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When Self-Care is Not Neoliberal: Insights from Black, Decolonial, and Disability Feminisms

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Abstract

Feminist theorists have critiqued the twenty-first-century turn towards self-care as neoliberal, arguing that personal wellness masks the welfare state's destruction. I clarify an ambiguity in the argument against self-care's purported neoliberalism, distinguishing three strands of critique: that self-care is too individual, that self-care is too commercial, and that self-care involves a shift in who is responsible for the reproduction of subjects, from the state to the individual. It is in the Foucauldian critique of self-care as responsibilizing that arguments against self-care's purported neoliberalism are sharpest. Yet, care for the self is more ambivalent than these arguments admit. Self-care has remained important to Black feminists, feminist scholars of disability, and decolonial feminists, including many explicitly critical of neoliberalism. Attending to the particular contexts from which calls for self-care emerge demonstrate how self-care is compatible with a critique of neoliberalism and can serve as a critique of neoliberalism itself. Neoliberalism is borne disproportionately by Black women, disabled people, and the Indigenous. Members of these groups have historical reasons to distrust the state's claim to care. They have also been tasked with caring for others instead of for themselves. Finally, care for the self can articulate a refusal of optimization that neoliberalism demands.

1. Self-care and the threat of neoliberalism

Mainstream feminism, scholars fear, is complicit with financialized capitalism in new ways. Expanding on Marxist feminist critiques, scholars of neoliberalism highlight issues specific to this form of capitalism, taking issue with what they call “lean-in feminism” or “progressive neoliberalism” (Rottenberg 2014; Fraser and Jaeggi 2023). Feminists, these scholars fret, promote the representation of women to the ranks of the privileged while ignoring the structures of power that underlie these very designations. Still others draw on a Foucauldian tradition, arguing that neoliberalism calls forth new kinds of feminist subjects concerned with being entrepreneurs of the self (Perry 2018; Rottenberg 2018; Leong 2021; Lakshmin 2023). How, many longstanding feminists rightly wonder, does

the feminist movement—one so concerned with emancipation—risk complicity with the structures of neoliberalism?

Critics see neoliberalism, not least, in recent calls for self-care that have grown since the mid-2010s. The *New Yorker*, *New York Times*, and *The Baffler* all had articles on care for “self, body and/or soul,” and these articles underscore several claims for self-care’s neoliberalism: the way that care for the self can involve performative self-improvement, for example, or how self-care can become a justification for more consumption (Forman 2017; Kisner 2017; Haridasani Gupta 2023). Leigh Stein’s novel *Self-Care*, published in 2020, featured two women running a wellness start-up and was read as a critique of neoliberalism’s hold on feminism today. Reviewers saw the book as pillorying “modern feminism’s transformation into a commercialized hellscape of goat yoga, healing crystals and girl bosses.” (Westenfeld 2020).

In feminist scholarship and in the public sphere, the backlash against self-care may have reached its apex; critics now have taken to defending care for the self. Many, both in scholarship on self-care and in the public sphere, adjudicate debates about self-care’s complicity with neoliberalism through definitions of what counts as self-care (Zuckerwise 2024; Haridasani Gupta 2023). Some practices are defined as politicized self-care (worthwhile and not neoliberal), while others are deemed depoliticized or “faux” forms of self-care (unworthy and neoliberal). In a recent article for *Signs*, for example, Lena Zuckerwise defends Black feminist practices of self-care stemming from Audre Lorde against the charge that self-care is “no more than an uninspired neoliberal construct.” (Zuckerwise 2024, 579). Radical self-care, she argues, is distinct from white wellness, with its emphasis on consumption of scented candles and gym memberships. What is missed, however, in using genealogies of self-care to redeem certain traditions of self-care while dismissing others, is both close attention to what the charge of neoliberalism amounts to and how calls to self-care are sometimes mobilized in the context of critiquing neoliberalism.

Accordingly, I understand self-care, following Laura Martínez-Jiménez, in a way that does not settle the question of neoliberalism definitionally. Self-care is a person’s accountability for

the sustainability and flourishing of their own life, i.e. the practices, relationships and activities that the person performs or participates in for the purpose of satisfying (part of) their own needs and desires for care, from the most ordinary and mechanical ones to those linked to pleasure, rest or the affective-emotional and political encounter with other people. (Martínez-Jiménez 2023, 8)

This paper begins by defining self-care and identifying an ambiguity in arguments directed against self-care’s purported neoliberalism, distinguishing three strands of critique: that self-care is too individual, that self-care is too commercial, and that self-care involves shifting responsibility for well-being from the state to the individual. It is in the Foucauldian critique of self-care as responsibilizing that I find arguments against self-care’s purported neoliberalism are sharpest (section 2). Yet care for the self should be understood as ambivalent: far from being only about shifting burdens of responsibility, self-care has remained important to Black feminists, feminist scholars of disability, and decolonial feminists, including many who are explicitly critical of neoliberalism (section 3). Attending to the particular contexts from which scholars’ calls for self-care emerge helps us better understand how self-care is both compatible with a critique of neoliberalism and can serve as a critique of neoliberalism itself. The burdens of neoliberalism are asymmetrical, and

members of some groups bear the brunt of neoliberalism to a greater extent than others (section 4). Many groups too have historical reasons to distrust the state and its purported insistence on care (section 5). Further, because the work of caring for others often falls to members of particular groups, we should understand their advocacy for care of the self as rejecting the disproportionate burdens to care for others that many women face (section 6). Finally, care for the self does not always translate into the increased productivity that neoliberalism demands (section 7). Instead, calls to care for the self can articulate a refusal of optimization.

2. The literature: three accounts of self-care's neoliberalism

The claim that self-care discourses are neoliberal separates into three related threads of argument: that self-care involves commercialization, that it is too individualistic, and that it is responsibilizing.

