

**Care-Biographies:  
Narrating kinship in the context of care**

by

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This dissertation is dedicated to  
Soñia, Adeluz, Pilar, Milena and Feliz

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## ABSTRACT

This dissertation asks: How and why does an individual become a primary, and in some instances, sole kin caregiver for an elderly relation; and how does this process contribute to new conceptions of both kinship and care? Through four life-history case studies I explore the diversity of motives and sentiments that can propel and shape contexts of care, drawing particular attention to the long-term relationship history between the caregiver and care-recipient. These histories illustrate the fact that periods of caregiving emerge into an already established relational landscape between the caregiver and the care-receiver. Because caregiving contexts often involve the pronounced elements of arduous physical labor, fatigue, and the emotional burdens of worry and uncertainty, they draw attention to the immediate circumstances of the caregiving context and away from the longer relational history between the engaged parties. I argue that overlooking the deeper relational foundation threatens to silence other conversations that may be salient to the care scenario, such as power hierarchies, gender politics, economic disparity and strategies, disability and vulnerability, violence and exploitation. While the priorities of the caregivers' and care-recipients' everyday interaction may be dominated by the "busy work" of caregiving, the motivations, meanings, and value of those tasks are overwhelmingly built upon the foundation of their long history of kinship. My focus on these foundations reveals ethnographic evidence that directly challenges the common assumption that caregiving is necessarily an engagement of benevolence. Instead, the life histories featured in

this dissertation reveal the complexity and diversity of “care” and “kinship” phenomena in human experiences, including the role of ambivalence or animosity in caregiving relationships.

## CHAPTER ONE

### Becoming “the” Caregiver

The present tense of the verb *to be* refers only to the present: but nevertheless with the first person singular in front of it. ‘I am’ includes all that has made me so. It is more than a statement of immediate fact: it is already biographical.

- John Berger (1972:370-1)

*Adeluz and I are standing in her driveway, warmed by a strong March sun. I’m getting ready to leave, though I’ve been doing so for the last hour and a half. I find it difficult to extract myself from our meetings simply because I love spending time with her; Adeluz’ talk is always poignant, always generous. Buoyed by her thoughtful narrative—autobiographical musings of her many small and monumental pains and joys—I easily lose track as the minutes become hours that steadily and quietly elapse around us. I’m about to make another attempt when I glimpse a small flowering plant at the far end of the long driveway. Beyond it is her garden; she’s mentioned it numerous times but I’ve not yet set eyes on it. “If I didn’t have my garden,” she’s said, “I don’t know what I’d do... it keeps me sane.” I ask her now if I can see it.*

*Tucked in behind the long adobe and stone home, her garden is vibrant with color even before the spring blooms have arrived. It is filled with one installation after another of ceramic figurines, in this way the space is populated with dozens of bunnies and nesting birds among an eclectic collection of crosses—some purchased or found, and others Adeluz has personally handcrafted from remnants of wood and wire (barbed and not).*

*The garden walls (corrugated tin affixed to the chain link fence) are vibrantly muraled with psalms and interspersed with the refrain, “Lord hear my*



prayers.” The names of her jitos<sup>1</sup>—her son, nieces and nephews—are incorporated in the murals. Before I’m pulled away I count ten names, only half of the inscribed list. These are the children she has loved and cared for, over four plus decades.

A large cement altar erected along the southern edge shelters three two-foot-tall santos, patiently acquired, Adeluz tells me, on a layaway plan. A statue of Jesus is centered in the altar. To his right La Virgen de Guadalupe (for whom Adeluz originally built the altar) and to his left Our Lady of Sorrows. “Our Lady,” Adeluz remarks, “is the one I relate to most.” Her image is striking, draped in royal blue cloth cascading atop white robes beneath; her heart—the emblem of her suffering—is suspended outside her body at the center of her chest, it is crowned by a blaze of fire and adorned with seven embedded dagger blades, flowering like the rays of a sun.

Adeluz modestly but enthusiastically tours me around the various plots, reciting the names and colors of flowers to come, as well as the details of when and how they came to be in her garden, and in her care. As we continue around a plot of wild flowers, I notice writing on the back side of a brightly painted antique tamiz de harina [flour sifter], it reads, “tired so tired.” The words are loosely written with a black marker, below them Adeluz marked the date and time that she wrote them and signed it: “By My Self.” She inscribed the front of the tamiz, as well, in the same black script it reads, “Listen, God, to my prayer, do not hide from my pleading,” (Psalms 55:2). Adeluz told me she wrote these inscriptions late one night when she came out to the garden, exhausted and overwhelmed, for a moment of refuge.

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<sup>1</sup> An abbreviated form of *hijito* or *hijita*, meaning little child; the masculine, *jito*, encompasses both male and female referents. This form of the word is particular to northern New Mexico and southern Colorado (Cobos 2003); it is used as a term of endearment with children or even in reference to adults of a younger generation. While, it is predominantly used within a kinship lexicon, it is also used outside of kin relationships by a person of an older generation speaking warmly or kindly to a younger person.

This brief introduction to Adeluz—in an environment most meaningful to her—makes no mention of caregiving; yet, Adeluz and her garden are both deeply immersed in biographies of care<sup>2</sup>. To say that Adeluz “cares” for her garden is to say that she is interested in it, sees to the basic conditions for its existence, nurtures the conditions for its elaboration (ability to grow and thrive), invests significant attention and energy to its status, bears concern for its well-being, is fond of it. I would say that all of these statements faithfully represent how Adeluz “cares” for her garden. While each connotation of “care” can be singly true, or in various combinations. For example: one can see to the basic needs of something or someone without encouraging it to thrive; one can commit serious attention to something or someone without any semblance of affection; one can worry about someone’s well-being without making any attempt to affect it. These distinctions are vitally important if we are to understand the complexity and diversity of “care” phenomena in human experiences. It is easy to attribute notions of benevolence to imaginings of “care,” but these assumptions belie the vast spectrum of ways that “care” can manifest in social life. The case-studies presented here foreground this point: demonstrating the diversity of motives and sentiments that can propel and shape contexts of care, drawing particular attention to the relationships from which such momentums originate.

In this dissertation I am specifically concerned with a category of care provided for elderly individuals by kin relations. And more specifically, I am concerned with full-time intensive caregiving that is conducted by a primary kin caregiver at the juncture in the elders life when their independence is compromised by physical or cognitive morbidity or progressive decline.

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<sup>2</sup> Prue Chamberlayne and Annette King, in their book *Cultures of Care* (2000), employ a biographical approach to examine the ways that caregivers narrate continuity in their lives across caregiving and non-caregiving contexts. While my work will draw some parallels with theirs, this dissertation focuses particularly on relational narratives that highlight the life-long development and adaptations of kinship.

Essentially, when the elder is no longer able to care for themselves with regard to activities of daily living (e.g., feeding, bathing, ambulating, toileting)<sup>3</sup>. I am further focused on the kin caregivers who provide direct full-time care. This excludes relatives who provide care through logistical engagement with nursing home administration or staff (Taylor 2008; Margolies 2004), or relatives who provide occasional care, but who are not exclusively relied upon for the fulfillment of basic needs and daily activities of living. According to these criteria, the time and energies of the caregivers featured here were dominated by the priorities and activities of care.

The research and analysis conveyed here center around one overriding question: How does an individual become a primary kin caregiver for an elderly relation? I argue that in most cases, the answer is best acquired through a life-history approach. In this context I am especially concerned with the long-term biography of the relationship between the caregiver and care-recipient, which I refer to as a *care-biography*. Such an approach can illuminate the incremental stages of the relationship, which laid the foundation for a particular relative to be the apparent candidate for primary caregiver when the need for intensive care arises. To be sure, in all the cases I encountered during my research, there was a sentiment among the caregivers that, “it was always going to be me”; that for each caregiver, in their own context, it was a seemingly given trajectory that all other relatives took for granted.

This question, and the method by which I have approached it, yield data that further illuminate the ways that the characteristics of care shape kinship bonds. And in turn, how particular kin histories shape the characteristics and meaning of the care provided. These inquiries and sub-inquiries ultimately contribute evidence that contradicts common public and scholarly assumptions that benevolence is an inherent attribute—underlying, even if not always

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<sup>3</sup> Occupational therapists refer to these activities as ADLs.

enacted—of both “care” and “kinship.” My research suggests that both caregiving and kinship bonds are possible even in contexts that are quite void of benevolent sentiments or engagements; That kin “bonds” and provision of care can just as effectively be established through dynamics of imposition or coercion—in the likeness of bondage—as they are on dynamics of affection and loyalty (Peletz 2001).

### The Caregivers

Over the course of more than two years (2009, 2011-2012) of fieldwork, I interviewed twelve kin caregivers of elderly relatives. From those twelve I was able to establish a solid qualitative impression of the commonalities among them, regarding care practices and challenges. Initial interviews with all twelve participants were one to two hours long. For many of the twelve caregivers, demands on their time and energy, inflexibility in their schedules, or lack of interest in participating further, made it difficult to pursue follow-up interviews. However, I was able to work extensively with four of them; conducting 3-11 scheduled interviews with each of them; in addition, I met with each of them on more casual terms, for social meetings that were not directly related to my research queries, but that offered me insight into their social landscape. In this dissertation, then, I am presenting extensive ethnographic case-studies for Soñia, Milena, Adeluz, and Pilar.

All twelve of the caregivers I initially worked with are women. Three of them have been indirectly supported by spouses, in so far as the spouses took on a greater role with the children in the household to compensate for the time and energy demands the caregiver was meeting with the elder care recipient. Through acquaintances I was referred to two male caregivers, both of whom were providing care for a grandparent. However, I was never able to secure a meeting

with them; they never responded to my calls and emails. The referring relative of one of the men felt that her nephew, the caregiver—despite the love and devotion he felt for his grandmother and the fact that “he cares for her with all his heart,”—may feel self-conscious of his role as a caregiver. When I asked if this was because he was a man, the aunt concurred that she suspected that was the case. I can say that both men were of a younger generation, early twenties and thirties respectively, and so the plausibility of men providing elder kin care may be a generational development. This is consistent with findings by the National Alliance for Caregiving and the AARP, which reports that while women are twice as likely to be informal caregivers overall, among caregivers between the ages of 18-49 the balance between women and men is nearly equal (NAC and AARP 2009). In Anthropology there is a dearth of research on literature on male caregivers with the exception of Kleinman (2012) regarding his own spousal care of his wife. In gerontological studies social work and sociology scholars have attended more avidly to this demographic of the care community, touching especially on matters of brothers’ and sons’ negotiations of elderly parent care (Matthews 1995, 2002) grandfathers caring for grandchildren (Bullock 2005: Kolomer and McCallion 2005). None of these literatures deny the prevalence of women in caregiving roles, however, as Betty Kramer writes, “focus on women [caregivers] is not unwarranted, nor surprising [...] Yet comprehensive, responsive, and responsible social policies and programs for families may only develop when we openly acknowledge and understand the contributions and challenges of all caregivers” (2002:3). Thus, even though my data does not focus on the role of sons and brothers in caregiving, I agree with Kramer that the role of all individuals involved and or not involved in care is salient in scholarship on care in order to fully understand the social landscapes in which care occurs.<sup>4</sup>

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<sup>4</sup> Betty Kramer and Edward Thompson’s edited volume, *Men as Caregivers: Theory, Research, and Service*

Overall, among current caregivers of all ages, women are twice as likely to be caregivers than their male counterparts (NAC and AARP 2009), a statistical trend that is reflected in my research. And among caregivers women are more likely than men to participate in body care (bathing, toileting, dressing); an exception is in the LGBT community, where the role of caregiving and forms of care are more or less equal among men and women, but where men report greater hours of care investment on average (Metlife 2010). Within my research sample, however, women exclusively carried out elder care work.

In Chapters Three through Six I provide an extensive ethnographic portrait of each of the four caregivers featured in this dissertation. Here, I offer a brief introduction to each of them to give readers a sense of the range of scenarios that have informed my thesis and theoretical contributions on the subjects of care and kinship:

**Soñia**, age 84, was mourning the death of her daughter-in-law, Emily, when we sat for our first meeting in 2011. Emily, who was diagnosed with terminal cancer, lived with Soñia for the last three months of her life, during which time the two women created a reciprocal care relationship. Prior to this most recent care scenario, however, Soñia's care-biography is largely dominated by her maternal and spousal care roles within the context of a severely possessive and abusive marriage. For nearly 50 years, Soñia saw to her husband, Samuel's, every demand; disciplined by his threats and enactments of physical violence against her and her children. Through her case-study I am able to expand the discussions of care and kinship to include the variables of fear, animosity, and violence. The severity of her circumstances, rather than negating kinship and care classification, demand a reconsideration and expansion of what we imagine when we think of either or both categories.

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*Implications* (2002), offers a diverse range of literatures on the cultural and social processes that situate men in less prominent care roles, and the circumstances that disrupt these trends.

**Milena**, age 60 years, has a care-biography that most closely aligns to the bucolic vision of a self-sacrificing caregiver, who performs her role as an act of devotion and deeply enduring love for her mother, Feliz, with whom she had a close and loving relationship. The relationship between Milena and Feliz stands in sharp contrast to the dynamics between Soñia and Samuel. However, this mother-daughter relationship offers the distinction of being based on a foundation of lifelong partnership. Both single women, Milena and Feliz lived together for twenty-five years before Feliz' decline necessitated more overt care. Their partnership illuminates the gendered tensions women face after they emerge from abusive relationships with men, and the solutions and kinship dynamics they can forge with other sympathetic women. Their shared history offers clues into the trajectory that led Milena to the role of Feliz' primary caregiver, despite the local proximity of her 5 living siblings.

**Adeluz**, age 61 years, offers a care-biography that is very similar to Soñia's, but her's was in the context of parent-child relationships, rather than spousal. Adeluz, most recently, provided care for her father, Alfredo, with whom she had a long history of child abuse that carried on into her adulthood. Adeluz, who suffered from agoraphobia in her youth, offers a narrative of caregiving that is significantly shaped by violence, isolation and trauma. A key difference between Adeluz and Soñia, is age and development. Having suffered her domestic abuses as a child and onward seems to have had a profound impact on Adeluz' sense of self worth and purpose. Where Soñia was able to retain her perspective that Samuel's abuses were a negative reflection on his character, Adeluz appears to have internalized her parents' abuses as a reflection of her unworthiness. These narrative details offer valuable insight into the processes by which Adeluz, out of her eight siblings, became Alfredo's sole caregiver during the final years of his life.

**Pilar**, age 42, was the sole caregiver for her *Tio* (uncle) Graciano, a man in his eighties with a developmental age of 10 or 11 years. Pilar, who describes her uncle as “special needs,” grew up with a view of Graciano as an “innocent” and gentle soul. Pilar inherited the role of caregiver for Graciano from her father, Graciano’s younger brother. In our interviews I listened for clues as to why Pilar was the sole relative who was willing—even driven—to take responsibility for Graciano’s care, despite having two siblings. In addition to her deep affection for her Tio Graciano, I believe she was also prompted by a religio-spiritual conviction that the meekest individuals deserve to be honored and cared for as a spiritual act of devotion; that “they are angels on earth.” Like Soñia, Milena and Adeluz, Pilar’s care-biography also demonstrates the psychological and physical costs of maintaining the lifestyle of intensive caregiving for an extended period of time.

As of the writing of this dissertations, the care recipients associated with each of these four women, have died. Their care-biographies include interview material on their experiences of mourning and adjusting to a life that is not consumed by caregiving. These aspects of each care biography provide further insight into the residual consequences of a long-term relational history after a period of intensive caregiving has come to a close. I discuss this further along in this chapter and to a greater extent in Chapter Seven.

## Methodology and Priorities

The theoretical objectives advanced here are grounded in two plus years of ethnographic research in northern New Mexico. I focus on a northeastern mountain community that I will refer to as *Sangre de Cristo* (pop. ~14,000). As I explained above, I conducted exploratory interviews



(1-2 hours) among twelve caregivers<sup>5</sup>. My initial interviews were focused on understanding the makeup of the household, whether the caregiver and care-recipient resided in the same home, the timeline for how intensive caregiving commenced and how long it had been ongoing, the role of extended family members, and the elements of a typical day's care routine.

Five of the twelve participants were identified during a period I spent shadowing a nurse practitioner, Olivia, in her local Sangre de Cristo clinic. Olivia helped me identify families that met the following criteria: (1) household includes an elderly individual who requires extensive care assistance to meet daily needs; (2) household also includes a related primary caregiver. I attended the clinic on the days that prospective participants had scheduled appointments, at which time Olivia would acquire their consent for me to sit in on their appointment. Afterwards, I would speak with them on my own to explain my research project and my interest in interviewing them, and either schedule and interview or exchange contact information in order to schedule an interview by phone. I met eight prospective caregivers at the clinic; five of those introductions led to interviews. Of the other seven participants, five of them were referred to me by acquaintances that were aware of my research interest in family caregiving, and the last two were individuals I knew personally, who met my criteria and were willing to participate.

