

This article was downloaded by: [Francesco Della Puppa]

On: 24 August 2012, At: 17:13

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



NORA - Nordic Journal of Feminist and Gender Research

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/swom20>

Being Part of the Family: Social and Working Conditions of Female Migrant Care Workers in Italy

Francesco Della Puppa ^a

^a Sociology Department, University of Padua, Italy

Version of record first published: 15 Aug 2012

To cite this article: Francesco Della Puppa (2012): Being Part of the Family: Social and Working Conditions of Female Migrant Care Workers in Italy, NORA - Nordic Journal of Feminist and Gender Research, DOI: 10.1080/08038740.2012.685494

To link to this article: <http://dx.doi.org/10.1080/08038740.2012.685494>



PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

ORIGINAL ARTICLE

Being Part of the Family: Social and Working Conditions of Female Migrant Care Workers in Italy

FRANCESCO DELLA PUPPA

Sociology Department, University of Padua, Italy

ABSTRACT *This paper will present a study examining the social and working conditions of immigrant women who work in the family and the field of elderly people's assistance in private houses in Italy. The research will focus on categories such as social class, "race", and gender, variables that stratify and naturalize the inequalities inbred in the social relations between immigrant caregivers and the families they work for. I will seek to illustrate through these perspectives how an affective and family life of their own is denied to these care workers. I will further investigate how the relationship between the care worker's body and the elderly care receiver's body becomes structured and characterized each time differently on the basis of gender. Moreover, I will take a closer look at the relationship of the female worker with her own body and disease, and also at the relationship of the care worker with death and money.*

Introduction

This paper is the result of an ethnographic survey that was conducted, from December 2005 until April 2007, at the "Family Care Centre" of Verona province in Italy. The purpose of this institution is to facilitate the acquaintance between workers (in most cases migrant women) searching for employment in the field of elderly people's care and families seeking such help. The social protection system that characterizes the Italian context goes back to the family model of the "Mediterranean" *welfare* regime (Esping-Andersen 1995; Trifiletti 1999). This is essentially based on the pension system, and it lacks person-centred public services. The work of caregivers is therefore set into the gaps of the social state, consequently giving rise to "black welfare", which represents invaluable support for Italian families and an enormous economic saving for society (Chiaretti 2004; CENSIS

Correspondence Address: Francesco Della Puppa, Sociology Department, University of Padua, Italy.
Email: francesco.dellapuppa@unipd.it

0803-8740 Print/1502-394X Online/12/000001–17 © 2012 Taylor & Francis
<http://dx.doi.org/10.1080/08038740.2012.685494>

2008). Unlike in the Nordic welfare care regime, care workers are often the only solution for Italian families that find themselves obliged to nurse a relative who is no longer self-sufficient.

The research was carried out according to qualitative methodologies and was based on participative observation at the care centre. Subsequently, taking advantage of the relational capital and social credentials acquired through my presence beside the operator, I carried out 15 in-depth interviews with care workers.

The scientific discussion about care work is incorporated into a more wide-ranging debate regarding the observation as well as the comparison of various models of European welfare systems (Kvist & Peterson 2010). In fact, even in countries with welfare regimes very different from each other—such as Scandinavian and Mediterranean countries, where the policies on care for elderly people are the most apparent—paid care work provided by migrant women in private homes has become more and more common during the last 20 years (Williams & Gavanas 2008). This phenomenon is due to “the limitations or decline of welfare states, the ageing populations and the increasing number of dual-earner families” (Kvist & Peterson 2010: 188) and, especially in the countries of Mediterranean Europe, is closely connected to the metamorphosis in women’s labour force participation and family structure.

In different welfare regimes, including Nordic systems, care work provided by migrant women in private homes thus represents a way of improving women’s opportunities to participate in the labour-market and, at the same time, to let them manage the reproductive work in their everyday lives. Indigenous women became employers of (usually female) migrant care workers, justifying the abstention of male family members from care work and strengthening the representation of care work as a “female occupation”.

In the countries with a Nordic-style welfare care regime, care work is professionalized, and care is considered a state responsibility. Hanne Marlene Dahl (2010) argues, however, that in spite of this approach care work is not sufficiently valued due to its association with the private and feminine aspects of society. Moreover, Kvist and Peterson emphasize the fact that countries with a *women-friendly welfare state* (Borchorst & Siim 2002), applying tax deductions on domestic work, are risking satisfying the needs of the privileged social classes to the detriment of the subordinate classes.

In addition to the complexity of different positions occupied by women in the social pyramid, the women-friendly welfare regime characteristic of the *Nordic care system* also conceals the inequalities that place women on different hierarchical levels along “racial” and national lines, taking as their reference working mothers and middle-class, white, Western women (Staunæs 2003; Holli et al. 2005). Reflections upon care work carried out by immigrant women thus constitute “a useful starting point for an intersectional analysis concretized by means of normative assumptions and marginalization embedded in gender equality policies” (Åsberg et al. 2010: 150).

My analysis, therefore, was conducted through the lens of intersectionality, the perspective theorized by and adopted from Kimberlé Crenshaw to denote the various ways in which race and gender interact to shape the multiple dimensions of black women’s employment experience (Crenshaw 1991: 1243). Crenshaw adopts this

perspective (showing the combination of racial, sexual, and class oppression) in order to analyse domestic violence and, further on, to face the issue of discrimination to which black women in the United States are subject (Crenshaw 1993). It should be highlighted, though, that the sociological and political analysis interlacing these three categories already existed before it was conceptualized by Crenshaw (see for example Denis 2008).

