

Subjectivity and sexuality in care work*

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Abstract

The present article presents the results of comparative research undertaken in Brazil, France and Japan into the phenomenon of care work with elderly dependent people in institutions and in the home. We pay particular attention here to the sexual dimensions of this work – both in terms of the care provider and the person who receives care – and also to the dimension of gender in the relationships between the caregiver and their charges. Few investigations have dealt with sexuality in this sort of work. The examples in this article, however, make it clear that this is a dimension which is of fundamental importance to the caregiving profession, particularly in terms of professionally preparing caregivers for their responsibilities.

Key-Words: Gender, Sexuality, Care, Professional skill.

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Introduction

In France today, new orientations regarding the sociology of work, gender and care are being formulated.

From the 1980s to the 2000s, research on work and employment from a gendered perspective dominated the field of gender studies in France.¹ Over the last ten years, however, much research has been conducted situating sexuality as a central dimension of investigations into labor. Aside from pioneers in this area, such as Michel Bozon (1991, 1999), there have been many new researchers coming into the field (Eric Fassin, 2003, 2005; Isabelle Clair, 2008; Elsa Dorlin, 2008²). A focus on the body and sexuality in the analysis of labor, present in the works of Anglophonic authors since the 1990s (Adkins, 1995), has more recently become visible in France in research regarding care work among nurses (Giami et al., 2013) and assistant nurses (Molinier, 2009).

Another orientation that has sparked growing interest in the sociology of work and gender concerns subjectivity, affection and emotional labor. The pioneering work of Christophe Dejours (1980) in the field of psychodynamics of work placed a strong emphasis upon “subjectivity and work” and had a certain repercussion since the beginning of the 1990s on sociologists of

¹ It would be difficult to mention all of the research and researchers of this period, and even restricting oneself to only two names – Danièle Kergoat and Margaret Maruani – one finds their opus to be so vast that it’s almost impossible to cite all the necessary references here. I must mention, however, the 4th edition, published in 2011, of *Travail et emploi des femmes*, by Margaret Maruani (2011). Published for the first time in 2000, this book synthesizes the knowledge acquired over the two prior decades by Maruani’s research and by that of the collective of researchers studying gender and work in France. I must also point out Danièle Kergoat’s book *Se battre, disent-elles* (2012), which brings together her principal texts published from 1978 on.

² This book analyzes relations between sex, gender and sexuality from a feminist perspective. These are three dimensions of sex, according to the author.

work.³ Arlie Hochschild (1987) also pioneered the incorporation of the “emotional” dimension in the analysis of labor, initiating a new sub-discipline: the “sociology of emotions”. These works and other like them, however, have only begun to be received in France in recent years, largely due to research into care work.

The dimensions of care work

According to Angelo Soares (2012), whose work inspired the new sociology of emotions, five dimensions of care can be perceived, among which the corporeal and sexual dimensions are clearly present. These are: 1) the physical dimension, involving bodily contact, which is present in such activities as cleaning a patient after they excrete, giving baths, inserting catheters, washing the patient’s intimate parts, etc; 2) the cognitive dimension, which involves knowing about the effects of medication, observing schedules and recognizing clinical symptoms; 3) the sexual dimension, which utilizes the worker’s body in the production of care; 4) the relational dimension, which involves interaction, communication, and the ability to listen; 5) the emotional dimension, which pays attention to the importance of emotions in health care, as well as proscribes emotions and emphasizes emotional control during the course of care work.

Pascale Molinier (2012) also presents us with five different facets or descriptions of care work: care as gentleness, care as discrete know-how, care as dirty work, care as inestimable work and care as a political narrative (cf. Molinier, 2012:30-41). Discrete “know-how” is a view of care that situates it as invisible and thus little recognized work – work that is at the same time attentive and discrete. More interesting – and directly relating to the topic of this article – is the research conducted by Molinier among the dependent elderly. In these investigations, she shows that there is a

³ Danièle Kergoat thus says that to the degree that “the activity of work is production in and of itself”, we cannot “think of work – even sociologically – without taking into account subjectivity” (Kergoat, 2001:9).

