*Main Article:*

# Why Do Care Workers Withdraw From Elderly Care? Researcher's Language as a Hermeneutical Key

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## Abstract

Care workers frequently withdraw from elderly people in their care; this has resulted in a number of scandals in the media. Here I analyze an empirical scene observed at an old people's home in Denmark, which contains behavioral patterns among the care workers which could be seen as withdrawal. At the same time it illustrates the care workers' commitment to the elderly. A paradoxical "empathy at a distance" is characteristic of the scene. When analyzing my written observations in an interpretation group, my use of language was a point of discussion. What did it mean when I described the interactions between care workers and elderly residents in words commonly used to describe mother-child interactions? My use of language became a "hermeneutical key" which enabled a psychoanalytically inspired interpretation. This focuses on the care relationship as activating our earliest memories of our own care relations, independently of whether we are in the role of care providers or care receivers. Through collusion theory, the interpretation accepts both the anxiety which the helpless elderly people arouse in the care workers and their motivation for care work as two sides of a subjectively important theme. The article illustrates how working consciously with the researcher's subjectivity makes it possible to understand apparently irrational patterns. The insights thus gained may be used to prevent withdrawals in care work as an argument for care workers' need for emotional supervision.

**Index Terms:** care worker; elderly care; care relationship; existential anxiety; researcher subjectivity; research process; observation note; life-historical interview; interpretation group; hermeneutical key; scenic memory; projective identification

## 1. Context and Methods

The empirical material analyzed in this article stems from my PhD dissertation, *Omsorgsarbejde, Subjektivitet og Læring* [Care Work, Subjectivity, and Learning] (Liveng 2007). The dissertation deals with orientations towards care work among trainees studying to be social and health care helpers in Denmark and with the meeting of the trainees with the substance and conditions of this work, which is seen as a space for learning.

The empirical material consists of life-historical interviews with 17 female trainee social and health care helpers and participant observations with the trainees during their internships, which form a compulsory part of their 14 months' vocational education. These two methods were chosen in order to shed light on not only the subjective orientations of the trainees towards care work but also on how these orientations related to the content and conditions of the work.

In the observations I applied what I call an "everyday gaze" as opposed to a "clinical gaze." What I noticed were actions, relations, and ascriptions of meaning, as they appeared to me as I followed the trainee in home-based elderly care or at an old people's home. For all these three factors I noted what I heard and saw as well as my own reactions, thoughts, and feelings. This observational method necessitated subsequent psychoanalytically inspired analysis in a group of other researchers.

## 2. Theoretical Framework

My aim has been to create what Davies (1999) calls *reflexive ethnography*, where the ethnographer recognizes her own involvement in what she observes and through this recognition seeks to achieve "approximate objectivity" (Fog, 2004). Both Davies and Fog claim that as researchers we have to accept that we cannot avoid our own influence in our observational notes from fieldwork. We are co-producers of our empirical material, and thus have to analyze what is going on inside ourselves, our own thoughts, emotions, and behavior in relation to the field, in the same way as we analyze what we see as going on outside ourselves.

I conceptualize subjectivity within a framework of critical theory, in which I also draw inspiration from object relations theory and care theory. In accordance with Chodorow (1999), I define the subject as relational, psycho-biographical, and historically/culturally constituted. The unique individual is formed and developed in relation to specific others. One's life course takes place in a sociality which is inscribed in, and mediated by, the subjectivity of the individual (Salling Olesen, 2002). The assumption that individual and society are dialectically intertwined is an argument for conducting research into subjective meanings. Such an approach reveals how unique persons have acquired and mediated meanings and circumstances which are more or less general for groups in a certain culture and society at a given historical time.

## 3. Meaningful Care Relationship

The life-historical interviews showed that in spite of differences in age, educational background, and experience a common theme for the trainees was an orientation towards the care relationship. The psycho-biographies (Chodorow, 1999) of the trainees differed, but they all seemed to invest effort in establishing relations to others in their involvement in the role of care provider.

A number of investigations support these findings. Research conducted by the Danish National Institute of Occupational Health shows that the main motivations among trainees in social and health care programs are the desires to work with people and to help others who cannot care for themselves (Nabe-Nielsen, Jensen, Høgh, Giver, & Strøyer, 2005). This tendency was also found in Norway among workers in home-based care for the elderly. The Norwegian care researcher Christensen (1999) labels the work orientations of the employees as "an orientation towards the other".

