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Andreas Fejes and Katherine Nicoll

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### A vocational calling: Exploring a caring technology in elderly care

Andreas Fejes and Katherine Nicoll Linköping University; University of Stirling andreas.fejes@liu.se, katherine.nicoll@stir.ac.uk

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#### **Abstract**

In this article we explore the relationship of care of a group of health care workers in elderly care, through their descriptions of themselves and their work. We have an interest in how relationships of care may be explored and characterized in and across disparate vocational settings. This is a critical response to policy discourses of citizenship that are currently emerging for reemphasis in Europe through citizenship education and the idea of the active citizen.

We mobilize two notions to help us in the analysis of interview transcripts. First, 'calling' is used as a figure of thought. Past religious and secular discourses of calling to God and nursing provide us with glimpses of past relations of vocation and care through which to consider present descriptions. The term 'technology of the self' is one drawing specifically from the work of Michel Foucault, through which we theorize the calling to care emerging from our interviewee descriptions as such a technology. Our analysis indicates that a specific calling to care and technology is mobilized by these health care workers in elderly care. We conclude that it is through such stabilizations of description that the health care workers' shape context-specific subjectivities, as caring citizens.

#### Introduction

In this article we explore the calling to care of a group of health care workers in elderly care in Sweden through their descriptions of themselves and their work. Workers in caring vocations may have strong and quite specific relationships of care. We want to find out whether and how these might be characterized as they emerge, and are shaped in and through care work.

We have a wider and longer-term interest in how such relationships of care to others may be explored and characterized in and across disparate vocational settings. Our interest is as critical response to policy discourses of citizenship that are currently emerging for reemphasis in Europe through citizenship education and the idea of the active citizen (cf. EC 2001). Our criticisms are threefold. First, these discourses position citizens as deficient – as 'needing' knowledge, values and competencies, and therefore as outside a community of citizens. This masks capacities that people already have and draw on in their activities. Second, discourses focus on citizenship in abstract and generalized ways, with a general rationality that people need stronger senses of responsibility and care to others within the European community and within their country of residence (cf. ten Dam and Volman 1998; Volman and ten Dam 2008). This fails to acknowledge that people already have senses of responsibility and care to others in the specific contexts of their lives and work. Third, European policy discourses of citizenship are significantly oriented toward rights and responsibilities and framed in terms of employability and vocational and eco-

nomic contributions (Edwards 2002; Field 2006). They are thus quintessentially exclusionary of women who do not work in the public sphere (Lister 2003). Feminists have argued that it is through the promotion of a responsibility to care within citizenship that an active and sex-equal citizenship can be constituted (Lister 2003; Knijn and Kremer 1997). We suggest, therefore, that it is important to explore the senses of care that people have for each other in specific and located contexts, drawing on a definition of citizenship that can include the experiences of women in the private sphere (Jones, in Lister 2003). Rather than position citizens as deficient, or assume that the feelings required are those toward a European community, let us then begin to consider what relationships of care are in micro-contexts of work (both public and private), as citizenship, and theorize how these are made possible. Citizens do not learn citizenship capacities or act as citizens in a void, they learn and act through the possibilities and limitations of the resources available to them (Dahlstedt 2005; Elm-Larsen 2006). In this paper, we focus on care in elderly care in the public sphere.

Health care work in elderly care is a distinctive vocational context through which to explore relationships of care to others. Indeed, that we can characterize this work setting as 'health care work' already implicates an orientation to care. Indeed, such an orientation is historically implicated in the notion of a 'calling' to care. Where calling is both vocation and calling to do God's work. Health care workers have a long history of an orientation to care, and it is in part for this reason that we focus on a specific health care work setting for this initial analysis. Through an analysis of documents from the past such an orientation is made amenable to the kind of historicisization that we are interested in pursuing here. At the same time, health care work is a vocational domain traditionally populated primarily by women. We are interested to begin our analysis in a vocational domain that considers an orientation of women to care in 'care work', as it has often been viewed as primarily women's work. How might we explore such an orientation? We mobilize two heuristics to help us in such an exploration – that of 'calling' and 'technology of the self'. 'Calling' is a figure of thought to help interrogate the descriptions that health care workers, employed in elderly care homes in Sweden, make available to us. The term 'technology of the self' is one drawing specifically from the work of Michel Foucault (1988) through which we theorize a calling to care as a particular such technology. This article and the research that it draws upon take a poststructuralist and discursive approach (Foucault 1988, 2003a, 2003b, 2007; Fejes and Nicoll 2008). Learning is taken as an engagement within discourse through which subjects come to construct specific kinds of descriptions of themselves and rehearse these in various ways. Discourse makes languages of the self available for the workers in our study to take up and deploy in self-description. We examine the regularities of their descriptions to see what selfidentifications begin to emerge as care for others. With this approach, discourse is constitutive of the social world and it is through our narratives of this world, of ourselves and our relations to others, that we know who we are.

