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Gender, Social Class and Lone Caring: The Intersectionality of Inequalities

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As carers are not singular in their identity, caring is done under very different conditions depending on the resources, abilities, power and status of both the carers and care recipients. There are deep inequalities among carers themselves that reflect and exacerbate inequalities in other social systems. While the gender inequalities in the doing of care work are well recognised in the research literature (Lewis, 1998), there is a need to explore how other differences in social class and family status intersect with gender and determine the conditions of caring.

In this chapter we examine both women’s and men’s accounts of their caring in our set of 30 in-depth Care Conversations with carers and care recipients (see Introduction and Appendix), confirming the importance of gender as a factor that shapes care work. We also examine differences among both women and men in terms of how social class and family status (caring alone or with others) impact on caring.

Women as ‘natural carers’

In her analysis of the way mothers managed their care work with children moving between primary and second-level school, O’Brien (2005, 2007; see also Chapter 8) found that women felt morally impelled to do most of the ‘transition’ work. They were the people who took responsibility for the child’s well-being as they moved from one form of education to another; it was a task they felt obliged to do by virtue of being mothers. The gendered essentialism identified by O’Brien is consistent with other research that has examined gender inequality in the family, including the ways in which the family unit disguises and sanctions inequality in the doing of care and love work. The notion of ‘moral imperative’ or ‘self sacrifice’ in particular comes through in research that has examined differences in food consumption within families (Cantillon et al., 2004; Goode et al., 1998). These studies found that not only were women more likely to “go without”, but that this was implicitly sanctioned within a hegemonic family discourse that saw the
welfare of the children as the primary responsibility of the woman. Family discourses of gendered caring normalised the idea that the woman should make sacrifices for the welfare of their children. Cantillon et al. (2004) also found that within about 5% of all couples (in a national sample of 1,124 heterosexual couples) the woman was skimping on her meal, though the man was not, to try to ensure the rest of the family had enough. In over half these cases the woman skimped on her own meal due to lack of money. Not surprisingly therefore, women from low-income families were even more likely to experience personal deprivation in order to make ends meet (ibid.). The tendency for the woman to make personal sacrifices has been found to be substantially stronger in households characterised by financial systems where women are in charge of stretching household finances but do not have total, or even shared, financial control (Vogler, 1994).

Gendered order of caring
Our study confirms O’Brien’s, Cantillon’s and Goode et al. findings about the perceived role of women. The majority of those with whom we spoke held very strongly gendered views about who was the most appropriate carer. However, there was some resistance to the moral imperative on women to care, even if it was only articulated by a minority of women and men. Interestingly, the gendered narratives on caring were also reflected in our focus groups with young people who were primary care recipients. Mary, a widow caring for an adult son with a physical and intellectual impairment gave a typical response:

*I don’t think anyone could do it as well as I can do it. Not meaning that I am better than anybody else but just that because I am his mother ... nobody loves a child more than his mother you know.* (Mary, widow, caring full-time for adult son)

The gendered moral imperative was so deeply internalised that many people regarded it as an innate disposition. There were no class, age or gender differences in the belief in the gendered care order, although there was evidence of resistance from several of the women and some men. Susan, who was caring for her son alone on a low income, typified the essentialist perspective:

ML: Do you think there’s a difference there between men and women, in terms of caring, in the sense of the caring work that is done? Susan: *I think there is a difference, we’ve different understanding and a different kind of like, I think women are a lot more geared for caring, like I mean I think it comes more natural to women than it does to men.* (Susan, single, primary carer of one second-level child) [Bolded text emphasis added]