Danish research into home-based elderly care paints a picture of a work field which is both physically and mentally straining, but also describes dedicated care workers who find their job meaningful (Ipsen, Christiansen, Klausen, Lund, & Eskesen, 2002). More recent research has focused on the sense of meaningfulness in care work for the elderly, finding that the relational aspects of the work are central to care workers if they are to find their work meaningful (Tufte, Clausen, & Nabe-Nielsen, 2012).

## 4. Observing a Paradox

Against this background my empirical observations were striking. Why did my observations of elderly care include cases where care workers withdrew from direct contact with the old people they were supposed to support? If the relationship with the elderly is what care workers generally find most meaningful in their job, why try to avoid it?

In the following section I present two examples of what I interpret as care workers' withdrawal from their relationship to the elderly. In presenting these two examples I would argue that the apparent discrepancy between words and actions is not to be viewed as an isolated occurrence, but in fact formed a pattern found repeatedly in the empirical material.

The first example takes place in home-based elderly care. I follow a woman in her early 20s, training to be a home helper. I call her Susse; all names have been changed. In her life-historical interview Susse has told me about her deep motivation for taking care of other people. Her background is unusual; for several months she took care of her mother who recently died from cancer. Susse still lives in her childhood home, and she tells me about the appreciation she received from the professional home helpers and nurses who came to her home during her mother's illness. This recognition convinced her that she ought to study in the social and health care field. Considering Susse's enthusiasm in telling me of her commitment to care work, her actual practice with the elderly was striking.

One of her visits is to an old lady who needs assistance in the morning before she is picked up and taken to the day center. Susse helps her to get up, to get washed and dressed and then serves her breakfast. After this, she puts a winter coat on her and places her in a wheelchair at the window. Meanwhile she talks about how silly and degrading it is that the old lady has to sit waiting for 20 minutes for the handicap bus, with all her warm clothes on. I am very surprised when Susse then immediately rushes to the office of the home-based care services to sit for half an hour, waiting for time to pass until the next visit on her route is scheduled. Nobody else is in the office. To me Susse seems bored; I notice that she does not even drink the coffee available there.

## 5. Empathy at a Distance

The other example consists of a scene at an old people's home around lunchtime. I follow the trainee Helle. I write down the following observation (my own translation from Danish):

> In the dining room residents and staff are gathering for the meal. All the tables but one are placed in a long row in the middle of the room. One table has been moved away from the rest by the staff and is placed in the corner next to a small kitchenette. It seems to me that this was not the original idea of furnishing the room. The residents, some in their wheelchairs, others with walkers, sit down at the long table. Some are supported by the caregivers, who take them by both hands and guide them to the table, as if they were young children learning to walk. The lunch, a hot meal and a dessert, comes from a central kitchen in big containers and is served by the care workers. While serving the food, some of the care workers talk negatively about it, hinting that it does not taste nice. After having served the main course, the care workers sit down at the separate table next to the kitchenette and eat their lunch. While they eat they discuss the residents and their physical and mental state. They are worried about an old lady who suffers from diabetes; her condition is rapidly getting serious. The residents eat in silence, until one lady starts complaining, uttering unintelligible noises. After a while Helle sits down beside her and feeds her.

Later:

> When all the residents have been served their dessert, the staff again gathers around the small table next to the kitchenette. In doing so half of the group turn their backs to the table where the seniors are eating. Helle talks about the condition of the lady she has just fed, how much worse she has gotten. When Helle began to work here four months ago, the lady could walk and run and was active in everything. Now she sits in a wheelchair with a completely empty look, drooping over the table. Now and then she talks into the air.

> At the same time one of the other seniors hints that Helle ought to help feed the old lady again. This lady is now moving her spoon around in her pudding and in this way pushes her plate further and further away.

> Helle gets up without a word and sits down by the lady again. She helps her for a few minutes and then returns to the "staff table."

After a while most residents have left the table and some have been taken to bed for their afternoon nap. The care workers meet at the staff table to have their official break:

> Again the conversation turns to the subject of residents getting worse, or better. One care worker tells a story of a lady with Parkinson's disease who got much better after her medication had been regulated. The staff worries about the woman Helle was feeding. One of them says that a few days before she thought that she wouldn't see her anymore.
>
> The woman they refer to is still sitting at the "residents' table." She cries out into the air. Nobody really seems to notice. It seems scary to me; she is like a little child calling and calling without being heard. (Author's observation notes, May 8, 2003)

Helplessness and powerlessness on the part of all parties involved is my strongest impression of the situation; I walk away with a feeling of sadness. Back at the university, I have a strong need to tell my closest colleagues about the experience.

