

## Reviews

***Communities of Care: The Social Ethics of Victorian Fiction.* By Talia Schaffer. Princeton, NJ: Princeton University Press, 2021. xvii + 274 pp.**

In the early phases of the pandemic, it was sometimes hard to find the drive to keep writing. The daily struggle to care for our families, our students, our communities, and ourselves ate at our resolve to complete that chapter, that article, that conference paper. How could our research matter while the world was convulsing? In writing *Communities of Care*, Talia Schaffer found herself in the opposite position, a space occupied by scholars and researchers thinking about the interrelated social, public-health, and political crises surging to the surface. In Schaffer's case, the topic was *care*, and it was suddenly everywhere.

The term proliferated across university and college websites and in memos, press releases, and internal communications. Suddenly, the primary business of higher ed was to care for its students. As points of contact, staff and faculty were enjoined to meet the needs of a grieving population in creative ways. Care was a topic of concern outside academe, too, as news outlets reported on care work and communities rallied around health care workers. In her preface Schaffer remarks: "I'm not used to writing on a topic that is dominating the news. So it was strange for me to discover that care was everywhere in 2020. . . . For a Victorianist, it certainly is a strange feeling to be timely" (xii-xiii). Yet, she notes, to write about the ethics of care during a health crisis was the only kind of research she could manage under such collectively experienced duress. In her rigorously researched and conceptualized book, Schaffer demonstrates both the transformative work of care and its limits in effecting real change. She accomplishes this by turning to Victorian novels, which, in her readings, become rich theoretical experiments in the ontology of care at a moment of historical change. In the mid-nineteenth century "an older paradigm of care, health, illness, invalidism, and recovery" was overtaken by an emergent professionalization of medical expertise, which replaced the older structures with modern concepts of diagnosis, norms, pathologization, and cure (60). The public discourse in the wake of the pandemic seems to argue that caring might heal large structural wounds. Schaffer's book thoughtfully reveals how Victorians approached the practice of care, setting it in novelistic form, plumbing its promises, exposing its failures and fragilities, and asserting its necessity, if not its sufficiency, for social change.

*Communities of Care* wades into complicated territory, rife with the possibility of misinterpretation. Schaffer is thus precise in delineating her focus. She

defines care communities as social formations that articulate people into relations: with each other, with nonhuman animals, and with animate and inanimate matter. Schaffer writes that care is a practice one undertakes primarily to meet another's need. Sometimes it involves caring feelings, sometimes not. Sometimes the caring feeling precedes the care action; sometimes it occurs during it, sometimes after it, sometimes not at all. The point is that caring is not feeling, because, in contrast to feeling (and thus sympathy), it involves *doing something*. Sometimes that doing something can be showing concern to someone who needs it. But then it is only an effective care relation if the show of feeling is the specific need of the receiver. If the need of the receiver is liberation, economic support, or legislative redress, then the feeling of concern from the giver is not only ineffective but also harmful, leaving the receiver feeling worse than before.

Through her inquiry across discourses, including feminist ethics, queer kinship, disability activism, Black community justice, and her main archive, Victorian novels, Schaffer identifies care communities as having five main features: “performativity, discursivity, affiliation, egalitarianism, and temporality” (49). Referring to care communities among marginalized and vulnerable populations, as well as to the care communities that nineteenth-century British writers imagined, often already nostalgically, in the face of drastic historical change, Schaffer moves deftly among contexts. She stakes out her methodology directly: rather than address why Victorian novels are privileged in her approach, she reframes the question to ask what the technology of the novel across this historical period can “reveal to us about how care works in communal settings and about the history of care relations” (61). For Schaffer, the force that connects an interest in the plots, the characters, and the formal elements of novels with a keen and wide-ranging interest in community welfare across time and media *is* care. In other words, Schaffer argues that once we as readers and critics notice what care does in Victorian novels—how it functions, how it breaks down, how it works on the personal level, and how it might build to the collective—we enhance our historical understanding and can become more adept at practicing care in our multiple contexts, including our research and textual practices, as well as our institutional, academic ones.

In her book Schaffer provides concise syntheses of new turns in critical theory over the past two decades. Her argument touches on and enlarges the concerns of disability studies, posthumanism, animal studies, environmental humanities, queer theory, and animacies. In keeping with its investigation of and advocacy for care as a practice that extends into academic work, Schaffer notably spends less time pointing out gaps in the works she cites than she does building on or moving alongside those works. It is also notable how many first books are cited, as well as articles by early career researchers. Thus *Communities of Care* itself builds a capacious sense of community, opening out to multiple

arguments in ways that invite dialogue, exhibiting precisely the kind of care that the book tracks and theorizes.

The literary case studies in *Communities of Care* start, however, prior to the Victorians, with Jane Austen. Schaffer points to a nostalgia in Austen's novels for the premedical paradigm as it was on the verge of being replaced. By the time we get to Charlotte Brontë's mid-Victorian novels, care has become professionalized, not just by medical experts (who are not very caring) but by paid caregivers, including governesses, such as Jane Eyre, and companions and teachers, such as Lucy Snowe in *Villette* (1853). Schaffer connects this latter novel about migration and paid, gendered care work to the labor conditions of current domestic workers, also often immigrants, typically women of color. The novel reads differently through this lens; *Villette* is one example of many where attention paid to care communities opens up familiar Victorian novels to urgent new meanings. Rather than read for deep psychologies of characters, Schaffer teaches us to appreciate how Victorian novels were interested in teaching readers to think of themselves not only as liberal subjects with rich interiorities but also as social actors enmeshed in relations of care—or not—and as living participants in imagined, shared worlds.

Schaffer turns to George Eliot's *Daniel Deronda* (1876), Henry James's *Wings of the Dove* (1902), and Charlotte Yonge's *Heir of Redclyffe* (1853), among other novels, to explore different forms of experimentation with care. Schaffer argues that Eliot's last novel "prophesies an ecstatic world filled to the brim with care, with no room for any other concerns" and "an idealistic future in which caring solves all problems" (139). She claims that in James's novel silence blocks care communities from forming but also opens up the possibility of the reader's caring for the modernist text, in particular *its* silences. *The Heir of Redclyffe* becomes in Schaffer's handling an example of a novel that is about a care community and that, in its construction, represents a "communal synthesis" of earlier writers. Schaffer argues that Yonge drew on prior source materials, setting texts in a care relation that does not quite fit models of influence, plagiarism, or intertextuality. In her epilogue she elaborates the significance of this book in our own historical moment and in our academic context. Titled "Critical Care," the epilogue lays out a theory of critique and citation as care practices and suggests ways that care communities might and might not function in the university.

As Schaffer's readings demonstrate, Victorian novels are full of characters "always trying to get into care relations with one another" (192). The care community became a fantasy of Victorian novels, especially as they extended farther into the medicalized world of the normalized body. Schaffer's book asks us to recognize and care for the utopian impulses of these novels, tracing a genealogy of care communities even when they fail or are weak or awkward. Once you read the book, the term *care* will hit you very differently, and you may find yourself asking whether its usage in a particular context satisfies the ethical criteria Schaffer has proffered.

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**Zarena Aslami** is associate professor in the Department of English at Michigan State University. She is author of *The Dream Life of Citizens: Late Victorian Novels and the Fantasy of the State* (2012). Her writing has appeared in *Novel: A Forum*, *Victorian Literature and Culture*, and *Victorian Studies*.