The article is written in five main sections. First, we examine some of the contemporary research literature that has helped inform our focus. Second, we argue that our theoretical approach to study in this area may be productive in relation to this wider literature. Third, we explore historical meanings of vocation and calling and the relationships to self and others that these have im-

plicated. We emphasise that although vocation and calling have been synonymous terms in the past, they have had quite different connotations at different times and in differing contexts. This exploration then helps in the analysis of our data in a fourth section. It is through the interrogation in this section that we defamiliarize ourselves with what is said, in order that we can characterize this. By tracing the ruptures and irregularities of their descriptions of callings and the callings to care of past times, a specific and contextualized calling to care for these workers today emerges from the analysis. In a fifth section, we attempt an analytic description of a caring technology in elderly care. We finish with a discussion and summarizing section that considers how far we have travelled in our exploration.

#### **Background research literature**

There are a range of citizenship theories (Pattie, Seyd and Whiteley 2004) and traditions in post-compulsory education (Coare and Johnstone 2003) that take up meanings of the citizen and citizenship in quite differing ways. There are concerns expressed within the literature that educational policy-makers have failed to fully take into account recent understandings from socio-cultural research into identity formation. This has resulted in an education policy focus on the citizen and citizenship as something that can be pre-described and taught as an outcome through the curriculum (Biesta and Lawy 2006). Such policies do not take into account the practices and meanings of citizenship of those who are the target of policy (Watts 2006). Although there is an emphasis on learning through community action within policy, this is generally understood as some form of learning by doing. Through both socio-cultural and poststructuralist approaches, quite alternative and distinctive foci and understandings of citizenship and citizenship learning emerge (cf. Ellison 1997). The former is concerned with citizenship through identify formation, and the latter with the formation and realizations of subjectivity (cf. Somerville 2006). This latter approach allows a focus on such realizations as effects of wider stabilizations within power-knowledge regimes.

Socio-culturally informed research suggests that 'self-identification' to a vocation occurs through education in a whole range of vocational spheres (Ecclestone and Pryor 2003; Volman and ten Dam 2007). Colley and others (2003, 488) in a review of the literature on vocational habitus, suggest that self-identification is a central part of student learning and a process of orientation to an identity as 'the right person for the job'. They conclude that there is a complex interplay between processes of social acculturation and individual agency in this process of orientation. For them, student orientations emerge as idealized and realized identities, related to student disposition, but also to predisposition as a product of social and family background, gender, individual preference and life experiences.

Research specifically focusing on care work explores the detail of the social conditions through which particular people become care workers. Elderly care is generally a low status, low pay, and gendered vocation. Many working in elderly care are women with little alternative. They need to support themselves financially, and care work is already familiar. Women care for the home and family and thus it is assumed that they can care for others (Jakobsen 2006). Some researchers have called this a rationality of caring in contrast to one that is technical and scientific (cf. Waer-

ness 1996). Caring becomes pre-defined as a female occupation, requiring female dispositions (Jakobsen 2006; Sebrant 1998). This argument is similar to Somerville's (2006), who, with a poststructuralist perspective, illustrates how the gendered construction of care work operates in the construction of gendered and caring subjectivities of workers in elderly care.

Socio-culturally oriented research suggests a complex picture. Vocational students do not necessarily learn to aspire to jobs of high status as they orient themselves. For example, Bates' studies of student care workers for the elderly (in Colley et al. 2003) showed that students learned to aspire to be care workers for the elderly, even though it is of lesser status than care for children. The vocational orientation is not superficial. It involves taking on quite specific attitudes. It unifies and shape norms, values and meanings, as well as how one should feel, look and act (Colley et al. 2003). In a study of childcare, engineering and health care students, it was found that students all came to a greater or lesser extent and in very different ways, to 'become' vocational workers in their talk of themselves. Furthermore, those who failed to orient themselves in this way were found to 'unbecome', as Colley et al. (2007) describe of teachers. Self-identifications are thus insecure. They may cut across other priorities for the individual in complex ways that require negotiations of the self with the self and may result in refusals.