The twelve initial interviews revealed important commonalities. All of the participant caregivers had at least one local sibling; the number of living siblings (including local and out-of-town) ranged from three to eight. As discussed above, all of the caregivers were women, which suggests that elder care is a gendered phenomena in Sangre de Cristo. However, every one

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<sup>5</sup> Interviews were conducted predominantly with caregivers. On account of health conditions, communicative disabilities (hearing loss), or in some cases death I was not always able to engage in dialogue, extensive or otherwise, with care-receivers. However, because interviews were conducted in spaces shared by caregivers and care-receivers I was able to observe and sometimes participate in interactions between them, and so gain insight into their shared circumstances and activities.

of the twelve caregivers had at least one female sibling, and as many as five, who did not participate in caregiving to the same degree as the primary caregiver. So, clearly gender is a variable that shapes care roles, but one that shapes them variably and in conjunction with other defining factors. Likewise, all of the participant caregivers are Hispanic with long multi-generational histories in northern New Mexico—in a community that is 78% Hispanic. But the fact that not all of their relatives participated equally in caregiving roles, and furthermore, the fact that in Sangre de Cristo, all three of the nursing home facilities are filled, with waiting lists, indicates that the phenomena of providing in-home care for an elder relative, cannot be taken for granted as a cultural attribute.

In some ways, then, the caregiving contexts experienced by these twelve caregivers may reflect cultural trends of the regional *Nuevomexicano*<sup>6</sup> community, but in more ways they expose holes in the underlying assumptions of broad cultural portraiture.<sup>7</sup> Above all, they illustrate the deep consequences of idiosyncratic differences that exist across individual relationships. For example, Adeluz' relationship with her father, Alfredo, differs from filial relationships in other households, but it also differs—in dramatic ways—from her sisters' or brothers' relationships

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<sup>6</sup> In this text I have chosen the term *Nuevomexicano* because it privileges specificity of place, rather than other ethnic terms that reference a large geographically dispersed demographic, such as Mexican-American, Latino, Hispanic that serve bureaucratic function while obscuring intra-ethnic heterogeneity. Yet, as a Spanish term it reflects the Spanish-speaking heritage of native New Mexicans—tracing ancestral roots in the region prior to the turn of the Twentieth Century. Finally, it elides political controversies regarding ethnic identification which have historically tended to marginalize New Mexican culture as “distinctive” (Nordstrand 1980; Acuña 1988) while simultaneously homogenizing the attitudes of native New Mexicans despite evidence of diverse perspectives regarding questions of ethnicity and identity (Gonzales 2005) and the importance of addressing contextual specificity (Gonzales 2003; Nieto-Phillips 2004).

<sup>7</sup> For an early critique of cultural determinism in anthropology see Ketner (1971), and more recent Volpp (2000). See Briggs (1999), Briggs and Mantini-Briggs (2003), Farmer (1999; 2004) for ethnographic examples of how emphasis of cultural factors in processes of determining health risk and health outcomes, can actually reify structural violence.

with their father. Moreover, the economic circumstances among the twelve caregivers ranged from below the Federal poverty level of ~\$15,000 annual income for a household of two, to ~\$70,000 for a 2 person household (firmly within a middle class range for Sangre de Cristo which has a relatively low cost of living). So, like gender and ethnicity, with regard to caregiving practices there is enough variability across income levels to suggest that the contexts leading some individuals to take on intensive caregiving roles do not fall cleanly within demographic categories.

Along these lines, Camilo Garcia (1993) questions the assumption that household makeup, particularly the assumption that multi-generational households are a reflection of Hispanic cultural and economic values or that a reduction in such contexts represents a symptom of acculturation—both being complementary aspects of these kinship theories that privilege cultural determinism (Keefe et al. 1979; Keefe 1984; Angel and Tienda 1982). Garcia’s work suggests that while functional (as opposed to structural) extended family networks were prevalent among the 48 Hispanic families he studied, this does not establish prevalence of eldercare across all of the extended households. He found that in large families (not households) consisting of numerous adult children, the role of eldercare is likely to fall within one of the extended family households, not all. Garcia posits, “gerontological research should focus more on *with whom* the grandparents live, rather than simple frequency of multigenerational or nuclear families” (1993:145).

In addition to the similarities and diversities described above, the initial interviews I conducted indicated that the daily routines of care work were very similar within all twelve households. All of the caregivers monitored and distributed medication to their elder kin, all of them cooked, cleaned house, provided ambulatory assistance, helped with bathing and

dressing—which included toileting routines (due to incontinence) in eight of the households. The consistency of these elements across the entire research sample, swayed my focus away from the day-to-day tasks and routines of caregiving, and compelled me instead toward an interest in the relational precursors of each caregiving scenario. Following this shift, I pursued follow-up interviews focusing on the history of the relationship between the current caregiver and care-recipient. For many of the twelve caregivers, their circumstances or degree of interest were simply not conducive to follow-up interviews. Ultimately, I was able to conduct extensive research with four caregivers. My interactions with these women included many hours of informal interviewing, in which a combination of researcher and participant initiated topics allowed me to cull narratives that told the long-history of the caregiver's relationship with the care-recipient. Because of the informality of my subsequent meetings (after the first interview) with the four featured caregivers, our interactions more closely resembled visits between friends, than anthropological interviews. The casual nature of our time together fostered participant observation and as the women narrated their lives they sometimes simultaneously carried on with the tasks of caregiving that were densely woven into every waking hour of their days. Through this intersection, I was able to witness the ways that the residual impact of their relational histories with care-recipient was imprinted on their contemporary interactions and care practices.

These histories are nearly exclusively derived from narratives provided by the caregivers themselves. They are treated as subjective autobiographies that over time reflect the caregiver's perspective of the truth of the relationship; a subjective truth that I have privileged in my research and in this dissertation, as it speaks most saliently to my overarching inquiry into the process by which one becomes a caregiver.

Out of respect and appreciation for the individuals that so generously entrusted their life histories to me, who amidst our talk candidly allowed me to witness the routines that occupy their days, I strive to maintain a “person-centered” work—proceeding from and continuously returning to their particular biographies. Rather than producing a dissertation about kin caregiving, generally, or even geographically specific about *Hispano*<sup>8</sup> kin caregiving in New Mexico. I intend this to be, in the words of Arthur and Joan Kleinman (1995), an “experience-near” ethnography that is specifically concerned with: Soñia, Milena, Adeluz and Pilar. This is not to suggest that I am not concerned with broader structural and historical conditions. On the contrary, I feel that by pursuing an in-depth understanding of the four care-trajectories featured here, I am contributing data and analysis that will help other social scientists conducting research on caregiving to identify salient variables that may be relevant in diverse contexts (Jackson 2011).

I would say then, that I am more concerned with the task of refining the questions anthropologists ask of care and kinship. Rather than dismissing the role of “culture” in shaping caregiving contexts, my goal in taking a particularistic approach is to push beyond the broad swath categories of ethnicity, gender, and class to reveal the more nuanced and intimate cultures that can arise in smaller stages, even as small as a single household. There are, indeed, cultural

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<sup>8</sup> Hispano is a direct translation of Hispanic, but is a term with a specific history in northern New Mexico. Cobos defines it as “a term applied to a person of Spanish or Indo-Hispanic descent native to the American Southwest” (2003:121). The term has historically been used in contrast to Mexican or Mexicano to distinguish themselves as individuals with long ancestral history within New Mexico, whose descendants were annexed along with their residential lands as a United States protectorate upon the signing of the Treaty of Guadalupe Hidalgo in 1848; as opposed to recent immigrants into the region emigrating from Mexico (Acuña 1988:55-56). The term has been adopted more recently by a number of ethnographers who emphasize a more positive connotation (García 2005; Kosek 2007; Masco 2006; Garcia 2010; Korte 2012) than the politically controversial reading of the term (González 1967; Acuña 1988).

patterns to be found in discrete households, patterns that may not correlate to those in neighboring households. In agreement with Lila Abu-Lughod, who argues that, “the effects of extralocal and long-term process are only manifest locally and specifically, produced in the actions of individuals living their particular lives, inscribed in their bodies and their words” (1991:150), my priority is to foreground actualized manifestations of care and kinship. Gregory Bateson defines *information* as, “a difference that makes a difference” (2000: 459). This eloquent criterion requires the anthropologist to not only see difference, but to probe further to ask if the difference discerned, is a difference of consequence (Haraway 1991). It is this impetus that compels me to push beyond the fact that Soñia, Milena, Adeluz and Pilar are all women (marking a gender difference) and ask how these four women are different from: other wives who did not stay and care for abusive husbands, other daughters who do not provide full-time care for their parents, or other nieces who did not adopt the care of an extended relative. By narrowing my focus on a smaller cultural unit, within the larger concentric cultural stages (e.g., nationality, ethnicity, class, gender) I am looking for valuable *information* that is relevant to a deeper understanding of care in human relationships. Information that is equally effective in expanding the anthropological imagination of what care and kinship might look like.

I’m reminded of a *dicho* [folk-saying] my grandmother was particularly fond of, “*Cada cabeza es un mundo*” [Every mind is a world]; where “mind” is synonymous with “person.” She would say this in response to hearing of or observing some form or another of confounding human behavior, inferring the opacity of another person’s logic or intentions. I would have to agree with her inference, having been amazed to learn of the unique ways that individuals make sense of and organize meaning in their lives. Put simply, in the context of this anthropological

inquiry, determining what, exactly, kin caregiving consists of and means, requires acknowledging and understanding who, exactly, is implicated in its doing and receiving.

### The Romanticizing of Care

To clarify the contribution I am making to discussions of care, I'll present some key anthropological literatures that form the theoretical background against which my research stands in relief. Michael Lambek writes about memory, care and kinship, providing a list of various forms of care:

To remember is to care, and to care in several senses of the word: to care for and to care about; but also to take care of someone; to take care, as in to be careful; to have cares, as to be full of care; and to be vulnerable, to care what others say and do. Caring is the form of remembering generally characteristic of the ethos and practice of kinship everywhere. [2007:220]

While he acknowledges a variety of “care” forms, he nonetheless reproduces a bias toward benevolence as an *a priori* attribute of “care.” Even his last example of care as “vulnerability,” by way of caring about “what others say and do,” implies that one positively values another person’s ideas and actions.

Arthur Kleinman, who was the primary caregiver for his wife, Joan, when she developed early onset Alzheimer’s Disease, writes about caregiving with similar generalizing overtones that suggest kin care is a matter of benevolence. He writes:

In anthropological terms, caregiving centres on a different kind of reciprocity than financial exchanges— albeit it can be both. It is closer to gift giving and receiving among people whose relationships really matter. The person receiving care shares her experience and story as a gift with the caregiver, in reciprocation for the practical things that need doing along with a sensibility akin to love. What is exchanged is the moral responsibility, emotional sensibility, and social capital of the relationship. The exchange changes the subjectivity of both the caregiver and the person receiving care. The terms “taking care” and “caring” imply cultivation of the person and the relationship through practices of attending, enacting, supporting, and collaborating. What is at stake is doing good, for others and for

oneself, if need be, despite the emotional and material cost. Indeed, the rewards—unvoiced or explicit—can be transformative, going to the heart of who we are and what we can offer, or endure. [2012: 1551]

Kleinman assumes generosity on the part of both the caregiver and the care recipient. While I do not disagree with his classification of caregiving as a form of exchange, Soñia and Adeluz' care-biographies fiercely challenge the suggestion that care is categorically a gift of action that is offered with "a sensibility akin to love."

Both Lambek and Kleinman, like many of their colleagues (Borneman 1996; Cohen 2008; Taylor 2008; Brijnath 2011) neglect the possibility of unkind or ambivalent sentiments or motives within "practices of care," such as resentful, resigned or indifferent obligation. The "spectrum of care" that I am proposing considers the possibilities of minimal investments as well as maximal investments by persons enacting care. To clarify this point I'll offer some examples that demonstrate the possibility of animosity and ambivalence concurrent with care. From Soñia's narratives I acquired a sense of how Samuel cared (provided for and attended to) his wife and their children—conducting his particular manner of "care" through surveillance, isolation, and violence. I was also able to piece together a sketch of the diverse ways that Alfredo cared for each of his children, which for Adeluz reflected reserved modes of care that were based variably on minimalism and neglect, or physical and emotional abuse. According to these biographies, Soñia and her children and Adeluz and her mother and siblings were fed, sheltered, clothed and protected from external threats by Samuel and Alfredo, respectively. Surely these facts count as iterations of care, but just as surely, they bare no resemblance to the benevolent characteristics of care that Kleinman describes. On Soñia's part, the deeds that she performed on Samuel's behalf (before and during his elderly decline), certainly count as caregiving; but rather than originating from love, her deeds were precipitated by fear and the bondage that prevented her from doing



otherwise. And for Adeluz, the care she provided for her father was motivated by her ultimately unrequited desire to provoke even a small degree of tenderness and positive recognition from Alfredo, so her care acts emerged from a marked scarcity of benevolence.

One example of care that deviates from or complicates the notion of transparent or intentional benevolence can be seen in Scheper-Hughes classic ethnography *Death Without Weeping* (1992). In her monograph, Scheper-Hughes renders non-quintessential portraits of motherhood and mother-love that spring up in the context of severe resource scarcity and economic and social marginalization in Brazilian *favelas*. Provoked by limited resources, some mothers will electively withhold or limit food and affection from children that are seen as weak or sickly and distribute more resources and attention to children perceived to have stronger constitutions; in effect aiding the weaker child's decline and eventual mortality. But even in this example, mothers justify their neglect of weaker children as an act of mercy, in which they are sparing the neglected child from a lifetime of suffering the conditions of poverty that are prevalent in their communities. Furthermore, Scheper-Hughes tells us that after death, these previously neglected children are affectionately memorialized as guardian angels, keeping watch over their families from heaven. Though this example exhibits some of the characteristics of "minimal investment" in care, it is still not comparable to the examples of animosity in kinship and care contexts that will be exhibited in the care-biographies of Soñia and Adeluz.

### Bodies, Proximity and Kinship

In line with recent scholarship on kinship I am most interested in processes of establishing relatedness, rather than classical categories of kinship. But contrary to current scholarship, I am presenting this work as a challenge to assumptions that benevolence, investment, or loyalty are

inherent qualities of kinship. Instead, the kin histories that I compiled show evidence that in relational contexts dominated by animosity or ambivalence, individuals will in fact cling to the classical definitions of consanguine or affinal kinship (Morgan 1870)—categories thoroughly challenged by contemporary anthropologists—in order to justify bonds that are otherwise void of positive attributes that promote feelings of “relatedness” (Carsten 1995) or “chosen kin” (Weston 1991). To be sure, scholars of kinship have made remarkable strides to unlock kinship from the constraints of biological frameworks, starting with David Schneider (1968) who pointed anthropological inquiries toward kinships as constructs rather than facts, in which blood ties are an artifact of symbol and meaning rather than biological inevitabilities. Since then, through studies of alternative reproductive technologies (Strathern 1992), adoption (Howell 2003), single- or grand- parenting (Stacey 1990), and gay and lesbian family (Weston 1991). But along the way, scholars have romanticized the attributes of kinship as a result of privileging contexts that illuminate elected kinship as a matter of affectionate attachment. But as my research evidences, kin relationships can also be forged by, animosity and coerced bonds of interaction. Such relationship are not less qualified as kin bonds, though they do stand in sharp contrast to the positive archetypes of kinship that have become paramount in recent anthropological literature.

Despite my assertion that assumptions of benevolence need to be decoupled from definitions of kinship and care, those assumptions are still relevant insofar as they serve as “ideal types” (Weber 1949), against which individuals may evaluate their own kin relationships. I am referring to the ideals one holds about how family members should feel about and behave with one another; the provisions of care, loyalty, love and sometimes obedience they should uphold. Of course, Weber himself never asserted that ideal types were realized phenomena, only that they were theoretically useful. Still, as prescriptions of a “kind” (Hacking 1996) or quality of

valued—even if never realized—social phenomena ideal types are no less prominent in social imaginations, serving as measures of contrast. These ideals establish expectations in which the holder feels entitled to or desires, by right of family membership, to be treated with filial love and security, nuptial fidelity, acknowledgement and compassion. As Arthur and Joan Kleinman (1995:97) propose:

While preservation of life, aspiration, prestige, and the like may be shared structures of relevance for *human* conditions across societies, that which is at stake in daily situations differs (often dramatically) owing to cultural elaboration, personal idiosyncrasy, historical particularities, and the specifics of the situation. [Kleinman and Kleinman 1995:97]

The confluence of these qualifying variables frames “what is at stake” in everyday scenarios as, “usually, contested and indeterminate” (1995:97). What is at stake within kin relationships, then, is individually meaningful, socially constructed, unfixed and often contradictory. But as you will see in the care-biographies, even when all experiential evidence points away from the ideal type of family, individuals hold to its tenets as a measure of what they are missing. It also must be noted, that when reality deviates violently from the ideal type, individuals can be no less bound to one another in kinship—though it may be a bond that is forged by means of coercion, disempowerment, and fear.

I find Signe Howell’s notion of *kinning* very useful in studying how real and diverse kin relationships emerge when “ideal” kin sentiments (love, benevolence, loyalty) remain elusive. *Kinning* refers to “the process by which a foetus or new-born child (or a previously unconnected person) is brought into a significant and permanent relationship with a group of people that is expressed in a kin idiom” (2003:465). While Howell developed this concept in relation to adoption, I would argue that it is equally relevant in examinations of biologically secure kin relationships. Variable practices and demeanors among relatives lead to different qualities of kin

relationship. And in the interests of this dissertation, I find the notion of *kinning*, which emphasizes process and meaning, to be well suited to understanding the construction of diverse kinship bonds. Whether the dynamics between individuals who consider themselves kin are positive or destructive, their conduct—*kinning* practices—with one another will fashion an individualized form of kinship between them; a form that is established and evolves over time and through changing circumstances.

