


Artículos

Care work and paid work: Affectivity, mental health, and interdependence from the care perspective


Trabajo de cuidados y trabajo remunerado: afectividad, salud mental e interdependencia desde la perspectiva del care

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Abstract: According to the National Institute of Statistics and Geography (INEGI), women spend approximately 50 hours per week on care work in addition to their paid jobs, resulting in relational, emotional, and physical health challenges. This article adopts a care perspective to analyse affectivity and interdependence in various types of care work, examining how these responsibilities interact with paid employment. Drawing on this theoretical framework, the authors argue that care work—paid or unpaid—demands significant physical and mental effort, and a deep personal commitment that often conflicts with workplace structures and job requirements. This analysis highlights the challenges of balancing both roles. Nonetheless, the authors highlight the importance of social ties, recognition of mutual dependence, and the development of a care system that incorporates caregivers' perspectives as a means of reflecting real experiences.

Keywords: care work, paid work, mental health, care, affectivity, mental health.

Resumen: De acuerdo con el Instituto Nacional de Estadística y Geografía (INEGI), las mujeres dedican en promedio 50 horas semanales al trabajo de cuidados, además de su jornada laboral remunerada. Esta sobrecarga genera problemáticas en los ámbitos relacional, afectivo y de salud física. El objetivo de este artículo es reflexionar, desde la perspectiva del care, sobre la afectividad y la interdependencia en las distintas formas de trabajo de cuidados, así como analizar las posibilidades de conciliación con el empleo remunerado. A partir de una revisión teórica sustentada en este enfoque, se concluye que el trabajo de cuidados —remunerado o no— implica un desgaste físico y mental considerable, además de un profundo compromiso subjetivo que con frecuencia entra en conflicto con las formas de organización laboral y las demandas del empleo. Se evidencia la dificultad de conciliar ambas esferas del trabajo; no obstante, se subraya la relevancia del vínculo, la aceptación de la interdependencia y la construcción de un sistema de cuidados que recupere la voz de quienes lo ejercen, de manera que dicho sistema responda de forma más justa y coherente a la realidad social.

Palabras clave: trabajo de cuidados, trabajo remunerado, care, afectividad, salud mental.

Introduction

Over 75% of those engaged in care work (paid or unpaid) in Mexico are women (United Nations of Mexico, 2025). Care work (both housework and childcare) represents 26.3% of the Gross Domestic Product (GDP) in Mexico, meaning that every Mexican woman contributes a total of 86,971 pesos annually to her household. In 2024, the annual value of unpaid care work in Mexico was 8,376,439 pesos. Although an increasing number of women are joining the labour market, fewer than 50% hold paid jobs that provide access to institutional childcare for their children (INEGI, 2024). However, according to UN Women, INMUJERES, and COLMEX (2022), women work approximately 75 hours per week, around 50 of which are devoted to care work. INEGI (2024) reports that women devote 46.4 hours a week to care work, while men devote approximately 21.2 hours a week. These numbers reflect the heavy physical and mental burdens represented by the combination of paid and caregiving work. Studies by Lima (2012), Molinier and Hirata (2012), and Hernández (2023) highlight the challenges of reconciling both forms of work, as well as the fatigue, loneliness, and complex emotional experiences that arise from the demands of care work. They highlight the use of silence as a protective strategy against suffering, arguing that such work has historically been carried out discreetly to conceal the universal dependence on others' care to sustain life.

Is it possible to reconcile paid work with caregiving? Under what conditions do people attempt to reconcile this? As we shall see later, the answers cannot be separated from structural issues or from the unique conditions of each person, particularly the specific situation of women in this study. If care work occupies approximately 50 hours a week of women's lives, what is the physical and mental health status of a person with a paid job who also performs care work? This article adopts a care perspective to analyse the intersections, divergences, and conflicts involved in attempts to reconcile care work with paid employment and how this tension affects health, particularly mental health. It provides a theoretical reflection grounded in an extensive body of research that examines this phenomenon through the lens of care as work. The aim is not to offer an exhaustive treatment of the topic, but rather to draw attention to certain approaches within this perspective that are often overlooked in Latin American scholarship.

From the Many Faces of Care to the Care Perspective

Research on care work has shown that this form of labour must be understood through the lived experiences of its performers. Approaching care work from the standpoint of experience necessarily

opens the door not only to the private sphere, but also to the public and the intimate, to paraphrase the title of Damamme et al.'s (2021) book. It is impossible to address care solely through the logic of the public sphere, for example, in terms of creating care systems and the responsibilities of the state. It cannot be examined exclusively within the private sphere as an issue to be resolved within individual families or social groups alone. It is equally difficult to analyse it from the perspective of personal experience, its challenges, and often, disappointments and contradictions (such as the subjective connection to care work). Any discussion of the intimate aspects of care work involves the private elements of the family and community, with a nod to the public sphere, which is sometimes, sadly, not recognised as a form of political influence. To discuss care work is to talk about the sustenance of life, which requires multiple actions and relationships to address the vulnerabilities that we all share.