2.1. Self-care's purported commercialism

By monetizing self-care, critics worry, we move away from seeing care as about how we sustain ourselves and each other, and begin to treat care primarily as about products or services for purchase. Pooja Lakshmin, for instance, writes that self-care is “big business,” underscoring how “products like crystal-infused water bottles and vagus nerve pillow sprays” marketed under the banner of self-care generate a never-ending consumerist cycle (Lakshmin 2023, 15). Other feminist scholars draw on how self-care discourses give little attention to the intrinsic worth of care relations that have long been a focus of feminist theory, instead prioritizing making money off services like elder care. Self-care is neoliberal, on this view, “precisely because it sets out to profit from affective relationships, the provision of care, and the very real vulnerability and dependency experienced by so many individuals.” (Casalini 2019, 135).

Yet many feminists who critique self-care's imbrication with profit also hold out the possibility of self-care's usefulness. Those drawing on Black feminist and disability feminist traditions, for instance, admit that self-care can involve both “the commercialized development of a self-care and wellness industrial complex”—what scholars reject as the “neoliberalization of self-care”—while nevertheless insisting on the importance of a more politicized form of self-care (Smythe 2022, 89; Perry 2018, 116). Others distinguish politicized self-care from “white wellness,” or separately analyze “real” and “faux self-care.” (Lakshmin 2023; Casalini 2019, 135; Zuckerwise 2024).

While the idea that self-care has involved increasing commercialization is no doubt true, scholars insist this does not tell against self-care as such. Feminist disability activists like Leah Lakshmi Piepzna-Samarasinha, even when they agree that self-care has been “coopted by people who want to make money off it,” for example, still insist that we not abandon self-care (Piepzna-Smarasinha 2018, 210). Put more sharply, healthcare, art, education, and housing have all become increasingly marketized, and yet we would not conclude that medicine or shelter is problematic in its own right. That self-care has been commodified to a great extent does not suggest that self-care is without intrinsic value. It merely tells against certain discourses of self-care or particular ways the language of self-care has been put to use. Why, these scholars insist, should self-care and the possibility of its cooptation tell against self-care as such rather than more narrowly against the way that it has been commodified?

While I find this argument convincing—that self-care is not inherently problematic and that commodification of self-care is an issue—what has fallen out of view even in these nuanced discussions is the connection to neoliberalism. Scholars mistakenly treat the commercialization of self-care as a matter of neoliberalism. However, commercialization doesn't uniquely characterize neoliberalism. Isn't the drive towards profit also present in earlier eras that are far from "neoliberal?" Marxist feminists, in thinking about the operations of capital, have long taken issue with the pressure toward monetization. Even granting that the economization of ever more spheres and the dynamics of profit-making *are* features of neoliberalism, neither are particular to neoliberalism. We shouldn't then understand the claims that self-care is neoliberal to be first and foremost about the commercialization of self-care. Here, I follow Wendy Brown in seeing neoliberalism as about something more than "the conversion of every human need or desire into a profitable enterprise." (Brown 2015, 29). What's different about the charge of neoliberalism, then, can't be a turn towards making money off care.

2.2. *Self-care's individualism*

The second claim, about self-care overemphasizing the individual, is as widespread as the first. Attending to the self, critics worry, we treat the singular feminist subject as the primary object of analysis rather than focusing on how broader cultural, social, and economic forces bear on women and exacerbate our care needs. Cultural critic and art historian Miya Tokumitsu, for instance, connects neoliberalism to a growing focus on the individual without attending to social explanations driving our needs for more self-care: "The location of all social problems onto individuals has now reached preposterous proportions," Tokumitsu (2018) writes. We feel alienated from each other and more anxious for structural reasons, such as the move towards at-will employment and a need to be increasingly efficient at work, and then neoliberalism offers self-care as a balm to problems it has generated. In Tokumitsu's words, self-care is neoliberalism's attempt to "ameliorate the very feelings of self-doubt and alienation it conjures," Tokumitsu adds: "It is no coincidence that ... 'wellness' and 'Self-care' have become mainstream industries" (Tokumitsu 2018). This view is shared by scholar Catherine Rottenberg, who writes of "neoliberal feminists" who recognize income inequalities between men and women, yet respond to the situation by focusing on individual practices of well-being and self-care. In effect, neoliberal feminists reject structural analyses of what generates gendered disparities in the first place. Instead, she argues, women are "individuated in the extreme," and urged to ask how they could do better in their circumstances by taking better care of themselves (Rottenberg 2014, 2018). Sa Smythe, too, writes: "individualization of wellness and the divestment or erosion of attending to the structural problems and (internalized) oppressive regimes that are anathema to what it might mean to be 'well' in this era of late-stage capitalism" (Smythe 2022, 8).

Yet, just as with the issue of self-care's commodification, some defenders of self-care have responded to the charge of an overfocus on the individual feminist subject by arguing that this is a problem of how self-care has been put to use rather than an issue with self-care as such. Feminist scholars, especially feminist scholars of disability, argue that we can begin from individual experiences and still keep social and economic concerns in view. Sara Ahmed argues that critics of self-care move too quickly. Focusing on the individual feminist subject, Ahmed insists, does not necessarily deny that individuals are implicated in larger structures and relations (Ahmed 2014), a point Smythe and Rottenberg would be sympathetic to. Akemi Nishida, Jina B. Kim, and Sami

Schalk all argue that self-care often involves seeing one's self in relation to others (who are both recipients of care and who may be tasked with care provision) in a social field (Kim and Schalk 2021; Nishida 2022). Caring for the self, in this picture, is about sharing the provisioning of care, as evidenced by care collectives and online communities in which sick, disabled, and ill folks connect to share resources about how to care for oneself and for larger communities of which one is a part. Scholars are right to point out the ways social structures (like capitalism) are experienced by individuals, and that one can attend to both collective justice as well as individual well-being.

Nonetheless, a similar point emerges here as in our discussion of commodification: critiques from individualism either don't appear to be about neoliberalism in particular, or else are best understood as points about individual responsibility. The atomization of workers that Tokumitsu treats as characteristic of neoliberalism is most often discussed as a feature of capitalism rather than something particular to neoliberalism itself.¹ What's more, Rottenberg's discussion of the individualizing features of self-care—at least in her 2018 book—seems to be most concerned with issues of how women are constructed as self-responsible subjects (Rottenberg 2018). Even Tokumitsu, concerned as she is with self-care's "navel-gazing," seems to motivate her point by attending to shifts in who we see as responsible for our own sustenance.

