

The antithesis of indifference

Natacha Borgeaud-Garciandía

Care, which refers both to a kind of work and a social relationship, covers a wide range of realities and often precarious activities. Helena Hirata subjects this polysemic term to piercing and uncompromising sociological scrutiny.

About: Helena Hirata, *Le care, théories et pratiques* (Care: Theories and Practices). La Dispute, Coll. Le Genre du Monde, 2021. 224 p., 15 €.

Helena Hirata's volume presents itself as a short didactic book, the fruit of in-depth research conducted in three major cities belonging to different continents and societies: Paris, São Paulo, and Tokyo. While undertaking this long-term project, Hirata has patiently listened to hundreds of workers who assist dependent elderly people to better grasp the complexity of their work and work conditions, at private homes as well as institutions. What realities lie beneath the phenomenon of looking after the dependent elderly? This comparative perspective immediately sidesteps the criticism often directed at the concept of care: its tendency to essentialize, through its emphasis on commonalities and differences, as well as its romanticism. With her piercing and uncompromising sociological gaze, Hirata dissects the labor market, the organization and conditions of work, the role of migration, the international and sexual division of labor, as well as the subjective relationship to care work--all while ceding no ground to idealism. She is not afraid to discuss how care gives rise to relationships based on power and inequality, racism, discrimination, and strenuous labor.

Her international comparative approach sheds light on two aspects of the problem of care for the dependent elderly, whose relationship merits examination. In so-called developed countries and southern metropolises, care-related needs have become so great that they have emerged as a public issue (that is often resolved privately): usually, it is referred to as the "care crisis." At the same time, one finds, in France, Brazil, and Japan (and elsewhere), a common denominator that appears universal--and which is one of the book's key points: profound differences notwithstanding, care work is assigned to the most vulnerable and least esteemed populations. Of these, an overwhelming majority are women, many of whom come from working-class and/or immigrant backgrounds.

A polysemic concept with concrete social implications

Before addressing the organization of care for the elderly in each country, Hirata reminds us that care is a perspective that still elicits suspicion and incomprehension in France, despite the fact that, as a field, it has flourished over the past fifteen years.¹ It is a polysemic term whose roots can be traced back to the United States in the 1980s, specifically to debates in moral psychology and feminist political philosophy. These disciplinary and thematic origins, Hirata suggests, sit uneasily with French feminism's research traditions, which draw on materialism to conceptualize women's labor in a way that is missing from early care scholarship. Moreover, sociological and anthropological studies dealing with care-related work do not incorporate the American perspective's ethical and political dimension. In recent years, some studies have sought to overcome these cleavages and demonstrate the richness of the care approach.²

Several factors account for this resistance to care studies, including the lack of a French word that can fully capture the American term's range of meaning, their elasticity, and their interdisciplinarity. The mere existence of a direct translation of the

¹ We consider the starting point of the recent and extensive proliferation of care-related research in France to be Patricia Paperman and Sandra Laugier's *Le souci des autres* (Éditions de l'EHESS, 2005), which was followed by (re)translations of the foundational and pioneering work of Carol Gilligan, *In a Different Voice* (2008) and Joan Tronto's *Moral Boundaries*: (2009).

² Besides Helena Hirata's work, one can mention, as illustrative examples, the work of Pascale Molinier, Patricia Paperman, and Caroline Ibos. See, in particular, their book *Vers une société du care. Une politique de l'attention*, published by Éditions du Cavalier Bleu in 2019.

word "care"--such as *cuidado* in Spanish and Portuguese--can neutralize the suspicion aroused by an Anglo-American term that cannot be easily used--and is thus not understood--into French. Attempts to do so have proved unsatisfying. Words like *bienveillance* ("goodwill"), *souci des autres* ("care for others"), *soin* ("care" in the sense of "treatment"), *attention* ("attention"), or *sollicitude* ("sollicitude") barely manage to capture a single facet of "care," while failing to render the full range of cognitive, ethical, practical, and political meanings implied by the Anglo-American term. *Sollicitude*, for instance, can be detached neither from the work associated with it nor from the knowledge and effort implicit in a practice; nor, in turn, can the work in question be detached from the meaning assigned to it or from the responsibility to others it implies (i.e., ethics). Faced with this difficulty, Hirata adopts a definition that allows her to narrow the range of activities she considers, while also embracing their many aspects. "Care," in sum, refers to material, technical, and emotional work inscribed in social relationships based on sex, class, and race/ethnicity involving all protagonists and aimed at addressing the concrete needs of others.³ "Care" is simultaneously a kind of work and a social relationship. On the basis of these intertwined facets, Hirata elaborates her thought.

