

**‘We are the light of their lives’  
Care-work, gender and the  
production of emotional securities: a  
view from rural Russia**



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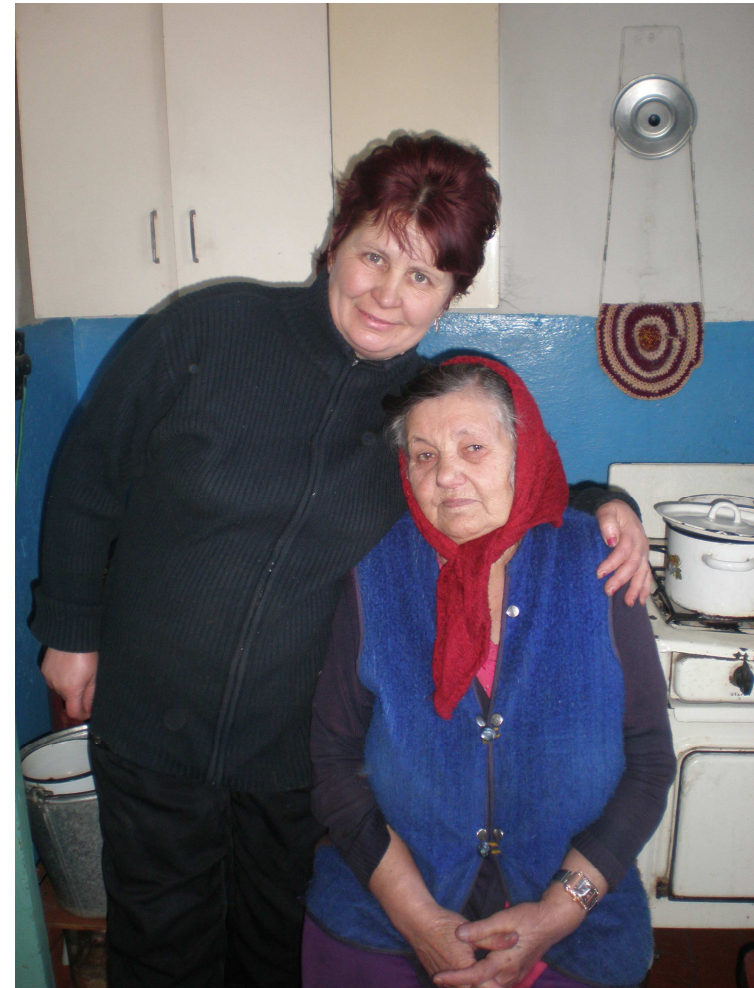
# The wider research context



- Social security, welfare and care in Burla village and surrounding district
- Significance of emotional as well as material forms of support and assistance
- **Care** as a distinct set of practices and relationships involving both practical, physical activities and emotional engagements and dispositions
- **Fieldwork:** March '08; April '09; Jan-Feb '10
- District Centre for Social Assistance to Families and Children as main focus
- Interviews; group interviews; participant observation; visiting and making friends
- Discourse analysis of local media
- Accompanying care assistants and interviewing their wards [*podopechnye*]

# Care assistants and the CSA home care service

- Home care service first established 1992
- Part of the CSA since 2005
- 18 care assistants providing daily visits and a range of services to 75 elderly and disabled clients in Burla and 5 smaller villages
- Since 2008 only available to those without close relatives in the village





# Care assistants: Work or 'just what women do'?

- Comprehensive range of services provided
- Training and information days at the CSA
- Lack of formal qualifications.
- 'Lowly' work, 'naturalised' as just 'what women do anyway in the family'



# Feminist theorisations of care:

- ‘Recognising and promoting caring interdependency is vital to “human flourishing” (Groenhout 2004, in Bowlby et al, 2010)
- ‘Semantically, care derives from an association with the notion of burden ... Caring activities are devalued, underpaid, and disproportionately occupied by the relatively powerless in society’ (Tronto 1993)
- Gendered assumptions about care emphasise emotional aspects and ‘naturalise’ and ‘romanticise’ these for women
  - ‘Naturalised’ care associated with ‘private sphere’ of home and family,
  - Romanticised ideals characterise caring relationships as loving, mutually fulfilling and spiritually and emotionally rewarding.
- Care frequently involves conflict and struggles for power (Ganesh et al 2005: 4-5)
- The ways in which those in positions of relative power define caring and the needs they recognise as worthy of being met, shape the daily realities of care-givers and care-receivers