In this study, we approached care work from this perspective. The public, private, and intimate realms enable us to approach the physical and mental health of many people not as individual problems or as problems of a particular family but as part of a broader community. They will show that the intimacy of a person's experience and the private sphere of a family or group are the responsibility of the public sphere (including public policies and care systems). In this respect, care will no longer be perceived as a situation to be addressed in private or intimate settings. This paves the way for a discussion of matters pertaining to the state, institutions, and organisations so that any step taken will enhance the health of all those involved.

When we think about care, an image linked to (feminised) child-rearing invariably springs to mind. However, there are several facets of care, some of which overlap with child-rearing and motherhood, as well as fatherhood and other aspects of care within and outside the domestic sphere. Some forms of care are regularly paid (albeit with low wages) and are essential for everything to function properly. In short, in addition to caring for children within the home, there are household chores and tasks associated with the organisation of everyday life at home and in preparation for work. These include education, training, and caring for children and dependents (such as those with illnesses, disabilities, or older adults) outside the home, as well as looking after everyday items and spaces in the home.

To clarify our theoretical position, we conceive care from the care perspective, also called the ethics of care^[2] (Bathyánný, 2020; Molinier et al., 2021), since it regards care primarily as a job and in a much broader sense than other perspectives. It includes everything referring to the following:

...the upkeep of domestic spaces, cleaning tasks, purchasing and preparing food, caring for bodies, raising children, education,

maintaining social relationships, self-care and that... requires the implementation of multiple activities that are both material and symbolic, affective-emotional and ethical-moral (Wlosko, 2021, p. 13).

This article considers all the activities described above as part of care work, which is learned/grasped in action, in other words, by doing, and, of course, is cut through by a series of indissociable psychic mechanisms (Molinier, 2008).

Bathyányi (2020) summarises care perspectives in four possible arguments, which we briefly describe below. The first of these emerges from the Care Economy, which regards care work as unrecognised, unpaid, invisible, feminised, and used to support paid work, generally performed by men outside the home. Herrero (2015) and scholars of ecofeminism have noted the importance of domestic and care work (this perspective distinguishes between the two) for the world's economies and GDP values. It also emphasises the unfair distribution of working hours and the burden it places on women. This position also allows one to reflect on the sustainability of life and the actual limits of people and the world in which they live (Herrero, 2022).

The second perspective, according to Bathyányi (2020), is “Care as Well-being”. This perspective is linked to sociology and addresses the importance of care in sustaining social life and, consequently well-being. It argues that the state must participate in care, as this would “defeminise” it and remove it from the family's sphere. According to Mancini (2019), women have lower transgenerational vertical labour mobility than men because they are usually responsible for care work, which does not allow for professional development. This perspective calls for the state to provide care (and for the social organisation of care) to reduce gender inequity and promote social well-being.

The third perspective, according to Bathyányi, is the “Right to Care”. From this perspective, everyone has the right to care, regardless of their social or economic status. It also seeks to reduce the gender gap and promote greater social welfare. The state should guarantee this universal right to care, above all, the quality of care provided. This requires public policy analysis to establish a state care system.

The fourth perspective, on which this article is based, is the “Ethics of Care” or care perspective. As mentioned earlier, this perspective gives care a universal aspect. In other words, all human relationships must be predicated on an ethics of care that accepts human vulnerability and interdependence between human beings. According to Tronto (2021), thinking about care work from an ethical perspective alters our conception of the world:

Suddenly, we no longer see the world as a set of autonomous individuals pursuing rational ends and their life projects, but as a set

of people within care networks, committed to meeting the care needs surrounding them^[3] (p. 39).

From this perspective, care begins with accepting the vulnerability that exists within all people, paving the way for new and more democratic forms of relationships. Tronto's perspective touches on the logic of the promise of democratic care. Hernández (2022) proposed "sharing" and creating a community as a means of improving the work situation. In the absence of democracy, an optimistic solution would be to resort to the logic of the common good. From this perspective, care work is moving in that direction.