Here I will try to apply this concept to the analysis of care work in order to examine the social and working conditions of female migrant care workers in Italy, trying to think back and follow once again and to analyse thoroughly the path traced by various scholars (Lewis 1992; Ehrenreich & Hochschild 2004; Lutz 2008). In addition, it needs to be emphasized that the issue of care work has its roots in classical sociology, in Durkheim's writings on family, beginning with the question of the (unequal) *division of social work* (Durkheim 1967/1893), which was re-conceptualized by feminist critics. They shifted the focus of analysis from the subject of social harmony to the subject of power and patriarchy by highlighting the conflicting dynamics and hegemonic relations that are characteristic of the above-mentioned issue.

To reduce to the lowest terms, to find the lowest common denominator

First of all, it is necessary to pause for a moment and think about the word usually used (in Italy) to identify care workers—in common language these persons are called *badanti*. This Italian present participle of the verb “to look” or “to mind” is strongly characterized by an *ideological* point of view in line with Marxist meaning. This term de facto legitimizes the inequalities that characterize Italian society as well as concealing the limits of its welfare state. It also represents the social, economic, and labour relations of these workers with the whole society, with the families they work for, and with the persons they *nurse* and take *care* of in a *partially falsified* way. In fact, to classify care workers as *badanti* is not only short-sighted and degrading towards these persons, but it also eclipses the *real conditions* of their work and hypostatizes and naturalizes their social “role” and social relationships.

This word eliminates their lives, crystallizes their existences *hic et nunc*, and distorts their struggles and distresses. Indeed, the whole of care work is thus reduced to a simple form of “keeping an eye on” elderly persons, and home care is represented not as the only occupational niche where these women are allowed to seek work integration but as an occupation to which these workers would be “naturally inclined”.

In the very first place *badante*¹ is a false term because it provides a limiting vision of this profession, which is actually to *care* for an elderly person, who is often seriously ill and not self-sufficient, to offer him or her affection and care, to do something that goes beyond a simple “looking after” or “minding”. This profession implies a continuous interweaving of ancient gestures and modern proficiencies. Indeed, home care assistance, besides being very hard work from a psychophysical and emotional point of view, almost always implies complex nursing and paramedic knowledge:

If you're a caregiver you do everything, you do syringes, you take blood pressure, you give medicines, [in a low voice] you wash ass, you change pad, you

4 F. Della Puppa

put catheter, you do massages to legs for circulation, everything, everything, everything, everything. (Emigrant worker from Bulgaria)

A set of proficiencies, not simple or “foregone” at all, covering different fields of daily life organization, is necessary for this work:

This work is really . . . I don’t know the Italian word, the fact is you must work and talk with the old one, you must talk with neighbours, you must talk with doctor, you must talk with social services, you must talk with family, you must talk with pharmacist, you must go buy things, then you do documents for government elderly subsidy [*Assegno di accompagnamento*], you talk with Ulss [the Italian Local District of Public Health Service] . . . you’re the one who must answer to everybody! (Emigrant worker from Bosnia)

Besides, from the point of view of the work-load, care workers have a schedule that not uncommonly fills their entire day. All the stories of the workers on this topic are practically superimposable:

I am not a caregiver who keeps company, no, nothing of this sort. First of all you start to look after her, then you start to look after her home, then you go buy things, cook, wash, iron . . . if she doesn’t sleep at night you don’t sleep at night. And who pays for the night to you? They pay you, for example, let’s say, seven hours for a day, but let’s say that you can work day and night. (Emigrant worker from Bulgaria)

Every day I work more than 12 hours. At the beginning I should have worked with her eight hours, but then she feels sick and she needs you, I sleep in her room in a little folding bed or I stay awake all night, but all these extra hours nobody sees them, are not paid . . . (Emigrant worker from Bosnia)

Moreover, *badanti* (caregivers) are not born as “*badanti* by nature”. Most of them, especially if they come from Eastern European countries, undergo a significant social downgrading, a definitive loss of status and working identity—all these aspects are flattened out by the role of “caregivers”. All their studies and the professions they practised in their home countries (Lutz 2008) are not recognized in the immigrant context.

The stories of these workers reveal that their emigration experience becomes a watershed between “before” and “after”; their experiences and professionalism are compared with their present condition:

I did five years at university and I worked in a pedagogical centre, I was the director of this pedagogical centre, then I studied library science and I’ve also been the director of a big library in Moldavia. (Emigrant worker from Moldavia) Before arriving in Italy, I worked in a commercial firm. After graduating in languages, I was a middle-school teacher and I taught English and Russian. For me the biggest disappointment here in Italy is that of not being able to use my studies and my experience, this is for sure. In Moldavia I taught and did

translations, here I only manage to do cleaning and caregiving. (Emigrant worker from Moldavia)

Moreover, the naturalization innate in the term *badante* conceals the limits of Italian welfare, as previously described.

Besides, the naturalization of the “caregiver’s” role and the “unproblematization” of the care worker’s presence in indigenous families justify persistent gender-based asymmetries in families and in society (Lutz 2007). In fact, as it is possible to see from many studies (e.g. Palomba & Sabbadini 1995), the division of care and reproductive labour in families turns out to be strongly asymmetrical according to gender (Hochschild & Machung 1997). So for indigenous women to resort to care workers, who are almost always emigrants coming from *the Global South* (Favel 2008), is the only solution in order to avoid a retreat from their own working life (Ellingsaeter 1999) (a necessary and essential income for the family). At the same time, this phenomenon legitimates the implicit male abstention from house and care work (Lutz 2007).