In conjunction with *kinning*, I believe Chris Gregory's theory of *skinship* (2011) can be very effective in exploring the distinctive nature of kin relationships that are formed through caregiving. *Skinship* refers to the terms of kinship that are predicated on forms and qualities of physical contact; contact laden with contextual registers of social, political, and moral significance within particular relational economies. Instead of treating caregiving as a complementary role to being a parent, a spouse, or an adult child, I see "caregiver" as a discrete kinship status that supersedes these prior identifiers. The intimacy of caregiving fashions kinship in particular ways that stand apart from non-caregiving kin relations. It is a status constituted on the grounds of proximity and intrinsic engagement. For example, Milena is Feliz' daughter but in the atmosphere of care that dominates their everyday lives it is more relevant that Milena is Feliz caregiver, a status that empirically and morally separates her from her siblings. The physicality and moral semiotics of care practices, I argue, reshape the contours and breadth of what kinship is, as well as introducing a new vernacular—range of terms and connotations—that qualify variations of such classic kin terms as: parent, spouse, child, grandchild, cousin, aunt and uncle, niece and nephew. By the same name, two daughters are not necessarily equal. In some instances the disparity results in caregivers being valued above other kin relations, by virtue of appreciation for their extensive personal investment in another's condition of being. But it is

inappropriate to assume that this is true in all or even most caregiving relationships (and their wider kin networks). Adeluz' biography, in fact, exemplifies a very different scenario, in which she of all her siblings is deemed most appropriate to suffer the indignity of the physical tasks and sacrifices demanded of caregiving as a consequence of being historically undervalued and taken for granted by her parents and siblings.

The interconnectedness that caregiving nurtures is a heightened form of what Marshall Sahlins terms *mutuality of being*, referring to the connection between “persons who are members of one another, who participate intrinsically in each other’s existence” (2011:2). Sahlins proposes this term as a kind of catch-all, that he argues “will cover the variety of ethnographically documented ways kinship is locally constituted, whether by procreation, social construction, [and] certain otherwise enigmatic effects of kinship bonds—of the kind often called ‘mystical’” (2011:3). In their work on disability, stigma and kinship Veena Das and Renu Addlakha refer to such mutuality as a dynamic of “connected body-selves” (2001). This concept highlights the centrality of the corporeal body to the construction and experience of personhood, while simultaneously emphasizing the intersection of this individual dialectic with the body-selves of others. The key assertion then is that singular personhood is ultimately borne out of a network of corporeal subjectivities that are articulated together through relational, spatial, and political ties—and therefore never wholly discrete.

This approach stands in contrast to explanatory models that revolve around individual agency and autonomy, recognizing instead the articulation of individuality as a matter shot through with the implications of personal relationships, public infrastructures, and political agendas. To be sure, the notion of connected body-selves does not alienate the individual nor the subjective self from the processes of their own lives, it simply situates activities of everyday

living as existing within networks of negotiation with other subjective selves, as well as with the discursive and material manifestations of those negotiations, particularly in the form of civil policies and infrastructures that shape the empirical and cultural context of everyday experiences. In many respects, *connected body-selves* echoes Nancy Scheper-Hughes and Margaret Lock's (1987) framework of the "three bodies," however, it elaborates the co-articulation of the individual body, the social body and the body politic specifically within kin networks.

I believe that forms of intensive caregiving provided to individuals who are predominantly dependent on the caregiver(s) for survival (e.g., children, the declining elderly, or the severely disabled), constitute pronounced iterations of the interconnection with which Sahlins as well as Das and Addlahka are concerned. With regard to full-time care of the elderly, previously defined kin bonds can be challenged, polarized, or dramatically transformed by the extreme body-to-body proximity in which caregivers and care-recipients must engage. In fact, it is this proximity through dressing, bathing, and toileting that often reifies the primary caregiver's differentiation from other kin. Issues around nudity (Twigg 2000) and bodily fluids seem to draw a line in the sand; a line that leaves those individuals who are willing to participate in this degree of care singled out from siblings or other relatives who articulate an unwillingness to cross this intimate boundary. Despite the fact that individuals are universally tethered to their own natural excretory functions, incontinence and the prospect of being in contact with the excrement or urinary waste of another individual, is threatening—in the sense of being disgusting (Miller 1997; Jervis 2001); to the point that incontinence can sharply alters the sufferers status as a person (Isaksen 2002). Certainly this is not the case with children, but incontinence in the elderly is inextricably entangled in stereotypes of aging that emphasize both visible and invisible decay

(Gullette 2004). Thus, unlike children's waste, the waste of an elderly adult is treated as a polluted substance as it is tied to the body's decline (Douglas 1966; Isaksen 2002).

But there are some individuals who are willing to negotiate the blurred boundaries of the body and its substances, who accept these aspects in their role as caregivers. These individuals fashion a kinship bond through physical contact (*skinship*) that inevitably stands apart from other kin bonds. As I have stated above, the bonds forged through such intimate physical engagement are not necessarily benevolent or regarded with appreciation; nonetheless, they are undoubtedly distinctive from kin bonds that are negotiated with greater physical distance. While anthropologists have attended to a wide variety of bodily substances in the construction of kinship (e.g., blood, semen, eggs, semiotic fluid, whole organs, bone and marrow, tissues, stem cells) (Sharp 1995; Carsten 2011, Heinemann 2014) somehow the role of negotiating waste as a symbol and process of kinning has gone unrecognized.

The above discussion of care, kinship and body proximity are all offered as a background with which to consider the diverse and individualized forms of kinship that can be constructed through various methods and qualities of care. And within that broad scope, to consider the distinctive ways that intensive caregiving of an elder fashion kin bonds through corporeal intimacy. Ultimately, I strive to illustrate the ways that diverse care practices, conducted over time, produce different strata of kinship within families; that care practices—of varying investment and quality—engineer variable moral spaces between persons. Care augments

relational proximity to make people more or less intrinsic to one's state of being and to "life itself"<sup>9</sup>, consequently creating and qualifying different kinds of kin.

My insights on both of these points would not have been possible without the long-term autobiographical data that I received from each of the four caregivers presented here. Within their answers to my central question: *How does an individual become a primary kin caregiver for an elderly relation?*<sup>10</sup> I found evidence that challenged and ultimately expanded my understanding of "care" and "kinship." This leads me to think of both subjects more as spectrums of phenomena; *Spectrum* connotes a grouping that is broad, yet shaped by recognizable association; a spectrum yields to greater representational diversity, acknowledging overlaps as well as deviations while maintaining some degree of relationality. This preference is reflected throughout the dissertation and even when the words "spectrum of" do not visibly precede these keywords in the text, the refrain can be assumed from this point forward.

## Structure of this Dissertation

In this **Chapter One**, I have introduced the overarching priorities of this dissertation, and very briefly introduced the participants and setting of my research. In **Chapter Two** I will outline the environs of my research more extensively. The first half of the chapter focuses on a

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<sup>9</sup> Drawing from Michel Foucault, Sarah Franklin (2000) and Nickolas Rose (2007) have developed the phrase "life-itself" in their discussions of bio-political technologies and the global reshaping of the value, boundaries, and possibilities of human life. I use the term alternatively here as a reference to the subjective evaluation of the quality and value of life within mundane practices of subsistence (survival) and inter-relational practices of care—as opposed to the complex medical interventions (Kaufman 2005) that one might imagine when thinking of biotechnologies. Still, I would contend that feeding, bathing, and even companionship are, likewise, biotechnological forms, even if more modest or pedestrian in setting and execution; after all, they significantly affect consequences on the biological corporeal body.

<sup>10</sup> This question was never articulated this directly or concisely to participants. Rather I approached the question indirectly through open-ended cues and by encouraging relevant directions that the participants' themselves initiated.



regional biography of northern New Mexico, exploring the relationship between history, place, and identity. In the second half of the chapter I narrow the aperture on participants' everyday living or work environments—I call this section “Atmospheres of Telling,” marking the convergence of place, action, and narrative.

Chapters Three through Six are the discrete care-biographies for each of the four featured caregivers. **Chapter Three: Soñia**, offers ethnographic data that illustrates care in relation to domestic violence, marital exploitation and involuntary isolation. **Chapter Four: Milena**, introduces the subject of platonic lifelong partnerships as a unique iteration of mother-daughter kinship. **Chapter Five: Adeluz**, pushes the matter of domestic violence in kinship further through Adeluz' narration of child abuse, well beyond the developmental stages of childhood. **Chapter Six: Pilar**, adds a new element of vulnerability to the context of care, *vis-a-vis* her Tio Graciano's developmental disability. All four of the care-biographies offer evidence of spiritual/religious conflict, and processes of mourning in the context of intensive caregiving.

These ethnographic portraits provide the foundation for **Chapter Seven**, where I critically explore the import of these case studies toward understanding and imagining diverse spectrums of care and kinship. This chapter is where I closely and comparatively analyze the rich ethnographic detail provided by each caregiver in order to directly answer the question of how each of them became “the” primary caregiver in their kin network. In the concluding **Chapter Eight**, I will come back to the main contributions that this dissertation makes to anthropological inquiries into care, caregiving, and kinship. Finally, I will consider further avenues of ethnographic study that are complemented by the research presented here.

## CHAPTER TWO

### Geographies of Care

This chapter introduces the environments in which care is enacted; consequently they are the environments in which the terms of kinship are forged. I will provide a brief history of the larger research site, however, my priority is to bring into relief the spatiality of care practices and their meanings (Brown 2003). I refer to these spatial contexts as *geographies of care*—historically constituted and relationally contextualized environments that constitute the sceneries of *care-biographies*. These settings, along with the people that occupied them and the personal connections made or longed for, act as referents for both belonging and longing<sup>11</sup> by the women profiled in this dissertation.

Not only do these places act as physical environments within which everyday life unfolds, they also act as markers of identity—fashioned both through epistemologies of intimacy and estrangement. According to Webb Keane (2005), an epistemology of intimacy entails the capacity to know something without reflection, while an epistemology of estrangement requires one to reflect on a matter as an “object” in order to consider new interpretations of it. Through this framework the practice of objectifying is addressed with nuance, recognizing that while objectification can be a technology of imperialism (Said 1978, 1994; Coronil 1996), it is also a

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<sup>11</sup> Similar to the “geographies of blame” that Paul Farmer describes in his ethnography, *Aids and Accusation* (2006)

part of everyday sociality. As Webb Keane states, “to understand even personal experience requires a capacity to shift between epistemologies of intimacy and of estrangement. Second, this very capacity for shifting is *already* inherent to experience, action, and self-understanding” (2005:82). Applied to the study of geographies of care, then, “home” is a material phenomenon within which much of Adeluz’ experiences are situated, a place that she knows through both epistemologies.

On one hand, there are innumerable mundane ways in which Adeluz engages her home or is engaged in her home that do not require her to consciously think about the actuality of it being “home”—these are formulations of an epistemology of intimacy. On the other hand, there are instances that provoke her to consciously think about the conditions that make this particular house her “home.” This happens when she and I are talking and my questions, or the trajectory of her own responses, initiate her to reflect on the circumstances that firm up or contest the “homeness” of the place. Other, more organic, scenarios arise when the house is recognized by others as a possession to be secured or contested. For example, Adeluz is the legal owner of her house and property. Beyond her childhood, she has spent the majority of her adult life in the house—where she cared for her mother and raised her son, where she daily provides sole extensive care for her father, where she has and continues to babysit for nieces and nephews and grandnieces and grandnephews. Nonetheless, contestations from her siblings and father incite her to reflect on the conditions of her ownership. More importantly, they cause her to reconsider the viability of her belonging—of *her* place within this space. Adeluz’ reflections are functions of an epistemology of estrangement; they demonstrate the capacity to step back and consider that which might easily be taken for granted. In her reflections “home” becomes an object “place”

strewn through with implications of possession, rights, worthiness and justice that are themselves embedded in thick kin histories (Steedman 1987; Olmedo 1997; Bourgois 2005).

Through processes of objectification, aspects of everyday life —places, relationships, routines, emotions—become available to be considered and known in new ways. It is by such processes that environments become “places”—objects that can be imbued with diverse and multiple social meanings within personal biographies and in processes of self-interpretation, self-formation, and self-identification (Feld and Basso 1996; Casey 1996; Escobar 2001; Springer 2011). As such, Adeluz, challenged by her relatives, is spurred to see “this house” in new ways; ways that reify her claim of ownership whilst shaking her confidence in it as her “home.” Each of the case studies featured in this dissertation exemplify the dialectic between the subconscious and conscious engagements with the spaces recognized as “home.”

I want to clarify the manner in which I will be approaching the issue of “place” and “identity” in relation to “care.” In gerontological studies, scholars often refer to what they call “aging in place,” which refers to the notion of remaining in one’s home, or intimate place of familiarity, through one’s later years (Rowles 1993; Rowles and Chaudhury 2005). This notion is largely predicated on ideas about individual attachment to place and the emotional salience of such attachment to identity and well-being. These ideas are derived from phenomenological ideas of *being-in-the-world*, a concept advanced by Heidegger in *Being and Time* (1962), which negates the separation between a subject that experiences an object and the object that is experienced by a subject. It highlights the fact that subjects are perpetually experiencing and objects are only known (i.e., attributed with meaning) insofar as they are experienced (Merleau-Ponty 2007; Csordas 1996; Throop 2003). In this context, when coupled with the topics of aging

and home, “being-in-the-world” indicates the inseparability of self-identity from the meaning of “home” as they are both experientially and mutually constructed phenomena.

Going forward with the notion of *being-in-the-world*, I want to address age (through personal history) and vulnerability. While most of the care recipients, and one caregiver that I worked with would qualify as “elderly” persons (70s and older), this is not true of all of them. Nonetheless, “aging,” if we consider it more broadly as a category of temporal, physical and social transition and adaptation, remains a relevant phenomena across the lifespan. Likewise, vulnerability clings to individuals across the lifespan as a fundamental consequence of corporeality; all the more when psychological, emotional and physical vulnerabilities are inclusively considered (Lévinas 1991; Critchley 2002; Harrison 2008). With these more expansive notions of aging and vulnerability, I think about “being-in-the-world” as a combination of the “existential and phenomenological reality of place: its smell, feel, color, and other sensory dimensions” (Low and Lawrence-Zúñiga 2003:5) with what Graham Rowles (1991:266) refers to as the *lifeworld*. Environment is the *lifeworld*—the culturally defined spatiotemporal setting or horizon of everyday life (Buttimer, 1976). This phenomenological perspective embraces physical, social, cultural, and historical dimensions of an environment of lived experience. Thus, the lifeworld not only includes the person's current setting but also has a space-time depth that is uniquely experienced within the framework of personal history. Being in place expresses immersion within such a lifeworld.

This quality of “space-time depth” is integral to my thesis: that contexts of *kin* care reflect the nested dynamics of relationality and identity over time (Derr 2002). Indeed, complex kinship elements are produced and articulated through histories of care. I would like to extend Sahlins’ kinship theory, *mutuality of being*—“people who are intrinsic to one another’s

existence” (2011:2)—into this discussion. By so doing we can consider “transition and adaptation over time,” “vulnerability,” and “being-in-the-world” as processes of mutuality. The articulation of these three elements of mutuality within care relationships, coupled with a focus on “place,” constitutes the framework of *geographies of care*. The environments that people occupy together in real-time, in memory, and in imaginings of the future—where they have shaped, do shape, and presume to continue to shape one another’s conditions of living.

While “place” is the particular focus of this chapter, it is no less implicit in every chapter of this dissertation. All of the key phenomena outlined in Chapter One—care and kinship, mutuality of being, narrative—emerge in place and time. Though they may transcend specific places and particular times through memorial and imaginative processes of reflexive subjectivity, they are always tethered to spatial and temporal contexts. As Edward Casey states, “To live is to live locally, and to know is first of all to know the place one is in” (1996:18), highlighting the inseparability of experience, the making of meaning and knowledge, and emplacement. Through that interconnection, as Arturo Escobar argues, “places gather things, thoughts, and memories in particular configurations; [...] place, more an event than a thing, is characterized by openness rather than by a unitary self-identity” (2001:143). Through reflexive processes, the contextual aspects of particular spatial and temporal moments have a capacity to be re-appropriated indefinitely into new spatial and temporal entities, with new significances.

### Sangre de Cristo, NM<sup>12</sup>

Established in the first half of the 19th century by Spanish-Mexican settlers—prior to the signing of the Treaty of Guadalupe in 1848<sup>13</sup>—Sangre de Cristo was a small agricultural village

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<sup>12</sup>Sangre de Cristo is a pseudonym created to protect the location and identity of research participants. Pseudonyms have also been created for all villages described in this dissertation.

located on the Santa Fe Trail. Sangre de Cristo was created as a spillover from a nearby village settlement that had presumably become too crowded for the two dozen families that applied for the land grant to settle nearer to the base of the Sangre de Cristo mountain range. The village was built around a central plaza and adobe church by the hands of devout Catholic farmers and ranchers. The plaza was framed by mature elm trees and one-story flat-roofed adobe buildings, that was developed to cater to U.S. migrants traveling in wagon caravans from as far north as Missouri. The wagon traffic along the Santa Fe Trail provided ample market opportunities for local farmers and ranchers to sell their harvests to trail worn travelers.

After the annexation of New Mexico in 1848, aided by the construction of a nearby military outpost and the continued traffic of Anglo-American travelers along the Santa Fe Trail, the village grew into a town. In the late 19<sup>th</sup> century the railroad arrived in Sangre de Cristo, further transforming the town into a booming city, one of the largest in New Mexico according to the 1900 U.S. Census. For nearly five decades Sangre de Cristo enjoyed the economic prosperity of being situated along the tracks—and grew under its auspicious status as a key economic hub in the American territory of New Mexico. Sangre de Cristo's good fortune, however, was short lived; its prosperity persisted a mere quarter century. In the early 20<sup>th</sup> century the establishment of new train depots in other regional cities and the onset of the Great Depression in the 1930s initiated the steady decline of the city.