Care Work and Its Psychological and Social Mechanisms

According to all the above perspectives, specifically the care perspective, caregiving must always be conceived of in terms of its relations of domination. These begin with the historical domination of men over women (Dejours, 2013b), as noted in studies on the social and sexual division of labour (Kergoat, 2003; Molinier, 2004; Molinier & Hirata, 2012). The vision of care work from the care perspective also draws on Molinier's (2008) initial contributions to a French theory, developed by Christophe Dejours, over 40 years ago, called the psychodynamics of work. From this perspective, work, specifically working (as an action), refers to "what a person must contribute of themselves to accomplish a task" (Dejours, 2013a, p. 26). This means that the psychodynamics of work will consider three elements for the analysis of work (including, of course, care work): 1) relations of domination at work (a social theory of work); 2) the distinction between prescribed and real work (French ergonomics); and 3) the subjective (psychic) dimension of work (Dejours, 2013a).

According to a care perspective, studies on care work contend that:

1. It is essential to consider forms of domination at work, beginning with the social and sexual division of labour, its feminisation and precarization, as well as the conditions in which it is undertaken. From this perspective, care work is performed within neoliberal, social, economic, and political structures. This structure extracts and exploits the care workforce for the benefit of capital and regularly, as part of a complex notion opposing life and capital (Federeci, 2022; Wlosko, 2021).

2. It is essential to consider forms of domination in the workplace, beginning with the social and sexual division of labour, its feminisation and precarization, as well as the conditions in which it is undertaken. From this perspective, care work is performed within neoliberal, social, economic, and political structures. This structure extracts and exploits the care workforce for the benefit of capital and

regularly, as part of a complex notion opposing life and capital (Federeci, 2022; Wlosko, 2021).

3. Both work and care work are fundamental to the human psyche. To incorporate work is to become part of it; thus, engaging in the care of others is, in many ways, a profoundly emotional experience that involves the most intimate aspects of those who do the work. Dejours and Gernet (2014) emphasised the pathologies of loneliness and servitude in their studies on the psychopathology of work, stating that these are present in care work in its multiple forms and are linked to each worker's unique history.

Tronto (2021) spoke of a dimension of care that is difficult to articulate. Although it is possible to talk about what care work is supposed to be, the experience of care work is different and remains shrouded in silence. This silence is also marked by the logic of affection, which is present not only when caring for loved ones but also in paid caregiving. As an act of caring for others, affection is present (in all its forms), which is often not discussed to preserve the logic of "giving oneself to others." This silence is harmful and ultimately leads to a logic of sacrifice, with physical and emotional costs. Molinier (2021) frames it as the traps of the professionalisation of care, stating that this semantic deficit (the silence surrounding what care work entails) encompasses the subtleties of care: "which combines the life force, affection and courage...care work is directly linked to unconscious desire" (p. 120).

We have said that care is primarily a job (Molinier et al., 2021) and that it includes domestic and cleaning work, enabling others to devote themselves to paid work, rest, leisure and learning (Molinier & Cepeda, 2012). From a care perspective, care work must be conceived as historically unacknowledged labour. This cuts through what Dejours (2013b) called supplementary suffering in the case of women's work (the social and sexual division of labour). However, it must also be considered in terms of its materiality and the technical aspects involved in its implementation (prescribed care work), as opposed to a very particular dimension. This can only be conceived of in the first person and from experience (usually complex), because "work is an embodied activity, that is, the whole body is involved" (Wlosko, 2021, p. 14). It is from that body, not only biological but also psychic (Dejours, 2003), that such intelligence must be brought into play to achieve the task of caring. Accordingly, Hirata (2022) states that "the materiality of care work and its technical aspects are inseparable from the emotional work and affections mobilised in it, such as fear, frustration, suffering, aversion, impatience, and tenderness. Subjectivity is a structuring dimension of care as a social relationship" (p. 107)^[4].

All these social and psychological aspects are integral to care work. However, it is essential to consider how the effort involved in unpaid

care work—both mental and physical—interacts with the physical and mental demands of paid employment.

Care Work: A Labyrinth between Structures and Physical and Mental Health

When discussing the theme of care work, it is important to define health, particularly mental health. Lancman et al. (2024) argue that the concept of mental health in the workplace is so broad and encompasses such diverse views that it can be difficult to grasp. The position adopted in this paper does not correspond to dichotomous discourses such as “normality-abnormality,” “pathology-health,” and “disorder-well-being.” Instead, it encompasses the logic of affectivity and subjective relationships with work, which often generate adjustments and imbalances between oneself and others. This serves as our starting point for discussing mental health and the need for care, grounded in the experience of work and the affective and relational dimensions that traverse both pleasure and suffering in the workplace.