There was a striking contrast between the concern expressed by the caregivers during their conversation, and the way they ignored the woman's need for attention and assistance. As in the case of Susse, they cared in their words but apparently not in their actions. The scene contained information which, with a critical gaze, could be hypothesized as disengagement. Not only did the staff ignore the residents' needs, they also spent far longer than their official lunch break in talking together, with a physical and emotional distance from the residents. Yet I was still convinced, primarily on the basis of the life-historical interviews, that the care workers were not merely lazy or insensitive. As Jones and Wright state in an article about "the emotional world of an old people's home": "Rather than criticizing staff, we need to understand why and how complex emotions enter into care work" (Jones & Wright, 2008, p. 330).

## 6. Language as a Hermeneutical Key

In order to understand the above paradox, I presented it in an *interpretation group* formed at Roskilde University, Denmark consisting of 4-5 PhD students and one academic. We were all interested in studying the working conditions in the social and health care field, on the basis of ethnographic material. The group members' professional backgrounds varied, and some but not all were inspired by psychoanalytical theories.

The differences in professional backgrounds led to an early disagreement. One group member who was qualified as a nurse before entering into the University protested strongly against my use of language in the observation notes. It was not correct to say that a care worker feeds an old person, she argued; expressing the activity in this way signaled that the old person was (like) a child. This was not the case as the elderly have lived a long life with all the responsibilities and choices this implies, and therefore it was humiliating. One could express it in neutral language, such as "supporting the person in eating." She similarly found my comparison of the old woman with a helpless little child degrading. I opposed this understanding—the last thing I wanted was to humiliate the elderly.

The focus of the discussion was now on the use of language and the emotions which this reveals. In the first place it was obvious that the scene aroused feelings of anxiety, despair, and sadness in me. In addition, the way I expressed these feelings was through words and terms which compared the scene with mother-child interactions. I had left the level of political/professional "correctness." Instead my subjective emotions were expressed, and the language in which they were expressed came to function as a hermeneutical key. By applying psychoanalytical theory and care theory my association to mother-child interactions was not only explanatory, it also led to a further understanding of the complex emotions involved in care work.

As I will argue in the following section, the theories often applied to care work for the elderly deal with either the "positive" pole of the paradox, or with the "negative." Either the dedication towards care work is put forward, or the focus is on the anxiety raised by the confrontation with loneliness, decay, and death.

## 7. Care Rationality

The research and theory of the Norwegian sociologist Kari Wærness is often used in a Nordic context and has formed the basis of a feminist critique of the modernization of elderly care (Kamp & Hvid, 2012). Wærness (1984) points to "a rationality of care" which characterizes home helpers' involvement in their work with the elderly. Care workers often act according to a rationality which is not formal or abstract, but implies that they pay attention to the immediate needs of the elderly and try to fulfill these needs in their daily practice. Care rationality is based on a high level of empathy and personal knowledge.

Wærness (1982) analyzes care work for the elderly as integrated in a patriarchal and biomedical hierarchy. She distinguishes between three categories of public care work, placing care work for the elderly in the third and least valued category:

(a) care work connected to growth or results
(b) care work connected to maintenance or stagnation
(c) care work connected to situations characterized by decline

These three categories of care work are ascribed different societal status; workers will be paid differently and will gain different levels of social recognition. The third category of care work is difficult to organize according to economic-technical rationality, as the positive results of this kind of work are often invisible to people other than those who are very close to the old person in question. It is difficult to produce evidence showing that care rationality gives better results than the economic-technical rationality which has dominated the field during the recent decades. Care rationality is neglected, potentially leading to stressful dilemmas in everyday care. The low level of recognition thereby influences the ability of workers to perform dignified care work, Wærness argues.

Returning now to the scene from the old people's home, we may ask whether theories such as that of Wærness enable us to understand what is happening in the situation. I

would say that this is only partly true. The concept of care rationality makes sense in relation to the conversation of the staff. Their comments can be interpreted as showing empathy with the elderly. But how can we explain their withdrawal from the residents and the way they ignore the old woman? Wærness's theory does not clarify the connection between macro-level and micro-level. She does not explicate how the hierarchical valuation of work influences on the actual practice of the staff. The theory is important at the sociological level; through it we can understand the low valuation of work in elderly care and why care work is still almost exclusively women's work. The concept of care rationality reflects a subjective orientation among care workers, which is in opposition to the way care work is organized under New Public Management (Szebehely, 2006, p. 62). But Wærness's theory fails at the psychological level, whereupon we seek to understand the close interactions between staff and residents. By failing to understand at this level we risk idealizing care workers as driven by a special rationality, which makes them more empathic than others. At its worst such an idealization could lead to disengagement by the workers as it prevents an open attitude towards the stressful nature of the work.