#### Theoretical approach and empirical data

Self-identifications are understood in our study as descriptions of subjectivity (Foucault 2003a). Here there is no a priori self as an object or thing. The 'self' is decentred and analyzed as shaped in specific ways through language. In this decentring there is potential for the description of a multiplicity of subjectivities, and multiple and partial uptakes and elisions, but where, through the regularities of description, these may take specific forms. What is produced is the effect of the power-knowledge constellations of the discourses available to be taken up in this way. We are positioned at any time in what we can say by our location within power-knowledge regimes, and we describe ourselves in relation to what is discursively available to take up in that location. Subjectivities emerge through and within regularities of self-description.

A technology of the self, through this theorization, is a matrix of practical reason that is relatively stable. It allows individuals, with or without the help of others, to carry out operations on their own bodies, thoughts, conduct and ways of being, to attain a positive emotional state (Foucault 1988). Technologies of the self are drawn on in a mode of governing that intensifies the exercise of power between institution and institutionalised subjectivity by internalising this exercise, as self-discipline. A technology of the self is a matrix of reason through which specific subjectivities are shaped. Drawing on this notion for this article, we want to see whether the regularities in descriptions that we identify might begin to suggest such a technology, or technologies, and consider the subjectivity shaped.

We use 'calling' as a figure of thought to help us analyse the descriptions, but also to historicize (Foucault 1977) relations of the self to the self and others that have emerged at different historical times and locations both within the church and the vocation of nursing. By considering what these relations have been, we are able to throw the present relations of the self to the self, and

others, in the health care setting into sharper relief. Here, the aim of our history is not to try to find causal relations or write a linear history from a previous time to a later one. Instead, history is ruptured and irregular. Nonlinear trajectories of emergence are traced as a means of questioning the present data, thus providing an account of how relations of care are construed and operate in the present. Our historization draws on meanings of 'vocation', 'calling' and 'calling to care' in past times. Health care for the elderly is a paid job today and as such it is a recent development from a division of labour within the family (Waerness 1996). Attention to the professionalization of such work has during that last few years been emphasized in Sweden (Ministry of Social Affairs 2007), although it is far from being recognized to the same extent as the nursing profession.

Based on this theoretical perspective we analyse health care assistants' (HCA) and licensed practitioner nurses' (LPN) descriptions of themselves, so as to characterize their regularities. Our analysis of interview transcripts is focused on passages when they spoke about their reasons for engaging in work in elderly care and descriptions of how they came to be care workers. Interviewees were not asked questions explicitly about 'calling'. Instead, the questions were kept quite wide and nondirective so that the descriptions were as much as possible using language selected by interviewees. This approach then differs from other research where participants were asked directly about their vocational choice in terms of calling (Scott 2007). The data for this paper is drawn from interviews with LPNs and HCAs at six nursing homes for elderly people in Sweden. Fifteen semi-structured interviews were carried out (Kvale 1996) with twenty-three people. Fourteen of these were HCAs and nine LPNs. All interviewees were females and the LPNs were those with the highest level of education, equivalent to a certificate from the threeyear health care programme at upper secondary level. The HCAs, by contrast, had only taken either a ten or twenty-week course. However, both LPNs and HCAs more or less conduct the same work tasks and they have an almost equal salary. The next level of education in Sweden would be to enter the university for three years to become a registered nurse. Registered nurses employed at nursing homes for elderly people are responsible for medication and assess if clients need to meet a doctor. Each nursing home usually has one registered nurse employed on either a part- or full-time basis, depending on the size of the home. There was no registered nurse in the sample for this study.

