

# EMERGING THEORIES OF CARE WORK

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■ **Abstract** Care work is done in the home as well as in markets for pay. Five theoretical frameworks have been developed to conceptualize care work; the frameworks sometimes offer competing answers to the same questions, and other times address distinct questions. The “devaluation” perspective argues that care work is badly rewarded because care is associated with women, and often women of color. The “public good” framework points out that care work provides benefits far beyond those to the direct recipient and suggests that the low pay of care work is a special case of the failure of markets to reward public goods. The “prisoner of love” framework argues that the intrinsic caring motives of care workers allow employers to more easily get away with paying care workers less. Instead of seeing the emotional satisfactions of giving care as its own reward, the “commodification of emotion” framework focuses on emotional harm to workers when they have to sell services that use an intimate part of themselves. The “love *and* money” framework argues against dichotomous views in which markets are seen as antithetical to true care.

## INTRODUCTION

Some jobs involve providing care for pay; child care providers, teachers, nurses, doctors, and therapists all provide care. Some care is provided without pay; for example, parents rear their children and adults care for their disabled kin. This review surveys emerging scholarship on paid and unpaid care work. Most of it comes from gender scholars. They take an interest because women do such a high proportion of paid and unpaid care work, so that how well a society rewards care work impacts gender inequality. But gender arrangements also affect how care is provided; increasing women’s employment means that more of the care of children and disabled elders is provided by paid workers rather than unpaid female family members.

I review both empirical and theoretical work, but organize my discussion around five conceptual frameworks deployed in the literature. I evaluate their logic as well as how well they fit available empirical evidence. In some cases, these frameworks offer different (competing or complementary) answers to the same questions. In other cases, they address distinct questions. The “devaluation” framework emphasizes that cultural biases limit both wages and state support for care work because

of its association with women. It addresses the question of why care work has low pay relative to its skill demands. The “public good” framework emphasizes the indirect benefits of care work to people other than the direct recipients of care. This answers questions about the benefits of care work, but also speaks to why it is difficult for care workers to be paid commensurate with these public benefits. The “prisoner of love” framework emphasizes altruistic motivations for and intrinsic rewards of care work and that these may lead care workers to accept low pay. Thus, it also offers an explanation for the low pay of care work. The devaluation, public good, and prisoner of love frameworks all suggest that the low rewards of care work may lead to an inadequate supply of care labor. The “commodification of emotion” framework argues that service work done for pay forces workers to alienate themselves from their true feelings, and argues that global capitalist penetration leads to a care gap between the haves and the have nots. Although this framework is not aimed at explaining the low pay of care work relative to other work, it does paint a different picture of the experience of doing care work. The prisoner of love framework focuses on the intrinsic rewards of altruism, whereas the commodification of emotion framework sees care work as even more alienating than other kinds of work. The “love *and* money” framework rejects the dualism that assumes markets are inherently pervaded by narrow selfishness and corrupt altruistic motives, while assuming that families, nonprofit institutions, and informal groups are wellsprings of genuine care. Against the prisoner of love framework, it argues that low pay is not a necessary result of the altruistic rewards of work. Against the commodification of emotion framework, it rejects the idea that work involving care is inherently more alienating than other work.

## GENDER BIAS AND THE DEVALUATION OF CARE WORK

The gender gap in pay is the result more of men and women working in different jobs than of the sexes being paid differently in the same work (Petersen & Morgan 1995). Research on comparable worth shows that predominantly female jobs pay less than male jobs, after adjusting for measurable differences in educational requirements, skill levels, and working conditions (England 1992, Kilbourne et al. 1994, Sorensen 1994, Steinberg 2001, Steinberg et al. 1986). These penalties are experienced by both men and women in predominantly female occupations, but because women are disproportionately represented in these occupations, these penalties contribute to the gender gap in pay. Authors documenting these penalties have proposed the devaluation framework as an explanation of the relatively low pay of female occupations, including those involving care. Cultural ideas deprecate women and thus, by cognitive association, devalue work typically done by women. This association leads to cognitive errors in which decision makers underestimate the contribution of female jobs to organizational goals, including profits. It may also lead to normative beliefs that those doing male jobs deserve higher pay. These cultural biases probably have their strongest effect when new jobs are being instituted in the economy. Once relative wage scales are set up, disparities

are perpetuated by organizational inertia in jobs' relative wage rates, or the use of market surveys of wages in other firms to set jobs' pay levels.