Being part of the family

Home care shows two faces: the all-engaging face and the “ambiguous familiar” face (Chiaretti 2004: 23); two coessential characteristics of care work:

So this is the work, it’s not like this cup [she shows a cup just emptied] that you take it and move it, this work is so, you don’t have a schedule that when you finish it you say “Goodbye”. No, you can’t . . . so this is the work. This work is so, it’s not like other work. . . . I can’t respect the hours of the contract, it takes more time, you must do it very slowly, with old people this is the only way. Also his relatives expect this. (Emigrant worker from Bosnia)

Therefore, the private house, the “caregiver’s” work-place, becomes a safe and at the same time segregating place, the warm home becomes a completely absorbing and *total institution*. Inside the domestic walls the relations between care worker and elderly care receiver’s family simultaneously assume different kinds of register—the formal and the informal ambit, “the paid work and the free favours”—which are defined by porous limits and are mixed up among themselves, “creating a fertile ground for exploitation” (Hondagneu-Sotelo 2004: 70).

Devotion and the indispensable care work of these migrants are rewarded by increasing their wages with an “added value”, which is the “privilege” of being treated as “one of the family”, a “new member” of the family they work for. In this way the relation between the family and the caregiver shifts away from its (professional) ambit, which should be primarily the labour and wage ambit. It is implicitly demanded that the nursing of the not (completely) self-sufficient elders be made by “natural inclination”, by “charitable and benevolent vocation”, not bound by the contractual and wage rules that should regulate it, reproducing the assumption that care work (socially and historically performed by women) is not “precisely work” (Hondagneu-Sotelo 2004; Lutz 2007; Williams & Gavanas 2008; Dahl 2010; Kvist & Peterson 2010).

The request to “be part of the family”, therefore, discreetly implies (more or less consciously) the demand silently to accept a 24-hour working day, to sacrifice their own life for an(in)finite dilation of the work schedule until it covers the whole day and the whole of the worker’s existence.

They have to be sincere, to give the right money, and everything is okay, but if they want to exploit you they do it, then they say: “We can’t pay you, we don’t have money”, but I think: “If you don’t have money why do you search for a caregiver? You want the caregiver to work for free?”

We left our home, came here, to help our sons, our families, it’s not that we sacrifice our life just for you, a bit also for ourselves, we don’t have our own life. Imagine that I work for seven, eight, nine years all day ... what life do I have? [She suddenly stops] A dog’s life! And we are all in this way we who work 24 hours [in 24 hours]. (Emigrant worker from Bulgaria)

Many workers are forced to accept this “demand” because there is no other alternative for them:

How’s it going? [sighs] It goes in the sense it goes, I go on. Everybody of my family depends on me, I have no choice, but I didn’t even try it’s my fault, I had to try, but what would I have done if I needed things? If I say “I want this, I want that ...”, they can say “there are many women who search for work for 500 euros!” And so what can I do? I have no choice. I am getting along well because I need work and I must get along well because if I start to think I arrive nowhere. I have many problems but it’s not her fault, it’s nobody’s fault, I do and I go on. I go on this way. (Emigrant worker from Bosnia)

In addition, “being part of the family” they work for means that these workers cannot cultivate a personal affective and family life. The workers who want to rejoin or who have already rejoined their families are considered inadequate at executing their work and tasks well. The caregivers cannot nullify themselves while taking care of the old people because they are “distracted” by their own family. They cannot exclusively direct all their care and attention to the elderly care receivers because they dedicate part of their time, energy, and affect to their dear relatives. They cannot nullify their own existence in their employers’ domestic context because they are guilty of cultivating a personal affective and family life.

The old lady didn’t agree with this project of mine ... I think she was a bit jealous and she feared that my daughter’s presence would steal some of the time I dedicate to her. I wanted to bring my daughter here because it’s a sad thing that the mother is far away all the time, even if you send money to buy clothes and bread, a girl doesn’t need that, she needs other things, the affect, the presence, being with her. (Emigrant worker from Moldavia)

I have always had the feeling that this family believed that I would be with them for ever, but I didn’t feel so ... I wasn’t free, I wanted a family, a house, I didn’t

imagine being at the service of someone for ever. But people don't understand these things, it almost seems you're betraying them if you try to improve your life and therefore you search for better work. Italian people think that whoever comes to Italy and works as a caregiver ... should also be satisfied with this work for the rest of her life and that you have to appreciate this situation. Instead these situations create much interior rancour and rage because ... we want to be at the same level as them, we don't want to feel like slaves. (Emigrant worker from Moldavia)

So, modesty, delicacy, invisibility, and devotion to the point of self annulment—all these qualities that are generally requested of immigrant workers who are supposed to look after a person—are also generalized to their families. The depersonalization of the waged worker who works in the domestic context, the disclaimer of her work, pretending that it is work done on a voluntary basis, “as if you would desire to do it” (May Rivas 2004: 79), comes through the invisibility of her family which constitutes the highest form of alienation for the worker: the annihilation of her family and affective life. It is as though, in the framework of immigrant care and house-work, the surplus value expropriated from the worker is directly proportional to the affection and nursing that the worker takes away from and denies to her family.

