survival of marginal communities,” however, not because of “modern radical politics,” but rather, because of deep structural histories that have

helped people survive for centuries. The care community is no modern innovation.

Care communities are not innovative substitutes for a white Western nuclear family norm. Rather, the nuclear family is an exception—a short twentieth-century blip—in the long-term, robust tradition of collective social life. In 2016, 20 percent of Americans lived in multigenerational households, and that number is on the rise.⁴⁹ In 2000, only 23 percent of households in the United Kingdom were traditional nuclear families that consisted solely of parents and children; patterns were similar in the United States, Europe, and Australia.⁵⁰ This is not a very different figure from the one in the 1851 census, in which 36 percent of English households contained only parents and children.⁵¹ Thus, even for the past 150 years—even during the supposed heyday of the nuclear family—two-thirds of British people have been living in alternative social structures.

This book's account of care communities, then, is rooted in the forms of communal care that constituted ordinary life in the Victorian period, but we can also locate those forms in the strategies developed by people of color to survive enslavement and economic oppression; the long-standing practices of communal inclusivity practiced by indigenous people; the extended familial care expected in Asian and African cultures; the collectives of disabled advocates giving mutual aid; and the robust, joyful networks of queer families of choice. The particular culture I study has affinities to many, many others engaged in this widespread practice across space and time.

Care ethicists have a particular interest in care work in the global south and welfare issues in developing nations.⁵² In cultures where care is understood as a shared responsibility rather than as a burden to be outsourced to an institution, people develop innovative care protocols. Asian cultures, for instance, strongly value care for elders, family members, and neighbors, as reflected in architecture that facilitates cross-generational relations, in the cultural value placed on respectful relations to objects, and in the Confucian value placed on mentorship.⁵³ Vrinda Dalmiya connects care theory with the Mahābhārata to develop a cross-cultural feminist epistemology, and Ocho Onazi uses an African relational community ideal as the basis of his proposals for legal philosophical reform.⁵⁴

Queer families of choice—the voluntary bonds forged by queer people as alternatives to the nuclear family—may be the most recognizable mode of care communities in modern life. Kath Weston described the dynamic as long ago as 1991 in *The Families We Choose*.⁵⁵ As people reconfigure their lives around intimate relations with friends rather than biological

kin, and scholars call for “a new sociology of affective life” that can “register a fuller range of practices of intimacy and care,” the family of choice invites new ways of theorizing relationships.⁵⁶ Perhaps a relationship is what you make, not your bond to those to whom you were born. Perhaps relationships, like care, are performative: repeated acts actually build the feeling that we normally assume to have predated it. Rather than “be” kin, Elizabeth Freeman asks, “what would it mean to ‘do kinship’?” Drawing on Bourdieu’s model of “practical kinship,” she concludes that “kinship is a set of *acts* that may or may not follow the officially recognized lines of alliance and descent, and that in any case take precedence over the latter in everyday life.”⁵⁷ “Doing kin” is, of course, what happened when extended Victorian families took in poor relations, unmarried aunts, ex-servants, neighbors, friends, and apprentices. The queer family of choice allows us to think about temporality, relationality, and community in ways that will resound throughout this book.

Queer relationality builds on the well-known Black practice of generating “fictive kin”—naming some people as honorary relations. This is particularly visible in “other-mothering,” a way of producing communal child-care arrangements that helped the children survive when Black mothers were forced to be absent.⁵⁸ Fictive kin and other-mothering extended, enhanced, and diffused family, directly combating enslavement’s appalling redefinition of human beings as property, and of human relationships as ownership.⁵⁹ These honorific “mother” and “aunt” relationships recognized affinity, propinquity, and capacity to care, rather than biology. Indeed, “racial, ethnic, and working-class communities have maintained expansive notions of kinship that supersede the genealogical grid, a fact reflected in many ethnographic studies of these communities,” writes Freeman.⁶⁰ Such care practices can even include the dead, as Ruha Benjamin explains: “In the broadest sense, what is at stake in the idea that Black Afterlives Matter is the practice of making kin, not only *beyond* biological relatives, but also *with* the materially dead/spiritually alive ancestors in our midst.”⁶¹ This evokes a continual communion that acknowledges but reaches beyond death itself, seen in the memorializing currents of Christina Sharpe’s *In the Wake* and M. NourbeSe Philip’s *Zong!*⁶² A similar yearning for a continued interaction with the dead in daily life appears in Victorian ghost stories and mourning practices.