For pedagogical reasons--which illustrate the field's dynamism--Hirata presents some of the great social and epistemological controversies that have characterized the field, allowing her to situate her own research and definition of care. While these controversies are stimulating for specialists, they also refer to social issues that are highly political and very contemporary. For instance, the question of the scope of the concept of care (as a function of one's research topic) raises that of the boundaries and professionalization of care-related jobs, which, in some instances, are exposed to excessive rationalization, and, in others, to a negation of this aspect, as when they are tied to emotion and sexualized relationships. Similarly, the realities of an aging society and the needs tied to greater dependence make it necessary to examine the profound inequalities relating to the division of care-related labor and responsibilities in the domestic sphere, as well as society at large.

The theoretical as well as the social and political stakes of care-related work are considerable. In this sense, the pandemic abruptly unveiled the key issues: the vulnerability of human existence and our mutual interdependence, as well the "essential" character of undervalued professions and of family-based and domestic care. This work, which is heavily gendered, participates in what, twenty years ago,

³ See the extended definition p. 40.

Hirata and Philippe Zarifian called, "the production of ways of living together" ('la production du vivre-ensemble')⁴--and which, at present, works as a broad definition for care.

Care work invokes the vital production of the social, even as it is demeaned and anchored in profound social inequality. The care perspective asks us to shift our gaze, rethink how we prioritize what we value, consider the knowledge and points of view of those directly involved in essential tasks, which are seen as "dirty work" and viewed--like the workers who do it-- as subaltern and insignificant. From this standpoint, the care perspective calls into question, in a similar vein as feminist movements in the 1970s and 80s, societal and academic conceptions of "work."⁵

Different ways of organizing care

After addressing these theoretical and social considerations, the book turns to international comparisons of care-related work. It covers three major cities characterized, despite their differences, by declining fertility, aging populations, and a shortage of available women on the labor market capable of addressing these needs. Hirata's analysis shows that there is no universal solution to these issues. Each of the societies considered has adopted a different way of organizing care, based on such factors as an individual's stage in the aging process (i.e., the urgency of the problem), the social status of various actors, the social and sexual division of labor, and the social and cultural history of migratory policies. France stands out due to the importance of government policies, the degree of institutionalization, and the overrepresentation, in the Paris region, of workers of immigrant origin. In Japan, despite the creation of care insurance and a high rate of institutionalization, family aids, and particularly women, assume primary responsibility for care of the elderly. Despite bilateral agreements, Filipino and Indonesian caregivers struggle to overcome institutional barriers. In Brazil, government policies aimed at the dependent elderly and at training caregivers are scattered and negligible, and institutionalization is rare. In working-class areas, networks of sociability encompassing families, neighbors, and the community support dependency needs, while more affluent sectors rely on an army of domestic employees (94 % of whom are women), two-thirds of which are internal immigrants, who are

⁴ Helena Hirata, Philippe Zarifian, "Travail (le concept de)," in Helena Hirata et al. (ed.), *Dictionnaire critique du féminisme*, PUF, 2000, p. 230-235.

⁵ Pascale Molinier, *Le travail du care*, Paris, La Dispute, 2013.

responsible both for households and dependent people in them. To these heterogeneous ways of social organizing care work must be added differences relating to the organization of work, the management of labor, and differences in salaries. Yet when one considers care work and the workers who perform it, a number of similarities--which are by no means minor--become apparent: the characteristics of the social groups to whom such work is assigned, its lack of social and monetary recognition, a lack of technical innovations to make the work easier, its health effects, and subjective attitudes to work, which Hirata examines in detail in the final chapter.

The question of care treatment in major cities also raises that of women's migration, which has shaped health care workers' identity and altered the international and sexual division of labor. Confronted with a care-work crisis tied labor shortages in a sector that cannot be offshored, it is women from poor countries and regions who tend to migrate. The globalization of care affects each country differently, but it does affect them. It also reshuffles the cards of the international division of labor, which is based on reproductive work. On the one hand, these female workers, who are often not legal and lack work protections, leave their countries to take poorly valued and precarious jobs; on the other, a portion of family domestic work is externalized along class and/or racial lines (middle- or upper-class women vs. lower-class women), even as the division of domestic labor between men and women within households remains largely unchanged. The globalization of care draws on inequalities of gender, class, and race, which it also exacerbates. Hirata traces the process whereby the work associated with these trends become increasingly precarious, as seen in the cities she studies. In the Paris region, where many health care workers come from overseas, notably the Maghreb and Sub-Saharan Africa, and in São Paulo, where *cuidadoras* hail from the northeast, discriminatory processes are underpinned by racism, while in Japan they are rooted in employment status, specifically the distinction between regular staff and non-regular and precarious workers. Moreover, in Japan, where the sexual division of labor is highly traditional, the health care sector has taken on many workers forced out of the labor market, including a surprisingly large number of men (40%, compared to 5% on average elsewhere). In all three countries, care workers face salary discriminations due to a failure to recognize their qualifications.