From a care perspective, which draws on the psychodynamics of work discourse, we approach mental health as an ongoing pursuit. “Health is a fight against illness; in other words, health is always conquered” (Nusshold & Hernández, 2024, p. 102). Under the umbrella of care work (and within the notion of reconciling it with paid work), how can we remain healthy? When examining the data on the number of hours worked per week, how can we maintain our physical and mental health? Psychodynamics of work theory suggests that individuals experiencing high demands can develop personal coping strategies to continue working without further breakdowns. The question about mental health, then, is not why people get sick but why they do not get sicker. The answer appears to be linked to the psychological aspects of the subjects and their relationships with others (Dejours & Gernet, 2014; Gernet, 2024).

From this perspective, research on care work has also focused on understanding it within the unethical, extractivist landscape of contemporary capitalism (Federeci, 2022). In this context, the care labour of poor women is extracted for the benefit of those who can afford their services (Damamme et al., 2021). The migration of women engaged in care work—from villages to large cities or from countries in the Global South to the Global North—has been studied extensively. This phenomenon has been examined not only in terms of its economic, political, and social implications, but also through the lens of the embodied and affective experiences of the many women who leave their families to care for others. These women are poorly paid and live in precarious conditions, as reported by Wlosko’s (2023) study of domestic workers and caregivers during the

pandemic. At this time, they experienced the paradox of being both indispensable and completely expendable in the workplace.

Other examples include Bourgeaud-Garciandía's (2012) research on Bolivian, Paraguayan, and Peruvian migrant caregivers in Argentina. The physical and mental health of these women is compromised by an extremely demanding work environment characterised by poverty and the exploitation of those who migrate out of necessity to find work. Also of interest is her research (Bourgeaud-Garciandía, 2021) on sexuality in eldercare. In this research, she describes the emotional struggles occurring in this type of work, where intimate contact with people's bodies carries significant emotional weight, and how jokes about sexuality allow this issue to be addressed.

Comparative studies have placed migration at the centre of the discussion, such as Hirata's (2022) research on care work in Brazil, Japan, and France. Hirata (2022) examined the emotional challenges faced by women from impoverished countries who leave their children in the care of others occupying more privileged social positions. This study highlights the disparities between the Global North and Global South, as the former offers state programs supporting workers' physical and mental health, whereas the latter often lacks such healthcare strategies. In a similar vein, Damamme and Sugita (2021) discuss the paradoxes of care in France and Japan, while Ogaya (2021) focuses on Filipino women who provide care in Japan. These studies highlight the affective dimension of care, which is often shared with the women for whom they care and protect. A similar dynamic emerged in Gutiérrez-Garza's (2019) study of Latin American migrant women in London, who engaged in domestic and sexual labour.

This research reveals that care work poses a significant threat to both physical and mental well-being because of its high demand. Nakano (2021) examines the well-documented case of Evelyne Coke, a Jamaican migrant in the United States, who, like many caregivers, worked approximately 70 hours a week for 20 years, caring for the sick and elderly. This harmed her physical health, and later, she needed care that she could not afford. When a person's physical health is severely affected, their mental health is often ignored.

Authors such as Dejours and Gernet (2014) have examined certain psychopathological phenomena related to work, categorising them as pathologies of loneliness and servitude, for example. The pathologies of loneliness are associated with feelings of isolation and the harmful consequences of a ruptured bond with the community, resulting in a fragmented workforce. Research on the psychodynamics of work has shown that isolation and lack of recognition can trigger considerable emotional distress. Unpaid care work is frequently performed under conditions of persistent isolation and with little or no recognition. In contrast, the pathologies of servitude are often observed in

professional care work, where emotional engagement is central and may, at times, become entangled with an individual's personal life. As Dejours and Gernet (2014) stated:

Research on domestic work, the work of personal service professionals, and, more generally, caregiving...enables us to address the psychological foundations of the service relationship. The analysis of the links between service activity and mental health, therefore, requires consideration of new forms of domination and exploitation of work. It also calls for the examination of gender relations, due to the distinct types of defence in response to suffering and vulnerability (p. 88).

An example of this is the clinical case presented by Gernet (2024), which highlights the subjective relationship a patient formed with care work while engaging in domestic work and caring for her family. This relationship allowed her to find a path to recognition, giving her enormous pleasure and a connection to care work. Her quest for recognition was linked to her background, and when recognition was no longer available, it triggered anxiety and depression.

The care perspective, combined with the psychodynamics of work, explores more than just the previously discussed aspects; it also examines the emotional and physical experiences involved in the work. It emphasises that work is learned and performed alongside others, requiring trials, errors, and a sense of community. As Molinier et al. (2021) stated:

You are not born a caregiver; you become one. And that comes through work... In other words, it is by being under pressure to care for others that the caring disposition has any chance of developing (not always, but often). This disposition does not precede care work... [5] p. 31).