Indigenous cultures also maintain a robust tradition of communal care that transcends categories. Kim TallBear explains that her Dakota tribe’s extended kin networks include sexual and spiritual relationships instead of monogamous pairings. Often indigenous relations to the natural world

feature mutually respectful acknowledgment of and cooperation with non-human beings, for “indigenist ontology and epistemology . . . are based on an understanding that reality is relationships. We are our relationships: to self, family, Nations (other peoples), our environment, ideas, ancestors, the cosmos, everything that IS. . . . We are not all separate entities that are interacting within relationships—we are the relationships.”⁶³ Relationships that include the ecological and the cosmic allow for vastly more inclusive notions of community.

This does not mean that communities are necessarily harmonious. Indeed, the term “community” can be misleading, sometimes referring to a larger population (“the queer community”) rather than a small intimate network, so activists often choose other terms, such as “pods,” “care webs,” or “care collectives.”⁶⁴ Moreover, when people imagine a community, they often tend to romanticize it. “‘Community’ is not a magic unicorn, a one-stop shop that always helps us do the laundry and be held in need,” Leah Lakshmi Piepzna-Samarasinha reminds us.⁶⁵ In fact, a viable community must accommodate dissension. Its members have to communicate because tensions will always arise over whose needs come first, who gets resources, who requires more. In Audre Lorde’s famous words, “Without community there is no liberation, only the most vulnerable and temporary armistice between an individual and her oppression. But community must not mean a shedding of our differences, nor the pathetic pretense that these differences do not exist.”⁶⁶ Piepzna-Samarasinha chronicles the difficulties she encountered in trying to establish care collectives for queer disabled people of color, which sometimes disintegrated in exhaustion or painfully erupted in interpersonal conflict. Piepzna-Samarasinha also attests, however, to the radical building of joyful, mutual support when her care collectives thrived. Her work was harder than that of my Victorian subjects, who were able to assemble care collectives amid a thorough cultural comprehension of their aim and structure. But Piepzna-Samarasinha’s testimony shows that contemporary radical activists can produce better ways of living in the world by building on indigenous and Black relationality.

Such lessons were not lost on the activists of the spring of 2020 as they fought for racial justice and found ways to sustain one another amid the coronavirus pandemic, a systematic practice of “mutual aid,” as Dean Spade has described it.⁶⁷ Activists harvested the results of decades of thinking about and practicing communal formations in the explosive growth of “self-organized voluntarism” like “informal child-care collectives, transgender support groups, and other ad-hoc organizations.”⁶⁸ Small groups sprang up

to help their neighborhoods, often keyed to individual blocks. These were the kinds of groups that Karma Chávez defines as coalitions—queer political activism enabled by different groups fluidly joining for strategic purposes.⁶⁹ But one revelatory aspect of the pandemic self-organizing was that it was practiced not just by radical activists, queer reformers, and people of color, but also by people who associated with mainstream causes: religious organizations, neighborhood associations, schools. In the absence of a national federal response to the pandemic, these local collectives provided care to their members. At the same time, a new language of appreciation for caregivers emerged to thank those invisibilized workers who continued to provide medical care, clean buildings, and deliver goods at significant risk to their own lives. The pandemic produced a better understanding of caregiving and a more pragmatic sense of the usefulness of care-community structures that may resound into our shared future.⁷⁰

The Black Lives Matter protests in the early summer of 2020 taught people about another use of care communities: their role in criminal justice reform. Restorative justice circles offer an alternative to policing and incarceration.⁷¹ As Danielle Sered explains, our culture focuses on punishment, but restorative justice instead defines crime as a harm to be repaired through meaningful work by the responsible party.⁷² Educational reformers have also adapted the indigenous practice of talking circles to resolve school conflicts, arranging small groups in which everyone is on the same level and everyone must hear each other.⁷³ “No one is at the head of the table in a circle; no one is at the top. While the harmed party’s voice is central, its centrality in no way diminishes the value or importance of the responsible party’s voice—or the voices of support people who are present,” Sered explains.⁷⁴ Restorative justice relies on guided communication among members to work out meaningful ways of coming to terms with the past, meeting each other’s needs in the present, and building a better future.