They fear that I will bring my family here, for example now that I brought my last daughter here (she's 19 years old) I didn't tell them, she lives in another house, I pay rent, we see each other on Sunday or when I don't work, otherwise we can't see each other. (Emigrant worker from Bulgaria)

From the global context to the domestic framework

The gender inequalities and the sexual division of work interweave, on the one hand, with macro-level inequalities as well as social and “racial” hierarchization, which are relative to different levels of development and wealth between the nations of the Global South (and East) and the Global North (and West), and, on the other hand, with “micro”-level inequalities, linked to an irregular distribution of social and economic power between actors of different classes, nationalities, and genders. In fact, it has been observed that women without Italian citizenship, weak from a socio-economic point of view and coming from marginal countries (Wallerstein 1979), are the ones who do this kind of work, which is hardly protected and is structurally characterized by scarce or absent possibilities for upward mobility, by a very high turnover and by an elevated precariousness—work that also implies a drastic narrowing of their social opportunities and rights and prevents the organization or involvement of the trade unions (Lutz 2007).

Hence, some Italian families exercise power over these women (and their families) who are in a subordinate position. However, the previously mentioned social hierarchy must be traced to economic and development-based structural inequalities between nations and continents as well as to an insufficient welfare system, which unloads the care needs of many families onto immigrant women, who also belong to

the working class. Thus, resorting to the services of a caregiver is not a status symbol of ostentation but just a necessity. Structural phenomena and *historically determined* global inequalities are, on the one hand, subsumed by the individual choices of many women who leave their relatives and emigrate, and, on the other hand, enter the homes and daily routines of an ever-greater number of working families (but essentially women) who are facing their own care necessities (Chiaretti 2004; CENSIS 2008). So, a “war between poor people” emerges, where female immigrant workers are fated to succumb, allowing indigenous men and women to retain the working positions, social identities, and life-styles that are prohibited to them, and making possible the reproduction of gender hierarchies. This mechanism, which shows the role that indigenous society assigns to immigrant men and women, assumes a form, at the international level, of an expropriation of productive² as well as *affective* resources, to the detriment of the countries occupying an inferior position in the unequal division of labour on a global scale.

Today, while still relying on Third World countries for agricultural and industrial labor, the wealthy countries also seek to extract something harder to measure and quantify, something that can look very much like love. (Ehrenreich & Hochschild 2004: 4)

This “drainage” of care and affective resources (“care-drain”) (Hochschild 2000; Lutz 2008) produces heavy repercussions for emigration contexts—love is not an equally distributed resource; it is taken away from a place and enjoyed somewhere else (Ehrenreich & Hochschild 2004). Therefore, going back along the international “subcontracting” chain of care work (Apitzsch et al. 2007; Williams & Gavanas 2008) we find assistance and care necessities which, in the family and social context of “our” caregivers, remain outstanding (Apitzsch 2009). The affection, energy, and devotion that the immigrant care workers pour into the nursing of “our” old people are the things of which “their” not completely self-sufficient relatives are deprived. In fact who “gives care” to the “caregivers” relatives?

Our elders do not have a life like yours, understand? Our elders work: we almost all have country houses and we work all together, then after our elders can't do it any more because they are elders ... Our dear old ones always help. They work until the end. [Pronounces every syllable slowly] Until the end. When they can't do it any more, because they are old, then it's enough, the end. And more: they remain alone. Because just now, in these moments, in these years, we young people are all outside, who looks after our parents? They look after themselves! If they can do it ... [Sinks her voice to a whisper] If they can do it. That is life. They remain alone or, if they stay alone for two or three years, it finishes them for this they don't manage to do, they can't manage to do that, they are not capable of doing it and ... so in the end ... they die, they just die. My parents are both dead.

[She suddenly stops herself]

But we know that. We know that, you know? With all this knowledge we come here because we must also save the younger ones, you understand? They

also need things, our sons and daughters, somebody studies, you must pay the university, you must pay rent, you must pay for the big city, I send all the money. (Emigrant worker from Bulgaria)

In Moldavia . . . they don't even arrive to be bedridden and in need of everything, they die before that. The old person alone is still not managed well, most of them have sons and daughters. Once it was a duty to live all together, there were children and they looked after themselves and each other, now it's not so any more because the old ones who have sons are alone too, because the sons are far away. (Emigrant worker from Moldavia)

Across the world, the inequality of the distribution of work is becoming greater, and the same phenomenon is characteristic of the inequalities between women (and men) within both wealthy and poor countries. Women (and men) from wealthy countries manage to retain their position in the labour-market and also their status, while women (and men) from poor countries are obliged to see their work becoming cheaper and to suffer a major social downgrading (Chiaretti 2004; Favel 2008). Thus, relations become established between the suburbs and the centre of the world labour-market (Wallerstein 1979; Sassen 1998).

A global relation [arises] that in some ways mirrors the traditional relationship between the sexes. The First World takes on a role like that of the old-fashioned male in the family—pampered, entitled . . . Poor countries take on a role like that of the traditional woman within the family—patient, nurturing, and self-denying. (Ehrenreich & Hochschild 2004: 12)

Body, gender, disease, death

Because of this kind of nursing work, the caregivers are forced to have strong psychophysical self-control and to be constantly vigilant about the health conditions of the elderly care receivers, and consequently they stop listening to the collapse signals their own bodies send to them. Due to this ignoring of the signals, precarious health conditions often become chronic, showing that they did not take the psychophysical deterioration of their own body into account for a long time. Listening to their words the concept of a “capital-body”, a “bodily-capital” emerges (Wacquant 2004) to invest in. Their own labour body is their only resource, the use and consumption of which must be expertly optimized and adapted to the circumstances. This resource is a machine they have to push slowly beyond their own limits of performance and which gradually fails with the passing of time and the wear and tear:

I've worked for one year and a half with an old man, then in the afternoon I did the cleaning elsewhere and during the night I slept with another old woman or I worked with her only during the night. I've tried for a bit this way, but it's too hard, too hard when you get old because you go here, you go there, run, run, run . . . and after some years you overstep the limit, you don't like to run any more you are old, not young any more with enough strength.