Care work can be performed by anyone, irrespective of gender or social class, and needs to be defeminised, defamiliarised, and distributed more fairly both inside and outside the home. To achieve this, decent conditions must exist in both private and public spaces. The state should also provide a care system that offers much-needed support for childcare and the care of dependents. Additionally, it must guarantee job security for workers performing paid care work, such as domestic work, which remains precarious (Wlosko, 2023).

A Precarious Care System for Reconciling Paid Work and Caregiving

Within the care framework, how can care work (including domestic work) and paid work be reconciled? What elements are required for this type of conciliation? In short, care and paid work cannot be fully reconciled. Instead, they must be evenly distributed. This implies that others must assume caregiving responsibilities,

necessitating significant social participation in the intimate, private, and public spheres. At the very least, this would reduce the impact of the conflict between caregiving and paid work on women's physical and mental health.

Therefore, changes are needed in people's attitudes and in how care is perceived and practiced in family and community life. These changes are necessary to ensure that public policies lead to new labour laws, ultimately supporting a care system that genuinely helps people and promotes their right to receive quality care. Organisations need to be transformed to support fairer care legislation, including extended maternity and paternity leave, shorter working hours during breastfeeding, the right to disconnect when working remotely, and social security for domestic workers. A major problem in Mexico and globally is the unfair distribution of care. This is due to the persistent social and sexual division of labour, which continues despite changes in the labour market and social conflict.

However, it is impossible to think about care work and creating a care system without considering Mexico's gross inequalities. The unfair distribution of care work is not only due to the patriarchal structure but also stems from deep-seated inequalities across Latin America. This leads to internal and external migration and precarious work situations, including informal work, which constitutes 54.2% of work activity in Mexico (INEGI, 2025), leaving this population without access to state benefits, including health care.

Wlosko (2021) states that "it is in the singularity of political, social, economic and historical contexts that the links between care work, sex, race and class can be explored" (p. 11). We must consider Mexico's social context when discussing a national care system that addresses specific gender issues and discrimination based on skin colour, ethnic origin, and native language. The system must address stark economic inequalities and the unfair distribution of wealth in the country.

According to the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), a national care system involves:

The design of comprehensive care systems from a gender, intersectionality, interculturality, and human rights perspective that promote co-responsibility between women and men, the state, the market, families, and the community. These systems should also include articulated policies for time, resources, benefits, and universal, quality public services to meet the care needs of the population, as part of social protection systems (Centre for Legislative Studies for Gender Equality of the Congress of Mexico City [Spanish acronym CELIG], 2023, p. 20).

Mexico has proposed a National Care System that has gradually addressed some items on the policy agenda but still demands substantial development and remains unresolved. The administration

of former President Andrés Manuel López Obrador conducted budgetary, statistical, and national diagnostic studies to establish this system. However, it failed to allocate funding, leaving the initiative pending for the current president Claudia Sheinbaum (Juárez, 2023). In her morning press conference on 15 November 2024, Sheinbaum announced that the government would launch the National Care System in early 2025. Programs linked to this initiative include a universal pension scheme for older adults, designed to ensure protection after retirement (Sheinbaum, 2024). The National Care System also provides financial support for children in basic public education and welfare pensions for people with disabilities. It includes a pension for women aged 60–64, recognising the care work they have performed throughout their lives. Other programs include the creation of schools with extended timetables. Sheinbaum (2024) highlighted the new early education centres in Ciudad Juárez, designed to meet the care needs of workers in the maquila industry.

All the above shows progress towards the creation of a National Care System. However, much remains to be done before this goal can be achieved. Mexico currently has a fragile and emerging system that addresses some, but not all, care-related issues. Achieving a comprehensive system will require a significantly larger budget that is currently available. The construction of care facilities for children, people with disabilities, the sick, and the elderly demands substantial infrastructure investment (for which a budget already exists; Juárez, 2023). It also requires hiring large numbers of specialised care workers and ensuring their continuous training and adequate working conditions. Currently, this remains a distant prospect for the future.

UN Women, INMUJERES, and COLMEX (2022) proposed a series of actions to improve the employment status of Mexican women regarding care work. These actions aim to narrow the inequality gap in unpaid care work (including domestic work) between men and women. Others seek to support women in achieving financial independence. Further measures should focus on providing information about the care services offered by state institutions and transforming negative perceptions of their quality. However, all these proposals demand the implementation of public policies, laws, and concrete measures that defeminise caregiving, enable more women to enter paid employment, and ensure universal access to quality care within state institutions. How can this be achieved, given the widespread distrust of institutions that have historically failed the population?