clearly sexual aspect to care work and to the skills which professional care workers must learn. Molinier (2009) presents us with the case of Mr. Georges, for example, who suffers from senile dementia. He only calmed down while being washed or dressed if the care workers let erotically touch a part of their body, which was different according to each worker: “kisses on the neck, a hand on the ass, hands on the waist, and even attempts to touch the breasts of one corpulent matron” (Molinier, 2009:237). This kind of behavior is not at all exceptional in long-term care facilities for the elderly, according to the author. Within this context, “proper” care work accepts in a measured and circumspect manner the advances of the old man. This controlled acceptance, however, had to be an object of normative discussion and debate within the work collective, however. This means that it was necessary to publicly discuss and debate the problems the care workers were having with the old man, establishing rules and norms which would be accepted by all members of the collective after discussion.

Care work and sexuality

The above characteristics of care work and its relationship with sexuality demonstrate the complexity of care work and the difficulties in learning about the boundaries between its various dimensions: love, affect, emotions. These aspects are not the exclusive domain of the families of the person being cared for and care work and its various techniques cannot be the exclusive domain of the care workers either. The sociology of emotions can be used here in order to aid our understanding and analysis of care work.

The absence of the sexual dimension in the theories and professional practices of care work is remarkable and holds true with very few exceptions, even as gerontology strives to show that sexuality is not extinguished in old age and, in the words of Debert and Brigeiro (2012), for gerontology “there is no such thing as a successful old age without a satisfying sex life”.

Pascale Molinier's research (2005, 2009) constitutes an exception to this general rule, emphasizing the invisibility of care work that utilizes a "discrete know-how". This author shows that such work cannot be thought of as independent from sex. While it may be less problematic to separate sexual desire and old age, on the one hand, and sexuality and professional skills, on the other, it is impossible to eliminate the sexual dimension from the constitutive relations of care in institutions or at home. Through concrete examples (such as the story of Mr. Georges, above), Molinier shows the extent to which care work and the creation of care collectives depend upon interactions in which sex is present and understanding the possible responses to the demands of the person receiving care are part of the job and part of being a good professional.

Basing her analysis on research among migrant home care workers in Buenos Aires and the concrete and often "dirty work"⁴ performed by them for the elderly, Natacha Borgeaud Garciandia (2012) asks "is taking care of a man or a woman the same thing?" How does one react to different sexual gestures, which may sometimes reifying the body of the caregiver, creating a degrading situation? How are such gestures able to be res-symbolized and reinvested as work (Marché-Paillé, 2010:43)? For Borgeaud Garciandia (2015), the analysis of sexuality and intimacy of the dependent elderly is inseparable from the analysis of care and the caregiver that takes care of them: "Sex and sexuality are part of the dimensions of care that engages the individual in their entirety, their subjectivity, their privacy and their own sexuality, their" (Borgeaud Garciandia 2015:5).

⁴ This concept is from Everett Hughes (1951, 1956). Originating in the 1950s, it was taken up again in a systematic way by care theorists in France, beginning in the first decade of the 21st century. It is seen as pointing to a central characteristic of care work that is often hidden in idealized descriptions of this activity. Cf. for example, the "Sale boulot, boulot sale" dossier by Travailler (2010) and Molinier (2012). Although the material labor of cleaning up feces, urine, sweat, sperm, blood and etc.) is considered to be "dirty work", in my research, caregivers almost unanimously consider their jobs to not be "dirty work".

From these theoretical perspectives, which integrate subjectivity, the sexualized body and emotions in the analysis of work, I would like to examine and present some research results regarding the theory and practice of care in an international comparative perspective.⁵

Work and subjectivity

I will begin with a question by philosopher Eric Hamraoui: “Does not that which we call ‘suffering at work’ tell us something, above all, about the relationship between life and death?” (Hamraoui, 2013). In an extension of Christophe Dejours’ views on the psychodynamics of work (1980, 2009), Hamraoui indicates that suffering is pre-existing in the face of one’s work situation:

Born of meeting between resistance opposed to one will or desire, from an anthropological or clinical point of view, suffering makes up the transformative, developmental or revelatory mode through which one’s subjectivity is revealed to oneself (Hamraoui, 2013:117).