Today, Sangre de Cristo's employment economy relies largely on a state-run medical facility and a local university. These institutions enable a just barely sustainable economy, but

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<sup>13</sup> The treaty ended the Mexican-American War (1846-48) and with a payment of 15 million to Mexico the U.S. acquired California, New Mexico, Arizona, Nevada, Utah and sections of Wyoming and Colorado. The Mexican citizens that resided in these regions were given the option of relocating to an area within the new boundaries of Mexico, or to stay in the U.S. and be given American citizenship.

they do not provide sufficient incentive to prevent young adults from leaving Sangre de Cristo for greater economic opportunities in larger central New Mexican cities, such as Santa Fe and Albuquerque, nor do they entice emigration into the area from other regions of the state or nation. The little security that these institutions provide is made ever more precarious by the acceleration of water scarcity due to low rainfall over the last decade. This has been worsened dramatically by the failure of the past several generations of local politicians to govern with foresight and protect the community's water resources as well as to properly maintain the infrastructure for this crucial utility. Consequently, political corruption and mismanagement has led to exorbitant water utility costs that strip the limited incomes of the elderly, poor, and working class residents, as well as a decline in the maintenance of aging city infrastructure (e.g., roads, schools, healthcare facilities). The city's declining circumstances further reinforce the loss of citizen confidence in their local government—a condition that seemingly propels younger generations away, leaving older generations alone, discouraged and fraught with worry over the parched state of the earth around them and the burden of the increasing cost of living.

Soñia, Milena, and Adeluz, articulated their lack of confidence in their local public officials, and the consequences of rising water costs in their own economic circumstances:

[City government] just keeps raising the utilities year after year to fix their mistakes, or to fill their pockets, I don't know. It gets to the point where you don't want to turn the heat on in your house, even when it's cold. It's the *viejitos* [elderly] who don't have any help that I worry about most. How can they keep paying their bills with their tiny Social Security checks? How can they stay warm in their *casitas* [little houses]? I burn wood to avoid the high rates, but you can't be carrying wood in in the middle of a winter storm in your eighties. *Pobrecitos los viejitos* [Poor old ones]. [Milena 8/1/2012]

I don't know what they're doing, the city officials, but it's not right the way they keep making us pay more and more. I don't think they care about the people, especially not the poor people, the ones with small incomes, like me. [Soñia 2/15/2013]



All those *políticos* [politicians] at the city don't care at all about any of us, if they did they would realize how insane it is to raise our water rates every time you turn around. They make our struggles worse. [Adeluz 4/29/2012]

As anthropologists recognized many years ago, the line between public and private is permeable. The truth of this statement is poignantly clear in the lives of the women I write about. As they negotiate the intimate dynamics of care within their homes, they also must contend with the changing circumstances of their wider communities.

### Mi Rincon del Pueblo<sup>14</sup>

The women featured in this dissertation are members of the same small city of Sangre de Cristo, but they occupy very different socio-cultural spaces within the community. Their environments reflect not only their present day material circumstances, but also their inherited material, social and cultural capital (Bourdieu 1984). Such inheritances include the physical homes they occupy and the property titles they hold. But most notably their environments reflect the social assets, or lack thereof, that impact material options, such as: education, professional development, job and income security, and health. Their lives demonstrate that the acquisition of such assets is deeply shaped by the presence or absence of those more intangible assets presumed “ideally” to be acquired within the kin home: recognition, affirmation, security, affection, support and encouragement. These emotional investments feed directly into one's development of self-worth, direction, purpose and self-confidence that greatly shape the psychological means by which individuals fashion themselves and their environments (Guest 2007; Swann, et al. 2007; Wolfson 2011).

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<sup>14</sup> My corner of town

The women portrayed in these pages are very likely to tread upon the same pathways—paved and dusty earth alike—in Sangre de Cristo. In a town this size, the few markets and modest seven square miles within the city boundaries leave few niches to segregate oneself from the surprisingly wide diversity of your neighbors; a diversity that is nestled beneath numerous likenesses, both superficial and deeply inset. If you inquire of most anyone, they are likely to have friends and kin living throughout the folds of the cities neighborhoods. Friends and neighbors that they're likely to run into at one of the half dozen *New Mexican* cuisine restaurants (out of a dozen restaurants total, which includes the typical fast-food franchises), at the bank, at high school sporting events, Sunday mass, or if nowhere else then certainly at the local box-store. The new harvests of *chilé verde*, *frijoles*, and *calabacitas*<sup>15</sup> [green chile peppers, pinto beans, and squash] are likely to be enjoyed in homes along every mail route.

A moment taken to leaf through the phone book plainly confirms the US Census report data that those bearing Spanish surnames make up the majority in the community. Even among those with Anglo surnames you are likely to find many who speak English and Spanish alike, as twin mother-tongues, and who share the easy camaraderie with their Hispano neighbors that is supported by several shared generations. These families would not be considered *gringos* [anglo: with a derogatory connotation], being culturally more akin to the Hispano residents than to newer Anglo arrivals within the community, those without generational roots in Sangre de Cristo (Briggs 1985, 1986). Common ground is also found in linguistic trends of diminishing bilingualism. Across the economic classes those of the youngest generation, in secondary school and below, are less and less likely to speak or even fluently understand Spanish. The parent

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<sup>15</sup> These crops are usually grown in small farms in central to southern New Mexico and sold in the farmers market or off of truck beds along roadsides during the summer.

generation (twenties and thirties) to these youth, may still retain a fluent ear, but likely respond to their grandparents and parents' Spanish prompts in English (Chavez 1993; Zentella 1997).

In amongst these recurring patterns of familiar faces, places, language (and language loss), faith and food, there are differences woven in. These differences, which may arise from economic diversity, reveal themselves in the areas of employment, highest level of education, material possessions and aesthetics (Bourdieu 1984; Bettie 2000). The nature of commonalities and distinctions described are evident among the four caregivers discussed here. If they do not know each other directly, they would not have to dig deep for a common acquaintance or perhaps a shared kin line. But they do not share the same varieties of circumstances with regards to socio-economics, access to resources, or the quality of kin relationships. A consequence of the cultural aspects they share as well as the social junctures at which their lives diverge, their caregiving experiences are, to a certain extent, similar in terms of the mechanics of corporeal care. Yet beyond those congruities, within the nuances of relationship, meaning and purpose there are significant disparities. One may have greater economic resources than another, while the latter may have greater social capital (e.g., informal support networks: friends and family) than the former. Still, another may be at an unfortunate disadvantage in both regards.

I also want to briefly address the roles of religion and spirituality in the community of Sangre de Cristo and more specifically in the individual care contexts featured in this dissertation. Sangre de Cristo is traditionally a Catholic community, though more recently (in the last 20 years) there has been an increasing presence of evangelical churches as well. Soñia, Adeluz, and Pilar all identify themselves as having a Catholic faith. However, Pilar is the only one that attends Catholic services on a regular basis. I would describe her as a devout Catholic. Soñia struggled to reconcile her Catholicism with her criticism of how the church served or

failed to serve victims of domestic abuse. This was a sentiment that was echoed by Feliz (Milena’s mother) as well. Adeluz also struggled to reconcile her abuse with her faith, though rather than criticizing representatives of the Catholic Church, Adeluz questioned whether or not her suffering was evidence of God’s rejection or of the non-existence of God overall. Like Adeluz, Milena struggled with similar questions and conflicts, though she clearly asserted that she did not believe in religion, that her faith was a matter of personal belief not doctrine. Though there is occasional reference to faith and God in the case studies, it certainly was not prominent in the narratives that the caregivers offered.

All of the aspects described above are intended to install a landscape in the reader's imagination, so that she might be able to approximate the atmosphere in which care is given and received, to know the feel of the places that are the stage for reciprocated joys and pains, where laughter rises up to the *vigas* [exposed horizontal wooden support beams] and where tears fall upon the aged floor boards and worn linoleums. Below I provide a sketch of the more intimate environments that each of the four caregivers consider “home” and wherein they conduct their daily lives. Collectively, these atmospheric portraits will provide a sense of the diversity of the community of Sangre de Cristo.

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### *Adeluz*

The house is a century old, more or less. Adeluz’ father, Alfredo, and the majority of his children were not brought to this home, rather they were born within it. It is this setting in which they became meaningful to one another in particular ways. This is especially true for Adeluz and Alfredo, who lived together in this stone longhouse for more years, even, than Alfredo shared with his wife.

The house is set on the south-side of the town of Sangre de Cristo. A slow drive through the neighborhood exposes chain link fences that need mending, numerous cars along street curbs in varying stages of disrepair, and backyards that bear a great resemblance to junkyards. A newcomer to the community may get the impression that this is “the wrong side of the tracks.” In truth, however, this is a shallow idiom—one that belies the greater complexity of the persons, lives and social processes that have evolved on these streets over the past 100 years, and those that continue to unfold in both poverty and generosity, despair and hope.

Noticing only the dilapidation that is visible in the neighborhood, one might fail to see the well kept homes that are shuffled in amongst the disrepair. In many ways they are easy to miss because they are not adorned with white picket fences or manicured lawns. They are modest, yet lovingly attended to. They may include a few chamisa shrubs, lilac vines, and holly hocks that are hardy enough to withstand the annually worsening aridity; the ground is dusty and rocky, the climate dry, windy and generally inhospitable to bright green foliage or floral bloom. The stone or adobe porches may be furnished with an old bench draped over by an equally vintage blanket or woven rug. These homes are occupied by individuals who, like Adeluz, have called this neighborhood home for multiple generations, by individuals who have worked hard within the major local institutions (city government, state hospital or university), or in the informal economies of firewood harvesting or masonry for the men, or sewing and cleaning for the women. Their homes are archives of invaluable belongings passed down by, and very often handcrafted by their parents and grandparents. Such artifacts would likely provoke little remark at an antiques road show, but they are preserved and displayed with care and pride as remnants of another time and a greater wisdom. Many of these homes, with their short and narrow doors, small windows, and their thick adobe walls with inset alters were built when the neighborhood

was filled with families consisting of an average of six children, when Spanish was spoken by all the generations of the household, and when a hard honest days work was the only way you could lay your head on your pillow with a good conscience.

Adeluz and those neighbors that she has known since the mid-twentieth century are the children or grandchildren of those *vecinos* [neighbors] that her father and grandfather built a community with even before New Mexico won statehood in 1912. While newer and younger residents have introduced drugs and crime, the neighborhood has not been relinquished by those who have historical claim to this *barrio* [home neighborhood], by those who recall and keep relevant the voices of a former time when poverty did not go hand in hand with addiction and criminality.

Adeluz does, however, stand apart from many of her long time *vecinos*. While they tend to be quick to judge and distance themselves from the addicts and dealers that have taken up residence in their neighborhood, Adeluz upholds and enacts the mantra that “there is always hope and at the very least we are all deserving of kindness, none of us deserves to be invisible.” She advocates the need and import of compassion rather than presumption toward her neighbors. She has shared her time sitting on the porch with *vecinos* who are drunk or hung-over. She extends gifts of fresh fruit or a home cooked meal with the lady down the street who is “strung out on crack.” She lends her ear and her heart to those individuals who approach her on her porch or who she stops by to visit; they all receive her with gratitude, for she has deemed them worthy to be spoken to, to be smiled at, to laugh with, to sit with. While others may cross the street to distance themselves from these individuals, Adeluz crosses the street to close the separation and offer goodwill.

Adeluz' garden is a physical manifestation of her humanistic philosophy. In it she has refused to be resigned even to the stubbornness of the rocky earth that persists throughout her property. She approaches her garden with the principles that she applies to just about every aspect of her life, that is: hard work, compassion and humility. Despite her severe back pain she has spent years breaking up the ground, harvesting softer soil from the sides of the road when she comes across it. Due to extreme water use restrictions Adeluz cannot keep her garden watered from her utility water source. Instead she orders reuse (non-potable) water, which is delivered in a large tank 2-3 times through the spring and summer. She calls this "poopy water" and says her flowers love it; the bountiful blooms that fill her flowerbeds are a testament to this claim. Her property still displays the hard dry ground that can be seen throughout the vicinity, but in her yard the arid earth is adorned with blue-boys, daisies, sweet william, multi-colored roses, and even a patch of orchids. Where the interior of her home is sparsely furnished, embodying an air of austerity and isolation, her garden is a space for little pretty things that delight the senses, offering blooms and second hand garden knick-knacks to catch the eye, floral exhales that perfume the air, and the occasional delicate chatter of birds amidst the quiet. It's easy to see that the house is a place that constricts her spirit. It is filled with the high volume of the radio or television programs that keep her father company as he meanders through the house, looking for purpose, waiting for visitors that never come, and searching for Adeluz to chastise and accuse her for all the misdeed and ill-will of which he imagines her to be guilty. Alternatively, the garden embodies her craving for positive growth and expansive space—I see this is true when we sit on her garden swing bench and she takes a deep breath and looks out on her flowers for a time, then rests her head back, quietly taking in the endless blue or when there are clouds whispering a prayer that they may be bountiful.

In her garden she can escape the stale air, the sparse atmosphere, and the hostility that persists inside the house. In truth Adeluz has two homes, the physical house in which her fears and suffering, and immutable past reside, and her garden home where weeds can be pulled and disposed of, where water quenches and inspires new growth, where it is quiet but for the song of the birds, and where she can hide in the fresh open air and not be provoked to shame, or anger, or hopelessness. She abides in both homes, rotating between them throughout the day, succumbing to the burden of her obligation to care for her father and the abuses with which he repays her, until she can steal away to her garden.

Adeluz' garden, as she recounts, has blessed more hearts than hers alone. It is often crossed in the deep night hours by vagrants who leave behind empty food wrappers and drink bottles, including an array of miniature alcohol bottles. But she doesn't complain about these midnight wonderings, nor does she consider them trespasses. She gathers the trash as she goes about pulling weeds, and with an astonishingly empathetic spirit she hopes only that they found some comfort amongst her flowers as they passed through. A few years ago she witnessed just that. Late one night, after a hot summer day, Adeluz stepped onto her back porch to take in the crisp night air that is characteristic of the region. With the moon high and bright she saw at the furthest corner of her garden a man, by his shape and posture she guessed that he was in his late twenties or thirties. He did not see her as he was positioned with his back to her, on his knees with his head cradled in his hands. He knelt at the base of her altar, home to her most beloved icons, La Virgen de Guadalupe, the Sacred Heart of Jesus, and Our Lady of Sorrows. He was weeping and praying in drunken pleas. She did not approach him in body or voice, she "gave him his time with our Lord," and returned into the house. The next morning he was gone, but



Adeluz recalls with grace, “I was glad he was brought to my garden and I pray that he found some peace.”

The vast majority of the house’s outer walls are constructed of stone, set against the deep adobe inner walls that keep the house cool even in the height of the summer’s heat. But these walls also exhibit their age as there are cracks in the cement and in those areas not made of stone; each year the cracks grow longer and deeper, threatening to spill light into the inner rooms. The floors are layered with the original wood planks, covered by glues that have long since dried and lost their efficacy, serving only to crackle beneath the time worn and color faded linoleum. There are portions of the house that have been renovated, primarily due to the crisis of a collapsed roof that ushered in wood, dirt debris and water that flooded the front room and bathroom some 5 years ago. She had hoped to remodel the bathroom to eliminate the obstacles of a high step at the entrance and to have a shower installed, all to ease the challenges that she faced a dozen times a day in the tasks of toileting and bathing her father. But after months of battling with her home insurance company, Adeluz was compensated an amount that was one-third the amount she was originally quoted (because of a contractual technicality). The sum did not afford her the opportunity to upgrade, instead she had to settle for the cheapest materials available and only the most crucial repairs. She recalls the disappointment that she felt, believing that the insurance company could not see the value of her home because it isn’t in a fancy neighborhood, or wouldn’t be highly appraised; angry that they could not, “look beyond their numbers and policies and see that this is my home.” She repeated the last two words, “*my home*,” with her hand upon her chest to emphasize the emotional value of this fact.

She recently applied for assistance from a home-improvements agency that provides aid to low-income and elderly households. She is grateful that she has a son and nephews, whom she

has raised, who are willing to provide gratis labor for such repairs, though she worries that the policies of the aid granting agency will restrict her to the use of only licensed contractors, which will dramatically dwindle the reach of any grants or low interest loans that she is awarded. This is a phenomenon that many of her neighbors have experienced, as the benefit that these social programs can provide is in the end undermined by policy that fails to recognize the virtue of informal social capital when it falls outside of bureaucratic licensing structures. Still, she is hopeful that she will be provided with means, even in the form of a low-interest loan to be able to repair her home and keep it viable. Just as this house has been host to her mother's and father's and sister's final days, Adeluz will live out her years here and know that though she is poor, she will have this home and its historical remnants to will down to her son upon her own death—a spatial extension of her love and their kinship that she trusts will exceed the endurance of flesh.

### *Milena*

Less than three miles from Adeluz' home, Milena lives in her own inherited family home. Both Adeluz and Milena live in the section of town colloquially known as “Old Town.” Milena's home, however, is located on a street that seems aesthetically more developed and considerably less remote. Much of this is owing to the details of civil engineering. For example, Milena's home is located on a significantly busier street that leads directly into a commercial district within a few blocks, thus the street is wider and is better maintained by the city government than the oft-neglected residential roads in Adeluz neighborhood. Milena's block is dominated by wide property lots that give residents a greater spatial buffer from their neighbors, lending a general sense of spaciousness to the area. With a few exceptions the homes on this block appear to be well maintained, with uncracked, evenly stuccoed and uniformly painted exterior walls, adorned with cleanly installed propanel roofs, surrounded by uncluttered yards. As noted, there are

exceptions to this image, however, such exceptions are the minority amidst the well kept homes that otherwise predominate. While many of the homes in Adeluz' neighborhood are almost a century old or more, the homes in Milena's neighborhood were built within the last six decades; not new, *per se*, but newer and less worn. The neighborhood enjoys a low incidence of crime as law enforcement patrols frequently travel along this major thoroughfare, consequently making it an unattractive environ for those participating in illicit activities; another significant contrast to Adeluz' neighborhood.

