

## Caring Work

Caring work, that is, caring for and about others, involves physical activity, social organization, and emotional involvement. Yet caring work, entangled as it inevitably is with human emotions and gender arrangements, is difficult to pin down, let alone accurately conceptualize. Feminist writers themselves offer multiple definitions of caring work, and these definitions range from having positive to negative undertones.

Feminist scholars researching the social psychological approach argue that gender socialization, including the assignment of caring roles, cannot be understood without reference to woman's nature. They maintain that there exists a close affinity between caring work and femininity itself, that caring is in many ways a "given" to all women, a part of their "being", the organizing principle around which other aspects of womanhood are centred, the location from where women gain their "different voice". As Carol Gilligan (1982: 173) concludes; "in the different voice of women lies the truth of an ethic of care, the tie between relationship and responsibility."

Other feminist psychologists, attentive to the ideological and economic context of caring work, point out that gender socialization varies across time and place. They maintain that differential socialization underlying the gender division of labour is intimately tied to systems of male dominance, which women themselves play a central role in reproducing. Nancy Chodorow (1978: 190) notes that "...women's and men's personality traits and orientations mesh with the sexual and familial division of labour and unequal ideology of gender and shape their asymmetric location in a structure of production and reproduction in which women are in the first instance mothers and wives and men workers." The suggestion here is that women's inclination towards caring work is grounded in their inferior status in the larger society; caring skills and feminine intuition can be seen as survival strategies in a society where they are separate, yes, but also not equal to men.

Feminist sociologists have acknowledged and then extended these more social psychological/psychodynamic approaches by situating caring work within capitalist patriarchal relations that determine the class and gender divisions. In this latter view, recognition is given to the centrality of caring work to women's psychological make-up and gender behaviour patterns, as one important aspect of the complex picture of caring work. Other equally important aspects of the complete picture involve the undervalued physical and emotional labour women accomplish in patriarchal capitalist societies to care for family members (children, husbands, frail elderly, disabled) on a daily basis. Thus Hilary Graham (1983: 25) argues: "In this reassessment, caring emerges not so much as an expression of women's natural feelings of compassion and connectedness, as the psychological analyses suggest, but as an expression of women's position within a particular kind of society in which the twin forces of capitalism and patriarchy are at work."

Nicky James (1989) has added further complexity to the sociological definition of caring work by shedding light on "emotional labour" which underlies

much of caring work in the family and larger society. The argument here is that emotional labour is fundamental not only for daily maintenance and generational reproduction of families but also for the success of male dominance and capitalism itself (Hochschild, 1983). James (1989: 30) makes the argument for emotional labour to be viewed most of all as a commodity: "[e]motional labour is a commodity in the sense that it is expedient for industry, commerce and services in capitalist societies to make it of use." Yet emotional labour is a special kind of commodity argues James (1989: 30-1), one where "low status women are employed to manage the emotions of others, thereby facilitating the labour of others."

This applies equally well, it seems, to even the so-called "caring/semi-professions," such as midwifery and nursing. Within these two professions, as with women's caring work in general, emotional labour is controlled by the twin forces of patriarchy and capitalism (Abbott and Wallace, 1990). Thus, as Jeff Hearn (1982: 191) states: "Within nursing, health visiting, midwifery, social work and teaching are the emerging structure by which grief, joy, loss, and despair are patriarchally socialized."

In brief, much of the psychological and sociological literature on caring work, at least in Anglo-America, suggests that, whether due to nature, gender socialization, patriarchy, capitalism, or some combination of these, women's work is largely bound up with caring about and for others, that such work is difficult to define and organize, and that it is undervalued in the formal economy. Women workers, including those involved in the caring professions, face a fundamental "caring dilemma" where they "accept a duty to care rather than demand a right to determine how they would satisfy this duty" (Reverby, 1987: 5). Nurses and midwives, then, perform their caring work as an obligation, as integral to their female identity; work autonomy is sacrificed and altruism promoted. Nurses and midwives have yet to achieve -- "caring without dilemma... a way of life that includes serving others without being subservient" (Baker Miller 1976:71).

Yet not all sociologists accept these underlying premises of much of the feminist literature, and present evidence on the organization of caring work in different countries to argue that there is no single definition of caring work, that it holds no intrinsic meaning in and of itself. While in most human societies caring work is assigned in accordance with the overriding gender systems, different economic structures and gender ideologies, supported by different types of state formations, tend to give value to caring work in a multiplicity of ways (Benoit & Heitlinger, 1998).

## **Sources**

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## Discussion Questions

Do you believe that "caring" is an inherent characteristic?

Do you believe that the organization of "caring" is homogeneous in time and across place?

Do you believe that gender differences in "caring" are in our genes or in our social institutions?