

NINETEENTH-CENTURY GENDER STUDIES

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Talia Schaffer. *Communities of Care: The Social Ethics of Victorian Fiction*. Princeton: Princeton University Press, 2021. 275 pages.

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<1>What might it mean to conceptualize care not as a feeling, but instead as an action? What did care look like before health became the default bodily state? And how might we imagine care as a basis of reading, as a basis for literary criticism, and even as a basis for academic practice? These are questions that Talia Schaffer takes up in her new book, *Communities of Care: The Social Ethics of Victorian Fiction*, which examines how care-related actions and relationships organized ordinary social life for Victorians. As the title of the book suggests, Schaffer introduces the concept of the care community, an informal network of support that can serve various members' needs. Notable features of a care community include that they are cooperative and fluid, with members joining, leaving, or changing roles as appropriate. We can look to Schaffer's study and to Victorian literature more generally for insight into the social history of caregiving practices before and after the New Poor Law.

<2>The Introduction and first chapter of the book define important features of the care community and ground communities of care in critical care ethics. The novels that Schaffer examines, ranging from Jane Austen's *Persuasion* (1817) to Charlotte Brontë's *Villette* (1853), exemplify many forms of the care community, all of which engage some of the following structural features to different degrees of effectiveness: performativity, discursivity, egalitarianism, affiliation, and temporality. The ethics of care framework emphasizes that care is a shared responsibility, and it helps us see that care acts are everywhere when we look for them. Once we begin 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" – we will begin to recognize the extent to which we are all part of multiple care communities (21). For Schaffer, "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” (20). These communities became a refuge from the stratification that dominated Victorian social life—even if such communities existed primarily as an ideal, rather than in practice (23). While most care communities in the Victorian novel accommodate some sort of poor care, Schaffer points out that care communities do not need to be perfect to make a difference, and social arrangements that failed often became important foundations for political action.

<3>If the Introduction and Chapter 1 establish the theoretical context for Schaffer’s argument, Chapter 2 establishes the historical framework for the readings that follow. In this chapter, Schaffer tracks changing notions of health and disease before and after the mid-nineteenth century, framing the caregiving community as a register of Victorian uncertainty about the shift to paid medical care. During the first half of the nineteenth century, people saw disability and illness as part of daily life—health was a fluid state, and people cared for one another because they recognized that everyone suffers at some point in life. As Schaffer summarizes, “doctors tended to conceptualize disease as an abstract, floating, mobile situation, something that might be carried in the air” (64-65). Schaffer applies this vision to Austen’s *Persuasion*, which was published before the shift she describes. Care communities dominate the novel, and almost every character experiences some form of sickness, physical disability, or mental illness. The size of the care communities increases as the novel progresses, and, according to Schaffer, these communities promote companionship and ultimately a higher quality life for the characters involved. Similarly, Dickens’s “A Christmas Carol” (1843) frames debility as a widespread feature of ordinary social life, even involving the reader in the process of caring for the characters. However, by the middle of the nineteenth century, as Schaffer demonstrates through readings of *Jane Eyre* and *Villette*, provisions connected with the New Poor Law and changes in medical practice meant that care communities were no longer the primary way of caring for others, as later chapters critique.

<4>Chapter 3 continues discussing the implications of this turn to professional medical care, focusing on the psychological and emotional costs that the paid migrant caregiver managed through further analysis of Brontë’s *Villette*. During Brontë’s lifetime, paid caregiving roles were overwhelmingly performed by migrants. As one of the only novels in which the migrant caregiver figure happens to be the main character, *Villette* offers a unique window into the emotional labor that Lucy performs in a range of paid caregiving roles, whether as a home health care aid or teacher. Lucy spends most of the novel *not caring* about the recipients of her care, generating an internal struggle: “payment rendered feelings inauthentic, yet her feelings were what she had to sell” (95). Lucy’s character thus offers insight into

migrant care workers' vulnerability and insecurity after the turn to professional caregiving.

<5> Chapters 4 and 5 identify forms of failed caregiving in George Eliot's *Daniel Deronda* (1876) and Henry James' *The Wings of the Dove* (1902), positioning them in contrast to the successful care community that Charlotte Yonge imagines in *The Heir of Redclyffe* (1853), which is the focus of Chapter 6. By analyzing the relationship between sympathy and sensibility in *Daniel Deronda*, Schaffer first explores "the pathology of feeling without acting" (117), as Daniel's insecurity and heightened sympathy nearly prevents him from saving Mirah from drowning. Schaffer notes, "a care reading can help stress the fact that Mirah and Daniel are both survivors of parental loss who have settled into damaging passivity" (133). As they "relearn viable social relations" through their interactions with Mordecai, Eliot represents the dream of communal care at the level of the state (133). The novel's final moments depict small, flexible care communities as the foundation of a new nation—an image of hope despite the poor care and passivity of earlier chapters. Chapter 5 offers a different model of poor caregiving, one dominated by silence. Moving forward to the twentieth century and to Henry James's *The Wings of the Dove*, Schaffer identifies the problem of living without care, as Milly's wealth enables her to deny her illness and all forms of care. More interestingly, though, Schaffer frames literary style as a type of care, writing: "if style could get sick, it would be something like *The Wings of the Dove*" (157). James involves the reader in characters' constantly changing development, inviting us to care for characters by making sense of their silences. Schaffer argues that stylistic care is also present in Yonge's *The Heir of Redclyffe*, which both proposes a model of a successful care community and frames authorship and intertextuality as a kind of care relation. By comparing the adoptive and biological care communities surrounding the novel's protagonist, Guy Morville, Schaffer highlights the importance of "negotiat[ing] relationships via discourse ... [and of showing] a capacity to sense unspoken needs in others" in any care community (172). The Edmonstones emerge as an exemplary care community—one not without flaws, but one that nonetheless assesses and adapts according to its members' needs. Schaffer links her reading of the novel to Yonge's voluntary caregiving duties within her church and village, along with her professional life and the relationships she formed as part of a community of authors. Full of intertextual references to Dickens, Byron, Richardson, and others, the novel invites readers to consider its communal form, which, for Schaffer, becomes a platform for thinking about the care community as a mode of reading and model for academic practice.

<6>Indeed, while Schaffer's book stands out because it translates the features of idealized, fictional caregiving communities to modern care relationships—a move that could not be more relevant as we continue to grapple with the COVID-19 pandemic—some of the book's most compelling observations come when Schaffer applies caregiving communities to the academy. For Schaffer, the care community is at once a method of reading and form of literary criticism. Care-community reading “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, economics, and political science” (22). But the significance of the care community extends beyond literary criticism; Schaffer also asks us to use the care community as a basis for considering how we can teach and mentor carefully, research and cite carefully, and re-imagine service so that our work satisfies various needs simultaneously. For example, seminars work best when participants regularly take stock of learning needs and prioritize mutual acknowledgement, and the best forms of research recognize the “human source of arguments,” while developing out of a textual community of care, not on the basis of “competitive individualism” (213, 208). The image of care that Schaffer puts forth in *Communities of Care* is expansive in the best possible way, as it promises to reshape not only our criticism and scholarly practices, but also our everyday lives.