When I was 48 years old, I wasn't old. Now I am 55 years old, I am not so old, but there are more years and they start to be heavy, you feel them in your body, but I am still strong enough to fight, to go on. (Emigrant worker from Bulgaria)

The “caregivers” bodies risk becoming misshapen, broken, ignored, crushed, and to follow the same path of health loss as their clients. Their bodies are twisted by pre-modern and deregulated working conditions, which the workers all testify having experienced at least once.

It happened to me to find many righteous persons from many points of view also with me, but I've found also much wickedness, that they didn't give me food, that I went to sleep hungry, that I worked from five in the morning until midnight or one in the morning with the old man, and then they said that during the night I had to do the cleaning for the day after. My wage was 416 euro ... Those seven, eight, ten hours a day you are forced to work, but then during the night if she who has Alzheimer's doesn't sleep, you don't sleep either, she does stupid things all night, you never feel serene, she's like a one-year-old child in an old woman's body. Go figure. You must always go after her, after her. I never slept during two and a half months at night, I slept during the two free hours in the afternoon, when I went to the park, on the ground, I bring something with me [she mimes a folding-bed with her hands] and I go there and I sleep. Then cold came and then during the night I sat on the chair near her to make sure she was in bed, but I hadn't slept for the whole day, and I fell asleep, just like this, on the chair near her bed.

I've had problems ... with my back. These heavy things we bring are not for us to bear, we are always and remain women, with the strength of a woman, but when one person doesn't walk you just take her on your back, to bring her to the bathroom. I had an old lady who weighed 35 kilos, do you want to know how I brought her? I took her by her hands this way, I put her feet on my feet, I lifted her up a bit so when I walked she walked, 35 kilos, but it was effort anyway, there is always effort, sometimes more sometimes less, but there is always effort. (Emigrant worker from Bulgaria)

So, the body—its wear and tear, the diseases that affect it, and the abuse it can be the target of—is the place where class, gender, and race inequalities are realized (Gimenez 2001; Williams & Gavanas 2008).

The relationships and the interactions between the care worker and the elderly care receiver are structured on the basis of the actors' genders. My observations show that if the care worker is male he can only nurse a male, while a female caregiver can look after men who are not self-sufficient as well as women (almost) indifferently.

The woman's body and role have been historically naturalized for care and nursing work, and the characteristics required for this work are always socially represented as “female”: patience, sweetness, affection, delicacy, and so on. A male “caregiver's” body is strongly distinct and structured on the basis of his own gender, which is present, evident, real, and exactly structured. In contrast, the female gender, during nursing, disappears. The woman/person behind and inside that body becomes

invisible, and only the technical body remains, which does not induce shame. It is no longer a person. The worker is reduced to the role embedded inside the body. The person and the gender (if female) disappear behind the role and the care work, and it is only this work that exclusively legitimates the immigrant workers' physical presence in the Italian families' homes. So, their body becomes a labour body, a biological and technical body, a body (and feelings) *to be put to work*. It is disease that *reveals* this mechanism (Sayad 1999) because with disease and, therefore, the impossibility of working, the "caregiver's" presence is no longer legitimate, and it does not have any reason to be or to stay. In fact, the worry/fear, very often justified, of the workers is that taking a break from nursing an elderly care receiver's body so as to heal their own body implies, at the same time, the loss of work.³

I could never stop, I couldn't leave the job, if you stop they find another caregiver and you lose the work, nobody cares about your health, they must go to work and the old one can't be alone, then they take another one and that's it. No. When we go home we get teeth, back, general medical care, but in our own countries, when we come back once every two years, not here. (Emigrant worker from Bulgaria)

When the immigrant worker loses her job (almost always because her elderly care receiver dies or because he or she is put into a private clinic) or falls ill there is no longer any reason to remain in a foreign land as an immigrant. For the society where she is an immigrant and the society where she is an emigrant, for the worker herself and for her family, the legitimization of her presence is based on her work, which offers the possibility of scraping together some money that will be transferred as a remittance. The money sent to their homes represents the only comfort that repays these women for their sacrifice of distance and loneliness, a suffering which automatically becomes useless at the moment in which they lose their work. In fact, they try to optimize their presence in the immigrant context and, therefore, work during the years in which their bodies can still handle the hardships in order to save money so that they can send a more substantial sum back to their home countries (Chiaretti 2004).

In addition to the bodily diseases, there is also a disease that afflicts the soul and slowly consumes it—a "social relations disease" (Chiaretti 2005)—which feeds on loneliness and nostalgia, compulsory unsociability, work, and the precariousness of life. This situation of suspension and precariousness that undermines care workers' emotional harmony is linked to the daily confrontation with death. The elderly care receiver's death is constantly present in the stories of immigrant workers.

For obvious reasons, this work has a high turnover. The workers are in a constant state of uncertainty because of the precarious health of the elderly care receiver, whose death causes a tangle of painful/piercing feelings (Lutz 2007). Indeed, they suffer from the absence of a person they have lived with for years. They fear plunging back into a deeper loneliness. They become anxious because suddenly they no longer have work, work that, besides being their only source of income, is the *condicio sine qua non* for renewing their residence permit and their main housing reference. Thus one has to "always start from the beginning".