Interestingly, talking circles demonstrate that communal solutions can be artificially imposed. They don’t have to derive from inherent affinities. Other-mothering and queer families of choice unite people who already have common experiences and a desire to be together, but talking circles bring together people who have harmed each other and who are likely to feel fear, guilt, and dislike toward each other. Yet it turns out that by using the simple physical prompt of the circle, making sure that people are seated on the same level and in a configuration that orients them toward each other, one can facilitate the work of acknowledging, repairing, and reforming. Like care, like kinship, communality can begin as a series of repeated acts, with the feeling coming later, if at all.

We already live in multiple collectives, and many of them are online. Our social media circles can function as virtual care communities—after all, being virtual does not mean they are not real. We are already in personal networks (neighborhoods, departments, clubs, political coalitions), extended familial relationships (animist, queer families of choice, other-mothering), and social media groups. The question is, do we want to push these groups to be care communities, remembering that the community of care can have disadvantages to counterbalance the meaningful emotional sustenance it provides? If so, how might we set out to repair these communities, to register their breakages, and to translate them into new forms for future use? Digital collectives already have many of the qualities necessary for viable care communities: fluidity, permeability, mobility, diffuseness, inclusivity, discursivity, egalitarianism. What they do not always have is care. Participants in a social media discussion are more likely to attack than help each other. We have a machine for communal relations that runs on anti-care, extremism, and hatred; how might we do reparative work instead, training users to see each other as subjects to whom they could extend care?

*Beyond Living in Care Communities:
How to Think with Care*

My training equips me best to be a close observer of textual representation and analyst of cultural patterns, and those are the skills I hope to contribute to this shared endeavor of recognizing and sustaining care. We certainly need large-scale legislative and economic change. But the small care exchanges we all engage in multiple times a day form part of that mission. Studying the relationships in the literally thousands of literary care communities in the Victorian record can teach us how to do care, not only in the stories where care works, but also (perhaps especially) in the cases where care goes awry.

The theory I am drawing on in this book is called “ethics of care,” and while most of the time I focus on its “care” component, here at the beginning I want to articulate that “ethics” fundamentally informs and motivates this project. I believe that care communities have an inherent ethical component because they are relational structures that require dialogue and respect for others and are driven by the ability to put someone else’s welfare above one’s own, even temporarily. Inherent in good care are concepts that I find profoundly valuable: attending to others, acknowledging others, helping others, respecting others.

We need a culture in which care is a shared responsibility, as well as supported, respected, and remunerated. We started to do this during the pandemic, applauding health care workers and thanking the delivery people, mail carriers, and grocery workers who literally kept us all alive; for the first time, the heroic quality of daily acts of care became obvious to an entire society. In this book I hope to contribute by helping us view our everyday activities through the magnifying lens of care, helping us isolate and intensify certain acts. I want us to learn to see the constant small acts of ordinary socializing as care: holding a door for someone carrying packages, offering a guest food, disciplining a child, mentoring an intern, fighting fires, greeting strangers, liking posts. Ethics of care argues that all social relations consist of care exchanges—care that is negotiated, refused, allowed, recalibrated, exchanged—and that it is crucial to see care as the connective tissue of social life. Care needs to be redefined as a practice we are all already enmeshed in, regardless of gender. But precisely because it has been historically practiced by women, treating care as significant is already feminist. Ethics of care is a lens that helps us see care everywhere, instead of viewing it as a form of traditional women's work, a burden conigned to underpaid, exploited workers who are overwhelmingly people of color, or a sentimental idealization of a white, feminized “angel in the house.” Rather, care acts make social relations functional.

Care communities only work well if the members behave well, and there are particular forms of bad behavior—lying, silence, exploitation—that can destroy a community of care. Because we are all involved in such communities, it is crucial to understand what makes them function or causes them to fail, and to learn how we can intervene to correct the experience. Most of this book addresses Victorian fictions that feature problematic care, but one lesson these texts teach us is that even substandard caregiving can make all the difference. In reading these texts, I have been touched to notice over and over again that the honest attempt to care—no matter how ineptly executed or poorly planned—often seems to be enough to sustain people.