2.3. Self-care and responsabilization

It is in neoliberalism's understanding of personal responsibility, then, beyond arguments about either individualism or commercialism, that feminists offer the most trenchant critique of self-care as neoliberal. As opposed to relying on care that is at least in part delivered through the state, neoliberalism involves a shift in the responsibility of who is responsible for care. Care work becomes something done by and for the self.

Many feminists—particularly Marxist feminists and feminists in the tradition of care ethics—have argued that self-care is neoliberal because it remakes us as subjects responsible for ourselves, in spite of limitations on our ability to care for ourselves. Concretely, scholars point to the late twentieth century's political reforms that led to state withdrawal from the provision of care (Brown 2019, 38). Under the new conditions of neoliberalism, individuals (and increasingly families) are tasked with providing forms of care for themselves, including children and elderly care, as well as health care. It's in tandem with these political developments, where almost everything provided by the social state gets transferred to individuals and families, that the language of self-care emerges.

Care as a state good recedes, and the injunction to care for ourselves arises in its wake. Public health scholar Leslie Bella, for example, underscores just how contemporaneous these events are. Narratives around taking responsibility for one's own well-being emerged at the same time that austerity measures were enacted and public health services restructured in Canada. Bella draws a connection between narrative and context to underscore the discursive work of "self-care" as a concept. Under the rubric of caring for oneself, patients are allegedly "'empowered' to engage in self-care and provided with access to the information they needed to ensure health for themselves and their families" (Bella 2010, 22). What the language of self-care, then, conceals is that care for health shifts from being a matter of public concern (e.g., an issue that concerns the environment, access to state services, education, etc.) to instead a matter of private (and

¹For a discussion of capitalism itself as atomizing rather than neoliberalism, per se, see Marx's discussion of alienation from other people in the *Economic and Philosophical Manuscripts* (Marx and Engels 1978, 77).

familial) concern. Individuals, provided with information, make choices in a healthcare marketplace. This shift in the burden of responsibility concerns many defenders of the feminist ethics of care. Lizzie Ward, too, in her research on the UK, observes an alignment between national disinvestment in the NHS and conversations around self-care in the health system. Care, then, gets constructed “as an individual responsibility of the ‘self,’” and what’s obscured in the process is the “collective responsibility of the state to provide adequately for its citizens” (Ward 2015, 46).

Calls to self-care, on this view, are worrisome because they inadvertently produce a new feminist subject who accepts “full responsibility for her own well-being and self-care.” (Rottenberg 2014, 420). Care for the self becomes a private rather than public concern, and the discourse of self-care, in focusing on individual responsibility, naturalizes policies of state divestment from social welfare.

If self-care makes the individual responsible for care that might otherwise be delivered by the state or society, it can also remake us as human capital in other ways. Scholars, including Jason Read and Catherine Rottenberg, have observed that practices of self-care can become a mode of improving our productivity. Under neoliberalism, we are supposed to care for ourselves to improve our competitive advantages over others—by sleeping a full eight hours so that we can return to work energized, for example, or by eating healthfully so that we are less likely to miss deadlines or require leave on account of health issues. This is not about caring for the self, but about ensuring that we’re more productive at our work and otherwise better positioned to compete with others. Care of the self is not just optimizing the self for work, but a broader practice of self-investment and entrepreneurship where we start to treat ourselves as sources of human capital.

Self-care becomes not just a way that we tend to ourselves, but also what Foucault calls governmentality. It’s not that corporations or bosses impose forms of control on us by forcing us to take care of ourselves. We govern ourselves through strategies of self-investment that remake and reorient us. Scholars, for example, turn to how some individuals—nudged through technology touted as self-care (such as self-tracking devices that measure the steps we take or the amount of water we drink)—are “urged to shape their lives through choice in the manner of savvy, ever vigilant entrepreneurs” (Schüll 2016). Yet being remade as entrepreneurs responsible for self-investment in order to survive is characteristic of neoliberalism.

That our becoming human capitals onto ourselves does not ultimately serve our interests is evidenced by who advocates for self-care. A 2017 article in the *Huffington Post*, for example, argued (to employers) that workplace self-care initiatives could reduce (their employees’) work-related stress. “Want more productive employees? Encourage self-care,” the article is titled, suggesting that “encouraging employees to tend to their own health and well-being” yields benefits like lower worker absences and less turnover, which in turn reduces healthcare costs and improves productivity (Kline 2017).

Distinctive here is a shift from being responsible for ourselves and *being governed through* the expectation that we will be responsible for ourselves. In assuming that responsibility, we “engage in a particular form of self-sustenance that matches with the morality of the state and the health of the economy” (Brown 2015, 84). Self-care, viewed in its relation to the state and economy, is much more than something we do to provide for ourselves: self-care makes us more productive at work; we become self-investing and self-provisioning subjects in the service of the state and the economy.

There is something compelling in the argument that self-care can make us responsible for sustaining ourselves, and can remake us as human capitals onto

ourselves. Nevertheless, I would suggest that scholars have moved too quickly in seeing self-care as responsabilizing.

Even when scholars insist that self-care (in certain guises) is political, a response to a world where the self is a site of domination and erasure, they too often make concessions to arguments about neoliberal responsibility. On this view, even if practices of “real” or “politicized” self-care can be defended, there are nonetheless risks we face in re-entrenching neoliberalism through the language of care for the self. However, many advocates of self-care from the traditions of Black feminism, disability studies, and decolonial feminism both insist on the usefulness of self-care as practice and can also be understood as deeply critical of financialized capitalism. These defenses of practices of self-care, then, are especially important to note in a discussion of self-care and neoliberalism. Racialized people, disabled people, and people exploited by histories of colonization are among those disproportionately burdened by neoliberal policies and have mobilized self-care as a response to these histories. I will take up neoliberal’s asymmetrical burdens in section 4, but for now will observe the apparent paradox that we see calls for self-care as a political practice emerging from the very groups of people who have borne the worst of neoliberalism.