When he died I started to cry and I said to myself: “Calm down, it’s not your dad, it’s not your husband, it’s nor you brother, why do you do this?” But how could I not cry? I couldn’t . . . you suffer much because a familiarity is born, it’s normal, you feel awful.

Then you must find another job. Until now I always found one. When I had this experience I said to myself: “Never more, never more. Woe betide you! It’s a real mess to get to like to a person this way. You must think that it’s just your work, you must have in your head that . . . that you feel sorry for that, but this is life, life goes on, this is your work”. And so I managed to do it. [Even so, immediately afterwards she tells me that:] Now, the last time I worked for a month with a person, then he died, even for that person, even for just one month, I can say I felt sorry, I felt sorry he died. (Emigrant worker from Bulgaria)

The ideological rhetoric on which the concept of “being part of the family” is based (so that, as has already been mentioned, it means that it is a “vocation” released from a contractual and wage relation) contains a contradiction that appears when the elderly care receiver dies. The “official” aspect of a working relationship, which is always quite informal, emerges at this very moment: after the elderly care receiver’s death, indeed, the worker does not remain part of the family, and her connection to the family she worked for dies along with the care receiver.

When the old one dies then you end up on the streets. The first or second time you get the shivers a bit, you feel a bit sad, you are used to staying always with this woman or man, but if it happens many and many times you want to think that it goes this way . . . When I was without work everybody does this, we try to go to CARITAS [an Italian charitable organization connected to the Catholic Church], you know that at CARITAS there is a dormitory. You sleep there without paying, without anything for a bit . . . we try to save ourselves. They try to say you are part of their family, but in a way that doesn’t affect them this thing, for them you are important, but if something happens to her mother, let’s say they give you a week, they don’t leave you until you have found something else, there are also some people who do it until you have found something else that they allow you to sleep in their house and to eat and they help you to find another job, yes, with all their heart, they do it, but there are also some people who when their mother dies, immediately they say: “Miss, we must sell the house, everything must be okay” and that’s all and you don’t know where to go or what to do. You are nice and good while their mother or the old ones are alive, and immediately after their mother dies you are not good any more in the sense that they don’t need you any more. (Emigrant worker from Bulgaria)

When the workers search for a new job they pull the obituary notices out from their wallet, which they keep along with the photos of their relatives, where the mourning families mention their names. Consequently, trying to escape from the grasp of unemployment and to put off the condition of “irregularity” connected to it,

the obituaries cut out of the local newspapers become work references and, at the same time, a real acknowledgement of their work and devotion as well as of the fact that they had accompanied the old people entrusted to them during their passage from life to death.

Liminal characters. Existences on the borders

The passage from life to death, to which the immigrant workers become accustomed because of their work, is one of the many transitions dotting their lives. These workers live in symbolic, material, and spatio-temporal frontier zones. The immigrant caregivers are social actors forced into a daily transit between frontiers and to a permanent existence in the grey and undefined zones of social acting.

The first “going through” is obviously the migratory journey, a process that implies the passage between two countries, a geographical movement that is not only geographical but also implies a political and, especially, economic dimension. A movement that, since the beginning, implies a status change, a social downgrading that is implicit in the conditions of migration as well as in the crossing of national borders.

But, at the same time, there is a transformation in the power relations within immigrant workers’ families: in contrast to their social downgrading in the country into which they immigrated, “first-migrating women” become the main earners for their relatives in their home countries, and thus they gain economic and decision-making power.

Furthermore, there is a passage between borders that takes place entirely along the vertical axis of family relations. In fact, the care worker functions as a link and a mediator between different generations, both in the family of her home country and in the elderly care receiver’s family with the sons and nephews. Therefore, this implies that the immigrant worker must know how to position herself in the family she works for but also how to mediate and absorb the family conflicts (between genders and between generations) that can derive from the different points of view of the elderly care receiver’s family on home care and chores, on economic administration of the family’s resources and the old care receiver, or from other reasons that go beyond the worker’s role, but directly affect her in her working and social everyday life.

Then, in the country to which these workers immigrated, tied down by legislation that holds them in check (Basso & Perocco 2003), they move constantly back and forth (Gavanas 2007) between employment and unemployment through a mechanism that almost simultaneously sets in motion, like precarious dominos, other oscillations, forcing them to pass through these blurred borders between administrative “regularity” and “irregularity”, between social inclusion and exclusion:

I’ve worked four months without a free day, because there wasn’t anybody who could cover for me. I could say “I can’t always be here”, but I needed to work, I needed it because the time was coming that my permit is expiring. It’s a circle. So I am bound . . . I have no time, with this work I have no time for anything, I don’t work for seven hours or eight hours, I work all day, I can’t do anything.
(Emigrant worker from Bosnia)

When you have documents they are more afraid, because we also have our rights, you can go to the lawyer, there is a trade union to solve some problems, when you have documents there is less exploitation, if you are without documents you can't do anything. To work and that's it. When I was without a residence permit, no rules, they don't want to do it with rules, they don't want this. They do it only if they are forced to, if you work with an agency, and with an agency you can't do it without rules. But if it's word-of-mouth work it's one hundred per cent you don't do it with rules, no rules, they don't pay right, don't give contributions, or free days, nothing, nothing. (Emigrant worker from Romania)

Concluding considerations

The relationships between immigrant care workers and the whole of Italian society, the indigenous families they work for, and the persons they take care of, are marked by macro-level inequalities, related to the differences in development and wealth between the nations of the Global South (and East) and the Global North (and West), as well as by "micro"-level inequalities, linked to an irregular distribution of social and economic power between actors of different classes, nationalities, and genders. Thus, the conditions of the care work and the relations between female workers and employers are not determined solely by individual dynamics and by micro-interactions between the agents involved. In a decisive manner, they are also influenced, at the global level, by structural inequalities between continents and nations, and, at the "local" level, by the intertwining of welfare regimes and migratory politics that characterizes individual national contexts (Williams & Gavanoas 2008). Also, the countries that have adopted different welfare regimes, like Italy with its "Mediterranean model" and the Nordic countries, can be seen as forming part of the "global care chains" (Ehrenreich & Hochschild 2004).