Eleven interviews were individual, and four were group interviews conducted with two to five interviewees together. The reason for conducting group interviews was practical – to talk with as many participants as possible with a time schedule that had to be adapted to their work and study schedule (Vaughn et al. 1996). The interviews were conducted in Swedish, transcribed fully, translated by one of the authors and then analyzed as text. The transcripts were read as statements in the production of 'reality'. The focus was thus not on this reality per se, but on the regularities of the descriptions made, how these were made, and what was shaped through them. This article is part of a wider project focused on how subjectivites are shaped within elderly care work (cf. Fejes 2008; 2010a; 2010b)

#### A historicization

In this section we explore meanings of 'vocation', 'calling' and a 'calling to care' in past times. By exploring the ruptures and irregularities of emphasis in the past, we are, as researchers, defamiliarized from meanings that we may take-for-granted today. This is then a preparatory phase for transcript analysis.

The meaning of vocation as 'calling' is found in both the Old and New Testaments. God called upon Abraham, Isaac and Jacob, and Christ called on his disciples (Scott 2007). These few were called directly by God, and thus the calling was divine. The acts of those called were esteemed as gifts, as manifestations of divine calling. Monks, nuns and priests removed themselves from daily life to serve the church (Dawson 2005) and so practised a divine vocation. The gifts/acts were not carried out in the name of those called, but for a broader social purpose (Rehm 1990).

With the emergence of Protestantism 'calling' gained a slightly different meaning. No longer was it reserved for the few (priests, apostles, prophets), it was possible for everyone (Dawson 2005). Esteem came to be located in performing common work, and work itself came to be a divine vocation. Each person had a task in life given by God – a calling. People were expected to live life as well as possible according to this calling. This could be a call to a specific position (to be a husband, wife, son, daughter, servant, a specific kind of worker and so forth) or social function (Rehm 1990). By living life according to a position in life, one was serving one's fellow man, and through work continuing God's work and sustaining his creation (Andersson 2002). The reward of calling thus came to be service to God, society and the self (Waring 1983). A similar way of reasoning was connected to the Puritan notion of calling, where to be called was to be predestined to salvation:

In the doctrine of calling, it was believed that men received "a call" from God, "a divine command to live a certain kind of life." Most important was the general calling to "be one of his elect and to behave in life as befitted whom he had predestined to salvation." The particular calling was the occupation God designated for one to provide his own maintenance and serve the common good. (Waring 1983, 19-20)

Calling and vocation have been afforded the same meaning in Protestant and Puritan discourses. However, vocation has gained different meanings over time (Dawson 2005). Protestants have preferred to use the term 'calling' as could be related to both sacred and secular occupations. This is in contrast to 'vocation' as either paid work or work only in the sphere of the church (Scott 2007).

If we turn to work in elderly care and nursing, we can see how the Christian idea of calling has had an important role in the emergence of nursing as a profession. In the 19<sup>th</sup> Century in Sweden, there was a nursing curriculum for the first time. The idea of calling was related to Lutheran ideals, where a calling for women meant to take care of the home and children (Andersson 2002). This was a gendered version of calling, similar to that put forward by Florence Nightingale (1969). For her, every woman was a nurse, as at some time during her life she was in charge of someone else's health. However, for her, the nurse should not be concerned with whether the act of care was seen as a female task. She was called by God to do good work, no matter the task

needing to be done: 'leave these jargons, and go your way straight to God's work, in simplicity and singleness of heart' (Nightingale 1969, 136). Thus, the reward of working as a nurse was the work itself. The nurse needed to enter the vocation with an open mind and by giving herself up would be rewarded with an inner 'salary' by getting closer to God. Although anyone could become an artisan, not everyone could become a nurse. The nurse needed to be a person who had virtues of placidity, obligingness, good-naturedness and unselfishness (Andersson 2002). In a Swedish Green paper on nursing from 1916, we can see how calling was related to the task itself and to such virtues. Each person who wanted to enter the vocation was to scrutinize herself to see if she had a real calling:

Within these opinions, there is one thing that is absolutely justified; the nursing vocation presupposes a real calling. Calling could be said to consist of a natural ability and mind for nursing, but foremost in an actual, deep compassion with the sick person, a constant alert wish to help, sooth and comfort and a never-ending patience towards those who have been misfortunate. Those who choose the nursing vocation should be aware of the serious task she is dedicating herself to; she should know that it would be wrong to turn to nursing if she does not have any sense of duty and uncompromising loyalty towards her task. (Ministry of Social Affairs 1916, 19-20)

According to Andersson (2002), the idea of calling during this period acts as a socially hierarchical divide. Calling was only possible for the nurse and not the health care assistant. Anyone could be a health care assistant, but not a nurse. This division has been related in the literature to class differences, as the nurse was almost exclusively from the middle class (Andersson 2002). However, there were still resonances of the Christian tradition, where each person was exhorted to fulfil her duty according to that which God had designated for her. No matter what your position, you were called by God to do your job as well as possible. Such ideal views on the work of the nurse were also connected to status. Nurses were afforded a certain level of respect.