⁵ Comparison between Brazil, France and Japan, undertaken in 2010-2011, and which looked at domestic care givers and carers in long-term care institutions for the elderly. In Brazil, this research was done with support by USP, CEBRAP, and FAPESP. In Japan, support was given by the Hitotsubashi University, the IMAGE team, and the Japan Foundation. In France support was given by Paris University 8 and the CNRS. In each country, I undertook around thirty interviews in three different establishments with care workers, nursing assistants or technicians, and nurses. The interviews with home care workers were undertaken in associations (France), non-profit organizations (Japan) and unions (Brazil). We conducted a total of 330 semi-structured interviews (generally 35m-1h15m long): 235 with care workers in institutions and 95 with in-home care workers. Myrian Matsuo, a researcher from the Fundacentro de Sao Paulo and Efthymia Makridou, at the time a doctoral candidate at Paris University 8/CRESPPA-GTM, collaborated with the interviews and in-field discussions. Ayaka Kashiwazaki, then a masters student at the Hitotsubashi, did not take part in the interviews, but helped prepare the field work in Japan.

In caring for the elderly, E. Hamraoui's question is evident. But suffering can also occur in this work universe through discrimination (racism) or management policy ("lack of manpower").

Suffering at work: racism

A black, foreign-born, 45 year old male care worker, expressed his feelings of suffering and revolt caused by the racism of the elderly in a French public institution where he worked. These old people would constantly ask him "What are you doing in my country? When are you going to leave?" This same man also related the case of an elderly person who told their black care worker, who had been born in France, that they should "go home to their own country", and the case of an elderly woman who told a young white intern that she "shouldn't do this sort of work – leave it to the 'others'". This same old woman would hide her box of chocolates, in order to offer them only to the white care workers.

Another form of suffering is caused by "lean production" – style management, with "downsizing" leading to a lack of staff available to perform all the necessary work in the institutions I surveyed in the three countries. The high number of elderly in relation to the low number of caregivers was highlighted by the workers I interviewed, especially the multipurpose workers caring for patients with Alzheimer's in France. These workers were organized into small groups tasked with the care of the elderly, preparing meals and snacks, cleaning, washing clothes, and etc. There was a division of this work present in almost all other institutions, with meal preparation, cleaning, washing clothes, etc. being outsourced.

The subjective relations of care work: the death of the elderly

"The next day, the lady died and that made me.... Many times I dream (...) [What happened] made a deep impression on

me". The above quote clearly shows us the limits of emotional labor and the control of emotions involved in care work. No matter the degree of professionalism, one can't control one's psychological functions, one's dreams, one's inability to get to sleep after the work day.

That day, a colleague said Mrs X wasn't well... She wouldn't let go of my arm until she finally, peacefully, went... Her daughter wanted to know. She was happy [that I had been with her mother]. Afterward, I was in a state of shock. I wasn't well. I got depressed. It was a crisis and I was in anguish... I felt the weight of it all. Having to tell her. After two days [I got better]. This really made an impression on me.

The consequences of care work, which involve disease and death, weigh heavily on the mental and physical health of the workers and this is quite clear in the answers workers gave to my question: "What unforgettable fact marked your life during your work?" Depression and anguish are emotions constantly felt, above all when caring for the elderly with whom one has lived for many years, as was frequently the case in these narratives. Such experiences are indelibly marked in the care workers' memories.

Guilt is another feeling often expressed with regards to workers' subjective relationship to care work.

Many years later, the care workers at a public long-term care institution for the elderly in France still remembered the disappearance of a resident who suffered from Alzheimer's. This man managed to escape his care workers' surveillance and got out of the building. He was never seen again. "We weren't watchful enough. There is no lock code on the elevator or the doors."

Years later, the workers at another, similar institution in Japan still remembered the suicide of a resident who jumped from a second floor window: "We weren't watchful enough. He jumped out the window right in front of us and we couldn't do anything".

Work and sexuality: care and “tacit” skills

Guilt can be directly related, in some cases, with sexuality. I interviewed one 21 year old female care worker in Japan who felt responsible for the fall of an old man who “tweaked” her when she was giving him a bath.