## 8. Body and Death

Understandings of the strains of care work for the elderly are revealed in theories dealing with the meaning of death and bodily decay. Isaksen (2003) refers to care work for the elderly as inscribed in a hierarchy of body and dirt. Hereby she wants to draw attention to the different cultural attributions of meaning to parts of the body, to young versus old bodies and to the bodily secretions. For example the hearth is the "place" of love and tender emotions—and regarded clean; while the genital organs often are connected to dirtiness—linguistically and mentally. The young body is high valued in our culture as beautiful, sexually attractive, and active. The old body is on the contrary commonly seen as worn out/ugly, unattractive, and passive. In a hierarchy of body and dirt intimate care work for elderly people is ranged low.

T. Elias (1985) carries out an analysis of the relation between the anxiety of death and the process of civilization. According to terror management theory developed based on a broad range of experimental studies (Goldenberg & Pyszczynski, 2000), human corporeality and our consciousness of this corporeality engender anxiety. Isaksen and Elias talk about the repression of bodily decay in western culture, which means that work with decaying bodies takes place hidden from "the world of the living." As old people who need support from others to carry out basic bodily functions always represent decay or even death, there is a constant risk that the work will activate the care workers' own fear of dying. This anxiety is "dealt with" through daily practices in elderly care. As Jones and Wright observed, boundaries between "the living (staff) and the dying (residents)" (Jones & Wright, 2008, p. 335) are being established constantly at the old people's home where their field work took place.

This empirical finding supports the understandings presented in terror management theory (TMT). TMT develops a synthesis between the Freudian concept of *defense mechanisms* and existentialist psychology dealing with human *existential anxiety*.

According to TMT, people employ a variety of rational threat-focused defenses to protect themselves from their death-related fears, for example, pushing the problem of the consequences of smoking into the distant future. TMT refers to such threat-focused defense as *proximal defense* because it bears a close logical relation to the problem of death (Goldenberg & Pyszczynski, 2000, p. 202). The term *distal defense* is used for defenses with a more remote and less rational connection to the problem of death. Distal defenses cover the need to maintain a high level of self-esteem and to sustain faith in one's worldview. Closely connected to self-esteem in the western culture is precisely bodily appearance, where the ideals of the body are connected to hiding its animal nature and thereby also its unavoidable decay. Goldenberg and Pyszczynski (2000, p. 211) argue: "physical attractiveness is so important partly because it facilitates our efforts to deny our links to other animals, which in turn helps quell our existential fears."

The "dark side" of the cultural ideals and standards for appearance, which are part of our common worldview, is revealed by turning to those who fail to meet the requirements for the body, such as the obese, the handicapped, and the very old. Cultures tend to stigmatize these groups as deviants, and they face potential rejection or disgust.

I see a consistency between placing the work at the bottom of a bodily hierarchy and the activation of the fear of death. The work is less valued partly because it potentially activates fear. It is work which offers few possibilities to project the existential anxiety aroused by facing decay and death. There is neither advanced technology nor established heroic roles to mitigate the discomfort which close contact with old people may arouse.

This classification of the content of the work as dirty (Isaksen, 2003) and the ranking of elderly care work as care work connected to decline (Wærness, 1982) are both important for an understanding of why care workers have a need to maintain a distance from the elderly residents. By applying theories such as TMT and those of Isaksen and Elias, we are able to understand why care work for the elderly can be experienced as frightening, hopeless, and disgusting. These theories throw light on the "negative" pole of the paradox, which appears clearly in the cases described. However, they do not seem to help to explain the "positive" pole. Why would any sensible person freely choose an occupation which may give rise to such unpleasant emotions? Why should a young woman like Susse, who has just buried her mother, want to work with other dying people?

## 9. Scenic Memory

The discussion in the interpretation group and the shortcomings of other theories I applied in my analysis convinced me that a psychoanalytically inspired analysis, which accepts the wide range of ambivalent emotional states which elderly care is able to arouse in both researcher and researched, will achieve a more satisfactory understanding of the examples presented. The theories discussed above are inspiring and useful; by introducing alternatives I do not intend to reject them. Rather I see them as pieces in a puzzle which will be more complete when psychoanalytical concepts are also applied.