During the early 20<sup>th</sup> Century, with the emergence of psychology and economics, the idea of calling started to be problematised. '[P]sychological fulfilment and material comforts also came to be viewed as quite compatible, if not essential to the ability to do good and engage in higher activities' (Rehm 1990, 117). In relation to nursing, a question emerged over whether it was not enough to be good at doing one's job – was there a need to be *called* (Andersson 2002)? At this time calling in nursing in Sweden was still related to the need to fulfil ones duty towards God, even though the idea began to be questioned. By working as a nurse or health care assistant, carrying out the work as well as possible, one was not doing a job for oneself but continuing God's creation by doing a good job for others.

#### A calling to care

We now turn to our analysis of nursing and health care practitioners in elderly care to see how the calling to care is construed within contemporary self-descriptions. We focus on the ways LPNs and the HCAs talk about learning to be a worker in elderly care, position themselves in relation to others and in terms of a responsibility to care – Who or what is doing the calling? And, With what reward?

In the following part of an interview transcript, we can see how work in elderly care is described as learned through experience, and as intuition. To be a good HCA one needs to have an interest in working with people and should not be doing it for the money:

And how would you express it as it seems as if you do a lot of different things? How do you learn this job? (Interviewer)

Experience (Sofie)

Yes, and to work. (Katherine)

Intuition according to me. (Louise)

Yes, some is better suited and some are not suited for this job. That's the way it is. You need to be able to keep a lot of things in your mind during the day. To know what to do. (Katherine)

Yes, above all one needs to be interested to work with people. Otherwise you have no business being here. (Sofie)

Yes one has to. (Katherine)

It's the wrong attitude to come here just to earn money and to have a job. Instead, one really needs to like to work with people. (Sofie)

And then one need (s) to think that it could have been my Mum or Dad that lived here. (Denise)

This exchange between four HCAs illustrates how they position themselves through their descriptions. This is a position where to learn the HCA needs to be 'interested', 'intuitive' and 'to work' and gain 'experience'. To be 'suited for this job', is to be able to be 'keep a lot of things in your mind', to 'know what to do'. To be an HCA is not about personal material gain – 'to earn money and to have a job'. Rather, it is about having the right attitude, which is to put aside desire to earn money and have a job alone. It is to 'really... like to work with people', to be 'interested' in the elderly people you care for and keep in mind that it could be your own parents that you are looking after – 'it could have been my mum or dad that lived here'. These HCAs position themselves as having the right attitude and in this the capacities for the job. In this attitude, HCAs like to and are interested to work with those that they care for and they do this as if caring for their own parents. A form of caring relation is constructed. This then is not a positioning of themselves as in any way superior to those that they care for. It is a relation of liking and interest to-

wards others, and perhaps that of a responsibility, generated through a description of what you would want as an offspring for a parent.

This description resonates with that of calling from our quote from the Swedish Ministry of Social Affairs in the early 20<sup>th</sup> Century. There is the sense of a 'natural ability and mind for nursing' (1916, 19-20), being suited for the job, an ability that is developed through experience, but that requires a 'real' calling – the right attitude, that is really liking to work with people. There is also a sense that the 'right attitude' is not working for the money. Today in Sweden elderly care is a low-income, low-qualification occupation, largely carried out by women dependent on the wage. Without the wage, these interviewees would not likely be doing this work. We could say that the wage is a condition of possibility for these descriptions of a responsibility of working, not for the money but for elderly people. In the early 20<sup>th</sup> Century, nursing was a job for middle class women, whilst the working class carried out basic care. Even though both these groups were seen as called to continue God's creation, the middle class did this without any substantial pay, while the working class needed their wages. The 'salary' was the inner one of getting closer to God.