While Adeluz district is characterized demographically as a working class to impoverished district, Milena's district straddles the threshold between working class and middle class status. Because of the low cost of living characteristic of the town in general, a minimal middle class income can afford an individual a more moderate middle class existence in Sangre de Cristo. The low cost of living, however, does not prevent the presence of poverty as the low cost of living is largely a consequence of a struggling city economy. Thus, while one may not need to earn an exceedingly high income to fare well in Sangre de Cristo, the greater concern is that one can scarcely secure any employment, at all. Thus, the unemployed, underemployed and low-wage earners are quite vulnerable to economic strain, a condition that has become further pronounced with the effects of drought, and rising utility and firewood costs. Furthermore, the depressed economy discourages businesses from coming to the city and so the few business that do exist enjoy a monopoly-like business environment and take advantage of this condition by selling goods or services at artificially hiked prices. The most vulnerable members of the community, the elderly and disabled, and those too poor to afford to move elsewhere are held hostage by this exploitation. So while economic strain is not as apparent in Milena's area, as it is

in Adeluz' neighborhood, it nonetheless is present. Milena herself estimates that if she didn't have her *casita* [little house], she doesn't imagine she could survive.

Milena inherited the house from her mother, Feliz, and takes great pride in the narrative of its making. Milena's grandfather, Diego, built this house for Feliz two years before Milena was born. Milena recounts:

After my mom got a divorce from her second husband, Franco, she had to raise her seven kids on all her own. That was before I was born. Then she had me and that was eight kids to raise alone. Though, in truth she was a single-parent long before she got a divorce, since she couldn't count on Franco for time or money to help with the family. I think that's why she never married my dad, because by then she was tired of having men disappoint her and she knew she could take care of her kids without a husband. [...] Well, my grandpa saw how she suffered with Franco and her first husband, Martín, and he didn't ever want her to have to turn to or count on another man in vain, so he built this house with my brothers' help. And with the cheap labor, ironically, of the *borachos* (drunkards) who were happy to work for enough money to buy their cheap liquor—that and the huge batches of *frijoles* and tortillas that my mom would make to feed them at lunch as they built her house. [Milena 7/12/2009]

The original three-room house (kitchen, bedroom, and family room) has been adapted and improved in increments. Few major changes were made to the house in the first twenty years after its construction, with the significant exception of adding an indoor bathroom, an addition Milena recalls with delight.

After Milena and her two children returned home to live with Feliz two decades ago, they steadily and jointly made improvements, rebuilding the floors, replacing the roof and drafty windows and doors with energy efficient materials. All of these home-improvements have been paid for with low-interest loans or credit cards, none of them to be taken for granted. Some improvements were just too expensive for her to consider. For example, the layout of the bathroom, constricted and with limited walk space made assisted bathing very difficult in Feliz' final years. Milena, now living alone in the house, subsists on a constrained budget. She, like so

many of her peers retired, only to have to promptly return to work in order to pay for health insurance and other living expenses. The comfort and good repair of her home she attributes to having a good job at the local university where she worked for nearly three decades. She wasn't a high earner, but her employment allowed her to pay her bills, repay her home improvement loans, and to afford payments on a new "reliable" vehicle that she finished paying on just before she retired. These are luxuries that Adeluz has not had access to, a disparity that is evident in the disrepair of her home that she struggles to just keep at bay, as opposed to being able to afford long-term thorough repairs.

Milena has furnished her home with a very subtle feminine aesthetic. She shops almost exclusively, she boasts, at thrift stores. Among the discarded items from other people's homes she has found beautiful paintings, elegant furnishings and decorative "elements" that give her *casita* the feel of a Bed and Breakfast. Milena enjoys making her house look pretty, she says she feels like she's honoring her mom and her grandpa by keeping it up—a statement that highlights the role of home keeping as an act of kinship (Carsten 1997; Parkin 1999; Finch and Mason 2001). "There are a lot of things I'd love to do with my house," she says, "I'd love to expand it, update the bathroom, build a carport, but it all takes time when you don't have money, cause I don't like to start a new project until I've paid off the previous project. And even when you are ready it's so hard to find someone you can trust to do the work." Her home is very quaint; I choose that word because it captures the smallness of the house, the atmosphere of quiet and peacefulness, the soft colors of the décor. Milena said her grandchildren call it a dollhouse and they love to visit, rushing immediately to her bedroom to tuck into the soft billowing bedcovers.

When we walk through the house and Milena describes the remodeling she and her mom have done, and the work she's done since her mom died three years ago she remembers them with mixed emotions.

My mom and I suffered a lot with contractors that were disrespectful, who either rush through their work and do a sloppy job or who take forever to show up. With the small projects we've done it's not enough money for them to care about their work it's not a priority for them. They won't do that with gringos or if there's a man around, but they see single-women as fools, and they make excuses or laugh when you demand your rights as a paying client. That's the problem with this area, not enough competition for the contractors to have to prove themselves, so they abuse their power, the power of knowing how to do these things, of having the tools. If I could I'd do it myself but I've worked hard in my life, I've worked like a man and I don't have the strength anymore. [Milena 8/1/2012]

The house reflects the aesthetic freedom that Milena and her mother enjoyed, not having to consider or accommodate a man's preference in the household in the last two decades, but her narrative also reveals that there are liabilities to being a single-female head of household in a community where home improvement contractors still harbor chauvinistic attitudes toward women, a community too small to have recourse to look elsewhere.

Many of my conversations with Milena took place in her kitchen where she still burns wood on the cast iron cook stove her mother bought more than half century ago. It's the grand centerpiece in the room; in the summer she displays beautiful ceramics on it that she inherited from Feliz, or that she's collected from "the thrifty," as she calls it. In the winter you can hear the low whistle of the kettle she puts on the stovetop to keep the air moist to balance the dry wood heat. During my winter visits, before I sit, Milena scoots my chair so that I'm situated with my back to the stove and she tosses a scented pine cone into the fire. The fragrance slowly permeated the warm air as I listened to her tell the story of her life with her mother, her "partner" as she prefers to think of Feliz. She always supported me, we took care of each other. We were

better partners for each other than husbands would have been, at least the husbands we had. I still miss her, and look for her walking in the yard with her cane, or I think I hear her whistling in the kitchen, she whistled when the house was quiet, when she was happy.

Milena's garden is dispersed around her yard in wooden boxes, old tires, even an antique wrought iron chair (cushion removed) that she has converted into planters. What rain does fall in Sangre de Cristo is gathered in large 50-gallon trash barrels strategically places under gutters and the roof corners of her shed. She has had to adapt to the drought conditions that seem to worsen with each passing year, but she reiterates to me, "It wasn't always like this." She recalls the first year water restrictions were implemented, 20 years ago:

I planted grass from seed in this little square clearing, and it turned out that was the first year that they implemented the water restrictions. Oh, it broke my heart to watch the baby grass dry up and die. That was the first and only attempt at lawn I've ever made, it's just too dry here. I water my flowers and trees with water I harvest from the rain, or from my shower or the kitchen sink. But it's hard, nothing in the ground does well aside from the trees that were here long before the drought, when Sangre de Cristo was lush in the Spring and Summer. It's true.  
[Milena 8/1/2012]

At the top of her hilled yard she stores her wood, which she begins to gather in July for the coming winter. In the fall, before the cold sets in and before she begins burning to warm the house in earnest, she walks me through the prominent woodpile that consists of approximately four cords of wood. She points out the various species of wood—ponderosa pine, oak, cedar—describing their comparative burning qualities; which ones are best to burn during the day because they burn quickly, needing to be tended, and which ones she reserves for the night because they are hard woods that burn slowly keeping the house warm while she sleeps. She used to harvest wood for her and Feliz herself from the forests just west of Sangre de Cristo, she

and her siblings would organize a truck caravan, and they would all go up with chainsaws to fell the trees, block them into usable logs and get them on the trucks.

It was beautiful to see those truck beds loaded high with *leña* (firewood). But now I can't do that work anymore. The last time I went I really felt it in my hands, they're weak from carpal tunnel. So now I have to wait for my nephews to bring it to me, but they're busy, and I feel like I have to beg. I think about quitting with wood, just warming the house with the furnace, but it's just so expensive, the utilities go up every year. But it's also so hard to have to count on other people to fit you into their schedule. My niece brings me a load or two, but she has her own house to heat, and she's getting older [48 years] for this kind of heavy work, too, it doesn't feel right. More and more I just have to buy my wood, which is a shame because the family owns forest property. But it's the only way I can be sure I'll have enough wood, and early enough so I can split it to a good size for the woodstove. [Milena 8/1/2012]

Milena has expressed her resentment at the state of the current utility system and local government, so in this way burning wood is a form of social protest.

Still, I also get the sense that in addition to the cost of gas heat, she is reluctant to abandon the wood and the woodstove that play so prominently in her memories of Feliz. With her words she's painted images of Feliz cooking fresh tortillas on the stovetop in her cast iron skillet (the one Milena uses to this day), of Feliz reading her history books or Reader's Digest in the warmth of the fire. This material tradition is also a remnant of a time when Milena and her siblings were tightly knit making annual trips to harvest wood on their family lands, guided by their grandpa Diego, who taught them to work hard to provide for themselves—to take pride in self-subsistence. Moreover, when Feliz started her final decline they moved her bed into the kitchen so that she could be nearer to warmth of the fire. “Her skin was so thin by then and she was always cold. The wood heat kept her cozy and let her slip away from this life with ease, comfortable in her casita.” The wood, the stove, and the warmth are symbols of home and kinship for Milena, the practices of gathering wood, of laying out the kindling, of building and



tending the fire, of cooking by its heat and settling into its warmth on a cold winter's day keep the memory of Feliz near. For Milena, these are material and ritual symbols well worth the trouble to maintain.

### *Soñia*

At the edge of the city, behind an abandoned auto repair garage, Soñia opens the sheer drapes of her front living room window. The house is set on a hill looking out onto the soft yellow grass, which clothes the plains—a gentle complement to the majestic mountain range that climbs in the horizon behind the city. The elevation of the house is accentuated by a tall foundation, the rising flight of stairs to the porch and the long driveway that descends behind you as you stand at the front door. Beside the cornflower-blue wood house is a single-wide trailer. This is where Soñia's grandson, Tomas, lives. Tomas is Soñia's nearest neighbor for a quarter mile. From this little casita he keeps an eye on his grandmother, who raised him when her seven children were grown and had moved away. Tomas is Soñia's caregiver, though in her eighties she has yet to retire her own role as caregiver.

The auto garage that stands at the bottom of the hill, like a sentry station, has not been occupied for some time. It belonged to Soñia's husband, Samuel, a Sangre de Cristo entrepreneur who in the 1950s ran a taxi service and auto repair business. The second level of the garage is where Samuel and Soñia lived when they first moved out of the center of the city, the rest of the lot which rose up the hill behind the garage was vacant and remained so for some five years before the House was built. Soñia recalls that her children and stepchildren were still very little then, and it was very difficult to raise them in the top apartment of the garage. In the winter it was very cold, the cement walls of the garage stubbornly retained the deep chill of the Sangre de Cristo Winter. Soñia recalls, "It was such a battle to warm the apartment and keep the kids

healthy. For five years we stayed there, it shouldn't have been so long." In the summer, it was sweltering. As Soñia's narrative reveals, Samuel was very possessive of Soñia and she had no opportunity to visit parks with her children or to take them for a cool treat in town. And though their lot lies within the city limits, it is remotely situated, ever more so in the 1950s when they moved there and the nearest neighbors was at least a mile away. Soñia did not have a car, license or ability to drive a vehicle; more importantly, she did not have Samuel's permission to leave home without being accompanied by him. To be sure, there were very few instances in which she was allowed to leave home even at his side.

Prior to moving to the garage Samuel, Soñia and the children lived in town, near the Old Town Plaza. Within a few years of living in the heart of the city, Samuel's restrictions on Soñia grew more and more rigid. In their downtown residence they were near to the downtown church and though Soñia enjoyed attending mass, her privilege to do so was very short-lived.

I always sat in back and never spoke with anyone. I just sat for mass and went home, but Samuel said the women in church would gossip and be a bad influence on me so he stopped that. He didn't want me to have friends and he made sure I didn't, and so I lost church, too. [Soñia 7/15/2009]

The management of Soñia's isolation was made that much easier upon relocating to the edge of town. And for the first five years Soñia tolerated her isolation atop her husband's garage, doing everything within her limited means to keep her children warm against the winter cold. At the turn of the season she labored to distract them from the oppressive temperatures that arose from the convergence of the summer sun and the heat ascending from the working garage below their small feet.

When the house was built, Soñia moved in with the children and the door was sealed behind her. The house afforded greater space and comfort, and standing high on the hill offered a

vantage point from which to view the beautiful landscapes that Sangre de Cristo enjoyed. But above all, the house and its setting served to confine Soñia ever more efficiently. Soñia recounts that just as she had no hand in the building of the house, when it was complete she played no part in filling it. Samuel furnished the house, he filled the icebox and cupboards with food, and he even purchased Soñia's clothing. In each of these material categories he ensured austerity. Today, Soñia's house is modestly, yet pleasantly furnished. She says, "Everything I have now, everything pretty that I own is from my children. Samuel never gave me a kind word or a single pretty thing." In the living room the shelves and walls hold the photographic history of her family tree. The black and white photographs of her mother and father are prominently displayed across from the sofa, and below the story of her children's lives unfold in images of them at every stage of their lives, and finally in photographs in which they are posed with their own children. Samuel's portrait is propped up among pictures of their children, "I keep it up for my kids, cause he's their father, but sometimes I think I'd like to take it down. I shouldn't have to look at him anymore."

When Soñia and Samuel married she believed he loved her, but shortly after they were wed, the truth of their relationship began to take shape. She was a caregiver for his children and a possession. And though he would come to depend on Soñia in his final years, when his diminished health made him vulnerable and needy, their relationship stands apart from the model of kinship she feels for her children—the only social relations that she kept through the four decades of her isolation. During those long years all her energies and hopes were concentrated on her children.

It was in this two-bedroom home that Soñia cared for her ex-daughter-in-law, Consuelo, in the last months of her battle with pancreatic cancer. Soñia is quick to say that she and

Consuelo took care of each other in those months. In caring for one another's needs and being mindful of the other's comfort, each woman was saved from meditating on the ailments of her own body.

While we talked at the kitchen table, Soñia's great-granddaughter and my youngest daughter play in Soñia's bedroom. They are pretending to be hard at work in the makeshift office they have created at the foot of the bed, playing at being career women, busy with meetings and paperwork. Their futures are bountiful with the possibilities of what to be when they grown up. For these nine and ten year old girls, being a grown-up, they imagine, means being free to be your own boss. To not have parents telling you what to do, to be able to be who you choose to be, and to do as you wish. In the fifteen years since Samuel died, Soñia has slowly come to know such independence for herself. Just as these young girls will learn in the next decade of their lives how to care for themselves, how to drive, how to manage bank accounts, how to pay bills, how to shop, Soñia also had to be taught, in her sixties, how to be a self-sufficient individual in the world beyond her front porch. Though she faced significant disadvantages when Samuel's health prevented him from managing the household, having had her autonomy withheld from her for so long, she has since made remarkable strides. Not only has she acquired the skills to be able to manage her household business, she has also developed the ability to do so with a sense of confidence and assertiveness so as to prevent herself from ever being disenfranchised from her own livelihood or well being again.

### *Pilar*

In *Fatima*, a small rural village (~50 households) east of Sangre de Cristo, Pilar and her husband, Michael, built a house against the backdrop of the foothills of the Sangre de Cristo Mountains. Among the smaller and older homes that are clustered near by, Pilar's house is

noteworthy for its size, large in comparison to the neighboring houses, and its newness. There is a sleek uniformity and brightness to the stuccoed walls of recently constructed homes. They lack the undulating surfaces, not to mention the cracks, of older walls—walls of homes built before the era of standardization and large-scale factory reproduction of building materials.

Pilar and Michael have both earned advanced degrees in business and both hold upper administrative positions at the local Sangre de Cristo College. Moreover, they share the trait of being quite proactive in their approach to daily life in general—regarding immediate circumstances and big picture scenarios in equal measure. This characteristic is broadly reflected in the details of their home, which was largely a do-it-yourself endeavor. Employing their well-honed research skills, Pilar and Michael selected all the best materials for construction, they opted for the most advanced heat and cooling systems. Rather than burning wood in the winter, they warm their home via radiant water heat below the floor tiles, complemented by a centrally located pellet stove. The beautifully tiled floors flow into the expansive, open-concept kitchen and living room and office space. The central rooms are predominantly lit by a grand picture window that looks out onto the foothills. The property surrounding the house has been minimally addressed. For the most part it conforms to the dusty landscapes that are common throughout Sangre de Cristo, making the oasis that is Adeluz garden all the more exceptional. But the interior of the home is an exhibition of Pilar's and Michael's practical sensibility, prioritizing first the technical efficiency of their home and second the aesthetic flair--ultimately, achieving both.