A key concept in interpreting my use of language is the psychoanalytic concept of *scenic memory* (Lorenzer, 1975). The assumption behind this concept is that meanings are always realized through a relationship and in an interaction. In Lorenzer's view, "meaning" is not interesting as something objective which is separated from the subjects. Creations of meaning take place only through the realization of the subject in relation to his/her fellow human beings and his/her environment (Lorenzer, 1975, p. 150). Given that meaning and memory are always connected to scenes, imagined or real, in which the subject interacts with his/her surroundings, providing care is inextricably linked with receiving care.

Turning back to the observation, it appears that the scenic memory which the lunchtime situation awakens in me is connected to mother-child interactions. First, I compare the way a helper supports a resident in moving from his walker over to the table to an adult supporting a child learning to walk. Second, I compare the old woman who cries into the air with a small child calling for help. I do not go so far in my association as to write that the child is calling for her mother, but I think my comparison to a "helpless child, who expresses that she needs help" implies the image of parental care. This is the case in my own life-historical experience, but also in our common cultural image: a helpless child needs a mother, that is to say, a female care provider.

My choice of word in saying that the staff "feed" the seniors is just as politically incorrect in the field as it is significant in relation to the images activated in me in the situation. My use of "feed" can be seen as a sign of how little I am involved in the field. I do not know the prevailing discourse so well that I use it automatically when I note down my observations. Instead, I use a non-field-specific discourse that may well be said to be more mundane, since it is not acquired through specific training. What is interesting is that, like the comparison above, it points to my impression of the interactions between helper and residents as parallel to mother-child interactions. The scene which is activated in me in this situation is grounded in my experiences of mother-child interactions.

## 10. Life Histories Revisited

Based on Lorenzer's concept of "scenic memory," Nagbøl (2003, p. 137) writes that "the mother-child dyad is our starting point, our basic model." The basic scenic unit between inside and outside, between the organism and the outside world is first and foremost the interaction between the fetus and the mother's organism. Similarly, the care philosopher Noddings (1984) argues that all subsequent care relationships activate memories of our earliest experiences of care. These assumptions render it probable that the scene activates not only my own subjective emotions connected to the image of a helpless child. It is likely that it also activates the subjective scenic memories of mother-child interactions among the staff.

Considering again the content of the life-historical interviews with the trainees, we find the theme of care to be prominent in all interviews. Women recalled having missed care in their childhood, and talked about having acted as caregivers for other family members (sometimes far too early and with far too much responsibility for their age). Many

mentioned having received recognition for their role as caregivers and how this experience motivated them for care work. Some had themselves had children very early and worries about mothering filled their life histories. The analysis of the interviews pointed to the care relationship as a relation which for most of them had been—and still was—problematic. Psychoanalytical theories enable me to understand statements in the life-historical interviews about needing care and wanting to give care as two sides of a theme which for various reasons are subjectively important to the women.

In my other observations there is an example of a trainee care worker feeding an old man. During this process, she opens and closes her own mouth, as mothers often do when feeding their baby. Such opening and closing movements of the mother's mouth can be seen both as a reflection of the child's behavior and also as an expression of the mother's more or less conscious knowledge that the child also reflects her; to open her own mouth becomes a signal and a call to the child to do the same. When trainees make these movements when feeding elderly people, it indicates how deeply bodily embedded such an interaction is. It also shows the parallelism between mother-child interaction and the interaction between the helper and the elderly person.

Against this background I argue that the lunchtime scene also activates scenic memories of mother-child interactions among the staff. Through the concept of *projective identification*, I argue below that my sadness and feelings of helplessness mirrored their emotional state.

## 11. Collusion Theory

The collusion theory is based on Ogden's (1979) concept of projective identification. It argues that different themes stemming from different modes of relating in childhood will be prototypes for the subject's way of relating later in life. Whether a mode of relating turns out to be a central theme for the subject depends on how the child has been able to live through the mode in childhood.

The theory thus argues that we all bear themes or basic conflicts with us which originate in earlier life phases and are played out in different variations in our relationships and interactions with others as adults (Jakobsen & Visholm, 1993). In a sense this theory implies a deterministic thinking. It asserts that central themes of every individual are formed in childhood. But this thinking does not explain how these themes are played out later in life. They can be played out in more or less mature ways and thus rather than being seen as "conflicts" could be regarded as themes which occupy the psychic energy of the subject.