Among Latin American countries, Uruguay is a pioneer in implementing public policies that promote care for older adults. Bathyánn (2020) analysed the approaches adopted by countries and highlighted Uruguay as a model for designing a national care system. This study examines how such systems can balance paid work with

caregiving responsibilities and ensure universal access to quality care that supports the physical and mental health of the care recipients. Bathyánnny (2020) notes that in Uruguay, the close relationship between sociological analysis and policy implementation is fundamental. Integrating social studies on gender and care into political decision-making has increased public support for these policies. Research shows that a significant proportion of Uruguayans engage in family-based caregiving, with men often assuming the role of providers and women serving as primary caregivers. We must also consider the perspectives of care experts when determining where, by whom, and how care is provided. Researchers have analysed generational shifts in attitudes towards work and family in relation to the socioeconomic status and employment types of the participants studied.

All these studies were incorporated into changes in public policies, so that “the knowledge produced steers [ed] policies towards modifications in time policies that enhance gender co-responsibility in care” (p. 39). From this perspective, a National Care System is not, nor should it be, the sole responsibility of the state. It must be a shared endeavour that draws on existing research. Studies in psychology, occupational psychodynamics, and the many perspectives on care discussed above are essential for developing effective public policy.

Towards A Conclusion: Is it Possible to Reconcile Care Work with Paid Work to Enhance Health?

Given the above, what kind of system, state, or otherwise, could reconcile paid work with care work while safeguarding the physical and mental health of caregivers? As noted earlier, care work cannot be fully reconciled with paid employment. For some to engage in paid work, others must perform the necessary care tasks. Someone must clean and organise their living spaces, manage their daily routines, and care for others. From this perspective, the need for care is inevitable and urgent.

We will all require care at some point in our lives. This includes childcare, which is demanding at the beginning of life but changes in intensity as children grow, and care for people in situations of dependency. Dependency may stem from disabilities, illnesses, or old age. It calls for support from family, men, women, teenagers, and children, as well as the help of trained healthcare workers.

We depend on others for living, eating, enjoyment, rest, and work. Vulnerability is a defining human trait. It demands care to sustain life, both our own and that of others. Accepting this vulnerability and interdependence may not lead to the reconciliation of care and paid work but rather to an ethics of care: respect for life, others, and the

world in which we live. Such ethics of care address not only the physical health challenges arising from the long, demanding hours of care work but also the emotional strain inherent to this type of work.

A national care system in Mexico or any other country requires a specific approach that reflects the social realities of the population. We must develop institutional strategies to establish regulations, laws, and public policies that ensure quality care for those who need it, thereby sustaining their lives. In this respect, the insights offered by psychological research on these issues are invaluable and carry a clear responsibility to address them in the future. Political decision-makers must listen to social researchers and care workers to make informed decisions.

A care system seeks a better way of living—placing care, and thus life, at its centre. A care policy does not reconcile both tasks but enables caregivers to carry them out under better conditions, reducing the suffering described by Dejours (2013a) and improving their quality of life (Dejours, 2021). As Bathýanny (2020) states, “These policies will seek to ensure that actions designed to provide care take place in an environment where the state, market, community, and family actively contribute to its development and management, within a logic of joint responsibility” (p. 48). If we do not address this—if we overlook our vulnerability and ignore our interdependence—democratising care work will not happen, and health problems, both physical and mental, will remain prevalent among workers, especially female workers.

Finally, this article contributes to the body of knowledge on care work from a care perspective. We focus on elements related to the subjectivity of people engaged in care work and its intersection with the social dimension, rather than the psychopathological aspects or nosological descriptors of mental health. Instead of focusing on psychopathological descriptions, we should understand the situations that impact their care and work conditions. This can be achieved by listening to caregivers’ experiences with the disease. It is important to focus on the problems people face in paid and unpaid care work and the emotional experiences involved. Exploring their subjective relationship with work and the structural, social, and relational elements that shape it is crucial. Therefore, this article invites researchers studying care work and its balance with paid employment to listen to the voices of these workers.