Extending this devaluation view, some argue that female-dominated jobs involving care are especially devalued because care is the quintessentially female-identified activity (Cancian & Oliker 2000, England & Folbre 1999, England et al. 2002). To test this, researchers examined whether those in care work earn less than other workers after controlling for jobs' requirements for education, skill, and working conditions, and even their sex composition. For example, England (1992, chapter 3) examined the relative pay of a broader category called nurturant work. In addition to including the things called care work, such as child care work, teaching, nursing, and therapy, this category included all jobs involving giving a face-to-face service to clients or customers of the organization for which one works. Thus, it included jobs such as sales workers, ushers, waiters, and receptionists. In retrospect, I think a better term for what England was measuring is Leidner's (1993) term, "interactive service work." Using 1980 Census data, with detailed Census occupational titles, England (1992) found that occupations involving interactive service work had a pay penalty; a 1990 replication found the same results (England et al. 2001). These penalties are net of the sex composition of the occupation. Other research has examined the returns to the kinds of social skills used in care work. In an analysis of the New York State civil service jobs, Steinberg et al. (1986, p. 152) found that jobs involving communication with the public and group facilitation paid less than other jobs, net of skill demands. Kilbourne et al. (1994) developed a scale to measure nurturant skill, largely from measures in the *Dictionary of Occupational Titles*, assessing whether jobs involve dealing with people and communication. They found that, other things being equal, workers in such occupations suffered a wage penalty.

In more recent work, England and colleagues (2002) operationalized care work as those occupations providing a service to people that helps develop their capabilities. The main categories of jobs termed care work were child care, all levels of teaching (from preschool through university professors), and health care workers of all types (nurses aides, nurses, doctors, physical and psychological therapists).<sup>1</sup> Controlling for skill demands, educational requirements, industry, and sex composition, we found a net penalty of 5%–10% for working in an occupation involving care (one exception was nursing, which did not seem to experience the pay penalty of other care work). Thus, overall the evidence suggests that care work pays less than we would expect, given its educational and other requirements. This finding is consistent with the devaluation framework, although there is no direct evidence that the mechanism is the cultural devaluation of jobs because they are filled largely with women and subsequent institutionalization of this devaluation in wage structures.

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<sup>1</sup>The difference between this measure (in England et al. 2002) and the measure called nurturant work (England 1992) is that the latter includes interactive service work such as retail sales, receptionists, and waitressing.

The devaluation perspective can be applied to race as well as to gender. Although paid care work requiring a college degree is done largely by white women, much care work without such requirements is done by women of color, some of whom are immigrants (Hondagneu-Sotelo 2001, Misra 2003, Romero 1992). The work done by these women is the lowest paid. Is the relative pay of this work influenced by racist assumptions that devalue work associated with people of color? Kmec (2002) has documented that jobs with a higher proportion of minority workers pay less, net of workers' education. However, the study was not able to use the detailed controls for occupational demands used in the gender devaluation literature because of data limitations, so this conclusion is provisional.

But what about unpaid care work, the most time-intensive example of which is parenting? Women do the lion's share of parental work. Recent data show that women spend about twice as much time as men in childrearing in married couple families (Sayer et al. 2004). How are women economically supported while they are raising children and either not employed or employed less fully for pay than they otherwise would be? The traditional answer is that they are supported by their husbands. But what about mothers without husbands or cohabitational partners? This is a growing group in all industrial societies owing to increased divorce and nonmarital births. If these women are not supported by their own earnings or child support voluntarily supplied by the fathers of their children, then they are supported by the state or state-mandated child support.

Scholarship on gender and the welfare state focuses on how much the state provides public support for such women and their children through direct payments, child allowances (received by married couples as well in affluent nations other than the United States), and state-supported child and health care (O'Connor et al. 1999, Orloff 1996, Sainsbury 2001). The conceptual framework of devaluation of activities associated with women is present in this literature as well, although the term devaluation is typically not used. But as gender scholars have pointed out, gendered assumptions are built into welfare states—that men can be relied upon to support their families and thus that the forms of economic insecurity the state needs to address are those that occur to men, such as unemployment because of disability or economic downturns and the need to retire in old age. Benefits are often conditioned on prior employment. They often offer little for the mother without prior employment because she has been caring for her children. Or if she has a claim to retirement benefits, it is based on marriage rather than care. Payments to lone mothers are not only smaller, but they are much more controversial, especially in the United States. Indeed, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, usually called welfare reform, eliminated a federal entitlement of those meeting the means test to welfare, and allowed states to institute lifetime time limits on welfare receipt. The fact that welfare recipients are disproportionately women of color may further erode public support for welfare. Overall, it seems that what men do is seen as a basis of citizenship rights more than what women do (Glenn 2000). This difference in treatment is consistent with the devaluation perspective, suggesting that the same cultural processes of devaluing

activities associated with women and persons of color are reflected in political decisions of the state.