To provide and receive care is the main theme in the "oral collusion," the mother-child interaction being its first design. Viewed in terms of collusion theory, providing and receiving care are not opposites but two sides of the same coin. Linked with this is the theme of omnipotence versus impotence. In caring interactions between people, one person will typically assume the mother role and the other the child role, both in their dealings with each other and in their subjective consciousness. But the point is that the

provider of care, via projective identification, will be able to deal with his/her own need for care through the receiver of care. The recipient of care is able to handle the motherly caring part of his/her by projecting it onto the caregiver.

The mother-child figure implies a relation between one in need of care and one that can and will provide care. Both parties in the relationship potentially move between the poles of omnipotence and impotence: The fantasy of omnipotence occurs in the helper when he/she is able to meet the needs of the helpless restless person, and in the helpless person when his/her needs are met completely. But when the caregiver is unable to meet the needs of the helpless one, feelings of powerlessness are activated in both (Jakobsen & Visholm, 1993).

## 12. Defense, Projection, and Withdrawal

The helplessness expressed by the old lady at the lunch table is doubled by the impotence of the staff to prevent the inevitable decline of her condition. We cannot easily tell whether it is the recall of one's own feelings of being (like) a helpless child or the powerlessness related to the inevitable decay of the old people which gives rise to the anxiety of the staff. Basically one could say that these are similar kinds of impotence. The little baby will die if not cared for by an adult; elderly people will decay and die. The emotional states aroused by this existential condition are alike. The caregivers at the old people's home express their uneasy feelings at their table; yet the anxiety raised by the scene seems to be too strong for them to deal with at the conscious level. Instead they withdraw to try to defend themselves and their emotions are projected onto me.

Powerlessness and sadness are the strongest emotions activated in me in this situation. I feel the situation is "scary"; I see the old woman as powerless and the staff as impotent. As the collusion theory indicates, it is not possible to tell whether this powerlessness provokes my anxiety because I induce in myself the emotional state of the old woman, or because I introject the anxiety and impotence of the staff. The powerlessness and helplessness of the scene have been projected onto me, and I identify with them. This leads to my burning need to "get rid of it." By telling others at the University who care about me, I come to terms with the unpleasant emotions.

This analysis suggests why the staff moved one table away from the long row of tables. They needed to establish a defense against the discomfort of being with the seniors. Since they could not physically withdraw completely from the situation by going into another room, they created an invisible "room within a room" where they acted as if they were in privacy. They acted and referred to the residents as if they were not present.

I was open to the emotions the situation aroused, but my need for defense is unlike theirs. My position at the old people's home is fundamentally different from that of the staff. I can leave when I want to and feel secure in the knowledge that I am only visiting. My discomfort is limited in time and to a place where I do not have to return. Caregivers are confronted with the anxiety-provoking interactions on a daily basis.

The withdrawal of the care workers is a defense against the anxiety caused by the situation. They can hardly bear facing the powerlessness of the old lady and thereby their own impotence as caregivers; instead they try to come to terms with the emotional strain of the situation by discussing the stressful topics at a distance. Still they let the old lady down; but their disengagement is understandable.

## 13. Conclusion

By analyzing my emotional reactions to the scenes I observed, I found a key to understanding what at first glance seemed paradoxical. Working with helpless old people not only activates the anxiety of death, it also activates scenic memories of our own helplessness and dependency. The psychological themes the situation activates are fundamental, whether we are in the role of care provider or care receiver. The insights of the analysis presented in this article are important in at least three aspects:

(a) First, the analysis illustrates what can be gained by consciously applying the subjectivity of the researcher. Analyzing the language of the researcher became the key to understanding the paradoxical empirical scenes which might otherwise have appeared inexplicable.

(b) Second, we have seen how fruitful it is as a researcher to be open to the simultaneous use of theories from different traditions to provide a more satisfactory understanding of the complexities of human life and work.

(c) Finally, the analysis can be used to support care workers instead of blaming them. It points to the need for training which not only includes practical work matters and the overt rational behavior of care workers, but also psychoanalytically inspired elements, which may also be incorporated into supervision at the workplace, in order to prevent the disengagement of care workers.

This final insight reveals why we as researchers have an ethical obligation to work with our own subjectivity in relation to our research object. By doing so we will reach more qualified understandings of what we investigate. The purpose of working with the subjectivity of the researcher is not to become absorbed in oneself or to understand oneself better—even though this might be an added bonus—the purpose is to enhance the quality of our research outcomes.

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