It was an accident. I let the resident fall down when I was giving him a bath. I was very afraid. He was a resident who liked to ‘tweak’ the girls, but he didn’t mean any harm. I feel he had his reasons. Care [“kaigo”] is difficult (Sueko, Japan, 21).

This episode happened during the young woman’s first months at work and it highlights the question raised by Molinier, above, regarding “proper” care and professional competence with regards to sexuality, both the care worker’s and that of their charge. To let an old man fall shows one to be unqualified for one’s job. However, one cannot oblige a care worker to accept sexual harassment under the auspices that their charge had mental difficulties and wasn’t in control of themselves. Knowing how to react to an unexpected situation like this is proof of a care worker’s professional qualities, just as it is in any other industry. The ability to react quickly and appropriately to the unexpected after hours of dull routine is something that is highly prized in many work environments.

You need to know how to react. We can’t be too brusque. We need to make them understand that we are here, that they need to respect us, that they can’t do that... We have an old gentleman here who really... He says things to us and we need to get him in hand, tell him that no, we are not here for that. We are here to help him. We aren’t here to be felt up or tweaked. That old gentlemen owes me respect, just like I owe him respect. But it’s normal. That’s life (Sandra, France, 52).

We must think about Sueko's traumatic experience and the kind of training that is required to become a care worker today. All of the care professionals I interviewed in all three countries claimed that they had received no training at all regarding sexuality in care work. The care workers of France, however, pointed out an alternative, which Molinier also mentions: airing incidents in public, among the members of the work collective. "Let it happen" may be part of care work's discrete "know how". Molinier highlights the importance of having the collective create "normative agreements". The role of the group in discussing and thinking together, in order to jointly create solutions and establish norms in the face of sexuality erupting in the work place seems to be of fundamental importance, and yet is a practice that is not present in most institutions. In the solitude of in-home care work, the question is even more difficult and more crucial (Borgeaud-Garciandia, 2012).

Conclusion

I believe that theory of sexuality (cf. Dejours, 2002) and theory of the sexual division of labor (cf. Kergoat, 2001, 2012) can be combined to grasp work as a psychological function and, inversely, to learn how psychological functions operate in the sexual division of labor. Because of its complexity, care is a heuristic locus from which we can think about these interrelations and grasp the place of sexuality in work, in the qualifications and competence, and in identity issues related to the care provider and care receiver. This is, as of yet, a little-explored field of research because the issues of sexuality are barely addressed in the literature on care work, both in France and in Brazil. It is for this very reason, however, that it is necessary for us to change this situation.

Bibliography

ADKINS, Lise. *Gendered work: sexuality, family and the labour market*. Buckingham, Open University Press, 1995.

- BORGEAUD-GARCIANDIA, Natacha. Le “care” à demeure. Une approche du travail des cuidadoras migrantes à Buenos Aires. *Travailler* n° 28, Paris, Ed. Martin Media, 2012, pp.75-100.
- BORGEAUD-GARCIANDÍA, Natacha. Intimidad, senilidad, sexualidad de adultos mayores muy dependientes. El trabajo de cuidado a domicilio en contextos desestabilizantes. Comunicação apresentada no *Seminário Gênero, trabalho, cuidado: pistas e desafios*, realizado pelo Depto de Sociologia-USP, São Paulo, 19 out. 2015.
- BOZON, Michel; LERIDON, Henri (org.). Sexualité et sciences sociales. *Revue Population* n° 5, Paris, INED éditions, 1993, pp.1173-1550. Numéro especial.
- BOZON, Michel (dir.). Dossier Sur la sexualité, in *Actes de la Recherche en Sciences sociales*, n°128, juin 1999.
- CLAIR, Isabelle. *Les jeunes et l'amour dans les cités*, Armand Colin, coll. Individu & Société, 2008.
- DEBERT, Guita; BRIGERO, Mauro. Fronteiras de gênero e a sexualidade na velhice. *Revista Brasileira de Ciências Sociais*, vol. 27, n° 80, 2012, pp.37-54.
- DEJOURS, Christophe. *Travail: usure mentale – De la psychopathologie à la psychodynamique du travail*, 2ed., Paris, Bayard éditions, 1993.
- DEJOURS, Christophe. Les rapports domestiques: entre amour et domination, *Travailler*, n° 8, Paris, Ed. Martin Media, 2002, pp.27-43.
- DEJOURS, Christophe. *Travail vivant. 1 : Sexualité et travail*, Paris, Payot, Petite Bibliothèque Payot, 2009.
- DORLIN, Elsa. *Sexe, genre et sexualités*. Paris, PUF, Philosophies, 2008.
- FASSIN, Eric; FABRE, Clarisse. *Liberté, égalité, sexualités : actualité politique des questions sexuelles*, Paris, Belfond/Le Monde, 2003 (réédition augmentée, 10/18, 2004).
- FASSIN, Eric. *L'inversion de la question homosexuelle*, Paris, Amsterdam, 2005.
- GIAMI, Alain; MOULIN, Pierre; MOREAU, Emilie. La place de la sexualité dans le travail infirmier: l'érotisation de la relation de soins, in *Sociologie du Travail*, n° 55, 2013, pp.20-38.