Perhaps the most impressive aspect of this beautiful home, particularly in contrast to the other home settings described in this chapter, is its energy-efficiency. Pilar and Michael are better able economically and their home better prepared structurally to weather fluctuations in

utility costs as is the case for Milena and Soñia. Nor do they have to depend on unreliable social connections to negotiate labor and access to sufficient wood resources as do Adeluz and Milena. The efficiency of their home is a symbol of how educational assets roll into economic capital, which in turn enables greater choice and autonomy in adapting ones home to meet changing life cycle and care needs. Ultimately, their resources grant them access to options that greatly shape the nature of their ability to meet everyday challenges, which significantly influences one's experiences of daily living.

Though my description to this point has emphasized the contrast between Pilar's home setting and Adeluz, Milena, and Soñia's home environments, I have yet to attend to her caregiving circumstances, the profile of which brings Pilar in closer proximity to the other three caregivers. While Pilar has the economic and structural resources to more than efficiently manage her family's material needs, one might assume that Pilar had a relatively lighter burden to negotiate as a caregiver, guessing that her resources could be funneled into relieving the common burdens of caregiving. In actuality, Pilar's resources were ultimately quite immaterial to the social demands that she faced as the caregiver to her Tio Graciano's caregiver. The impetus that she felt to personally provide him with the most attentive care required her to push her time, her body, and her emotional well-being to extremes similar to those reflected in Adeluz, Milena, and Soñia's care biographies.

Graciano did not live with Pilar and her family in their home. To accommodate her tio's care and to maintain the privacy that he had grown accustomed to in the forty years that he lived alone in his previous village home, Pilar purchased a pre-owned one-bedroom mobile home and had it installed beside her family home. Before relocating her tio she remodeled it to accommodate his care. For example, she created an open space environment, without doors or

high thresholds or steps to negotiate so that her tio could move around the area with greater ease given his declining eyesight. Pilar also designed a large spacious bathroom to enable her to assist her tio with daily bathing, a consideration that became ever more prominent due to the onset of incontinence. Though Pilar and her husband performed most of the trailer's remodeling themselves, she is well aware and humbled by the knowledge that most caregivers do not have the option or resources to adjust their living environments in this way and that their work as carers is made all the more arduous as a result of this lack. Still, while these modifications may have made it slightly easier for Pilar and her tio to execute some of the tasks of daily assisted-care and self-care, the sheer abundance of tasks involved in caring for someone who is undergoing the processes of physical decline and disability ensures a strenuous and demanding daily agenda, regardless of the fine details of a home's floor plan. This much is evident in the care Pilar provided for her tio.

Pilar expected the transition to be difficult for Graciano, considering he was leaving the environment in which his routines were physically, emotionally and historically embedded. With a warm smile she described the comfort and simplicity he enjoyed in his village home, "Tio would do yard work and he'd go to grave sites; he particularly liked to put flowers on the grave sites, and clean the grave sites. He was always cleaning, that was the thing that he loved to do, and gardening. He'd get up early in the morning and after breakfast he'd go outside and he'd spend his whole day out there, cleaning on his knees, planting, and he'd wear a little flower hat. He just looked so adorable...so adorable, just peaceful. And he had no idea about money, no perception about the worldly things and I loved that, I just loved to be around him." Long before the time actually came, Pilar had anticipated that one day she would need to bring her tio to live with her, so that she could care for him in his final years. But knowing how accustomed her tio

was to this humble yet independent lifestyle, Pilar worried that when the time came he would struggle to adjust to an unfamiliar environment. To her surprise it was Graciano that made the appeal to leave his home and join her.

After his mother died he and his sister Sara lived on this property another forty years, keeping to the disciplined day-to-day rituals of self-care their mother taught them. Even after Sara died he stayed on at home, always refusing Pilar's heartfelt requests that he come to live with her and her family. Ultimately, changes in the community impinged on Graciano's fragile independence. In his eighties, after being threatened by intruders in his home, he asked to move in with Pilar and her husband. He cooperated fully in making the move. Pilar believes that the ease with which he met this monumental transition is evidence that Graciano's sense of security in his lifelong home had been deeply ruptured. The events that precipitated his move had severed his attachment to the place and routines that he had previously cherished. Graciano's longstanding intimacy and confidence in his childhood home ultimately gave way to the dangerous consequences of a community eroding from alcohol and drug abuse.

The circumstances that surrounding Graciano relocation reinforced Pilar's resolve to make her tío comfortable and to restore his sense of security. The care and love Pilar provided for her tío, mimics her father's kind devotion to his oldest brother. She says, "If my Dad had been around he would have taken it on himself, just like I did." Five years after her Tío Graciano's death, Pilar reflects compassionately on the time she spent caring for him. With the soft tears that remain years after the sobbing has subsided, she says, "Amor, even in all the work that it took to take care of Tío, what he gave me in my life supersedes any of that, definitely! And the memories that I have of him, that will live on through me, are tremendous and beautiful memories—peaceful ones, calming ones."



\* \* \*

In this chapter I tightened the aperture on “place” as a constituent element in geographic and relational belonging and in thinking of care practices as both socially and materially emplaced phenomenon—in such capacities I have described them as *geographies of care*. In the next four chapters, I provide fuller biographical sketches, *care-biographies*, of the four caregivers to whom you have been environmentally introduced in the preceding pages. These biographical vignettes, like any narrative project, are necessarily selective representations.<sup>16</sup> With them I draw out those threads within individualized histories that reflect the guiding interests of this work, namely: care, kinship, and narrative. Though “place” may not be foregrounded at every turn within the *care-biographies* or in my later discussions, I say now definitively that all of the remembering, doing, and imagining that will be described in the *care-biographies*, and all of my own practices of remembering, doing, and imagining in the process of writing this dissertation are negotiations of space, place, and time. And as my ethnographic examples demonstrate, through the faculties of memory and imagination, humans have a remarkable capacity to confound (*i.e.*, unfix) the spatiality of “place” and the chronology of “time” in their formation, interpretation, and representation of self and others.

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<sup>16</sup> For discussion on selective processes and social politics of representation, of self—see Goffman (1963) Butler (1993, 2005), Ochs and Capps (1996, 2001); and of others see: Berger (1972), Shapiro (1988), Tagg (1993), and Gürsel (2007).

## CHAPTER THREE

### Soñia

*Soñia's family pictures are displayed on glass shelves in her living room. The smiling images of her children, grandchildren, and great-grandchildren fill close to every square inch of each shelf. She picks up a picture of Faye wearing a blue satin blouse and lingers over it for a moment before handing it to me, saying, "Here's my Faye, when she was in her early twenties, I think."*

*"She's so beautiful," I say, "And I can see that she looks a lot like you." Still holding Faye's picture in my hand, I notice two black and white vintage photographs, one of a man and the other of a woman, hung beside each other on the wall over the television. "Is that Samuel?" I ask.*

*"No, that's my Dad and my Mom. I gave the pictures I had of Samuel to the kids. And right there," she gestures to the a spot above the sofa, "I used to have a picture of both of us, Samuel and me, but I took it down. And my daughter Tina, asked me why and I told her, 'Because I don't think I want to be seen with him.' Because even at that time, when the picture was taken, it was just his doing, and not my doing in any way. And I feel better if I don't see him up there. ¿Pa que? [For what?] Why am I showing off something that I hurt when I see it? And so I took it down. Do you think that's wrong?"*

*"Aboslutely not!" I reply, "At one time you didn't have a choice about seeing him or not, but now you do. And I understand why you would choose not to after all those hard years with him."*

*"And that's exactly why I told my kids that I want to be buried next to my Faye." As she says this, Soñia takes Faye's picture from my hand and pauses a moment as she lingers once more over her daughter's image, before placing in*

*back in it's place. She repeats, "When I die I want to be cremated and I want to be buried with my Faye, not next to Samuel. We have a block there, a monument. But it was marked out to be Samuel, me, Anthony and then Faye. But I want to be between Anthony and Faye, because I don't think I want to be buried by Samuel. He gave me a lot of misery. And I already forgave him, and I really do hope that I did forgive him from my heart, God only knows. But still I want to be buried between my children, Anthony and Faye. Not because I want to be cruel. I just think I had enough of him when he was alive."*

*Sitting back down on the floral sofa, Soñia waves a hand toward her family gallery and says, "And now all these pictures and my furniture and anything pretty is from my kids. Nothing good is from him, everything nice that I have and all the good memories I have are from my children. And that's what I want to see, that's what I want to be reminded of. Because there are already too many hard memories from him, that I don't need to have his picture up to remind me."*

\* \* \*

Samuel, Soñia's husband of nearly fifty years, is a prominent character in her narratives. And aside from the two months before they were married, when she was 17 years old, his character in her narratives remained consistent. "After the wedding, the changes came right away. And that very same day his mom sent the children with their little suitcases walking to our house; they walked there alone and now they were my responsibility" (Soñia 1/19/2013). "The changes," Soñia quickly realized, would be directed at maintaining her seclusion and regimenting her labor.<sup>17</sup> Before she was legally an adult, Soñia became Samuel's fourth wife; Samuel was twenty years her senior. With her new status Soñia inherited two children ages 5 and 7, Felix and Lydia—to be followed by six of her own. While Soñia and the children populated

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<sup>17</sup> See Foucault's work on processes and technologies of disciplining human conduct (1995) and of disciplining the body (1990) to reproduce power hierarchies.

the household, they held no rights. And while the children were given some purchase for independence, in that they were allowed to attend school, Soñia would not be afforded such leeway for decades to come. Confined to the home, Soñia cared for the children's needs, but only after Samuel's expectations for his own care were sated. Her days were effectively of Samuel's design, her energies designated according to his training. Her own word for the outcome of his disciplinary methods was that she was "programmed."<sup>18</sup>

Although Samuel controlled the circumstances and regiments of Soñia's daily activities, he did not hold reigns on the semantics of her doings, nor on the relationships that were formed under his iron rule.<sup>19</sup> And while all that she did during her waking hours unarguably falls under the category of caregiving, her care biography exemplifies a particular set of diversities of care. Care disciplined through domestic abuse and surveillance.<sup>20</sup> Gradually, however, her tether would lengthen and eventually be severed by changing circumstances of illness and care.

## Samuel

Soñia's soft-spoken and kind demeanor conveys an impression of peace, yet her biography and the memories she gravitates towards indicate resilient resentments. In many ways, her story centers around her marriage with Samuel, to whom she was married for nearly 50 years before his death—20 years before she and I sat for our conversations. Soñia was raised by her

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<sup>18</sup> Goffman's (1961) work on mortification and the re-shaping of conduct and identity can be useful in thinking about Soñia's "programming," though I do not think complete mortification is necessary in order to regiment the body and conduct (Mauss 1973; Bourdieu 1977).

<sup>19</sup> Scott (1985) highlights the possibility of performing discrete acts of resistance, which he terms, hidden transcripts, even in contexts of extreme power disparity.

<sup>20</sup> Westlund (1999) argues that in contexts of domestic violence the perpetrator enacts disciplining techniques that are both "pre-modern" (personal and overt) and "modern" (indirect and subtle) according to Foucault's (1995) framework for different epochs of disciplining and punishing practices.

mother and father on a small homestead in rural northern New Mexico. She describes her mother as “good” and “kind,” noting particularly that while they were very poor, her mother “didn’t complain for nothing, she settled for whatever they could have” (Soñia 1/19/2013). She recalls her father as a “very strict man, and very strong.” And when I asked her if he was good to her mother she focuses on the one criteria that figured most prominently in her own marital circumstances, saying, “Well, I never saw him hit her” (Soñia 1/19/2013). But she does remember that she was eager to leave home because her father was so strict, and in many ways it was this circumstance that instigated her haste in marrying Samuel.

**Soñia:** He played up to me so good then. He was so nice. And I told him, I can’t just go and live with you. My Dad will not allow me to go live with a man without being married. So we got married in two months time. He was handsome and strong and nice, at that time, and he had a business, so I thought he’d be a good husband. And my mother thought so, too. I thought I was going to have freedom, I thought Samuel would be fair, I thought he would respect me as a wife, not as a babysitter. I didn’t know the truth until after. [Soñia 7/15/2009]<sup>21</sup>

When Soñia accepted Samuel’s proposal, she had no knowledge of the abuse that his previous three wives bore at the hand of her soon to be husband. She wouldn’t learn the details of his previous marriages until after she had already discovered his “meanness” and “hate” first-hand. As her story goes, the courting was concluded on the day they exchanged vows.

The next day her step-children arrived at her door and Samuel initiated the regimens that would keep Soñia on her feet, laboring behind closed doors from early in the morning until late

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<sup>21</sup> I conducted my first interview with Soñia in 2009 during my preliminary fieldwork period; subsequent interviews with Soñia and the interview with her daughter, Susan, were conducted in 2012 and 2013 during my primary fieldwork.

into the night. Samuel led a full and dynamic life as a businessman (owning a small company—a taxi service), musician and philanderer.<sup>22</sup>

**Soñia:** We struggled along. He had the company, his music and this and that. It was a whole different world for him, because he would be out with the taxi, and at night he would go out and be a musician, and come home late and sleep and eat and then the same routine. Nothing for family. [Soñia 7/15/2009]

Although, Samuel spent the vast majority of his time outside of the home, he anchored his authority in the household and over Soñia in five dominant ways: delegation, reproduction, isolation, physical violence, and surveillance. Samuel's own routines were a platform on which he shaped Soñia daily duties.

The care of the children was exclusively in her charge, aside, that is, from the meager staples that he provided in the form of food and clothing. Soñia got the kids dressed, fed and readied them for school, but her day started earlier than those tasks demanded, because before the kids were to be taken care of Samuel demanded his own clothes be pressed and ready to go as well as his breakfast on the table. And in the evening, more of the same.

**Soñia:** He'd say, "I'm gonna go play tonight, get my clothes ready, shine my shoes, polish my instruments and cases, have supper ready." I had to have everything just ready. And at that time, well, I was young, you know. I thought I had the strength, the nerves, but as time kept on going, it was hard because I was having babies and I would come home and it was all still expected, the same thing, and right away. There was no recovery from childbirth. [Soñia 1/19/2013]

To this point the narrative is hardly unique within the historical context of the early- to mid-twentieth century. Patriarchy and male dominance within family households was still a common

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<sup>22</sup> For cross-cultural discussions on sexual double-standards in marriage see: Smith 2010; Bordini and Sperb 2012.

trope.<sup>23</sup> However, what sets Soñia's biography apart, even within the ubiquitous inequality that existed at the time, was the malice and violence by which Samuel held his patriarchal authority. As Soñia notes, the steady cycle of pregnancy, childbirth, and the subsequent demands of child-rearing kept her thoroughly occupied.<sup>24</sup> Within the dominant Roman Catholic culture of her community, there were many women who personally rejected or were denied birth control options on the grounds of religious observance. But apart from religious prescriptions, Samuel perpetuated this reproductive trend to maintain his command over Soñia's time, labor, and body. He betrayed this truth on many occasions.

**Soñia:** Kids were not important to him, but he still made sure I was gonna have a lot of them. He told me, "*Vas a tener chamacos hasta que te mueras, y te mueras pariendo,*" [You're going to have kids until you die, and die giving birth]. I never forget those words. He used to repeat it. And then when I'd have my babies I'd go to the hospital and I'd be out the second day. And I didn't come home to lay down. Like I tell you, right away it was the same routine, right away. I was pregnant eight times, and I had six; two years apart all of them. And he was out all day driving the taxi, having fun, all the kind of fun that he wanted to have. [Soñia 1/19/2013]

For Soñia, Samuel used her body to keep her thoroughly occupied, tied down, and to exercise his violent authority on her. In time, however, this facet of Soñia's domination would be inverted, when her children became her advocates and her mentors in learning freedoms late in life. But during her reproductive years, Samuel exercised his will on her through the act and labor implications of procreation. All the while, he maintained his promiscuity outside of the home.

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<sup>23</sup> See Gutiérrez (1991, 1993) and Rodríguez (1994) on the history of patriarchy and gender inequality in New Mexico; and Hunnicut (2009) for a discussion of the value of patriarchy as a theoretical framework for highlighting aspects of structural violence in contexts of domestic abuse.

<sup>24</sup> Medical professionals refer to the attempted control of a woman's reproductive health or reproductive decision-making by an intimate partner as *reproductive coercion*; a phenomena that is commonly concomitant with domestic violence (Hern 2005; Clark et al. 2014).

According to his daughter Susan, Samuel has 18 children that she knows of, eleven from marriages, and seven from extramarital affairs.

In stark contrast to Samuel's own occupations outside of home, was the degree of isolation he enforced on Soñia. She was denied the right to attend church services even when they lived less than 200 paces from the Old Town Catholic Church because Samuel said women only go to church to gossip. Nor was she allowed to go out to purchase groceries or clothing.

**Soñia:** Food—we would eat what he bought. Just the basics, just what he wanted, not what we needed or wanted. No treats for the kids. Sometimes, not too often, the kids would be allowed to go down the street to buy an ice cream cone, but never for me. He acted like I didn't like anything. And I guess I didn't because I could never have anything, so I stopped wanting. For clothes, I would wear what he bought. His brother's wife would buy clothes for the kids before school. She was so kind. He used to hate her because she was so good to me. But for me I was only allowed to wear what he bought, just the ugly dresses he chose for me. I couldn't have any luxuries, no shampoo, or deodorant, or toothpaste. I just couldn't leave the house, couldn't go anywhere so I had to have only what he wanted me to have. [Soñia 1/19/2013]

As unsettling as Samuel's character may seem thus far, his primary methods of domination were physical violence and surveillance.