References

- Bathyáunny, K. (2020). Miradas latinoamericanas al cuidado. In K. Bathyáunny (Coord.), *Miradas latinoamericanas a los cuidados* (pp. 11-52). Siglo XXI.
- Bourgeaud-Garciandía, N. (2012). Le care à demeure. Une approche du travail des cuidadoras migrantes à Buenos Aires, Dossier: Les ambiguïtés du care. *Travailler*, 28(1), 75-100.
- Bourgeaud-Garciandía, N. (2021). Pícaras y sinvergüenzas. Sexualidad, emociones y relatos en el cuidado de personas mayores. In A. Damamme, H. Hirata and P. Molinier (Coords.), *El trabajo: Entre lo público, lo privado y lo íntimo. Comparaciones y desafíos internacionales del cuidado* (pp. 179-208). Universidad Nacional de Lanús.
- Centro de Estudios Legislativos para la Igualdad de Género del Congreso de la Ciudad de México (CELIG). (2023). *Estudio sobre sistemas de cuidados. Aportes para la Ciudad de México*. CELIG.
- Damamme, A., Hirata, H., & Molinier, P. (2021). Introducción. In A. Damamme, H. Hirata. & P. Molinier (Coords.), *El trabajo: Entre lo público, lo privado y lo íntimo. Comparaciones y desafíos internacionales del cuidado* (pp. 57-68). Universidad Nacional de Lanús.
- Dammame, A., & Sugita, K. (2021). El cuidado y sus paradojas: La expresión de los y las cuidadoras en perspectiva comparada Francia – Japón. In A. Damamme, H. Hirata y P. Molinier (Coords.), *El trabajo: Entre lo público, lo privado y lo íntimo. Comparaciones y desafíos internacionales del cuidado* (pp. 221-248). Universidad Nacional de Lanús.
- Dejours, C. (2003). *Le corps, d'abord*. Petite Bibliothèque Payot.
- Dejours, C. (2013a). *Travail vivant. 1. Sexualité et travail*. Petite Bibliothèque Payot.
- Dejours, C. (2013b). *Travail vivant. 2. Travail et émancipation*. Petite Bibliothèque Payot.
- Dejours, C. (2021). *Ce qu'il y a de meilleur en nous. Travailler et honorer la vie*. Payot.
- Dejours, C., & Gernet, I. (2014). *Psicopatología del trabajo*. Miño y Dávila Editores.
- Federeci, S. (2022). *Ir más allá de la piel. Repensar, rebacer y reivindicar el cuerpo en el capitalismo contemporáneo*. Tinta Limón.
- Gernet, I. (2024). La fille, la femme, la mère et les destins du travail. In C. Dejours (Coord.), *Écouter le travail vivant. Nouveaux chemins clinique* (pp. 47-72). Éditions de L'atelier.

- Gutiérrez-Garza, A. (2019). *Care for sale. An ethnography of Latin American domestic and sex workers in London*. Oxford University Press.
- Hernández, A. (2022). Pensar el trabajo para pensar la vida en comunidad: sujeto, trabajo y democracia. *Estancias*, 2(4), 101-124. <https://revistas.uaq.mx/index.php/estancias/article/view/1043>
- Hernández, A. (2023). Teletrabajo, docencia y trabajo de cuidados: Análisis de experiencias de mujeres docentes en educación a distancia. *Acta Sociológica*, (87), 187-213. <https://doi.org/10.22201/fcpys.24484938e.2022.87.84928>
- Herrero, Y. (2015). *Lo que la economía convencional oculta* [Video]. Youtube. <https://www.youtube.com/watch?v=Hq8IWxfBHTM>
- Herrero, Y. (2022). *Educación para la sostenibilidad de la vida. Una mirada ecofeminista a la educación*. Editorial Octaedro.
- Hirata, H. (2022). *O cuidado. Teorías e prácticas*. Boitempo.
- Instituto Nacional de Estadística y Geografía (INEGI). (2024). *Sistema de Cuentas Nacionales de México. Trabajo no Remunerado de los Hogares*. INEGI. <https://www.inegi.org.mx/temas/tnrh/>
- Instituto Nacional de Estadística y Geografía (INEGI). (2025). *Encuesta Nacional de Ocupación y Empleo*. INEGI. https://www.inegi.org.mx/contenidos/saladeprensa/boletines/2025/iooe/ioe2025_02.pdf
- Juárez, B. (2023, November 13). Sistema de cuidados. El gran pendiente entre las reformas laborales. *El Economista*. <https://www.economista.com.mx/capitalhumano/Sistema-de-cuidados-el-gran-pendiente-entre-las-reformas-laborales-20231112-0019.html>
- Kergoat, D. (2003). De la relación social de sexo al sujeto sexuado. *Revista Mexicana de Sociología*, 65(4), 841-861.
- Lancman, S., de Campos Bicudo, S. P. B., da Silva Rodrigues, D., de Fatima Zanoni Nogueira, L., de Oliveira Barros, J., & de Lima Barroso, B. I. (2024). Mental health and work: A systematic review of the concept. *Healthcare*, 12(23), 2377. <https://doi.org/10.3390/healthcare12232377>
- Lima, S. (2012). O trabalho do cuidado: Uma análise psicodinâmica. *Revista Psicologia, Organizações e Trabalho*, 12(2), 203-215.
- Mancini, F. (2019). Movilidad social intergeneracional en México. La herencia social del primer trabajo. In M.C. Bayón (Coord.), *Las grietas del neoliberalismo. Dimensiones de la desigualdad contemporánea en México* (pp. 67-107). Instituto de Investigaciones Sociales, UNAM.
- Molinier, P. (2004). Psychodynamique du travail et rapports sociaux du sexe. *Travail et Emploi*, 1(97), 79-91.