## CARE AS PUBLIC GOOD PRODUCTION

All work is of some benefit to someone, or it would not be done. But some scholars have argued that both paid and unpaid care work have more indirect social benefits than other kinds of work. Economists define public goods as those that have benefits from which it is impossible to exclude people who do not pay. Even staunch neoclassical economists recognize that, in the case of public goods, because the social return is greater than the private return, markets will undersupply, and thus there is an argument for state provision. Education is the classic example. Although there are private returns to those receiving the education (e.g., increased earnings), there are much more diffuse spillover effects that encourage economic growth. Coleman (1993) argued that society has an interest in how well parents do the job of parenting, and he suggested that to get the incentives right, the state should offer payments to parents based on whether their children turn into a net benefit or drag on society. Recently, gender scholars have pointed out that all care work, paid and unpaid, may create public goods. Folbre (1994a, 2001) argues that having and rearing children benefit people in society other than the children themselves. England et al. (2002) made an analogous argument about paid care work. This social benefit is at the core of the public good framework.

Care work, whether paid or unpaid, often includes investment in the capabilities of recipients. At issue is not only how care imbues cognitive skills that increase earnings, but more broadly that receiving care also helps recipients develop skills, values, and habits that benefit themselves and others (England & Folbre 2000). Care helps recipients develop capabilities for labor market success as well as for healthy relationships as a parent, friend, or spouse. Care contributes to the intellectual, physical, and emotional capabilities of recipients. These capabilities contribute to recipients' own and others' development and happiness. The benefits that accrue to the direct recipient also benefit indirect recipients. The direct beneficiaries of care are the student who is taught, the patient of the nurse or doctor, the client of the therapist, and the child cared for by a parent or child care worker. But when a direct recipient of care learns cognitive skills, stays or gets healthy, learns how to get along with others, or learns habits of self-control, others also benefit.

The many benefits of care to indirect beneficiaries make it arguably a public good. But how do the benefits of care diffuse to indirect beneficiaries? Education is an obvious example. Schooling makes people more productive, increasing their later productivity in a job, which benefits the owner and customers of the employing organization. As another example, if a client in psychotherapy learns to listen deeply and articulate his wants in a nonblaming way, this is likely to benefit his spouse, children, friends, and coworkers.

In the 1970s, Marxist feminists made a similar but narrower point (Dalla Costa & James 1972). They argued that homemakers were among those exploited by

capitalists because their caretaking of their husbands and children made the current and next generation of workers more productive. Thus, in making profits, capitalists extract surplus value from homemakers as well as from paid workers. Those proposing the broader public good framework for care work do not necessarily subscribe to the Marxist labor theory of value. They see the indirect beneficiaries of care to be all of us, not merely capitalist employers. If children given love and taught patience and trustworthiness turn out to be better spouses when they grow up, their spouses benefit. If they are better parents, their children benefit. If they are better neighbors, the social capital of the community increases. If they become good Samaritans rather than predators, safety goes up, and the costs of building and maintaining prisons go down, benefiting their fellow citizens. Benefits to all these indirect recipients accrue because care workers help develop the capabilities of direct beneficiaries, and these beneficiaries spread them through social interaction. The extent to which benefits of caring labor will go beyond the direct beneficiary to others depends, in part, on how altruistic the beneficiary is—which is often a function of the kind of care she or he received.

The claim that care work, more than other kinds of work, produces public goods hinges mainly on the fact that care work involves a higher ratio of investment in capabilities than production of items immediately consumed.<sup>2</sup> For example, the manager of a toy manufacturing plant, as well as the secretaries, janitors, and assembly workers in the firm, and the sales people selling toys contribute to providing something (toys) that consumers enjoy. But it is unclear that providing toys to a child leads him or her to later provide benefits to others. You could substitute those who produce clothes, makeup, furniture, and so forth for those providing toys.<sup>3</sup> By contrast, the care-giving functions of teaching a child discipline and reading and of providing her with healthcare are much surer to lead to benefits for others.

On the central claim of the public good framework for understanding care—that paid or unpaid care work creates diffuse social benefits beyond its immediate beneficiaries—there is no direct confirmatory or disconfirmatory evidence, nor has a relevant research strategy been proposed. The evidence is largely indirect. First, there is some evidence for a public good aspect to fertility (Lee & Miller 1990). That is, the costs of rearing children, especially in the United States, are borne

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<sup>2</sup>This is not to deny a consumption as well as investment aspect of receiving care. For example, the fun a child has playing with his or her babysitter may make the child happier immediately without increasing his or her long-term capabilities. And care of an elderly person beyond a certain age is no longer an investment in future capabilities but a provision of comfort to increase the quality of his or her life now. Nonetheless, the claim is that the ratio of investment to consumption is higher with care work.