Such a vision of a voluntary care community that muddles through to help someone may well be precious to us today, held as we are in the grip of neoliberalism, global capitalism, police brutality, racial injustice, and ecological catastrophe. But it was also cherished by the Victorians, who themselves endured, and in some cases created, these threats. Victorian people lived in an infamously hierarchical and essentialist culture that remorselessly tracked people according to race, gender, and class, monitored their time and movements, and regulated their emotions. It is no

wonder that they sustained a compensatory fantasy of a different kind of social relation. In canonical and noncanonical texts, in realism and sensation fiction, in Regency and fin-de-siècle writing, the community of care shows up, the persistent dream of a voluntary, cooperative, egalitarian group of helpers. The delineation of what Miriam Bailin calls the “tender, reciprocal, and mutually constitutive” relations between nurse and patient fulfilled a crucial role for Victorians, setting up an ideal that may or may not have been matched in actual experience.⁷⁵ And I have tried to respect this fantasy level in my account in this book, laying out what seem to be the optimal ways for care communities to work while remaining quite aware that hardly any actual care communities will succeed in matching the ideal, either in the nineteenth century or now.

For the failures matter too. The failures produce political action. Communities of care cannot do everything; private benevolence is not an answer, neither in Dickens’s fervent dreams of a generous rich savior (a Cheeryble brother, a Jarndyce, a reformed Scrooge) nor in George Bush’s infamous praise of “a thousand points of light.” We need to do care communities right, and we need to have serious national, economic, and legal structures as well. I am interested in communities of care as part of a set of responses to modern life that ought also to include political actions and government initiatives. I hope I have made it clear that the care community is one form of social arrangement among others, and not always the best kind, but that it is a form with a global reach and a long history and a powerful appeal; it is also a form that is small and flexible and intimate enough to make real in our own lives, when prodding a government to act can seem impossible.

Reading for care is empowering. For literary critics, ethics of care can expand what we notice. If ethics of care is a lens, it is a fisheye lens, capturing the edges of the scene; if it is a microphone, it is one that picks up heretofore ambient noise. It reorients us from intensive deep focus on individual characters’ deep psychology and personal erotic desires toward the larger purview of the group. Examining narratives for communal relationships, not individuals, can help literary criticism participate in a global re-centering of care that is also occurring in sociology, economics, philosophy, and political science, as later chapters will show. Enshrining relationality as the basis of civic society alters our ideas of value and our aims in reading. It can also help us survive, particularly those of us living on the margins (and these days, so many are living on the margins). I have mentioned that the care community was a compensatory fantasy for Victorians, a haven of tender, egalitarian, affiliative caregiving in a harshly

stratified daily existence, but being a fantasy does not make it any less real, or any less necessary, as part of an ethical imagination of how to improve our own harsh world today.

The Chapters to Come

Although scenes of communal care are omnipresent in Victorian fiction, I have chosen particular texts for their chronological resonance, both in their authors' lives and in the period.

Many of the novels I address here are late works (*Daniel Deronda*, *Persuasion*, *The Wings of the Dove*, *Villette*), which often tend to include the most nuanced, complex depictions of care. We might adapt Joseph Straus's characterization of late-style music as "often including bodily features (fractured, fissured, compact, or immobilized)," perhaps "inscribing their shared experience of disability, of bodies and minds that are not functioning in the normal way."⁷⁶ So too with authors: returning to care scenes late in life, when they may be in need of care themselves and when they have experienced caring for others, they bring a complex, experiential knowledge to writing about care. In some cases, they are rewriting earlier work that had a much sunnier view of loving care communities, correcting them according to more sober later knowledge.