3. The ambivalence of self-care

Self-care, I want to insist, is an ambivalent concept. Calls to self-care that promote meditation so that we can focus better on our jobs can be responsabilizing, while at the same time, caring for the self so that we can continue the work of improving collective living conditions can be worthwhile. More interesting than attempting to distinguish emancipatory self-care practices from neoliberal ones—is recognizing what each of these arguments makes visible that the other does not. The responsabilization critique advanced by neo-Foucauldians—such as Lizzie Ward, Brunella Casalini, and Catherine Rottenberg, mentioned above—emphasizes that seemingly emancipatory concepts like self-care can proliferate and justify our own self-investment in a context where the state and our workplaces no longer support the work of social reproduction. As public funding shrinks for healthcare, child and elder care, welfare programs, and pensions, one can too easily naturalize the state’s withdrawal from providing for its citizens by stressing how important it is to provide for ourselves. By contrast, the particular defenders of self-care that I will turn to (Black feminists, feminist advocates for disability justice, and decolonial feminists), emphasize that where the state has provided “care,” it has just as often—and in particular, for certain groups—made recipients subject to the state’s coercive apparatus. Characterizing certain people as “irresponsible” or “unable to care for themselves” has meant subjecting those people to the whims of state paternalism. What members of vulnerable groups mean when they call for self-care, then, requires attention to both discourse and history: it is to do more than claim the ability to care for oneself in the abstract; it is also a claim against attempts at coercive supervision, an intervention to suggest that one might care for the self as well as—or instead of—others. Finally, looking at the work of feminist philosophers of disability and ideas of *crip time* can help us better perceive self-care as refusal, rather than a return to optimizing orientations of neoliberalism.

Rather than thinking in a general way about self-care’s limitations as a concept, feminist scholars can learn from situated analyses of the phenomenon. Self-care, like neoliberalism itself, plays out differently depending on how we are positioned. Self-care can sometimes

be mobilized for critiques of neoliberalism itself; at other times, it can serve the ends of self-governance and economization.

This piece does not simply offer a conventional defense of self-care, arguing that politicized self-care offers benefits that should be weighed against the risks of playing into neoliberal modes of governance; rather, it attempts to highlight the usefulness of certain discourses of self-care in understanding neoliberalism as well as critiquing it. The examples I offer—from decolonial, Black, and disability feminisms—show clearly how important it is to recognize the alternative uses to which self-care can be put.

4. Neoliberalism's asymmetrical burdens

Neoliberalism disproportionately burdens particular groups of people, including Black women, as well as Indigenous and disabled people. Historically marginalized groups that might benefit from social support will be disproportionately impacted by an order of reason that expects individuals to provide for themselves and their families. Considering this background context is necessary to any effort to understand more general critiques of neoliberalism in relation to calls for self-care by members of these groups. More specifically, when we juxtapose neoliberalism's asymmetrical burdens against the terms with which some feminists—notably Audre Lorde—have reckoned with neoliberalism and self-care, we see room for a self-care that is compatible with a disavowal of neoliberalism. As I will go on to argue in sections 6 and 7, self-care can in some contexts even serve as a critique of the neoliberal order of reason.

Neoliberalism, as feminists have long argued, disproportionately burdens Black people and Black women in particular (Glenn 1992). Keeanga-Yamahtta Taylor, in *Race for Profit*, reminds us that neoliberalism must be understood in the context of the 1960s Black struggles that legitimized anti-poverty programming. Because Black people in the US experienced disproportionate poverty, itself the result of historical exclusions, activists legitimized the buildup of “social welfare, fair and equitable housing, and above all good jobs with benefits” (Taylor 2019, 233). These interventions were intended to redress structural impediments to Black equality. When neoliberal policies rolled back these same anti-poverty efforts, it is no surprise that Black people were disproportionately impacted. They were indeed targeted by a discourse that attacked anti-poverty programs for “prioritizing the care of ‘underserving’ African Americans.” (Taylor 2019, 232–3). The neoliberal responsibility discourse—Milton Friedman’s “government spending is the problem, not the solution,” alongside the touting of meritocracy (Friedman 1972)—fit with larger neoliberal aims of undermining social welfare programs. While in some contexts the public conversation was race-neutral, the discourse was directed at programs that themselves responded to demands for racial equity and redress.

Melinda Cooper notes that Black women bore the brunt of the neoliberal policy transition from welfare to workfare. The era of anti-poverty programs, she writes, had been a short-lived period in which the “relative wages and working conditions of African American women appeared to be improving” (Cooper 2017, 102). Requiring women to work to qualify for benefits had devastating results: “The effect of workfare has been to brutally reinstate the historically racialized obligations of domestic servitude, in a way that responds to the imperatives of the Post-Fordist service economy.” (Cooper 2017, 102). In the context of US slavery, Reconstruction, and the Civil Rights era, Black women performed more care work than women of other races in the US. Tying social service benefits (benefits that might address these historical inequities) to work

requirements, then, was a way of keeping Black women in service-oriented jobs. Cooper's interpretation, like Taylor's, suggests that Black folks—and in particular women—were targeted both by design and by ostensibly neutral policies.

The racialized aspects of neoliberal policy in the United States are consistent with neoliberalism's impact on marginalized communities globally. There is evidence that neoliberal policies around disability in Australia specifically disadvantage the nation's Aboriginal and Zenadth Kes people, the latter sometimes referred to as Torres Strait Islander people (Neave 2016; Soldatic 2018). Policies designed to reduce the number of people eligible for state benefits, introducing new criteria to qualify for disability payments, have had a disproportionate impact on some groups. The new criteria presuppose relationships with formalized medical systems in Australia. But many Aboriginal and Zenadth Kes people do not have—and do not desire—such relationships. As Karen Soldatic and others have argued, people who may have social and cultural reasons for avoiding formalized medical systems (e.g., “the use of indigenous practices for healing”) are sidelined; cultural practices can prevent them from accessing benefits (Soldatic 2018, 137). And since many Aboriginal and Zenadth Kes people reside in locations that are remote or poorly served by medical providers, a requirement to prove disability via provider documentation will inescapably injure these groups. Neoliberal anti-poverty reforms that implement more stringent requirements for entitlements can thus harm native and Indigenous people, much as they—both incidentally and intentionally—harm Black people elsewhere.