<sup>3</sup>One can imagine some noncare jobs that provide goods that increase recipients' capabilities as much as care work, and thus may create diffuse benefits for indirect recipients as well. For example, those who produce nutritious food, products that increase our health, or educational toys and books arguably contribute to human capabilities and thus lead to the same social interaction multipliers.

mostly privately (except for public education). But, with the pay-as-you-go Social Security system in the United States, as soon as children reach the age to have earnings, they contribute to the retirement of their parents' generation through the Social Security payroll tax (Lee & Miller 1990). Thus, because few of the costs (except school) of childrearing have been collectivized, but one of the major economic benefits of having children (their support for their elders in retirement) has been collectivized, having and rearing children has benefits for the viability of the Social Security system (Folbre 1994b). Second, there is evidence of social benefits of education—benefits to other individuals that go beyond the earning power of those who are educated (Bowen 1977, Wolfe & Wolfe 2003).

The low wages of care work can also be seen as indirect evidence that care produces public goods. In the previous section, research documenting a care penalty was presented as evidence for the devaluation perspective, arguing that care work pays less than we would otherwise expect because of its association with women. Another possible explanation for the wage penalty in care work is the public good aspect of the work. The standard economic argument is that public goods will be underprovided by markets because there is no way to capture and turn into profits (or wages, we might note) the benefits that come through social interaction. How could the school teacher, through market forces, get a return from the future spouse or child of her student, who benefits from the student's enhanced earnings? How can a parent receive payment from all the retirees on Social Security whose checks are financed from her child's wages? (She may collect Social Security herself, but note that she would get the same benefit if she had never had the child.) But if some social process (anomalous to economists) does recruit people into care jobs, we would expect that the wage will not reflect the diffuse social benefits of the work. Those using the public good framework have pointed to the low net wages of care work as evidence that care work creates public benefits not reflected in the wage received (England & Folbre 1999, England et al. 2002).

The public good framework has also been used to interpret policy implications of the wage penalty for motherhood. Several recent studies find a wage penalty for motherhood in the United States (Budig & England 2001; Lundberg & Rose 2000; Neumark & Korenman 1994; Waldfogel 1997, 1998a,b). A motherhood penalty has also been found in the United Kingdom (Harkness & Waldfogel 1999, Joshi & Newell 1989) and Germany (Harkness & Waldfogel 1999). Why do mothers earn less? First, although mothers have very high rates of employment today [for example, over 40% of women with children under one year of age are in the labor force (Klerman & Leibowitz 1999)], many women still lose at least some employment time to childrearing (Cohen & Bianchi 1999, Klerman & Leibowitz 1999). Women have no earnings while they are not employed, reducing their lifetime earnings and affecting their pensions. Intermittent employment also affects women's wage level when they return to work because employers reward experience and seniority. Budig & England (2001) found that about 40% of the motherhood wage penalty results from moms losing experience and seniority. Another portion of the motherhood penalty comes from the minority of moms who work part-time and that

part-time work generally pays less per hour (Budig & England 2001, Waldfogel 1997). After experience, seniority, part-time status, and many job characteristics are controlled, there is still a residual penalty for being a mother (Budig & England 2001, Waldfogel 1997). This residual penalty could be an effect of motherhood on productivity. But a recent experimental study provides evidence that some of it is discrimination by employers against mothers. Correll & Benard (2004) asked students to help screen applications for a job. Subjects were told that a company was hiring for a mid-level marketing position in a telecommunications company, that the company wanted feedback from younger adults because they are heavy users of communications technology, and that the company would incorporate their rating when making hiring decisions. They evaluated resumes of fictitious applicants (presented to them as real applicants), indicating whom they would hire and at what salary. Compared with female applicants whose resume mentioned no children, those mentioning small children were less often recommended for hire and, if recommended, were offered lower starting salaries (Correll & Benard 2004).<sup>4</sup>

What does the relative pay of mothers compared with other women have to do with public goods? The research reviewed above clarifies how various labor market processes in our economy—the return to continuous labor market experience, the lower hourly pay of part-time work, and employers' discrimination between mothers and nonmothers—disadvantage mothers. But Budig & England (2001) argue that if the unpaid care work that goes with motherhood is creating a public good, then the inequity is more unjust and the state should intervene to lessen the penalty. For example, the state could prohibit discrimination based on motherhood (Williams & Segal 2003). Another possibility is for the state to mandate that employers hold the jobs of workers who take parental leave after the birth or adoption of a child. Although the Family and Medical Leave Act of 1993 requires this, the mandated leave is unpaid, it is only for six weeks, and small firms are exempted. Gornick & Meyers (2003) argue for public policies that provide state payments for (gender-neutral) parenthood leave for a few months. In their scheme, employers are required to hold jobs (so that previously accrued seniority rights are preserved), and the state provides replacement of a certain proportion of the

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<sup>4</sup>An interesting question, beyond the scope of Correll & Benard's study, is whether this discrimination is statistical or based on erroneous information about group differences. That is, one possibility is that motherhood does affect productivity on the job (especially given the limited parenting work done by many fathers), and employers know this, so, on the basis of this generalization, they discriminate against all mothers because, although they lose some excellent workers that way, the generalization has enough truth to it that they gain more than it would cost them to measure productivity individually before hire. In this case, it is statistical discrimination. Another possibility is that a cognitive bias exists; employers are incorrect about the group differences in productivity. Something between these two possibilities may be occurring as well. For discussion on the legal status of the motherhood penalty, see Budig & England (2001) and Williams & Segal (2003). Correll & Benard did not find men to suffer a fatherhood penalty, and analyses of survey data show that men's earnings go up after having a child (Lundberg & Rose 2000).



wage. Their proposals are based, in part, on the public good argument, as well as on evidence of how such policies have worked in European nations.