- HAMRAOUI, Eric. Souffrance au travail, politiques de santé publique, management humaniste et évaluation: la vie pour enjeu de questionnement. In: MENDES, A.M.; MORAES, R.D.; CRESPO MERLO, A.R. (org.) *Trabalho e sofrimento. Praticas clinicas e politicas*, Curitiba, ed. Jurua, 2014, pp.115-138
- HOCHSCHILD Arlie Russell. Emotion Work, Feeling Rules, and Social Structure *American Journal of Sociology*, vol. 85, n° 3, nov. 1979, pp.551-575.
- HUGHES, Everett. Social Role and Division of Labour, *Midwest Sociologist*, 17(1), 1956, pp.3-7. [Traduzido em *Le regard sociologique*, Paris, EHESS, 1996, pp.61-68].
- HUGHES, Everett. Work and Self. In: ROHER, J. H., SHERIF, M. (eds), *Social Psychology at the Crossroads*, 1951. [Traduzido em *Le regard sociologique*, Paris, EHESS, 1996, p. 75-85].
- KERGOAT, Danièle. Le rapport social de sexe. De la reproduction des rapports sociaux à leur subversion, *Actuel Marx* n° 30, 2001.
- KERGOAT, Danièle. *Se battre, dissent-elles...* Paris, La Dispute, 2012. Coll. Le genre du monde
- MARCHÉ-PAILLÉ, Anne. Le dégoût dans le travail d'assistance aux soins personnels, s'en défendre mais pas trop, *Travailler*, n° 24, Paris, Ed. Martin Media, 2010, pp.35-54.
- MARUANI, Margaret. *Travail et emploi des femmes*. Paris, La Découverte, 2011 [2000]. Coll. Repères.
- MOLINIER, Pascale. Le care à l'épreuve du travail. Vulnérabilités croisées et savoir-faire discrets. In: PAPERMAN, Patricia; LAUGIER Sandra (Eds.). *Le souci des autres. Ethique et politique du care*. Paris, Ed. de l'EHESS, 2005.
- MOLINIER, Pascale. Quel est le bon témoin du care?. In: MOLINIER, Pascale; LAUGIER, Sandra; PAPERMAN, Patricia (dir.). *Qu'est-ce que le care? Souci des autres, sensibilité, responsabilité*. Paris, Payot & Rivages, Petite Bibliothèque Payot, 2009, pp.233-251.
- MOLINIER, Pascale *et alii* (coord.). Dossier "Sale boulot, boulot sale", *Travailler*, n° 24, Paris, Ed. Martin Media, 2010.

- MOLINIER, Pascale. Ética e trabalho do care. In: *Cuidado e cuidadoras. As várias faces do trabalho do care*, São Paulo, Atlas, 2012, pp.29-43.
- SOARES, Angelo. As emoções do care. In: HIRATA, H.; GUIMARÃES, N. A. (org.) *Cuidado e cuidadoras: as várias faces do trabalho do care*. São Paulo, Atlas, 2012, pp.44-59.