The Italian welfare state has traditionally been considered to be based upon a "male bread-winner model", where female family members were responsible for care work. The "Southern European family care regime" consisted of limited public services and low rates of mothers' employment. Nowadays, such a model is shifting towards a "dual bread-winner model" (together with the pressure exercised by the economic crisis on working families) without an equal dual redistribution of the care work. A system of combined imbalances is thus being created where the welfare state, absent on the "public care provision" front, off-loads reproductive and care work onto immigrant care workers. In fact, for such female workers, immigration policies provide an appropriate quota system or "regularization" policies, which, even though insufficient, are strongly contingent and generate administrative irregularities as well as socio-labour vulnerability (Basso & Perocco 2003).

In contrast, the Nordic welfare care system (characterized by a higher involvement of women in paid work) rendered paid care work in private homes a rare phenomenon until the early 1990s. From the 1990s onwards, the decline of the welfare state has obliged workers to seek employment as care workers for elderly people. Consequently, the issue of care work (more precisely, that of domestic paid work) has re-emerged in the framework of the public debate. However, during the

same years, immigration policies have become more restrictive with the introduction of temporary visas, which have worsened the socio-labour conditions of female immigrant workers, including care workers (Williams & Gavanas 2008).

The unequal division of labour at the global level and the unbalanced reallocation of socially produced national resources dump their costs onto the most vulnerable subjects—female workers and immigrants—who are positioned at the base of the social pyramid. The intersection of these ontological *status* markers acts as a multiplier of social exclusion.

Notes

1. A person who *looks* after and *minds* an old person: a “caregiver” but literally “lookers”, “minders”.
2. The immigrant care workers’ nursing work for Italian old people is a double burden: they cure them in a real way, but they also contribute in a fundamental way to the Italian welfare system. On average, every year an immigrant worker pays about 2,821 euros in taxes, a not so insignificant breath of fresh air for the Italian pension scheme.
3. And with that comes also the loss of the condition of “administrative regularity”.

References

- Apitzsch, U. (2009) Care, migration and the gender order [Working paper], (Frankfurt: J.W. Goethe University).
- Apitzsch, U., Shinozaki, K. & Inowlocki, L. (2007) Citizenship, new migration and gender diversity in Europe, in: E. Berggren, B. Likic-Brboric, G. Toksöz & G. Trimikliniotis (Eds) *International Migration, Informal Labour and Community: A Challenge for Europe*, pp. 216–226 (Maastricht: Shaker Publishing).
- Åsberg, C., Rönnblom, M. & Koobak, R. (2010) Care to compare, *NORA—Nordic Journal of Feminist and Gender Research*, 18(3), pp. 149–151.
- Basso, P. & Perocco, F. (Eds) (2003) *Gli immigrati in Europa. Disuguaglianze, razzismo, lotte* [Immigrants in Europe: inequalities, racism, fights] (Milano: Franco Angeli).
- Borchorst, A. & Siim, B. (2002) The women-friendly welfare state revisited, *NORA—Nordic Journal of Feminist and Gender Research*, 10(2), pp. 90–98.
- CENSIS (2008) *Un mese di sociale: gli snodi di un anno speciale* [A month of social: hubs of a special year] (Roma: Franco Angeli).
- Chiaretti, G. (2004) A capo delle loro famiglie e a servizio delle nostre famiglie: i racconti di donne immigrate dall’Est-Europa [At the head of their families and serving our families: stories of immigrant women from Eastern Europe], *Inchiesta*, 146(34), pp. 21–32.
- Chiaretti, G. (2005) ‘Badanti’: mal da lavoro, mal da rapporti sociali, fronteggiamenti [Carers: labour illness, social relationship illness, coping], in: G. Chiaretti (Ed.) *C’è posto per la salute nel nuovo mercato del lavoro?* [Is there a place for health in the new labour market?], pp. 171–215 (Milano: Franco Angeli).
- Crenshaw, K. W. (1991) Mapping the margins: intersectionality, identity politics, and violence against women of color, *Stanford Law Review*, 43(6), pp. 1241–1299.
- Crenshaw, K. W. (1993) Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics, in: D. K. Weisberg (Ed.) *Feminist Legal Theory* (Philadelphia: Temple University Press).
- Dahl, H. M. (2010) An old map of state feminism and an insufficient recognition of care, *NORA—Nordic Journal of Feminist and Gender Research*, 18(3), pp. 152–166.
- Denis, A. (2008) Intersectional analysis: a contribution of feminism to sociology, *International Sociology*, 23(5), pp. 677–694.
- Durkheim, E. (1967/1893) *De la division du travail social* (Paris: Presses Universitaire de France).