## CARING MOTIVES AND PRISONERS OF LOVE

What's love got to do with it? Does genuine care or altruism motivate care work and provide some intrinsic reward for those who do it? Feminist writings on care contain both an insistence that care work really is hard work, as well as a concern for the negative consequences for society if we lose truly caring motivations for care work. Sometimes the word care itself is used to describe a motive or a moral imperative (Noddings 1984, Tronto 1987). Leira (1994) and Waerness (1987) emphasize the ways care work departs from traditional economic views, which define work as an activity performed despite its intrinsic disutility, simply in order to earn money. According to Abel & Nelson (1990, p. 4), "caregiving is an activity encompassing both instrumental tasks and affective relations. Despite the classic Parsonian distinction between these two modes of behavior, caregivers are expected to provide love as well as labor." Cancian & Olicker (2000, p. 2) define caring as a combination of feelings and actions that "provide responsively for an individual's personal needs or well-being, in a face-to-face relationship." Folbre has defined caring labor as work that provides services based on sustained personal (usually face-to-face) interaction, and is motivated (at least in part) by concern about the recipient's welfare (Folbre 1995, Folbre & Weisskopf 1998). Stone (2000) talks about how professional care workers (e.g., nurses) often want to talk to patients and show them real love but are frustrated by bureaucratic requirements that make this difficult. Implicit in much of this discussion is the idea that the recipients of care will be better off if the person giving care really cares about them than if they are motivated strictly by money.

What is the effect on the care workers' wage of having some altruism as one of the motivations for doing care work? When neoclassical economists confront evidence of the pay penalty in care work, they generally suggest that the correct explanation lies in the theory of compensating differentials (e.g., Filer 1989). (See England 1992, pp. 69–73, and Jacobs & Steinberg 1990 for criticisms of the claim that this theory explains the low pay of most female jobs.) The theory calls attention to differences between jobs in their intrinsic rewards or penalties. Nonpecuniary amenities or disamenities will affect how many people are willing to work in a job at any given wage. Thus, according to the theory, employers will have to pay more to compensate for nonpecuniary disamenities of jobs, and they can hire for less in jobs with nonpecuniary amenities, all else equal. Of course, there is variation in tastes among workers. The theory says that if the marginal worker sees the intrinsic properties of the work as an amenity, this permits a lower wage. If the marginal worker sees the work as onerous compared with other jobs, the employer will have to pay a higher wage to fill the job. In this view, if the marginal worker to caring occupations finds satisfaction in helping people, this will allow employers to fill the jobs with lower pay than in comparable jobs without the helping component.

More simply put, the low pay may be made up for by the intrinsic fulfillment of the jobs. Indeed, this is the common economists' alternative to the claim that care is paid less (relative to skill) because of devaluation. Because neither the tastes of the marginal worker nor employers' processes of devaluation are observed, empirical evidence cannot adjudicate between the two views. In this orthodox neoclassical view, there is no policy problem with the low wages of care work; if women do not find the intrinsic rewards to make up for the low pay, they will enter other jobs. If they cannot find other types of jobs because of hiring discrimination, then economists see that as the problem policy should address, rather than the relative pay of care work.<sup>5</sup>

Folbre (2001) has coined the term prisoner of love for this effect of care workers' caring motives on their pay. But her model differs from the standard economic view of compensating differentials in seeing altruistic preferences as at least in part endogenous to doing the work. Rational choice theorists, including economists, generally assume preferences to be exogenous and unchanging. But paid care workers may become attached to care recipients after they start the job, and this may make it difficult for them to withhold their services in order to demand more remuneration for them (England & Folbre 2003, Himmelweit 1999). Evidence of the impact of jobs on workers comes from the research of Kohn and others, who suggest that individuals in jobs requiring more intellectual skill get smarter (Kohn et al. 1983). Similarly, in jobs requiring care, individuals may become more caring. Although I know of no evidence of this, it makes sense that child care workers become attached to the toddlers they see every day, nurses empathize with their patients, and teachers worry about their students. These emotional bonds put care workers in a vulnerable position, discouraging them from demanding higher wages or changes in working conditions that might have adverse effects on care recipients. A kind of emotional hostage effect occurs.