Although the interviewees all receive a wage, we see how the HCAs and LPNs exclude those with a focus on material gain as not having the right attitude. Here, there is the strong inclusion of those with a calling to care not influenced by money. This description emerges and is elaborated through the following two statements. First by an HCA and then an LPN:

And I agree with what was previously said by one of my colleagues, we are not here only for the salary. We are here to help people. And this is how we need to... if they were not here, we wouldn't be here. And it is also something else, and thankfully we are taking care of them. So this is... it is grateful. Relatives to the elderly people don't understand the effort we are making. (Christine)

With the salary we receive, one could say that we are not doing this job for the money. No we don't. It's because one enjoys the job. Absolutely. (Alexia)

The right attitude is developed here into a relation of liking and interest towards those that are cared for. It is one that elicits a 'thankfulness' that someone is looking after these elderly people, and is rewarded by the grateful feelings of those who are looked after and in that there is enjoyment in the job. There is then a sense of a social role created by the fact that the elderly people are there and need help. The reward is found in 'thankfulness' that the elderly people are being looked after, their gratefulness, and enjoyment of the job. This is then a positive emotional state, of a technology of the self (Foucault 1988). In the descriptions below, we can see how a reward is identified again as that of feeling needed, and of having done something good at the end of the day. This is quite a complex relationship being described here. Where the relationship is strongly one between the carer and those cared for, and excludes relatives and others. The same LPN expresses that:

A lot of people believe that our job is to only help the elderly to go to the toilet and such things, but it's much more. Some of the elderly people don't have any relatives who come

to visit them. And there are of course some who have, but...you feel that you are needed. Yes you do. (Alexia)

And you think that is...(Interviewer)

Yes, I think that is good, it feels good. Yes, you feel that you have done something good when you leave for the day. (Alexia)

Generated for this carer is a feeling of being needed and good. It is not the work that is identified as good, but a feeling for having done something good.

The above descriptions begin to suggest a technology where these workers are called to care for others in that that care is needed. The need is for care, and there is thankfulness that this need is being met. Those cared for are grateful. The reward is not the knowledge that the carer has done what God expects, as previously; the reward is a sense of gratitude, enjoyment and a good feeling of having done something good. Skeggs (1997) argues that a caring identity is not only based on performing the task of good care for others (as one would for parents), but of a positive emotional state that is a fulfilment of the self. To make such a state possible in this set of descriptions, there is a need for the need to be there. The need of others makes it possible to shape the self as a caring self, and a self that is fulfilled. Thus, we could say that calling has become reconfigured within a now secularized, dialogic, technology of the self, oriented to the need for care.

#### A caring technology

The nurse previously had a dialogical relationship between herself and God, and between herself and the ones for whom she cared. Today, with whom, beside the ones for whom the nurse cares, does the nurse have a dialogue? Who calls the nurse to do good work for others? Scott (2007) studied how students at a Christian college construed calling. She illustrates how calling by God is described in terms of intrinsic reason, by contrast to an entrepreneurial discourse, where extrinsic reason (for example, the salary received or status of the job) dominates. These students were religious and called by God to do good work in their vocational lives. In our interviews, calling is constituted quite differently. Although, calling is related to intrinsic reason, where descriptions suggest that care work is carried out for self-fulfilment and the sake of those for whom one cares and not for the money, there is no relation to God. One way to find out by whom or by what the HCAs and LPNs are called, is to focus on their descriptions of how they came to work within this specific vocation. Our focus here is not directed at identifying 'real' reasons, but to examine descriptions offered to see how interviewees position themselves in relation to others and how a calling to care emerges.

If we turn to our interview transcripts, caring tasks outside the elderly care sector emerge as a reason for working within elderly care. By being a mother or daughter, caring is described as something one already does and as a reason for working in the sector. One of the HCAs, when asked how she came to work in elderly care sector, says:

It was because my mother had MS and she stayed at an elderly care home, and my dad. So, this might be the reason for me to apply. (Jasmine)

This HCA positions her vocational choice as prompted by her seeing the care for her parents in a care home. A calling to care appears generated in that the interviewees' parents had needed and received care - she felt that this might have been the reason for having offered her own service.

