 CHAPTER NINE

CARE AS WORK: MUTUAL VULNERABILITIES AND DISCRETE KNOWLEDGE

Pascale Molinier

Care is not just a disposition or an ethical attitude. First and foremost care is a form of work, work that can be done or not, chosen to be done or not, indeed something that a society as a whole can choose to do or not. To provide a formal description and a theory of this work seems to me an indispensable condition of an “ethic of care” that would fulfil its goal. Such an ethic would contribute towards the recognition of the people who perform care work in Western societies; people who in the main are females, poor and immigrant, and often the three at once, without harming those who benefit from their work; that is, all of us.

This chapter will not be able to fulfil all the criteria that would enable such a formalisation. Its ambition is restricted to the concerns of the psychodynamics of work whose object of inquiry is not work taken in an objective, sociological or ergonomic sense, but the processes underpinning the three powers of “working,” namely transforming the world, applying intelligence objectively, and enabling the subject to form itself. By producing goods and services the subject does not merely transform the world but also transforms itself by working. (“Working” therefore designates a major process of subjectivation, that is, creation of subjectivity). The relationship to the world that develops through care work entails specific dimensions that can be highlighted. Only a few of these dimensions, amongst the most hidden, can be unveiled here. It is obvious that the psychological stakes of work cannot be severed from the latter’s material conditions. From this point of view, this chapter restricts itself to my research with nurses and auxiliary nurses.

---

These two highly feminised professions stand in hierarchical relation to each other so they cannot be identified with each other. Their antagonisms but also their modes of cooperation would have warranted a broader effort of contextualisation. For the purposes of this particular chapter, it will be sufficient to note that in terms of the division of labour, the main aspect of the nurses’ delegation of work in relation to assistant nurses has consisted in their offloading the most ungratifying aspects of care work, that is, the bodily care (soins) of personal hygiene and personal comfort. This part of care work belongs to the category of dirty work as it has been conceptualised in the 1950s by the American sociologist Everett Hughes. Dirty work designates those tasks that are seen as physically disgusting, which symbolise something degrading or humiliating, and/or confront some of the taboo dimensions of human existence, like the impure, the vile, the deviant, and to which I would add sexuality. The professions concerned are those that collect or deal with waste and refuse, like the cleaning work; those that entail a relationship to the body, notably bodily detritus, and cadavers; as well as those that involve a certain degree of instituted abuse and violence. In the social imaginary, proximity with what is normally held at a distance is perceived as threatening to “contaminate” those that fulfil those tasks—however necessary they are. The individuals fulfilling those tasks are seen as soiled, impure, transgressive or even evil. As Dominique Lhuillier emphasises, the notion of dirty work is heuristically useful “to address the question of the division of labour inasmuch as the latter is not just technical and social, but also moral and psychological.” The meaning that can be attributed to this type of work is often precarious. Narcissistic wounds resulting from these activities are undeniable. The auxiliary nurses I organised interviews with defined themselves in bitter terms such as “shit cleaner” (“torche-pots” / torcher = clean someone’s bottom; pot = piss pot.) It is significant that

---

3 In France the nursing profession is predominantly female. In 2004, 87% of nurses were female. However, this varies across different sectors: 47% of males in psychiatry; 27% in anaesthetic services; and only 1% in pediatric services. There were 740,000 assistant nurses and hospital assistants (91% and 81% female respectively). See Sabine Bessière, “La feminisation des professions de santé en France: données de cadrage”, Revue française des affaires sociales, La Documentation française, 2005, 1, pp.19–33.


6 ibid. p. 73.