And yet, despite neoliberalism's specific harms to Black or Indigenous people as well as members of other marginalized groups, self-care advocacy comes from the very groups who have been disproportionately burdened by neoliberalism. While Black feminists, Indigenous scholars, and disability activists explicitly contest neoliberalism and describe the harmful consequences of neoliberal policy on their communities, they also defend care for the self (Rosenbaum and Talmor 2022).² Audre Lorde, in “A burst of light,” famously argues that self-care is not a matter of “self-indulgence” but instead a matter of “self-preservation” and “an act of political warfare” (Lorde 2017, 130). These comments from Lorde have given rise to a tradition of Black feminist thinking about self-care. But Lorde—and the scholars she has inspired—defends self-care in these terms alongside advancing critiques of neoliberalism.

Lorde's essay “A Burst of Light” takes the form of journal entries she recorded after her diagnosis with breast cancer. Lorde explicitly calls out neoliberal reforms as a burden carried—and contested—by Black women. Those women, Lorde insists, “contribute to the strengthening of my determination to persevere when the greyness overwhelms, or Reaganomics wears me down.” (2017, 154). In the explicit references to Reaganomics, Lorde situates herself as antagonized by neoliberal reforms, especially the Reagan-era spending cuts that undermined Aid for Families with Dependent Children and defunded federal housing, school lunch programs, and social service programs more generally. This text addressing self-care then appears against a background of understanding the ways that neoliberal program reductions have disproportionately harmed Black people. We must understand Lorde's interventions into the discourse of self-care as a response to a particular neoliberal order of reason. Scholars note that Lorde's theorizing of self-care was “developed in the particular social, historical, and political

²See for instance the ways that the Black feminist defenses of self-care, as well as defenses of self-care from Indigenous studies and disability activism, emerge in the literature review of those trying to grapple with different threads of the literature on self-care (Rosenbaum and Talmor 2022).

context of the 1980s and Ronald Reagan's administration, which ... Was slowly dismantling the welfare state and its provisions of state care for low-income communities." (Kim and Schalk 2021, 332).

Lorde acutely observes how the financialization of the medical industry (a symptom of neoliberalism) shapes her own experience of navigating a cancer diagnosis. When she walks into a medical facility, she is immediately asked about her ability to pay:

The first people who interviewed me in white coats from behind a computer were only interested in my health-care benefits and the proposed method of payment. Those crucial facts determined what kind of plastic ID card I would be given, and without a plastic ID card, no one at all was allowed upstairs to see any doctor, as I was told by the uniformed, pistoled guards at all the stairwells. (Lorde 2017, 145)

When Lorde struggles to care for herself, we should understand her efforts against the context of a profit-focused medical industry, which she encounters and articulates as a Black lesbian woman diagnosed with cancer. To that end, her interest in self-care and self-preservation is—as she repeatedly argues throughout both “A burst of light” and *The cancer journals*—a political one, concerned with contesting neoliberalism from her situated perspective.

If Lorde confronts neoliberalism from a perspective shaped profoundly by race and gender, scholars and activists in the disability justice movement have brought to neoliberalism and care work an economic perspective that challenges neoliberal assumptions about individual productivity. Jina B. Kim and Sami Schalk, for instance, maintain the importance of seeing care as about more than mere work optimization (Kim and Schalk 2021, 334–35). Self-care, in their view, is not merely instrumental in its relationship to well-being, and can't be reduced to increasing one's capacities as an employee. We should understand their contributions as a response to neoliberal responsibilization. Kim and Schalk articulate that self-care involves a measure of sustainability and a consequent rejection of neoliberalism's productivity framing. Self-care is more than just regenerating oneself to participate in what disability advocate Leah Lakshmi Piepzna-Smarasinha calls a “capitalist ‘normative’ level of production.” (Piepzna-Samarasinha 2018, 23; Kim and Schalk 2021, 334–35).

Indigenous scholars, including Leanne Betasamosake Simpson, have echoed this concern around productivity and capitalism, pointing in particular to the legacy of extractive colonization. Simpson criticizes neoliberalism for its tendency to approach nature, ideas, and people as resources to be developed. “My land is seen as a resource. My relatives in the plant and animal worlds are seen as resources. My culture and knowledge is [sic] a resource. My body is a resource and my children are a resource because they are the potential to grow, maintain, and uphold the extraction-assimilation system.” (Simpson 2017, 75). Speaking about the Nishnaabeg nation and its practices of resurgence in disputes with the Canadian government, Simpson highlights an alternative to neoliberal intensification in relationships of care. Care functions as a rejection of neoliberalism's discursive terms.] Rather than seeing ourselves and other beings as sources of capital, or treating the environment as a set of resources—modes of thinking long present in capitalism and intensified under neoliberalism—Simpson sees care as a rejection of these premises. Care asks us to foster reciprocity. This may mean limitations on extraction, so that we can ensure the continued existence, for example, of wild rice, prairie ecosystems, as well as salmon, eels, and caribou. Reciprocity may also mean delivering care to other beings (whether human or not) in proportion to the care we have

received. Discourses of care—both for the self and in relation to community, then—are a way of contesting neoliberalism rather than merely taking it up.