A further example of calling to care is one where an HCA interviewee relates her work choice to her position as mother. On the one hand, care work is something she already did at home for children, on the other, working in elderly care provided day work and thus more time to care for the children in the evening:

I have been working within care work for seventeen years. Previously I worked in a store, and then I changed occupation for personal reasons. It was for my children's sake as it was evening work. And then I worked in another store that closed down, and I then became unemployed. I saw an ad in the newspaper that stated that they were looking for HCAs, so I applied and got the job. And I was sold directly. Yes, I like it, as you can see I have been here for seventeen years. (Anna)

Here, elderly care is described as chosen for the sake of being able to be home with children. The flexibility of work and the satisfaction of working as an HCA are offered as reasons; the care for her children was the reason for giving up store work ('it was for my children's sake'), at the same time the caring vocation provides a job that she likes ('I like it', 'I was sold directly'). The calling to care is not God's call, but a call from care already needed in the home. Thus, calling becomes linked to both extrinsic and intrinsic reason. Here, the carer is called to do good work through the need or responsibility of care for the family that is fulfilled.

We can see also how a gendered calling is implicitly inscribed through these descriptions. It is one that resonates with that in the writing of Florence Nightingale (1969), where all women have experiences of caring thus can be nurses. Nightingale argues that one should not engage in discussion about whether it is a female or male task, just abide by calling and do one's best. Similarly, in the study, these women carers described caring for a family as their experience. However, in their descriptions, to take up a calling to care requires a specific disposition of care – not everyone is suitable. In both, the disposition for care work emerges through an experience of care that is already gendered.

In these descriptions, a caring technology emerges as a circular and self-maintaining discursive regularity. Care as activity arises from descriptions of the need for care and the thankfulness and positive feeling of the self that care offers as its reward. It is a relation of the self with the self – one sees the need, responds through care and achieves reward. At the same time, it is a relation between the self and those for whom one cares. In caring for the elderly there is a gratefulness from those cared for, which helps constitute the positive emotion and further care. In such a technology, there appears at the same time a relationship between private and vocational life. Care for the elderly gives the opportunity for more care for children, both in terms of a wage and

time, and through which care is reinforcing. Life is shaped into a life of care through a triangular and reciprocal, reinforcing relation.

This technology of care is that of the constitution of what Skeggs (1997) calls a caring self. She argues that 'the caring subject is constructed by the conflation of caring for with caring about, in which the practices of caring become inseparable from personal dispositions' (Skeggs1997, 56). Caring for signifies the actual tasks of caring, whilst caring about signifies the social dispositions and a relation between the one who cares and the one cared for. Drawing on this, we can see how the interviewees position themselves as people who care about their children or parents. This is then extended to care for the elderly. A disposition of care is, through the narratives of the carers, inscribed through a practical reason and practice of caring for the elderly. There is a conflation of caring for and caring about in this vocational practice. What we see is how these employees in care work shape a caring self. Through their practical reason, they position themselves to care for others through care about others.

Care work is related to a caring situation in the home in a further description from an interview with one of the HCAs:

Now the work tasks increase. But I chose to stay bit longer, it suits me better as I have small children at kindergarten. I work during some weekends, and then you become free during weekdays and I can then be home with my children instead of having them at the kindergarten. Therefore, it is a bit better. But I have started to look for other work opportunities. (Louise)

Here, again, it is the opportunity to be home to care for children that is significant. Again, there is a conflation of caring for and caring about. Her responsibilities of care are balanced between the demands at work and home. Life is shaped into a life of caring, as the carer is called to become what she already is – a caring person. However, there is a limit to the amount of time and money that can be spent before this interviewee decides to look for other work.

The subjectivity is one caring for and about others beside her closest family. It is one constituted by care workers positioning themselves as already caring persons. It is constraining in its circular requirement for a reciprocated feeling, but powerfully enabling as it works to maintain itself through this. Care workers are called by the need for care to be caring people by their thankfulness that this need is satisfied and the gratefulness of those cared for. This is powerfully productive. With this technology, there is no direct need for government through regulative measures, as the fabrication of the self is carried out and maintained by the subjects through their own technology. The wage and time are both conditions of possibility, where work increases there are expenses accrued, and flexible hours appear important. This relationship and responsibility of care may fall apart, as it becomes financially less worthwhile or more time onerous. However, the thankfulness of the carer, and gratefulness of those cared for, appear also as conditions of possibility.

