



Auckland Unitarian Church

Love beyond belief

Making the invisible visible

A father and son are in a horrible car crash that kills the father. The eight-year-old son is rushed to hospital in critical condition. ED staff prep him rapidly and take him to an operating theatre where the surgical team is waiting. Just as he's about to go under the knife, the surgeon says, "I can't operate — that's my son."

How can this be?

I opened the service with this riddle.

You may have heard it before.

You may have been confounded or you may have found the answer obvious.

The surgeon is the child's mother.

I first heard that riddle some time in the past 10 or 20 years. I was brought up in a feminist household. I was not a child who was pointed towards traditional female work. We had picture books that challenged gender stereotypes: "We can do anything, you see, whether we are he or she," is my recollection of the last line of [Stan and Jan Berenstain's He Bear, She Bear](#).

I also grew up in the 20th century, which was not an exclusively feminist experience. #Metoo anyone?

When I heard that riddle I couldn't explain it. The father was dead. Was he not really dead? Was the surgeon a ghost? Ummmm

I couldn't see it. The truth was invisible to me.

I love feeling smug in these situations, when I see the things that others don't see. If you saw it first time I resent you slightly, because I wish I had.

But that's not really the point.

I confidently wager that there are other situations in which the truth would be invisible to you too.

It has been some relief to my delicate ego to learn that my experience is quite common.

In 2021 a study of this exact riddle in the US included 152 participants, all university students. Only one in three participants responded that the surgeon could be a woman. The study tested to see whether people's attitudes, political beliefs, or experience affected whether they saw the possibility of a female surgeon. People with liberal beliefs, people who identified as feminist, people whose doctors were women all failed at the same rate to see the possibility that the surgeon could be the boy's mother. The only factor that made a difference was the gender identity of the participant. Women were more likely to guess that the surgeon could be female. The study concluded that when we are asked to imagine a surgeon, we see a man. That this image lies so deep that our personal experiences and attitudes make no difference. For most of us (me included) we do not see the possibility of a surgeon who is also a mother. It is invisible.

https://www.researchgate.net/publication/348310943_I_Can't_Operate_that_Boy_Is_my_Son_Gender_Schemas_and_a_Classic_Riddle

I have recently spent a week on a project dedicated to making the invisible visible.

I offer some context.

My union, E tū — with the New Zealand Nurses Organisation and the Public Service Association — is taking a case under the new pay equity legislation to achieve pay equity for care and support workers. This involves having the work of care and support workers valued properly, without gender bias. Our case is based on a now fairly uncontroversial recognition that care work has been historically undervalued because it is predominantly done by women.

I say *fairly* uncontroversial, because it is still common to regard care work as unskilled, with low responsibility and not requiring a great deal of effort.

However, the employers in the care and support sector agree with us that there is a case to answer.

The process to settle the case involves interviewing workers to find out what they actually do. The unions and employers jointly conducted almost 50 interviews late last year and early this year. From those interviews, and from job descriptions, a job profile has been created. The profile runs to more than 30 pages, and is arranged under different headings.

This is where the project I was part of comes in. The headings in the job profile are factors that allow us to measure the work. Once the work has been assessed and measured, the unions and employers will bargain to reach a pay outcome that provides pay equity. That part comes later. The bargaining is set down for June.

The project I was part of involved a panel of eight people — four from unions and four from care sector employers. To assess care and support work, we looked at all the factors in the profile.

You might expect those factors to include knowledge, problem-solving, planning, leadership, physical skills and effort, the kind of things we commonly think about when we conclude that a brain surgeon should be paid more than a street sweeper.

We did assess those factors.

We also assessed factors which have been invisible since the dawn of patriarchy: interpersonal skills, responsibility for services to people, and emotional effort.

Even under the traditional categories, such as physical skill, we looked at fine motor skills as being at least as valuable as physical skills that are more associated with brute physical strength. Is driving a forklift more or less skilled than administering a catheter?

As the eight of us, seven women and one man, painstakingly assessed the care worker job profile, we frequently had to remind ourselves that our task was to make the invisible visible. How many times did we have to make an effort to see the carework equivalent of the invisible — nay impossible — female surgeon in the riddle?

What did we see? What did the tool help us to see, and to attribute value to?

We saw the value of the vital work of enabling an elderly person to participate in society. Without the intimate task of changing that person's nappy, or giving them a shower, life with dignity would be impossible. We saw the emotional effort involved in such a task. We saw the physical skill required to undertake the task in such a way as to keep the person safe, not to hurt them, and to respect their humanity in the process.

We saw the value of visiting someone with a mental illness every day, understanding their illness and relating to them with skill and sensitivity so that they can participate in their personal plan to get better.

We saw the value of the sophisticated communication skills required to interact with a wide range of people with disabilities who may be highly verbal or completely non-verbal.

We saw the value in working with nurses and doctors to develop plans or to get help for vulnerable people, the value of the careworker's knowledge born of seeing daily changes in behaviour or wellbeing that would be invisible to a doctor or even a nurse who come in only from time to time.

We saw the value of having the cultural knowledge to translate the requirements of the "mainstream" care system into a Samoan or Māori world, so as not to alienate a person in need of care and support.

We saw the cumulative effect of the emotional effort required to care for and support many different vulnerable people, each with their own particular needs, day in and day out.

Rendering these invisible things visible lays the groundwork for making a huge and material difference in the lives of people — mainly women — who do care and support work for a living.

We will win pay equity for care workers. And we may have to win it again. We already know the difference it can make because, in 2017, care work received a huge pay boost as a result of our previous equal pay campaign. That was a great improvement, but it was still not equal pay. The detailed assessment of the value of the work was not part of that case, and the outcome was a political recognition that something had to be done, but not an increase that brought care work pay up to the level of work of equal value that is mostly done by men.

Aitalele Faivalu was among the people quoted in Emily Griffin's socio-legal PhD that examined the last pay equity settlement. Here Aitalele describes the difference in her family budgeting decisions before and after the pay increase:

"A bag of sausages \$25 for 70 sausages, ... a bag of rice \$10, a bag of sugar \$5, soap and toothpaste that cost 99 cents, some lollies, and cheap chips for my kids, and 2 box of chicken backs, the rest of my pay goes towards our bills. ... I am so happy and so grateful of how winning equal pay has done for me and my family. My kids now can have cereals before they went to school, and eat healthy at all the times, I can now afford to buy them new clothes and pair of shoes for their school, it's all because of equal pay. ... my life and my family's life has finally changed because of my pay increase."

(Faivalu, 2018)

<https://openrepository.aut.ac.nz/server/api/core/bitstreams/4be3216a-a631-4d5d-836b-f8caa5edfd48/content>

Meditation / Discussion Starter:-

What times in your life have you had something invisible made visible?
How was it transformational?