What all of this together suggests, however, is something paradoxical. We have, on the one hand, neoliberalism as the driving philosophy behind policy choices that shift burdens of care from the state or community to individual or family, and disproportionately to Black and Indigenous and disabled as well as otherwise marginalized women. And then, on the other hand, we see those same women, women from groups that have been particularly burdened by neoliberalism, speak as defenders of self-care. Meanwhile, critics of self-care—those who identify the risk that discourses of self-care can facilitate neoliberalism's responsibilizing tendencies—fail to account for concerns regarding neoliberalism as they are shared in the particular discourses of Black feminism, disability studies, and Indigenous studies. If neoliberalism and self-care discourses can be mutually reinforcing, and if neoliberalism places heavier burdens on particular groups of people, and yet feminists from these most affected groups, despite their criticisms of neoliberalism, call for self-care, then we are left with an apparent puzzle. How can the calls to self-care be coherent with, and perhaps even part of, the critiques of neoliberalism?

Self-care is, ultimately, an ambivalent concept, capable both of being emancipatory and corralled into projects of governance. Much of the feminist literature that approaches self-care from a Foucauldian perspective has focused on the latter. And yet, as Foucault reminds us, projects are neither wholly emancipatory nor wholly administered; things are capable of being used for different purposes and toward different ends.³

Situated engagement with calls to self-care among specific groups—self-care as it is seen from the perspective of Black, Indigenous, and Disability Feminisms—reminds us, first, that a state apparatus and its modes of providing care are not unequivocally good. Recognizing that the state can engage in coercive acts under the guise of “care” prepares us to understand why members of some groups, such as Black feminists and Indigenous people, would insist on the individual's ability to care for herself. I address these questions of coercion and capacity in section 5. We can, second, find liberatory potential in the injunction to care for the self, in part because such injunctions can include/incorporate a critique of neoliberalism itself. A low-earning immigrant or racialized woman who chooses self-care may be rejecting the expectation that she will perform care labor exclusively for others, a role that the erosion of institutional care supports has forced upon her. We can understand that, in calling for self-care, some feminists are refusing the conditions that produce this crisis of care (section 7). Disability justice feminists reinforce this understanding of self-care as a refusal of other-care when they underscore that care for the self, rather than reinscribing productivity, can compel us to invest in ourselves rather than overfocus on others (section 7).

5. What calls to self-care help us see: coercive function of the state

For many critics of self-care, the concept itself is ambivalent: historically, responsibility for one's own care and well-being has functioned to create subjects who are disproportionately tasked with their own and their families' well-being—reproduction and caring for children and the elderly, providing for education, and so on. Where self-care is expected, the state would in turn abdicate responsibility. Yet for those concerned with

³See, for instance, Foucault's claim, in an interview with Paul Rabinow that it is not possible to say that one thing that is purely “liberatory” and another purely “oppressive” (Foucault 1984, 245).

avoiding interference from the state—a freedom from interference historically denied to racially subjugated peoples, for example—self-care appears to be a good thing. Denying that Indigenous and Black people had the capacity to be responsible for themselves and their land was an explanation advanced by a state (and the people involved in it) eager to make people subject to its coercive apparatus.

Decolonial and Indigenous scholars have documented that discourses of state responsibility and the inability of Indigenous people to look after themselves and their families became a pretext for state interventions—to drastic effect—in spheres such as land use, education, and child-rearing (Jacobs 2013; Ellinghaus 2017). In the US context, to be deemed unable to care for oneself led to disproportionate rates of adoption for Indigenous children; these high adoption rates persisted into the post-World War II period, as state agents separated Indigenous children from parents and caretakers they labeled unfit and irresponsible (Jacobs 2023). By the late 1960s, it is estimated that 25 to 35 percent of Native American children were removed from their families and placed in adoptive foster families of non-Native parents (Jacobs 2023). When people within Indigenous communities, then, advocate for self-determination and accordingly for self-care, we should see these claims as not merely about neoliberal ideology.

“Irresponsibility” discourse was also used to further the mass dispossession of Indigenous land. In the US, under the 1887 Dawes Act, Native American reservations were divided into allotments, with the land held in trust for 25 years, allegedly to “protect the Indian”; during that time, Indigenous Americans were to be assimilated into the image of white persons and trained to “support themselves.” Commissioner of Indian Affairs Francis E. Leup described some Indigenous people as belonging to a “helpless class” while deeming others “competent” to manage their own affairs without “Government supervision.” (Leupp 1909). Yet when Native peoples were deemed capable of caring for their own land after the 25-year trust period and able to sell or lease their land, this too could be used as a means of dispossession. Cut off from their communities, livelihoods, and vast swaths of land, Native people deemed competent often sold their land as they had no further means of caring for themselves (MacDonnell 1991). We cannot understand these claims about the ability to care for oneself in isolation from the colonial context of exploitation and created dependence at issue here.

When considering Indigenous communities, then, self-care cannot be separated from the ability to care for the self. To be deemed responsible and able to care for oneself has meant avoiding certain coercive interventions by the state—the removal of children from Indigenous families, for example, or paternalistic legislation that restricted land use. That determination of competence or responsibility could involve an indigenous person in a double bind: making Indigenous people individually responsible for parcels of tribal land could and did function as a mechanism for dispossession. Depending on who asserts that the individual is competent to care for the self, individual responsibility may be understood as either advancing or impeding emancipatory ends. Sometimes, “the ability to care for oneself” conceals a shifting of burdens from the state to the individual in contexts where state responsibility would have delivered better outcomes to subjects; at other times, the state has used the language of care and personal responsibility to cloak patterns of domination.

In thinking about self-care as merely responsabilizing—as about becoming better sources of human capital, rather than as a response to histories where the ability to be self-responsible was a pretext for paternalistic interventions—we fail to see how neoliberalism takes shape as tied to membership in members of different groups. We fail, too, to recognize that certain claims for self-care must be understood not just against the

neoliberal order of reason but also against other historical and social contexts, and also against discursive conditions that predate the neoliberal order of reason.

Black feminists, too, have identified the coercive side of the state's language of care, and in consequence, some of these scholars have modeled different relationships of care for the self. Christina Sharpe, for example, observes that state welfare and conceptions of the state's responsibility for and over its inhabitants have been far from emancipatory for some subjects.