- Molinier, P. (2008). *Les enjeux psychiques du travail*. Payot & Rivages.
- Molinier, P. (2021). Las trampas de la profesionalización del cuidado. In A. Damamme, H. Hirata & P. Molinier (Coords.), *El trabajo: Entre lo público, lo privado y lo íntimo. Comparaciones y desafíos internacionales del cuidado* (pp. 11-123). Universidad Nacional de Lanús.
- Molinier, P., & Cepeda, M. (2012). “Comme un chien à carreau” Des employées domestiques colombiennes entre care et justice, Dossier: Les ambiguïtes du care. *Travailler*, 28(1), 33-56.
- Molinier, P., & Hirata, H. (2012). Introduction, Dossier: Les ambiguïtes du care. *Travailler*, 28(1), 9-13.
- Molinier, P., Paperman, P., & Laugier, S. (2021). *Qu'est-ce que le care? Souci des autres, sensibilité, responsabilité*. Payot & Rivages.
- Naciones Unidas de México. (2025). *La CEPAL y la Segob analizan la situación del cuidado en México*. <https://mexico.un.org/es/294523-la-cepal-y-la-segob-analizan-la-situaci%C3%B3n-del-cuidado-en-m%C3%A9xico>
- Nakano, E. (2021). Raza, género y la obligación de cuidar. In A. Damamme, H. Hirata y P. Molinier (Coords.), *El trabajo: Entre lo público, lo privado y lo íntimo. Comparaciones y desafíos internacionales del cuidado* (pp. 71-85). Universidad Nacional de Lanús.
- Nusshold, P., & Hernández, A. (2024). Pensar la noción de salud a la luz de la psicopatología y la psicodinámica del trabajo. In L. Flores, M. González, A. Hernández, E. Parra & C. Sandoval (Eds.), *Psicología de la salud. Perspectivas, aplicaciones e investigación* (pp. 83-104). Universidad Nacional Autónoma de México, Facultad de Estudios Superiores Iztacala.
- Ogaya, C. (2021). El cuidado y la emigración de las Filipinas al Japón: la “feminización de la migración” y sus consecuencias. In A. Damamme, H. Hirata & P. Molinier, (Coords.), *El trabajo: Entre lo público, lo privado y lo íntimo. Comparaciones y desafíos internacionales del cuidado* (pp. 125-148). Universidad Nacional de Lanús.
- ONU Mujeres, INMUJERES & COLMEX (2022). *Calidad de los empleos y calidad de los servicios de cuidados*. ONU Mujeres.
- Sheinbaum, C. (2024). *Gobierno de México (15 de noviembre de 2024). Mañanera del Pueblo desde Palacio Nacional. Viernes 15 de noviembre de 2024* [Video]. Youtube. <https://www.youtube.com/watch?v=US0cY5qUgSQ>
- Tronto, J. (2021). Care démocratique et démocraties du care. In P. Molinier, P. Paperman & S. Laugier (Coords.), *Qu'est-ce que le care? Souci des autres, sensibilité, responsabilité* (pp. 35-55). Payot & Rivages.

Wlosko, M. (2021). El trabajo de cuidado: entre el capital y la vida. In A. Damamme, H. Hirata & P. Molinier (Coords.), *El trabajo: Entre lo público, lo privado y lo íntimo. Comparaciones y desafíos internacionales del cuidado* (pp. 9-55). Universidad Nacional de Lanús.

Wlosko, M. (2023). *Relaciones sociales de sexo y dinámicas subjetivas de trabajo. Un estudio con trabajadoras domésticas y cuidadoras en situación de pandemia, 1er Ciclo de Conferencias “El sujeto en el trabajo contemporáneo”, UNAM, FES Iztacala* [Video]. Youtube. <https://www.youtube.com/live/6VzT8mphRug>

Notes

[2]

This perspective uses the English word “care,” as opposed to “cure,” which has a much more biological perspective and is linked to professional care in medicine and nursing, for example, expanding its meaning. This perspective is also known as the ethics of care.

[3]

Author’s translation.

[4]

Author’s translation of the essay.

[5]

Author’s translation.

Información adicional

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Care work and paid work: Affectivity, mental health, and interdependence from the care perspective
Trabajo de cuidados y trabajo remunerado: afectividad, salud mental e interdependencia desde la perspectiva del care

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