**Soñia:** He was abusive in every way. Like now they say “domestic violence” even just for a push. They don't allow it anymore, the men don't get away with it. But then was more than a push. It was hitting me, pulling my hair. If he didn't like something he would hit. And not just me, even the girls and the boys, because he was a very strong person, you know. And if I ever got between him and the kids, then I would get it double—with the strap. You could see the welts. And with the taxi he was always in and out. I never knew when he was going to stop in, so I had no peace in the day. [Soñia 1/19/2013]

Soñia made two attempts to leave him, to escape the abuse. But Samuel resolved both attempts with upgraded threats. Moreover, when she pursued external help in protecting herself and emancipating herself and her children from the abusive environment of their home, she fell prey to the patriarchal authority that was structurally reinforced by public agencies.



**Soñia:** Once I called the police and they put him in jail, but then they let him out the next day because he had a business to run. And once I took the kids and I applied for a divorce. I applied for welfare for my children and me, but they denied me because they called Samuel and he told them that I had to come home—that he would support us. I went to my parents and he went over there and told me, “Your father, your mother, your soul and all the kids will die.” He knew I was afraid of him. He had a gun and I think he would have killed them. I didn't want my kids to die—they would have died. So I came back. I think my Dad and Mom were very hurt that I went back, but I didn't tell them why I went back. I wouldn't tell anybody—I was very scared. I don't see how a person can be so mean and have so much hate. There was no love, just hate for him and fear for me. [Soñia 2/15/2013]

Susan, Sonia's oldest daughter (biological), confirmed Soñia's efforts to conceal the reasons she returned to Samuel. She remembers as a child (age 6-8 years) that her mother took her and her siblings from home and sought refuge at their grandparents' or a friend's house. She remembered “sleeping somewhere else, and hearing [her] mom crying” (Susan 1/27/2012). In Susan's version, however, her understanding was that her father would come over and sweet talk Soñia and then they'd all return home, only to have the abuse start all over again. The fact that Susan was very frank in describing the physical abuse and control that her father perpetrated on her mother and on them, I imagine she would have no reason to withhold details about her father's threats of murder against her mother, herself, and her siblings. So I take this as confirmation of Soñia's claim that she told no one of Samuel's murderous threats for fear that he would carry them out.<sup>25</sup> After all, Samuel had been married three times before, and all of the previous wives had also suffered his abuse. Two of them fled far from New Mexico to escape from him, and the third wife died of complications during premature labor brought on by a severe beating. In Soñia's assessment, as the fourth victim, Samuel's hatred and proclivity to dominate had only magnified

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<sup>25</sup> See Bohn (1990) and Fontes (2015) on the ways that perpetrators of intimate violence use children as a method of coercing and dominating mothers.

with each marriage, and so his full malice was now focused on her and keeping her under his roof and under his control.<sup>26</sup>

From Soñia's account it may be difficult to consider the duties that he demanded of her as forms of care, but as discussed in Chapter One, care comes in many forms and it's inappropriate to project benevolence onto all its forms. Soñia carried out duties that met Samuel's day-to-day needs and that helped him sustain his daily routines in business and recreation alike. That she did so under circumstances of extreme coercion doesn't disqualify her labors as acts of caregiving. On the contrary, the polarized context in which she fulfilled Samuel's demands serves to shed light on the breadth of the care spectrum. And even amidst such violent extremes, other forms of care and other possibilities of relationship arose with Soñia's children.

It was my children...

Samuel's calculus for dominating Soñia also created an atmosphere for Soñia and her children to establish tenacious bonds. They were connected vis-a-vis shared trauma and survival.<sup>27</sup> Caught between negatives—to stay and be subject to Samuel's tyranny or to leave and test the veracity of his murderous threats—Soñia chose to stay and devoted herself to raising her children to the best of her ability, between and amidst Samuel's assaults. Even as she

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<sup>26</sup> Publications by the National Institute of Justice estimate that 30% of arrested partner abusers will be arrested for a repeat offense within 2 months, and 60% will be arrested for repeat offenses within 6 months (Klein 2009; Klein et al. 2013). Dutton and Golant (2008) refer to abusers who abuse more than one intimate partner in their lifetimes as serial batterers, and describe patterns of abuse that escalate with each subsequent partner, as well as selective courting patterns by which the offender pursues increasingly more vulnerable partners, particularly young partners or partners who have a history of victimization.

<sup>27</sup> See Parson (2010) for a discussion of mutual support in recovery between victims of gendered violence.

resigned herself to the belief that, “there was no way out of that hell,” she determined to actively nurture a different future for her children.

**Soñia:** It was my children who kept me going. I kept them clean and sent them to school to get their education. I had no problems with them going to school, they wanted to get out of the house. I would always talk to them. I told them they should come to me with anything. With Samuel threatening to kill them and me, it seemed like staying and seeing my children grow up was the only solution.  
[Soñia 2/15/2013]

Soñia readily described her love for her children, but she was also very modest about describing herself or her own virtues. For this reason, I was able to gain greater insight into her caregiving as a mother from her daughter Susan.

Susan confirmed the extreme circumstances of abuse that Samuel perpetrated on the household and that Soñia was his most frequent and scrutinized target. But beside the narrative of violence and oppression, Susan spoke of her mother’s compassion. Not only did she generously provide daily care for them in the form of cooking, cleaning, and healing in the hours when Samuel was away, she also nurtured and loved them, and when he was home she did her best to negotiate her husband’s demands and anger so as to protect her children. Despite the violence within which they were subsumed, Soñia offered sanctuary. They trusted her devotion to them and they took refuge in her kindness and affection. But one of the lasting gifts she offered was mentorship.

**Susan:** With my Dad’s model, my brother’s had that control bug in them when they started to date and later when they got married, but my Mom always reminded them how it was for her and for them to be mistreated by my Dad. So if she heard them talking to their girlfriends or wives badly, she’d pull them aside and say, “Don’t you talk to her in that tone, you need to respect her, love her. Did you like when your Dad did that to me?” And that would be a wake-up call for the boys. But with all but one of my brothers it didn’t last. They still had that draw to control, but not as bad as my Dad, not with violence. [...] But for the girls it was different. My Mom taught us all, “Don’t be fooled by pretty words.” She talked to us a lot about how we shouldn’t be treated and how we should be

treated. And none of us, neither me or my sisters ever have put up with abuse. We won't let anyone control us. That's thanks to what my Dad showed us, and thanks to how my mom helped us understand the wrong of his treatment towards all of us. [Susan 1/27/2012]

For Soñia, caregiving for her children had a lot to do with offensive maneuvering to protect them in their immediate context as well as to prevent them from succumbing to the same circumstances as adults. Indeed, there came a time when her children got older that they started to stand up to their father on her behalf. Soñia recalls a time when her son, Joseph, reacted to Samuel's verbal abuse against her, telling his father, "You mistreat my mom and I'll be the one to beat you up."

**Soñia:** So when they grew up Samuel wasn't too sure that the boys weren't gonna hit him or something. He was getting older and the boys were young and strong. So he was still mean but when they were around he wouldn't touch me. But they couldn't stay here, they had to leave and get away from him, and have their own lives. I wanted them to. And when they weren't here, then is when he pushed me around. [Soñia 7/15/2009]

The one that was most reluctant to leave was Faye. Not because she was timid to leave home. Quite to the contrary, Faye is described by both Soñia and Susan as having a very strong personality—very brave and bold. Faye, they said, wanted to be home to protect her mother. As an adult, Faye was assertive with her father. She went, but also returned often, always ready to defend her mother.

The relationship between Soñia and Faye included a unique variable that introduces yet another form of caregiving. When Faye was eleven years old, she was diagnosed with juvenile diabetes. Her condition was precarious and through the rest of her childhood she was in and out of the hospital and doctor's offices negotiating her disease. Soñia devoted herself to Faye's care, and to learning everything she could about her illness. While Samuel can't be said to have supported Faye or Soñia, for reasons that Soñia doesn't altogether understand, he did not stand in

her way to provide medical care for her daughter. Despite his extreme possessiveness and jealousy, he did not interfere with Soñia taking Faye to the hospital or to doctor's appointments. Such leniency was unprecedented in their marriage since Soñia had been forbidden to leave the house, and especially since most of the doctors were men. Still, he was not pleased about lengthening the tether he held on his wife, and he enacted his angst passive aggressively by refusing to pay any of Faye's medical expenses. So in addition to Faye's care, Soñia was constantly having to negotiate with debt collectors to ensure that Faye's medical care would not be interrupted. By this time, however, Faye's brothers and sister were older and many of them were already working, so together her siblings paid for her bills. Such is the legacy of compassion and solidarity that Soñia nurtured in them; they opposed their father by committing to an act of love and support that he was unwilling to offer himself.

### Illness ushers forth change

Soñia's care biography is abundant with routines of caregiving, and for the most part, her trajectory of caregiving held to a predictable course, always according to Samuel's methods of control. But within her history, the periods of care that were catalyzed by illness stand out as moments of change. Faye's diagnosis and struggle with diabetes, for instance, created unprecedented opportunities for Soñia to emerge from her isolation, and to do so with purpose. It is impossible to know what would have happened if Samuel had actively sought to prevent her from leaving the house for doctor's visits and to be with Faye at the hospital. However, as Soñia engaged with nurses and doctors and health educators, it opened a fissure in her status as a victim. At Faye's side, new motives arose and along with them Soñia discovered that she was capable of more than the household chores that she was obliged to fulfill; she was capable of the

more complex demands of medical caregiving.<sup>28</sup> Despite never having had the opportunity to be in the world as an articulate, respected, and purposeful individual; she rose to the demands of the situation and worked diligently to keep her daughter healthy and alive.

During this period, Sonia was still cautious and acquiescent in her relationship with Samuel. Despite her excursions into medical venues, he still demanded her servitude and complacency when she was home. Nonetheless, the role she played in Faye's diabetes care laid a foundation for her to have the courage to stand up to Samuel when his health began to waiver—in the fifth decade of their marriage.

Susan poignantly reflects on the shifts that emerged as her father aged and as his health waned, saying, “My mom always prayed that my Dad would change and he did, physically. She always prayed that her circumstances would change, and they did” (1/27/2012). She recalls that after Samuel suffered a stroke and developed Alzheimer's in his 80s, he eventually arrived at a point where he didn't care anymore about bills, and so in order to keep the roof over their head and to maintain the necessities, Soñia had to approach him firmly to obtain control of their money.<sup>29</sup> According to both Soñia and Susan, it was the kids, now adults, who mentored Soñia

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<sup>28</sup> While there is substantial anthropological literature on agency, illness, and power as it relates to patients (Kleinman 1980, 2008; Desjarlais 1997; Farmer 2003; De Bessa 2006; Biehl and Moran-Thomas 2009; Buckser 2009), I did not find any literature regarding medical advocates, like Soñia, for whom the processes of advocating and caring for a patient are also transformative and intersected by power and access hierarchies.

<sup>29</sup> I observed in my fieldwork that many caregivers use the terms dementia and Alzheimer's interchangeably, and I did not cross-reference the accuracy of participants' uses of these terms. However, whether a person with dementia has Alzheimer's disease or not, the symptoms that they exhibit will be referents of their dementia in any case. This is because Alzheimer's is an internal disease that causes dementia that is not itself observable in behavior, whereas dementia (termed neurocognitive disorder in the DSM-V) is an observable suite of possible symptoms that can be caused by Alzheimer's or other underlying physiological conditions (American Psychiatric Association 2013).

on how to handle her affairs—from teaching her how to write a check to pay the utilities to how to drive a car.

**Soñia:** In the winter all our utilities went off because he wouldn't pay them. Finally I told him, "If you're gonna have your money there on your chest and we're out of gas and we're out of electricity and water, and you there with your money in your pocket, then you keep everything here and I'm getting out. You stay here until they throw you out. But I'm not gonna stay here and get thrown out." And even though he was sick he was still wanting that control. But I told him, "Give me the money so I can pay the bills, and don't be putting it in your pocket because from there it doesn't go anywhere." So, finally he agreed and he threw it on the floor and said, '*toma*' ('take it'). And I said, "Not just now, now you sign this paper authorizing the money to come direct to the bank." [Soñia 7/15/2009]

An interesting discrepancy between Soñia and Susan's description of Samuel during his ailing years is that Susan recalls her father being dramatically subdued due to his health conditions. She says, "When my Dad had his stroke, his macho went away." Sometime after Samuel's stroke, Soñia was invited by a friend to go for a visit in New Jersey. Soñia was reluctant to go, but her kids said, "You go mom, we can take care of Dad." So Susan and her son brought Samuel to her house so they could take care of him while Soñia was away. She said he cried a lot for Soñia, he wanted her to come back. Susan interprets her father's crying during that period as a sign that "he was sorrowful for his life, for his mistakes." For Susan, this was evidence that her father felt remorse for the abuses he dealt upon Soñia through their many years of marriage, evidence that despite it all, he loved her.

By contrast, Soñia's recitation of that period in their marriage was that he was mean to the very end. Although he was restricted from physically assaulting her, betrayed by his own frailty, Soñia attests that "he never grew weak in his hate."

**Soñia:** The Alzheimer's made his meanness even more crazy, like random. The doctor prescribed tranquilizers for him that would make him sleepy. It was very bad, he would wake up from his sleep in rages. One time we were eating—he had

already had his stroke—and he looked me right in the eye and said, “I could get a knife and stab you and kill you right now.” I don't know why he hated me so much. [Soñia 7/15/2009] <sup>30</sup>

After many years of providing care for Samuel both in his health and his illness, Soñia pursued power of attorney and admitted him into the nursing home. She still visited him daily, but she said, “as long as he was home, even if he was sick, he still had control over me, I still was afraid.” And, “after that,” she said, “I had to learn how to live better.” It’s a remarkable act of courage that Soñia did not wait for Samuel to die, that she initiated legal recourse to remove him from their home and to claim it as her space. Although it is unlikely that he could have stopped her at that point, the fear that she had internalized during their nearly fifty years of marriage was still a formidable obstacle to overcome in order for that emancipatory act to be possible.<sup>31</sup>

## Harvests

Soñia didn't shake off her “programming” over night. This was a gradual process, to be sure. But it is especially telling that through that process her children demonstrated their loyalty to her, affectionately nudging her outside of the walls that had for so many years been the boundaries of her confinement. They took her out to eat, to shop. Each of these invitations is a poignant first in Soñia's life. In her 60s, escorted by her children, Soñia was discovering a world that had been paces from her doorway, yet figuratively, was much removed from her reality.

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<sup>30</sup> Aggression, suspicion and agitation are recognized symptoms of dementia in the DSM-V (American Psychiatric Association 2013). However, Samuel’s habitual aggression before the onset of dementia poses an interesting variable to consider the intersection of pre-dementia dispositions and the presentation and recognition of dementia symptoms. For a discussion of discursive representations of anger and old age see Cohen (1995); and Menon (2013) on the intersection of gender in such representations.

<sup>31</sup> Elaine Lawless (2001) discusses the role of auto-biographical narrative in processes of recovery for women in shelters who have escaped domestic violence.



Over the course of my conversations with Soñia, she described some of the very basic deprivations that Samuel enforced, such as not allowing her to shave her legs, wear pants or even to have personal health and hygiene products—which he called “luxuries.” And she described his refusal to allow her to choose her own clothing, or have her hair cut at a salon, or even to attend church. Knowing the restrictive terms of her life with Samuel for more than forty years, I was especially moved when I ran into Soñia and Susan as they were coming out of a local salon. Soñia was a striking vision to me, wearing blue pants and a pretty floral blouse, her hair freshly cut and styled. To someone who didn’t know her background, her dress and appearance might have seemed modest and unremarkable for a woman her age. But I knew that in the context of her life history, the manifestation of those modest possessions and of this mundane excursion was exceptional. And the most radiant detail in this scenario was seeing her and Susan happy and carefree, Soñia walking arm in arm with her daughter.

In the twenty years since Samuel has been gone, Soñia has travelled extensively. Even traveling by cruise ship with her daughters to various Caribbean islands. And as they tenderly guided her in learning how to navigate her way in a world vastly larger than the 1000 square-foot house that had once been the limits of her existence, she continued to exercise the compassion that Susan speaks of, as she shared in the rearing of her grandchildren. That chapter of her life was an example, not only of caregiving, but of mutual caring between her and her children.<sup>32</sup> It was a form of congenial and peaceful caregiving that at one time would have exceeded her imagination.

However, Soñia, now in her 80s, has transitioned into a new era of her care biography. Soñia's daughter Faye was diagnosed at an early age with juvenile diabetes (now termed Type 1

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<sup>32</sup> See Cushing and Lewis (2002) for discussion of mutuality in caregiving.

diabetes).<sup>33</sup> Faye battled with her diabetes for more than twenty years and was eventually prescribed dialysis treatments in the 1980s. The treatments, however, were unsuccessful at managing her condition and she died of renal failure at the age of 34. Fifteen years ago Soñia was also diagnosed with Type 1 diabetes. Her primary physician and specialist mutually agreed that she needed dialysis treatment—but with the memory of Faye’s experience and death stark in her mind, Soñia adamantly resisted their prescription. She maintained her refusal for two years until the severity of her condition left her without recourse. Since 2002, she has been receiving dialysis treatment three times a week. The dialysis therapy is acutely taxing and her single day’s respite between appointments is spent recovering from the extreme fatigue that besets her after the procedure. She recovers just enough to be able to return a day later for the next treatment.<sup>34</sup>

While Soñia’s role within a care context has shifted significantly towards receiving care, Soñia did recently find herself in a unique caregiving role. A little over a year before I began working with Soñia, her ex-daughter-in-law, Emily, was diagnosed with advanced stage lung cancer. Shortly after she was diagnosed, Emily came to live with Soñia. In order to convey the

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<sup>33</sup> Type 1 diabetes, which was once known as juvenile diabetes and later insulin-dependent diabetes, refers to the condition in which the patient’s pancreas produces dangerously little or no insulin and therefore has to rely on lifelong insulin therapy. This condition can develop at any age, hence the misnomer of “juvenile” in its early terminology. Type 2 diabetes, on the other hand is the results when the body becomes resistant to insulin or doesn’t make enough insulin—however, the pancreas is still producing insulin. Type 2 diabetes can be managed by diet, exercise, weight control and sometimes oral medications: <http://www.mayoclinic.org/diseases-conditions/type-1-diabetes/basics/definition/con-20019573> (accessed February 2, 2015).