This vision of state care as fundamentally coercive reflects the lived experience of intrusions like surprise visits from social workers trying to enforce "man in the house" rules for welfare recipients. Drawing on these histories, Sharpe writes,

I continue to want to think, theorize, and perform care counter to what is offered and enforced by the state (many states, any state), which imagines and enacts care for the poor, the black, the trans, the queer, the migrant, the vulnerable as prison cell, grave, mental institution, prison-school, poisoned air and water, abandonment, extraction, "tender-age shelters," and "baby jails." (Sharpe 2018)

Where critics of neoliberalism go wrong, then, is in characterizing the state—even the state as provider of social services—as neutral. While they might reasonably lament the shrinking of public services, they should also recognize that services have been delivered unequally, and that particular groups of people have been dominated in and through the coercive processes surrounding such services. Feminists might recognize that when Black or Indigenous scholars turn toward individual responsibility, then, they do so in response to patterns of domination woven into the experience of interfacing with the state as provider of public services.

Understanding these calls to self-care requires us to further confront the often racist and ableist framing of neoliberal discourse. Black, disabled, and Indigenous people are most disadvantaged by neoliberal policy interventions, and these groups are also figured in public discourse as being unable to care for themselves. This advocacy of self-care exists not only in relation to the decline in anti-poverty programs and the increasing displacement of responsibility from the state to the individual, but also in relation to neoliberal discourses about the inability of certain groups to be self-sustaining. Scholars, including Glen Sean Coulthard and Shelley Tremain, have suggested that the present figuring of members of these groups as dependent emerges from conditions that are created, not natural (Coulthard 2014; Puar 2017). To draw attention to self-care and to insist on the capacities of groups historically labeled incapable of being "responsible" proves to be fundamental to a critique of the social, discursive, and structural conditions that attend members of these groups. It is not, in other words, a purely individualistic discourse.

There remains a risk that turning to this language of responsibility could facilitate its use as a technique of governance, but the issues at stake for scholars from marginalized communities are more complex than the more narrowly economic binary some feminists have posited to decry self-care as responsabilizing, rather than enabling, the individual.

More interesting than redeeming self-care as always emancipatory or rejecting it as purely neoliberal, is recognizing what each argument makes visible that the other does not. The responsabilization critique of neo-Foucauldians emphasizes the ways that seemingly emancipatory concepts like self-care can proliferate and justify our own self-investment when the state and our workplaces no longer have a stake in issues of social

reproduction. As public funding shrinks for healthcare, child and elder care, welfare programs, and pensions, stressing the importance of providing for ourselves can naturalize the state's withdrawal from providing for its citizens. Critiques like these foreground the ways self-care can be used as a way of intensifying self-investment. The histories of the particular defenders of self-care (Black feminists, feminist advocates for disability justice, and decolonial feminists), by contrast, make visible that the state's provision of "care" has often, for certain groups, entangled recipients of that care in the coercive apparatus of the state. Those characterized as "irresponsible" or "unable to care for themselves" would be subject to the whims of the state's paternalistic functions. Calling on self-care in these contexts is both a claim of capacity in the abstract and a concrete strategy for avoiding hostile interactions.

6. Responsibility for oneself and responsibilities for others

Self-care can also articulate a critique of neoliberalism itself, especially when we reason from the perspective of those who suffer most from what feminist theorists have called the "crisis of care."

More is demanded of us at work, which fills a growing percentage of each day, and in a condition of increasing time poverty, our ability to rear children, maintain households, and sustain communities—the social reproductive labor often cast as women's work—gets squeezed. Nancy Fraser, for example, sees this crisis of care as the expression of the "social-reproductive contradictions of financialized capitalism." (Fraser 2016, 99). Fraser, referring to financialized capitalism and neoliberalism interchangeably, notices how burdens of care get shifted to women as a general category.

Marxist feminists have often described how the provision of care is left to women, which means that women uniquely experience the impacts of neoliberal responsibilization. From purchasing household necessities to providing emotional support and practical care for the elderly and children, the tasks of social reproduction fall primarily to women. As Wendy Brown argues, "responsibilization" in the context of privatizing public goods uniquely penalizes women to the extent that they remain disproportionately responsible for those who cannot be responsible for themselves (Brown 2015, 105). As state services shrink or are privatized, leaving us without early childhood care, elder centers, recreational facilities, and medical services, even without social security, the cost of replacing those services will fall unequally on women.

While it is no doubt true that women are tasked with ever-increasing responsibilities for care work when public services shrink, care provision is not equally distributed across all women.

Under that broader category label, and falling out of view, is that particular women (often low-earning racialized women) are specifically tasked with caring for others. As the state displaces its burdens of care onto all women, many women (often higher earning, middle-class women and white women) displace those burdens onto low-earning Black women and immigrants (Glenn 1992).

Nuancing the general analysis Marxist feminists have brought to the crisis of care and responsibilization, scholars like Evelyn Nakano Glenn distinguish between the demands neoliberalism places on middle-class women—financialized capitalism increases the burdens they carry at work—and networks of low-earning racialized women—whose burden increases as middle-class women rely on them to perform care work. These low-earning women thus end up carrying disproportionate responsibility for social reproduction overall.

For the women who perform this care work, the displacements of neoliberalism change little. Nakano Glenn observes that care work falls to particular groups of racialized women even when it is provided under the auspices of state-funded public services. When we call for more child or elder care, she writes, we ought to be asking who will truly benefit:

Who is going to do what work? Who will benefit from increased service? The historical record suggests that it will be women of color, many of them new immigrants, who will do the work and that it will be middle-class women who will receive the services. (Glenn 1992, 36)

Where feminist critics of neoliberalism go wrong is in imagining that, where the state provides public goods, the crisis of care and the challenges of responsabilization will be resolved. For some women, that may be true. But Nakano Glenn reminds us that low-earning Black women and immigrants will still likely be disproportionately tasked with underpaid or unpaid care work for other people, through service jobs and domestic labor.