Many of these novels also date from midcentury, which was a significant turning point in Victorian thinking about bodies and minds. In the first decades of the nineteenth century, subjects tended to understand suffering as a natural part of human experience, ameliorated by ordinary people providing pleasant distractions. But around midcentury, a modern medical idea began to emerge. This new paradigm held a more dramatic view of suffering: a healthy body develops a catastrophic fault that requires a heroic intervention by an expert to cure it. (This might remind us of paranoid reading.) Moving from ordinary suffering to extraordinary pathology, from everyday caregiving to professional cure, the ways of thinking about bodies changed profoundly in the midcentury decades. I have chosen mainly novels that were published in the period of the 1840s to the 1860s, when models of care were changing drastically in ways that authors wanted to address and care communities, now slipping out of reach, were becoming the objects of renewed yearning and fresh visibility.

This is a hybrid project combining Victorian literary criticism with philosophical ethics and contemporary political claims, and I am aware that this multifaceted lens may feel anomalous to readers. I recognize that the multiple agendas at work here may interest some readers more than

others, and I want readers to be prepared for variations in subject as we move from the philosophical first chapter to the historical second chapter, embark on three chapters with literary case studies, and then end up at a pragmatic and political epilogue.

I use chapter 1 as a theoretical introduction to the concept of a care community, drawing primarily on philosophy (feminist ethics) and sociology (theories of community). After explaining current work in ethics of care theory, I offer my own definition of care as something that “meets another’s need.” My hope is that this definition can help us conceptualize care relations not only among humans but also among nonhuman animals, ecosystems, the inanimate, and the ineffable. I stress that care communities require several factors: they must be performative, egalitarian, affiliative, and discursive. While I explain the rationale behind these factors, I also pay attention to their interplay and to the results when they fail. I use Jürgen Habermas’s theory of the public sphere as a guide in outlining how care communities work. There are differences between Habermas’s public sphere and the kinds of private collectives I am tracking, but they also have a surprising number of parallels that can be mutually informative.

If care communities can be abstracted as structural models, readers (particularly readers who come to *Communities of Care* from philosophy) may wonder: why ground this analysis in the Victorian era? I address this query in chapter 2. Because modern medical professionalism developed around the 1850s, studying this period allows us to see the domestic care arrangements and understanding of illness prior to modern ideas, then trace the slow, uncomfortable transition to those ideas. I offer a theory of “ordinary bodies,” based on Rosemarie Garland Thomson’s famous coinage “extraordinary bodies.”⁷⁷ Ordinary bodies are economically marginal bodies ground down by Victorian conditions like industrial pollution, economic stress, adulterated food, and contagion. Chronic sufferers—debilitated people with “ordinary bodies” (invalids, convalescents, incurables)—experienced ameliorative care through their care communities, which devoted their efforts to long-term support rather than heroic cure. I demonstrate how Austen’s *Persuasion* (1817) and “Sanditon” (1817) evince a premedical model that relied on communal care to help invalids. But this model was replaced at midcentury, as I show through a reading of Dickens’s “A Christmas Carol” (1843), a transitional work that still residually relies on care communities while moving into the medical realm. Literature of the Victorian period thus provides an exceptionally rich trove of accounts of care communities and serves as a complex, varied, sensitive

barometer of the lived reality and imaginative extension of a care-based system as it began to give way to modern medicine.

Living through that transition could be agonizing, as we see in *Villette* (1853), the subject of chapter 3. Here Lucy Snowe initially overidentifies in her caregiving but then swings to the other extreme, cultivating a form of caregiving that is wholly divorced from private feeling. While at first this change feels liberating, in the end Lucy begins to feel trapped in a world of fakery. Her caregiving is a performance, not performative, a crucial and nearly fatal distinction. I use Arlie Russell Hochschild's theory of emotional labor to read Lucy as an early instance of a global migrant caregiver in fiction. Reading Lucy as a practitioner of emotional labor can help us develop a new theory of character based not in psychological depth but in repetitive public actions geared to economic survival rather than authentic self-expression. Lucy Snowe, then, is a disindividuated type; as such, she requires a different reading protocol than the usual protagonist. Learning to decode Lucy can help us read Victorian figures who sell their performances of apparent caring, the governesses, companions, and nurses who are the caregivers of the nineteenth-century novel. These often unnamed representative figures require, I argue, an alternative reading strategy keyed to the way care labor affects the subject.