#### Discussion

Our interest in this article was to find alternative ways to consider how citizens are shaped in relations of care within and through specific vocational practices of health care for the elderly. Rather than talking about the citizen in a generic, abstract and generalized form and with an abstract rationality of belonging to an overarching community, we wanted to consider how people already feel care in specific and contextualized senses, and in this case in relation to work in elderly care. We have argued that a definition of citizenship in terms of care, is important to the possibility of an active, sex-equal citizenship. As a way to analyze relational aspects and feelings of care towards others we have drawn on the notion of calling and a caring technology of the self, a move inspired by the analytic work of Michel Foucault.

Calling in health care work in elderly care today, is described quite differently by our interviewees than descriptions found in documents from past times. Calling is still about doing good work for others, but it is a secularised calling today. Without pay, health care workers would not be likely to continue caring for the elderly. Payment is thus a condition of possibility for a caring subjectivity in the descriptions that we analyzed. There are further such conditions suggested from our analysis; prior experience of care, a 'thankfulness' from the carers that elderly people are being looked after, a 'gratefulness' from the elderly who are cared for, and that care in the home can be increased through health care work. It is through a constellation of conditions of possibility that a constellation of practical reason can emerge.

Despite these conditions of possibility, calling is still related to an inner reward and intrinsic reason. By doing good work for others, the reward is a good feeling and feeling that one has done something good. Here we have posited a caring technology and disposition of care that is dialogic and self-maintaining. It is a powerful technology, drawing on an implicitly gendered disposition. A caring disposition is mobilized, extending a space for feeling good through further care and intensifying and extending the space for care in the home. This is despite a general lack of status and remuneration. Or as Skeggs (1997, 62) argues: 'The seduction of caring may be that it offers a means to feel good, even morally superior. This is a powerful incentive when set up against the prospect of unemployment'. It is a discursive technology, reinforcing in a circular way, by which the carer finds intrinsic relational reward to others through caring for and caring about others. It is a power relation of the self to the self, reinforced within a specific discourse community, through which by its circularity it constitutes the subjectivity of the carer.

To call it a technology of the self is to implicate contact with other technologies, which intersect in the shaping of conduct (Foucault 1988). Although we have mentioned low pay, status and the gendered nature of this vocation, we have not developed our analysis to consider what Foucault distinguishes as technologies of power, which 'determine the conduct of individuals and submit them to certain ends or domination' (Foucault 1988, 18). For Foucault it is through the interactions between technologies of power and those of the self, that power comes to dominate effectively. Highly paid vocations are accompanied by a high social status for their workers, and this, as a technology of power, may be sufficient external reward for individuals in these positions. It is possible that the technology of care implicated through this analysis then emerges only in par-

ticular locations where renumeration is poor and work low-status. Further exploration is needed to ascertain the extent of this technology and whether this is the case.

Our historicization has helped emphasise that discursive relationships of self to self, to the vocation and others are not stable. The contemporary and local stablisation characterized here is merely provisional and partial. Other technologies of the self are implicated for carers with differing roles, status, discursive locations and resources. However, they all suggest relationships of care, learned through and exercised within vocational practices, as citizen subjectivities.

In the self-descriptions drawn upon in this article, a caring technology appears to operate where specific conditions of possibility govern care work. Through this health care workers shape subjectivities of caring citizens that are context specific in terms of these conditions. This is partly contrary to the citizenship policy literature that implies that people are deficient and need to be educated to feel care for and responsibility towards others. The socio-cultural literature that we have drawn on points to a complex picture where people come to identify themselves as the right kind of people for specific jobs through their initial education and experience in work roles. Our own results indicate a need to shift the focus and starting point of research into citizenship learning from a predefined notion of citizenship (good/bad citizen) to one more open, aiming to understand how citizens are shaped and foster themselves through discourse. In this way, it may be possible to show the complexities, non-linearity, breaks and ruptures in the different ways that power is exercised in the making of citizens and the formation of technologies of the self. Citizenship policy may need to consider this issue of power more strongly.

Our analysis indicates a starting point for further work. We have experimented with resources useful to an analysis of worker self-descriptions. As we have argued, subjectivity is shaped through these. The regularities identified suggest a caring technology as relatively stable within the descriptions of health care workers of the study. Thus, the approach may be helpful in more detailed and extensive explorations of the technologies of these and other vocational workers and their intersection with technologies of domination. By whom or what would fire fighters, police officers, or teachers, be called to do work of care for others? What technologies of the self would operate? How?

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