The subjective relationship to work

Drawing on this detailed analysis, which is supported by an abundance of quantitative and qualitative data, Hirata zeroes in on health care workers, their trajectories, and their subjective relationship to work. To summarize, their itineraries are characterized, in the Paris region, by migration and disqualifying processes; in São Paulo, by informal labor and multiple jobs; and, in Japan, by relatively stable careers for women and retraining programs for men. Hirata has us follow a few of these trajectories, which call attention to a range of issues, such as the relationship between immigration status and employment, disparities in training, and the entanglement of social relations, as well as the different ways in which personal and professional lives are connected for women (characterized by a continuum of tasks and unstable professional trajectories) and men (little continuity between domestic and professional activities and more consistent professional trajectories, even when ruptures occur).

The diversity of health-care workers' profiles and trajectories contrasts with similarities in their professional situations and relationship to work. Hirata, who has long been interested in the relationship between subjectivity and work, at the intersection of the psychodynamics of work and gender relations, introduces a theme that is central to the analysis of care work: subjectivity as an inseparable element of care, insofar as it is work dealing with human beings and draws on emotions and relationships with others. In particular, Hirata brings into focus how, a few idiosyncrasies notwithstanding, individuals in the countries she studies who work with the dependent elderly view their work in similar terms. While their descriptions of their work invoke the material and practical aspects of care, they nonetheless all agree that "care work" means *being present* with others, and thus personal responsibility: being there, providing companionship, and listening. Care is the antithesis of indifference--a requirement too often endangered by the very circumstances in which such work occurs.

For Hirata, these similar dispositions and practices are due to the non-monetary dimension of care, which is inseparable from its material aspects. She wrestles with the best way to define the daily lives of care professionals: the central and ambivalent role of affects; their relationship to sickness, suffering and death; the aggression they encounter but also feel; their rapport with families, their fears and expectations; the sexual dimension of human relationships; and intimate relations with (older, dependent) people, mediated through work. Too often, however, this complexity is

denied by discourses emphasizing "best practices," "proper distance," and peculiar ideas about "professionalism," shorn of its human dimension, which tends to be viewed as troublesome. In a sense, the book's last chapter echoes its opening interrogations about conceptual approaches to care, which, given its complex status as both work and social relationship, can only be multidimensional.

Emerging movements

This book is more than a crowning achievement: it constitutes a (major) step in Hirata's own intellectual journey. She leaves several analytical paths open, which she will most likely revisit and expand upon in future work. It would have been interesting to learn more about the effects of putting women (and men) to work in these sectors on the organization and economy of family relationships. Another path concerns her choice of cities, which must be situated in relation to care work in mid-sized towns and exurban and rural areas. In the latter, circumstances contrast quite a bit with those of major cities, but these regions, too, are grappling with globalization's effect and, in terms of emerging movements, are not necessarily behind.

Though Hirata has worked on care for years, her book's publication is particularly timely in France, where health and social workers assisting the dependent, worn out by precarious and poorly remunerative working conditions, are trying to make themselves heard. Nursing assistants at the Opalines de Foucherans assisted living facility (or EHPAD) first created an uproar by denouncing the dehumanization of the care they were supposed to provide.⁶ Other staff at the facility followed their lead. During the pandemic, home care workers emerged from the shadows: they organized, went on strike (at the local level, in Blois, Mayenne, and Cahors, and then nationally), and formed associations. The disconnect between "essential work" and the precarious nature of these jobs became--not without resistance--increasingly visible, to the point of being discussed in parliament.⁷ Hirata takes note of these emerging movements, at least in France; they seem non-existent in Brazil, while in Japan they

⁶ At the Opalines assisted living facility on the outskirts of the Paris region, a strike lasted for 117 days. After an investigation by the journalist Florence Aubenat for *Le Monde* (18 and 27 July 2017), it received significant media attention.

⁷ In late June, two members of parliament--François Ruffin and Bruno Bonnell--presented, to the National Assembly Economic Affairs Committee, a report on "relational professions" (*métiers du lien*), followed by a bill granting formal recognition to "relational professions" and improving their work conditions. It was voted down, as was a law on advanced age.

take the form of mass resignations. Hirata traces the contours of struggles that might occur in the future, related to the emergence of "new forms of salaried female labor"⁸ and transnational labor, which find ample representation among care workers. Throughout her book, Hirata thus asks us to place women and care work at the center of our understanding of contemporary society, the evolution of work, and social and global struggles in all their diversity.

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⁸ This term is borrowed from Danièle Kergoat.