- Ehrenreich, B. & Hochschild, A. R. (Eds) (2004) *Global Woman: Nannies, Maids, and Sex Workers in the New Economy* (New York: Henry Holt and Company).
- Ellingsaeter, A. L. (1999) Women's right to work: the interplay of state, market and women's agency, *NORA—Nordic Journal of Feminist and Gender Research*, 7(2–3), pp. 109–123.
- Esping-Andersen, G. (1995) Il Welfare State senza il lavoro. L'ascesa del familismo nelle politiche sociali dell'Europa continentale [Welfare state without work: the rise of familism in the social policy of continental Europe], *Stato e Mercato*, 3(45), pp. 347–380.
- Favel, A. (2008) The new face of East-West migration in Europe, *Journal of Ethnic and Migration Studies*, 34(5), pp. 701–716.
- Gavanas, A. (2007) Privileged irresponsibility, structural responsibility and moral contradictions among employers in the EU domestic work sector, in: P. Stoltz, M. Svensson, S. Zhongxin & Q. Wang (Eds) *Gender Equality, Citizenship and Human Rights: Challenges and Controversies in China and the Nordic Countries*, pp. 116–133 (London: Routledge).
- Gimenez, M. (2001) Marxism and class, gender and race: rethinking the trilogy, *Race, Gender & Class*, 8(2), pp. 23–33.
- Hochschild, A. R. (2000) Global care chains and emotional surplus value, in: W. Hutton & A. Giddens (Eds) *On the Edge: Living with Global Capitalism*, pp. 130–146 (London: Vintage).
- Hochschild, A. R. & Machung, A. (Eds) (1997) *The Second Shift: Working Parents and the Revolution at Home* (New York: Avon).
- Holli, A. M., Magnusson, E. & Rönnblom, M. (2005) Critical studies of Nordic discourses on gender and gender equality, *NORA—Nordic Journal of Feminist and Gender Research*, 13(3), pp. 148–152.
- Hondagneu-Sotelo, P. (2004) Blowups and other unhappy endings, in: B. Ehrenreich & A. R. Hochschild (Eds) *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, pp. 55–69 (New York: Henry Holt and Company).
- Kvist, E. & Peterson, E. (2010) What has gender equality got to do with it? An analysis of policy debates surrounding domestic services in the welfare states of Spain and Sweden, *NORA—Nordic Journal of Feminist and Gender Research*, 18(3), pp. 185–203.
- Lewis, J. (1992) Gender and development of welfare regimes, *Journal of European Social Studies*, 2(3), pp. 159–173.
- Lutz, H. (2007) The 'intimate others': Migrant domestic workers in Europe, in: E. Berggren, B. Likic-Brboric & G. Toksöz (Eds) *International Migration, Informal Labour and Community: A Challenge for Europe*, pp. 226–241 (Maastricht: Shaker Publishing).
- Lutz, H. (2008) *Migration and Domestic Work: A European Perspective on a Global Theme* (Aldershot: Ashgate).
- May Rivas, L. (2004) Invisible labors: Caring for the independent person, in: B. Ehrenreich & A. R. Hochschild (Eds) *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, pp. 70–84 (New York: Henry Holt and Company).
- Palomba, R. & Sabbadini, L. L. (Eds) (1995) *Tempi differenti. L'utilizzazione del tempo degli uomini e delle donne nell'Italia contemporanea* [Different times: the use of time by men and women in contemporary Italy] (Roma: ISTAT—Commissione nazionale per la parità e le pari opportunità tra uomini e donne).
- Sassen, S. (1998) *Globalization and its Discontents: Essays on the New Mobility of People and Money* (New York: New Press).
- Sayad, A. (1999) *La double absence* [The double absence] (Paris: Seuil).
- Staunaes, D. (2003) Where have all the subjects gone? Bringing together the concepts of intersectionality and subjectification, *NORA—Nordic Journal of Feminist and Gender Research*, 11(2), pp. 101–110.
- Trifiletti, R. (1999) Southern European welfare regimes and the worsening position of women, *Journal of European Social Policy*, 9(1), pp. 49–64.
- Wacquant, L. (2004) *Body and Soul: Ethnographic Notebooks of an Apprentice-Boxer* (New York: Oxford University Press).
- Wallerstein, I. (1979) *The Capitalist World-Economy* (Cambridge: Cambridge University Press).
- Williams, F. & Gavanas, A. (2008) The intersection of childcare regimes and migration regimes: a three-country study, in: H. Lutz (Ed.) *Migration and Domestic Work: A European Perspective on a Global Theme* (Hampshire: Ashgate).

Francesco Della Puppa is a PhD Student in “Social Sciences: Interactions, Communication, Social Constructions” (Sociology Department, University of Padua, Italy) and a Research Assistant at the “Laboratory of Research on Immigration and Social Transformations” of Ca’ Foscari University in Venice, Italy. He is also a member of GLOB.I._Lab (Research Laboratory on Globalization, Identities and Cultural Pluralism), University of Padua, Italy. He graduated from the REMESO International Graduate School in “International Migration, Ethnicity and Gender: Intersectional Perspectives on Labour, Power and Citizenship” (REMESO Research Group of the University of Linköping, Sweden) in February 2010, the International Doctoral School “Writing and Publishing in Gender Studies” (International Centre for Interdisciplinary and Gender Studies, Sociology and Social Research Department, University of Trento, Italy) in May 2010, and a Master’s Programme on Immigration, “Migratory Phenomena and Social Transformations” (Ca’ Foscari University, Venice), in 2006. He is a member of Migratory Scenarios and Social Change (Sociology and Social Research Department, University of Trento, Italy). He has conducted research on the subjects of the family reunification process, the social construction of gender, female migrant care workers, racial discrimination in the work-place, and reconciliation between work and family life.