Owners, employers, and managers are less likely to have direct contact with clients or patients than are care workers. Therefore, they can generally engage in cost-cutting strategies without feeling their consequences. Sometimes they can even be confident that adverse effects of their decisions on clients will be reduced by workers' willingness to make personal sacrifices to maintain high-quality care. For instance, workers may respond to cutbacks in staffing levels by intensifying their effort or agreeing to work overtime. This perspective suggests an equity problem of taking advantage of altruistic motives. It also suggests that if the motives are endogenous to doing the work, and people realize this, women may increasingly forego such work because they know they will become prisoners of love. It is like the decision not to have a child because one knows it is too taxing to be a

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<sup>5</sup>Economists also point to excess supply as a cause of the low pay in some jobs. However, this is hard to argue for the care sector because there are many exogenous sources of increasing demand. For example, the aging population covered by Medicare increases the need for medical care, and women's increased employment increases the need for child care and other services that substitute for homemakers' production.

good parent. As more women have the option to choose non-care work to avoid becoming prisoners of love, the supply of care work may be jeopardized.

The prisoner of love phenomenon applies not only to paid work, but also to struggles between mothers, fathers, and the state. Although mother love (and father love) may spring partly from nature, they are undoubtedly cultivated by the experience of providing care to one's child. If this is true, then gendered practices that assign child care to mothers mean that mothers will develop greater caring for their children than either their male partners or others. In the case of divorce, one way to understand men's failure to pay child support is that they know they can count on the mother's willingness to care for the child anyhow and share her money with the child—rather than to retaliate by abandoning the child. In matters of welfare reform, we can also see mothers as prisoners of love. If they did not care about their children, they could bargain more successfully with the state for higher welfare payments by threatening to put their children in foster care. The state pays foster parents much more than it pays welfare mothers—precisely because mothers' love and sense of obligation to their children can be counted on even in the absence of pay. Thus, state actors would not see such a threat by mothers as credible; they are prisoners of their love for their children.

## THE COMMODIFICATION OF EMOTION

What happens when care is a commodity? The idea that the provision of care through markets may harm those who do the work is identified largely with Hochschild (1983), who coined the term emotional labor in *The Managed Heart*. She emphasized how being recruited by capitalists to sell one's emotion is harmful to workers. *The Managed Heart* was largely a study of the occupation of flight attendants, based on interviews with flight attendants and those who devise their training, and on observation of the training. Hochschild was struck by how flight attendants were taught to display feelings that they did not actually feel—to be cheerful even when sad, deferential to passengers even when furious at their disrespectful behavior. She argued that many jobs in the new service economy require workers to act emotions they do not really feel. Sometimes they even require deep acting, where the actor comes to feel the feelings prescribed. (See Smith-Lovin 1998 and Steinberg & Figart 1999 for reviews of research following the lead of Hochschild.) Whereas the prisoner of love view focuses on how care work is emotionally satisfying—so much so that workers will take a lower wage—Hochschild worried about psychological distress from deep acting. That is, one theory sees nonpecuniary amenities and the other disamenities of care work. Wharton has conducted a number of empirical tests to see if those in jobs requiring emotional labor have lower job satisfaction or worse mental health. In general, she did not find this (Wharton 1993, 1999), and found some evidence that many workers like the social interaction their jobs afford them. Under certain circumstances, however, emotional labor was taxing, as when workers had to combine emotional labor with low control and autonomy (Wharton 1999).

In more recent work, Hochschild (2000; 2003, especially chapter 14) has focused on the global penetration of capitalist market forces, and how they have special consequences for women and their families in poor countries. Her focus is on women who migrate from poor to rich countries to take jobs as nannies (see also Hondagneu-Sotelo 2001, Romero 1992). Some of these women have left their own children at home with kin to come to work in a richer country for a better economic future for their families. It is very poignant that they care for affluent, usually white, American children while their own children are left back home to experience their mother's love only through memory. The situation is similar to that of African American women in earlier periods who cared for white children in white homes, while leaving their own children at home, except that here children are not across town but across the world, only seldom visited. This situation is encouraged by the increased employment of well-educated American women (who then need child care for their children) and the large disparity between the wages available in poor and rich nations (one motivation for migration). One could use Hochschild's earlier work on emotional labor to analyze how taxing it is to have to feign love for someone else's children. But Hochschild finds even more poignant the cases in which nannies come to really love their American charges and feel closer to them than to their own children, given the distance. She describes the First World as extracting love from the Third World, and sees it as analogous to extraction of raw materials by colonial powers. She worries that Third World children pay the price, although she does not provide evidence that the children whose mothers come are worse off than they would be if their mothers stayed—that is, that the trade-off between losing their mothers' time and gaining the money their mothers earned was not worth it.