# Care, family and social assistance in Soviet and post-Soviet Russia

- Family as the ‘primary cell’ of socialist society in the late Soviet period, with significant role to play in the provision of care for children, the elderly, the disabled or infirm

‘[State provision] was defined as rational, progressive and scientific, and nursing care was heavily focused on treating patients’ physical problems and symptoms. The emotional and social needs of patients were left out of this model, and widely assumed to be a private responsibility of patients’ family members and friends’ (Read 2009: 204).



- 1970s onwards: Strong pronatalist policies and essentialist discourses about women, especially rural women, and their ‘natural propensity for care and nurturing

# Care, family and social assistance in Soviet and post-Soviet Russia

- If anything the emphasis on family as the correct locus of care has been strengthened in the post-Soviet period
- State programmes and local media and political discourses also emphasise families as the 'best' place and 'proper' context for care
- Social and political discourses of care heavily gendered
- Realities perhaps more flexible and pragmatic with men taking on caring duties, although mainly as 'temporary stand-in' for women.



# ‘We’re everything to them: Mum, Dad, Children and Grandchildren, all in one!’

‘They are more than just helpers, they are their family. Many of the women from our section are affectionately called daughter or granddaughter by these elderly people’



My granny is in the hospital at the moment ... but she asked me to take you to see her. She said ‘You tell them to come and see me. I’ll tell them that you are my daughter!’



# Replicating family: Emotional ties and social intimacy

These relationships bring warmth to the lives of lonely old people and the joys of human interaction rather than simply whiling away their days all alone. The care assistants also get attached to their wards and are drawn to visit them by what their hearts tell them as well.

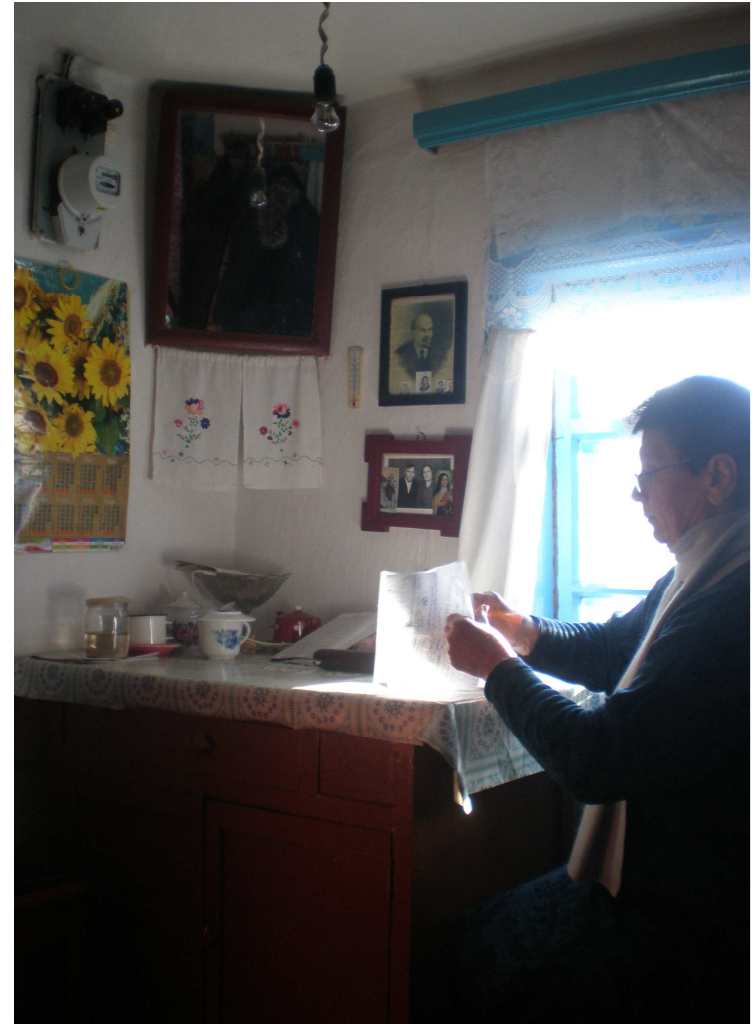
(Dedova, 2008, BG37b).