To untangle the assumption that care workers—who are often racialized and low-income—do not have care needs of their own, I read Nakano Glen alongside the work of critical disability studies scholars like Akemi Nishida and Jasbir Puar. When certain populations are configured as “capable” of care work, this often entails that members of these groups neglect their own needs for care. When racialized, immigrant, and low-income women are understood first and foremost as care workers, these care workers are prevented from attending to their own status as disabled or debilitated. This in turn means that care workers do not “receive care on a structural level” (Nishida 65). Nishida’s claim, that who we understand as a deserving beneficiary of care is always socially and politically constructed, and that care workers and care recipients often overlap in their functions, further underscores the importance of rethinking responsibility for care. This is cross-cut with how feminist scholars of disability have tended to focus on acute disablement rather than chronic illnesses like asthma, which has prevented us from seeing low-income and racialized women (who are more likely to face these kinds of illnesses than members of other groups) as themselves in need of care. The very workers whose care needs are not prioritized by the state are impaired and yet, all the same, made to do care work.

When the call for self-care is advanced by women from racialized, low-earning groups, we should then read it as a refusal: these women are refusing the burden of social reproduction that is pushed upon them by neoliberalism, but not uniquely by neoliberalism. Far from being individualistic or responsabilizing, self-care in this sense is an alternative to taking up the burden of care for others (including for other women). When care workers, following Lorde, direct their energy and attention toward the self, they are not becoming better self-providers or self-investors; they are refusing to solely address the needs of others.

7. Self-care as a rejection of productivity

If scholars like Nakano Glenn prompt us to understand self-care in terms of a Black or immigrant woman’s capacity to care for herself instead of others (a question of where one’s productive efforts will be directed), scholars of disability have framed self-care as a refusal of productivity itself. In particular, we might see care for the self, and particularly

these calls from the corners of disability justice, as not about making ourselves better, more productive sources of human capital, but contesting the increasing demands placed on our bodies and minds under neoliberalism.

Disability studies scholars have attended to the ways that neoliberalism renders our bodies as always inadequate. If neoliberalism produces subjects concerned with their efficiency and competitiveness in the worksphere, this may mean our ability to work longer hours with increasing focus, even as our benefits are constricted. In turn, our bodies are produced as always inadequate to these ever-increasing demands. Under neoliberalism, Jasbir Puar argues, we see our bodies as insufficient “in relation to what one’s bodily capacity is imagined to be,” and even seemingly mundane processes like aging or sleeping become debilities (Puar 2009). This too leads us to seek solutions for these alleged issues, in the process attempting to constantly improve our bodies and minds. Since nearly all bodies under neoliberalism seem debilitated, David Mitchell and Sharon Snyder write, everyone is compelled to use available opportunities to improve our “beleaguered cognitive, physical, affective and aesthetic shortcomings,” whether perceived or actual (Mitchell and Snyder 2015, 12). There is, no doubt, a push towards responsibilizing ourselves and our bodies built into neoliberalism.

Nevertheless, a number of disability scholars have argued against self-care if and as defined as reproducing subjects to be more productive instruments of capitalism: we should not, they argue, see self-care as necessarily a project of optimizing ourselves as workers in the way that neoliberalism can demand. While superficially, the practices of disabled people and those responsibilizing themselves might look similar—thinking about conserving one’s energy for future affairs, for example—they are expressive of fundamentally different orientations to both time and neoliberalism. Alison Kafer, for example, writes that people who live with chronic conditions that leave them fatigued or in pain might need to calculate how their actions now will impact them in the future, in effect caring for their present selves in the interest of their future selves: “If I go to this talk now, I will be too tired for that class later; if I want to make it to that show tomorrow night, I need to stay home today.” (Kafer 2013, 39). In thinking about what one will need, the disabled person rejects the idea of self-care as conserving energy in the interest of workplace productivity or to improve one’s competitive positioning with the ultimate benefit to the economy. Instead, the disabled person may reject ideas of measuring our work and achievements according to hard deadlines and unforgiving schedules. This takes issue, accordingly, with the construction of the neoliberal need for productivity and to continually ask more from our bodies and minds. The concept of “crip time” then involves choosing to care for the self rather than embracing a logic of productivity or self-optimization at all costs. “Rather than bend disabled bodies and minds to meet the clock, crip time bends the clock to meet disabled bodies and minds.” (Samuels 2017).

Self-care, when advocated by disabled people and proponents of disability justice, in other words, cannot be reduced to neoliberal responsibilization.

Disability scholars Jina B. Kim and Sami Schalk acknowledge that some models of self-care, rooted in individual responsibility, are problematic, but they argue against simply sidelining discourses of self-care or treating self-care as a mere distraction from political work. Schalk and Kim argue that self-care is about, as Lorde suggests, “Caring for the self in order to do one’s political work of change Self-care is socially reproductive, productive of both a social field and a viable future and time for socially disposed populations.” (Kim and Schalk 2021, 339). The social reproduction that can be achieved via self-care is thus not reproduction for capitalism but productive of possible better futures.

8. Conclusion

While the focus of this piece has been on the usefulness of calls to care for the self in relation to histories and discourses of neoliberalism, self-care is an ambivalent concept. Feminists drawing on a Foucauldian tradition have tended to see one side of this more clearly, characterizing the ways that self-care can shift responsibility for social reproduction from the state to the individual or, at times, the family. Yet, in the process, these arguments have obscured the potentially emancipatory ends of self-care. When we consider discourses of self-care articulated by disability, decolonial, and Black feminists, together with the social contexts in which women belonging to marginalized social groups experience state care and work to deliver care to others, we can better understand these feminists' calls for self-care as voicing distrust for the state's provision of social services, as articulating burdens of care for other people that fall disproportionately on low-earning racialized women, and finally, as refusing—rather optimizing—productivity. To connect calls for self-care to the social and discursive contexts of marginalized women's lives is not to claim that self-care is always emancipatory, but connection to those contexts explains why groups of women in particular social and historical circumstances have seen self-care as emancipatory, and have even seen the potential that self-care can be part of resistance to neoliberalism itself.

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