Just as we can ask of the public good view how we know that other kinds of work do not provide diffuse benefits as much as care, one can ask of Hochschild's view how we know that care work is more alienating than other kinds of work. After all, the vast majority of male immigrant workers and many women immigrants are not nannies, but rather clean houses or work in factories or restaurants. Some of them, too, have left wives or children at home. So what is unique about international migration is not doing care work or leaving children behind. Hochschild's answer, somewhat implicit, is that it is always alienating and exploitative when one has to sell one's labor (in this sense she draws on Marx), but it is not as bad to sell the use of one's hands and head as to sell one's heart, and thus it is worse when employers in one country hire people from another to do care work than when they hire immigrants to do other kinds of work.

## REJECTING THE DICHOTOMY BETWEEN LOVE AND MONEY

The love *and* money perspective rejects the idea of an oppositional dichotomy between the realms of love and self-interested economic action. Leading voices promoting this view are Nelson (1999; 2004; J. Nelson, unpublished manuscript)

and Zelizer (2002a,b). They contest the deeply ingrained habit of dichotomizing spheres even when the evidence does not support this, a habit apparent in neo-classical economics as well as in Marxism. Nelson sees dichotomizing habits of thought as rooted in tacit assumptions about gender. Because male and female are seen as opposite, and because gender schema organize so much of our thinking, we develop a dualistic view that “women, love, altruism, and the family are, as a group, radically separate and opposite from men, self-interested rationality, work, and market exchange” (Nelson & England 2002). Zelizer (2002a) calls this the “hostile worlds” view.

In this dichotomizing scheme that Nelson and Zelizer are contesting, we cannot pay care workers well and still get people doing the work who bring genuine, felt care to the work. Moreover, profit-making firms or waged labor can only contaminate or erode love. Feminist economist Himmelweit (1999), while acknowledging that care workers sometimes show genuine care, relies on this same dichotomy when she says that genuine care remains if it resists complete commodification. Hochschild’s (1983) view of the perils of commodification seems to draw from this oppositional imagery to conclude that workers are harmed when they have to sell a part of themselves, and that this is worse the more intimate the part of the self involved. Held (2002) supports decent pay for care work, but argues that true values of care can only be maintained if such work is not in the private sector, where she believes that the bottom line prevails, but rather is kept in the non-profit or governmental sector (Held 2002). Thus, she, too, assumes the polarity of spheres that Nelson and Zelizer critique, but makes the good pole (for purposes of organizing paid care work) the nonprofit and state sectors.

Zelizer and Nelson argue that the claim that only profits and self-interest rule in the market, while more caring values rule in families, nonprofits, or governments, is an assumption that authors often feel no need to document. Zelizer (2002b) contests this assumption, arguing that culture often rules in such matters, so that norms specify the way that money and sentiment can be combined for particular kinds of ties. Nelson (2004; J. Nelson, unpublished manuscript) rejects the idea that the well-being of workers or care recipients is determined so readily by whether it is in the capitalist market sector or other sectors such as the private family, nonprofit organizations, or the state. After all, gender scholars have shown the patriarchal nature of the family in many social settings, as well as the tendency of the welfare state to devalue women’s care work as a basis for citizenship rights. Nelson (2004; J. Nelson, unpublished manuscript) does not want to see the private sector let off the hook, and she thinks there is some cause for optimism. Just as individual workers combine motives involving love and money, she argues that, both neoclassical and Marxist theory notwithstanding, it is possible that private-sector firms can operate with a simultaneous eye to profits and other values—fair pay for workers, quality care services for clients even if they could be duped into less, and avoiding environmental degradation. Nelson (2004; J. Nelson, unpublished manuscript) and Zelizer (2002a,b) are not sanguine that this is a simple matter, but they believe that the dichotomizing hostile worlds view is an assumption rather than an empirically

supported description of the world. Nelson (2004; see also Folbre & Nelson 1900, Nelson & England 2002) argues that we need empirical research to search for the mechanisms of specific problems rather than assumptions about oppositional spheres. Consider the question of whether it is possible for people to have access to adequate care by people whose motives are caring, or the question of whether we could change wage structures to get rid of the penalty for doing care work. Analysis should try to ascertain which particular structural or cultural features of behavior in markets, families, or states have which consequences, rather than assuming that solving these problems is impossible as long as care is done as waged work in private-sector firms.