The most influential ethical thinker in Victorian literary work was George Eliot. Eliot stressed the need to learn to think through others' perspectives, a displacement of self that matches core tenets of modern care ethics. In chapter 4, I argue that in Eliot's late work she began to shift from her famous advocacy of sympathy toward something more like an ethic of care. This chapter interrogates how reading for sympathy might be shaping our interpretative practices, and how sentimentality might be differently legible if seen not as a continuation of sympathy but as a blockage of care. *Daniel Deronda* (1876) also demonstrates, however, what it might feel like to give care even if one is privately indifferent to or suspicious of the recipient, exploring how the performative act of caregiving ends up generating caring feeling. In other words, in this last finished novel, Eliot begins to see caring as the result of caregiving rather than as its initiatory motive, and she begins to ask what kind of political difference care might make on a global scale.

Chapters 3 and 4 take a primarily historical perspective on Victorians grappling with care ideas, but the book turns to more abstract theorizing in chapters 5 and 6, where I focus on care as a model for communicative work, asking how discourse generally—and writing and reading specifically—might be imagined according to the structure of care. In

other words, if the first two case studies ask how Victorians conceptualized their own changing social relations, the last two ask how those social relations structured their understanding of their writing practice, and whether such a discursive communal model might help us understand literary style.

In chapter 5, I address *The Wings of the Dove* (1902), a novel that shows dramatically how necessary discursive regulation is for care, and just how much damage is done by silence. Initially, it looks as if James is setting up a classic care-community situation, with a dying young woman surrounded by a loving affiliative group ready to support her. But in this case, both sides fail to communicate about the situation. Milly refuses to admit she is ill, while her carers are actually conspiring to get her fortune, a secret plot about which they cannot speak. The silence ends up destroying their lives and relationships. *The Wings of the Dove* makes us think about reading itself as a form of care, in which we require the text to communicate with us as we interact with it. In this modernist text, I argue, the characters' failures of utterance force us to step in and become part of the community ourselves.

The readers' interpolation into care relations in *The Wings of the Dove* resembles the authorial self-image in Charlotte Yonge's *The Heir of Redclyffe* (1853), the subject of chapter 6, for in both cases the imperative to form community extends so far that it incorporates the reader and author. Yonge's novel demonstrates how we can use a care-community idea to think about literary influence in a radically atemporal style. What happens if a novelist imagines Milton, Byron, and Scott not as forefathers against whom she must rebel, but rather as members of an unruly virtual community whose work anyone can appropriate, rewrite, critique, edit, and adapt, regardless of when they lived? Such a communal synthesis is particularly appropriate for women's writing, which often seems to imagine itself as the junction of multiple voices. *The Heir of Redclyffe* not only exemplifies a synchronic, communal authorial voice but also addresses communal life diegetically, for its main character, Guy, has two families—an adopted family that functions as a care community, and a biological lineage that is hierarchical and patriarchal—and Guy's life mediates between them.

In the epilogue, I turn to the care communities of academia, answering this introduction with specific suggestions to generate more humane, mutually supportive practices for citational norms, departmental relationships, committee work, review practices, and teaching dynamics. I want to think about academic work not as a set of individual, entrepreneurial missions, but as a dynamic in which collaborative, synthesized

communication makes functional social relations possible. Can we create an academic culture—and a social, political, and personal culture—that furthers the community of care?

Whatever your interest, then, my hope is that the pages to come will meet your need and guide us toward reparative and care-full critique. *Communities of Care* repairs and restores ethics of care philosophy by inserting the foreign matter of Victorian communal practice into the cracks, creating a hybrid theory. If it is an unwieldy, jerry-rigged contraption, all the better. A smoothly functioning tool is purely instrumental and we scarcely notice it, but the tool I am building is so miscellaneous that we cannot help but think of our own relation to it. I want to celebrate the lumpy oddness of a conglomeration of feminist philosophy, disability studies, modern sociology, nineteenth-century cultural history, and literary scenes. What kind of lens would this make? My hope is that care-community theory's components will give it what we need: the flexibility for wide applicability, the strength for reinforced evidentiary validity, the capacity for intense close focus, and the range for reaching to peripheral analogues. An instrument that is part fish-eye lens, part binoculars, part reading glasses, and part magnifying lens could give us all the views we need to achieve a genuinely reparative form of reading.

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