She always helps and never complains. She puts up with me even though I can be a really difficult character and does everything I ask of her and more



# The realities of caring for elderly wards: 'It's hard work'

To begin with when you first take a person on, you lay out all the facts for them: here are the documents, these are my duties. .... But after a while ... you begin to relate to them in a completely different way, and they to you. If at the start you visit someone, well with some kind of caution. You do your work and you're free to go. But later it's like visiting one of your own [*rodnoi chelovek*] ... then there are no boundaries any more. ... They can call you at any time to ask for advice or to ask you to come round. There are no limits at all.



# The realities of caring for elderly wards: Tensions and conflicts

You turn up and she's like 'Sit down and have a cuppa with me'. Well it's uncomfortable, I'm supposed to be at work after all. 'But I don't want to drink my tea without you. Come and sit with me'. Well ok.

You get home and it's like a second shift. Well ok, you've done your work for the day, but then you get home and you have to do it all over again. The family, the plot.





# Tensions and conflicts: Feeling manipulated

As long as you are doing everything and helping them and talking with them and everything, then everything's fine, right? And you're like part of the family [*rodnoi chelovek*]. But all you have to do is one tiny little thing, just something you do or say, that's not right, and that's it. That's it, totally. Then it's immediately clear who you are. ... and it's really hurtful.

It's just the way of things, that they don't worry about us. 'You have to, it's your duty'. But they don't have to care about us, as it were.





# 'We're not *real* family after all'

## Lack of reciprocal care

What I really don't like is when they say, 'Oh my son is coming to visit'. So he comes, he stays a couple of days and he goes again. And for example, there's no coal in the house. I say, 'Why didn't your son bring in the coal?'. 'Oh he had lot's of work to do without that', and so on. I say 'Why couldn't your son do it?' But she felt sorry for him. No, he doesn't have to. 'Don't you do it. Natasha will come tomorrow and she'll do it!'

All the same we aren't really family to them.



# Conclusions

- Care assistants make an important contribution to the 'emotional security' of their elderly wards as well as providing for some very fundamental physical needs
- Framing of their relationships in terms of 'family'
  - reflects widespread views of family as the correct and 'natural' site for caring to take place
  - can help to validate the emotional aspects of the care provided
- Romanticised ideals of harmonious and loving reciprocity:
  - do not reflect the realities of caring either within families or for the care assistants
  - mask the emotional and physical work which care demands
  - ignore areas of conflict, mismatched expectations and disappointments
  - blame problems and conflicts on 'dysfunctional' families, 'difficult' individuals and 'fake' relationships

# Conclusions

- CSA managers and care assistants struggle to develop a clear view of their work as part of the 'professional' and public sphere of paid employment.
- 'Either/or' view of caring:
  - emotionally-charged, compassionate caring interdependencies regarded as belonging only to the 'special' private realm of the family.
  - value and quality of this care acknowledged
  - but there is no clear model for how this relates to professional skilled labour in the public sphere.

Care work both paid and unpaid, contributes to well-being, social development and economic growth. But the costs of providing care are unequally borne across gender and class. Families in all their diverse forms remain the key institution in meeting care needs. The challenge is to forge policies that support them and are grounded in certain key principles: recognize and guarantee the rights of care-givers and care-receivers; distribute the costs more evenly across society; and support professional, decently paid and compassionate forms of care.

(UNRISD Research and Policy Brief 9, 'Why Care Matters for Social Development', UNRISD, February 2010)