Experimental psychologists and economists have studied the effects of payment on intrinsic motivation—willingness to expend effort on a task without extrinsic reward. Because doing care work for love or out of altruism is one example of intrinsic motivation, this line of research may apply to whether paying (more) for care work increases or decreases the supply of and quality of care. It should be noted, however, that none of the tasks in the experimental literature involved care work. The typical experiment involves children or college students in the laboratory asked to do a task that holds some intrinsic interest for many, with no reward offered at first. The experimentally manipulated variable is whether an extrinsic reward is offered later. The dependent variable of interest is how much subjects continue to undertake the task in a later period when no reward is offered to either experimental or control group. Studies often find that after being offered a reward for something, subjects do less of the task than they did in the earlier period when no reward was forthcoming. On this basis, some have argued that extrinsic rewards crowd out intrinsic motivation (Deci et al. 1999, Eisenberger & Cameron 1996, Frey & Jegen 2001). The underlying theory most psychologists use to understand this is to assume that individuals find autonomy and self-esteem inherently rewarding, and that when subjects have the sense that conditioning rewards on performance is controlling, they may associate the task with more negative affect and hence repeat it less. At first glance, this interpretation suggests that paying care workers might actually lead to less intrinsic care motivation—so that perhaps real care would be drained out of the workers by high pay. However, the ensuing research shows that this effect is conditional on circumstances. Many of the experiments discussed in this literature focus on the effect of crossing the highly charged symbolic divide between things done for no money at all versus those done for money, rather than on the effects of increases in pay. But a nonexperimental study of volunteer work suggests that, although offering any pay may reduce the hours of this work people do, once the zero point is crossed, higher pay increases the hours people do the semivolunteer work (Frey & Goette 1999). This suggests that, for care work that is already paid, raising the pay would have no adverse impact on intrinsic motivation. Furthermore, ensuing experimental research shows that the effects of extrinsic rewards are affected by the form they take (Eisenberger & Cameron 1996, Frey & Jegen 2001). The experiments suggest that extrinsic rewards that are seen as “controlling” reduce intrinsic motivation for a task, whereas

those that are seen as “acknowledging” increase intrinsic motivation. Rewards that are seen as controlling are those coupled with close supervision or judgments by supervisors that raise questions about the recipients’ competence and threaten their self-esteem. Acknowledging rewards are those that send the message that the recipient is trusted, respected, and appreciated (Frey 1998, Frey & Goette 1999, Frey & Jegen 2001). These results suggest that the more that pay is combined with trust and appreciation, the less it drives out genuine intrinsic motivation—especially important in care work. Furthermore, the experimental research shows that unexpected rewards increase intrinsic motivation more than expected rewards. This line of research exemplifies the love *and* money framework—it looks at specific mechanisms of achieving desirable results in care work, rather than assuming that the world is divided into two opposite systems.

## CONCLUSION

Serious research on the care sector is just beginning. Several empirical generalizations have come out of the research: that an increasing amount of care is done by paid workers (rather than at home by women without pay); that women’s unpaid care for their families is a more controversial basis for state support than men’s employment or military service; that those who do care work for pay often report intrinsic motivations; and that paid care work pays less than would be predicted by its skill level, and even less than other predominantly female jobs at its skill level. There is a fair degree of consensus on these empirical generalizations. More challenging has been conceptualizing care with a theoretical apparatus that explains the source of these empirical regularities. Why do care workers earn less than those in similarly skilled jobs? Why is welfare controversial? Which method of organizing care best combines caring motives, an adequate supply of care, and an erasure of the economic penalty for care? Do love and money drive each other out?

I have organized this review around emergent theories about care work—five frameworks that offer differing perspectives on these questions. The devaluation perspective argues that care work is badly rewarded because the jobs are filled with women, and because care is associated with the quintessentially gendered role of mothering. The public good framework points out that care work provides benefits far beyond those to the direct recipient, and that it is hard to capture some of these benefits in the wage of the worker without state action to do so; in this view, this would be a problem even if care work were done by men. But the devaluation view may help us understand why it is so hard to get political consensus for state support of paid or unpaid carework—because it is done by women, and often women of color. The prisoner of love framework focuses on the genuine care that motivates some care workers, pointing out the cruel irony that these intrinsic motives may make it easier for employers to get away with paying care workers less. One framework sees the commodification of emotion as problematic. It focuses on harm to workers when they have to sell services that use an intimate

part of themselves, and harm to children in poor nations when their mothers are under economic pressure to come to richer countries and leave them behind. In contradistinction to the idea that someone is always harmed when care is sold, the love *and* money framework argues against dichotomous views in which markets are seen as antithetical to true care, and against the view that true care can only be found in families, communities, nonprofit organizations, or state action. This framework calls for empirical studies to reveal which mechanisms cause specific problems, such as inadequate care available to those who need it, work rules that do not allow real care to be expressed, and low pay for care workers. This framework suggests that, rather than assuming a hostility between pay or profits and care, we should test the claims of the other conceptual frameworks discussed here, and some of their implications may be found to have merit. Women's employment is here to stay, and although much care will continue to be given by family members, much of the care given to children, the sick, and the elderly will be provided by paid care workers. How this sector is organized is consequential not just for gender, class, and race inequality, but for all of society.

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