<sup>34</sup> Dialysis treatment, specifically hemodialysis, is a therapy in which a machine filters wastes from the blood when the patient’s kidneys can no longer perform this function adequately. Compromised function of the kidneys can be caused by diabetes, high blood pressure, kidney inflammation, blood vessel inflammation and kidney cysts. Hemodialysis treatments are 3-5 hours in length: <http://www.mayoclinic.org/tests-procedures/hemodialysis/basics/definition/prc-20015015> (accessed February 2, 2015).

significance of this decision and even the possibility of this scenario, I'll need to briefly describe the dynamics of their relationship over the previous twenty years.

Susan described her brothers as having a tendency to be controlling with their girlfriends and wives, which was true of Soñia's son James, Emily's former husband.<sup>35</sup> Both Soñia and Susan independently describe Emily as being very timid when she married James.

**Susan:** Emily really didn't know how to take care of herself, she was very inexperienced when she joined the family. So my mom taught her how to cook and to be more self-sufficient. But she also showed Emily a lot of compassion when my brother was hard on her. My mom defended Emily to my brother, while showing Emily that she loved her and was there for her. She had a lot of compassion for her because she knew what it was like, and far worse. [Susan 1/27/2012]

**Soñia:** Emily's mom died when she was very young. She wasn't alive long enough to teach her anything, you know. I taught her a lot about cooking. So we would cook together, we would cook for Christmas, we would cook for everything—*big* meals. And she wanted to learn how to do all of these things. And that's why she felt so good with me that she came from her house to my house when she was sick. [Soñia 2/15/2013]

By the time James divorced Emily, nearly 12 years ago, Soñia and Emily had already developed a deeply personal and nurturing relationship. So, while the divorce was a major disruption for Emily, her kin relationship with Soñia proved to be built on an independent foundation more akin to the dynamics expected of a consanguine mother-daughter bond, than an affinal relation.<sup>36</sup> The narrative of their relationship suggests that this was, in part, shaped by the common ground that existed between them as women who both understood very well the intersection of womanhood and vulnerability.

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<sup>35</sup> See Herman (1997) for a discussion of inter-generational impact of domestic violence.

<sup>36</sup> Schneider (1968) argues that biologically and non-biological kinship categories, alike, are constructs that are grounded in symbolism.

More than a decade after their affinal relationship was terminated, then, Emily continued to refer to Soñia as “mom.” And before Emily was diagnosed with cancer it was already commonplace for her to spend a great deal of time with Soñia. In many ways Emily had been serving in the role of Soñia's part-time caregiver, offering help with many of the daily activities that were becoming increasingly difficult for Soñia as her own health was declining due to diabetic complications. So when Emily's cancer was discovered, she sought refuge with Soñia. The partnership of care that they had been enacting for years endured through progressively more extreme circumstances.

**Soñia:** At first we both were taking care of each other, but after awhile I had to do everything for her. I had to cook for her, I had to bathe her. But even then, when she was really sick she would get up at night and come to my room and say, “Mom, let me rub Vicks on your back. Are you okay, mom?” She was very good to me, too. [Soñia 2/15/2013]

I should note that Emily was not entirely without her own children. She had an adult son, from whom she was estranged for reasons I was unable learn. And Soñia mentioned several times that it was a shame and “a waste of precious time” that the son wasn't present (despite living in the same community), during Emily's sickness and her last year of life.

Recognizing in Soñia's narrative the conflict between devotion and caregiver's fatigue that I had heard from all of the caregivers I have worked with, I asked her: “Was it good for you and Emily to be together?” She responded:

**Soñia:** I don't know. There are times that I think, “that was somebody else's job.” But I'm glad that she had that much love for me that she came here. And yet, when she was feeling good, she used to help me too. Before she was getting chemotherapy she was walking around with the oxygen and she would help me peel potatoes [...] help me what she could. And we would sit here together like you and me, talk, listen to the radio, eat, watch TV together. She was good company for me, and I tried to help her all I could. Until I couldn't. [Soñia 2/15/2013]

When Soñia says, “Until I couldn’t,” she was referring to the period shortly before Emily's death. Emily’s decline was rapid and in her latter weeks she became very afraid of being alone, and begged Sonia to stay with her at all times.<sup>37</sup> This was an impossible request since Soñia had to go to dialysis therapy three times a week.

**Soñia:** Oh, when I had to go to dialysis, the last time. She grabbed my arm and she said, “Mama don’t go, don’t leave me.” And I had to go to dialysis and she would not let me go. So she stayed crying *adentro* (inside; hand gesturing to the bedroom). And while I was gone she called another lady to come and take her to the hospital. She couldn’t breath anymore. Her cancer was in her lungs; everywhere, but it was in her lungs and she couldn’t breath anymore. She was under oxygen and it didn’t help. I hated to leave her, but I had to because that was what was keeping me alive, the dialysis. So when I got to the hospital she was worse. She wasn’t talking anymore. But I talked to her and I grabbed her hand and we prayed together. I could feel that she was understanding that we were praying and that I was there with her. [Soñia 2/15/2013]

Although Soñia regretted that she had to leave Emily during those final days of her life, she derived confidence from the trust, love and mutual care that formed the foundation of their relationship. This allowed Soñia to reconcile her regret and find solace in the belief that Emily new she loved her.

Emily requested that her body be cremated and her ashes be buried in the same plot with her biological mother’s remains.<sup>38</sup> Soñia seems to derive comfort from this fact, saying, “She died that same date that her mom died, isn't that something, and there their remains are together, and that’s why I know she’s in peace, and they must be in heaven, too” (2/15/2013). In all of our conversations, Soñia spoke of Emily with a clear affection.

Like the loyalty and affection that emerged between Soñia and her children amidst the tyrannical hostility that Samuel created, Soñia’s relationship with Emily grew out of their

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<sup>37</sup> Desjarlais (2003) explores the liminality of being near death through person-centered ethnography.

<sup>38</sup> See Wagner (2008) for ethnographic example of joint burial sites as an extension of kinship.

common experience with marital domination and strife. The common ground and mutual compassion, which they extended to one another also contributed, I believe, to their emotional healing and to the construction of shared trust and security.

### Some things diminish, while others do not

As of 2013, Soñia's health (in her mid-80s) was gradually declining and she requires greater degrees of assistance with activities of daily living. Her care is shared by her children and a grandson. While I do not discuss their caregiving roles in detail here, Soñia's children and grandchildren seem to be devoted to her care and wellbeing.

In this final section, I highlight the distinctive emotional legacies of the various caregiving roles Soñia has enacted over her life history. At 84 years of age, Soñia has lost many relatives and friends. But within our conversations the deaths of Emily and Samuel were most prominent. Emily's death, was especially prominent because of Sonia's deep affection for her, and perhaps because it was still quite recent. Soñia and I sat together and talked in the kitchen or on the sofa, places where she and Emily shared companionship less than one year before I began working with Soñia. This fact suggests Emily's absence is recent enough to still be accentuated in the mundane details of Soñia's daily life. And amidst the reminders, evidence of the emotional legacy of Soñia and Emily's relationship remains.

For example, in Soñia's kitchen, there are several small placards with uplifting spiritual-sayings hanging on the walls. These encouraging mementos were hung there by Emily, and Soñia leaves them up explicitly, "to think of her and how good she was" (Soñia 2/15/2013). The relationship that these two women created, effectively fortified in them both a sense of self-sufficiency; by contrast to the relationships they each had with their husbands who actively

sought to disparage and constrain their self-confidence. While the conditions of Emily's marriage with James were not as severe as Soñia's had been with Samuel, they were both women who had been systematically disempowered by their husbands. Despite their victimization, each had a deep reservoir of compassion and a tenacious impulse to give care where there was need.

Emily now holds a place of memory in Soñia's life that is sustainably positive and comforting. As Soñia remembers their last year together, she derives peace from knowing that their investment in one another was loving and mutual; that the opportunity to care for Emily in her final months arose from a dynamic of profound trust. This scenario is the antithesis of her care experiences with Samuel—experiences that she struggles to reconcile. Together these contrasting contexts illustrate the possibility of polarized gradations in the spectrum of care.

When I refer to reconciliation, I am referring specifically to Soñia's belief that she should forgive Samuel for the violences he perpetrated against her. Not for his benefit, but as a spiritual mandate and act of healing—to resolve the emotional unrest she still feels when she thinks of him, which is still quite often. Though Soñia strives to forgive him, she struggles daily to accomplish this goal.<sup>39</sup>

**Soñia:** Samuel is still heavy on my mind. I ask myself, “Why do I keep remembering him? Is it because I haven't forgiven him or because I like torturing myself.” I went to talk to the priest and he said, “Buy yourself a separate plot.” I wonder if I'll be at peace anyway. I'm going to be buried between my kids, Faye and Anthony. Not because I want to be cruel, but he gave me a lot of misery and I think it's better to be between my kids. [Soñia 1/19/2013]<sup>40</sup>

Her daughter Susan expressed some frustration with what she describes as her mother's tendency to, “dwell on the miseries that she experienced with my Dad” (1/27/2012). Susan presents the

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<sup>39</sup> On motives and barriers for interpersonal forgiveness see: Ballester et al. 2011

<sup>40</sup> See Whyte (2005) for discussion of gender politics and burial sites.

situation in a way that implies that Soñia is deliberately remembering Samuel in order to keep the pain alive. She interprets this as a sign that Soñia is actively refusing to move on.

Moreover, Susan perceives Sonia's retention of these traumas as ironic, saying, "It was her choice to marry him, it was her choice to stay with or go back with him. It was her choice. We all have choices" (1/27/2012). To be clear, Susan did not say this in a manner to suggest that Soñia deserved her mistreatment, rather she said as someone who wishes for her mother to have peace and is tenderly frustrated that such peace seems unattainable for Soñia. Remember that Soñia never confided in any of her children, nor in her parents about the murderous threats that Samuel made against them all. Not knowing these details, Susan's understanding is that Sonia returned to Samuel after her attempts to leave because she succumbed to his "sweet talk and promises to change" (1/27/2012). So, within the scope of what Susan knows about their relationship, she attributes a category of choice that was not actually available to Sonia. While, one might argue that Sonia did exercise a choice when she decided not to test the veracity of Samuel's threats, one can also argue that because of the severity of what was at stake, the "choice" was actually illusory. In any case, this perception of choice shapes the way that Susan understands Soñia's continued struggle to "let go" of her past with Samuel.

In conclusion, I want to underscore the fact that the circumstances and dynamics that exist between individuals over the long biography of their relationship do significantly shape how they enter into experience, and remember contexts of care. The culmination of such details persist in the form of an emotional legacy that continues to condition the ongoing interpretive life and emotional health of the caregiver. Soñia exhibits two polarized potentials of emotional legacies derived from caregiving. Though the legacy derived from caring for Samuel stands in high contrast to the legacy derived from caring for Emily, in truth, there are always diverse patterns



that are sometimes contradictory, even within a single legacy. But, my purpose here is primarily to draw attention to the simple fact of diversity between care contexts and to assert that long-term relational biographies contribute dramatically to such diversity. I seek to disrupt the far too common representation of “caregiving” as a class of interpersonal engagement that is essentially altruistic, benevolent, morally righteous, and emotionally rewarding. Such idealized and universalizing rhetoric surrounding the subject of caregiving conceals the troubling, and sometimes dangerous caregiving circumstances that many caregivers encounter on a daily basis.

## CHAPTER FOUR

### Milena

*Arm in arm, Milena and Feliz slowly walked up the slight incline of the driveway to the back of the yard. From a small bench under the clothesline, I watched the women walk the thirty yards from the back door to where I was seated. They stopped several times, pointing things out to each other—nodding affirmation to one another’s comments. And they laughed together. I was too far to hear what they were saying or even to hear the chiming of their laughter, but watching them I could see them smiling and giggling in conversation, leaning into each other’s shoulders—Feliz to support her unsteady frame and Milena to ensure her mother’s safety.*

*When the women reached the wild grassy strip surrounding the clothesline, hundreds of grasshoppers jumped up around their feet—excited by their falling footsteps. Feliz laughed saying, “¡Como hay tantos chapulines este año!” [There are so many grasshoppers this year]. Her delight at this small frenzy was so light-hearted and contagious. Milena helped her into a vintage chrome framed chair, with tan vinyl-upholstered seat and back cushions.*

*Milena walked back down to the house. Feliz and I were both facing towards the busy front road that runs in front of the house. The front half of the property lot is relatively level, but beyond the foundation of the house the yard is more of a hill. With our vantage point at the top of that hill, Feliz starts to narrate the history of her home, and her tenure in it, according to the various structures that have been erected on it or been torn down over the last fifty years. “There where my old 1970s Chevy [truck] is parked, that’s where the old wood shed used to be. And here behind us at the farthest corner of the lot was the outhouse. Cause back*

*then people still had outhouses. That was before my son, Henry, built the rock wall that goes all the way to the front.”*

*Milena returned with a sweater and a folded blanket. She placed the blanket on Feliz’ lap, slightly tucking it in around her thighs. Feliz leaned forward, anticipating Milena’s next move, which was to wrap the sweater around her shoulders, saying, “Thank you jita [daughter], I’m good now.” Milena softly replied, “Okay Mama, tell me if it gets too windy.”*

*Leaning against the steel post of the clothesline, Milena inadvertently brought Feliz’ attention to another landmark. Pointing to the ground beside Milena’s feet, Feliz said, “Right there, right next to Lena, is where we buried my eleventh child. She wasn’t born alive.”*

*Picking up her mother’s story, Milena explained that it was tradition, when a baby was still born, or if they died before being baptized, to bury them in a spot where the water falls. Feliz, confirmed this explanation saying, “So when it rains, the baby is baptized by the rainfall. That’s why she was buried under the corner of the carport, because the water falls there.”*

*“That baby girl—Mama what was her name? Did you ever name her?”*

*“No, I never did.”*

*“Well that baby girl would have been my only full sibling. We had the same dad. I think she was born five years after me. Right, Mama?”*

*“Yeah, I was already in my late forties, I was too old by then. I had had too many babies already. So she didn’t make it.”*

*We sat and enjoyed the delicate evening breeze for another ten minutes. I watched Feliz and Milena take turns so smoothly in the conversation, together relaying the threads of their memories. I enjoyed the peaceful and pleasant atmosphere that seemed to nestle in around them—the result, no doubt, of their easy and tender interactions. They so obviously embodied home for one another.*

\* \* \*

I had the unique opportunity to know and interview the women featured in this chapter, Milena (daughter; caregiver) and Feliz (mother; care-recipient) over twelve years. They participated in research that I conducted as an undergraduate ethnographer in 2000. This circumstance offered me access to and insight regarding the various periods of their care relationship that was not possible with the other three caregivers featured in this dissertation—as a consequence of advanced morbidity or death among those care recipients. This chapter and my analysis in Chapter Seven were significantly enriched by this extended vantage point.<sup>41</sup>

\* \* \*

Milena is the youngest in her family, with two half sisters and five half brothers; although her oldest brother and oldest sister were already out of the house before the time of her earliest memories. Being the baby in a household with eight older children had a way of making her feel that she was nothing but an under-foot nuisance to her siblings—especially when the home is approximately 800 square feet. Milena’s general recollection of her childhood is that she was “very lonely.”

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<sup>41</sup> Based on his 59 years of ethnographic research in a single site, Tzintzuntzan, Mexico, George M. Foster argues that the element of “time depth”(2002:252) via return research visits facilitates the researchers ability to discern processes of change and shifting perspectives among informants in a way that cannot be replicated through short-term or single-visit research methods. I can see that this is especially true for my research since I was relying on narrative data, which is reflective of the participant’s perspective at the time of narration, and may vary from the narratives that they would have previously provided or would later provide in the context of different circumstances. For more on the benefits of long-term ethnographic research see Foster’s colleagues’ essays in Kemper and Royce’s edited volume (2002). Also, given the element of disruptions within relationships that my work deals with, I found Fran Markowitz (2011) discussion of the challenges of “rendering the cultural ruptures, juxtapositions and continuities of people undergoing ‘uncertain transitions’ into ethnographic text” (2011:66) very useful. For me, Markowitz work highlights the fact that the narratives I offer in this dissertation are artificially fixed snapshots of interpretive phenomena that is undeniably in flux. Thus, the participants’ perspectives that I have conveyed here may have already been supplanted by new interpretations—and such is the nature of ethnographic research.

**Milena:** I wasn't included in anything with my siblings that I can remember, in the day-to-day. I was just kind of not even seen or paid attention to. I don't ever remember any of them ever being *cariñosos* [affectionate] with me, none of them. With each other they would laugh and get along good. The boys would go fishing together—they were always together. And with my sisters—well one of them was already an adult when I was born, but with my sister Carmen, I was just like an *estorbo* [nuisance]. And I admired her so much, but I was just a nuisance to her. I remember my mom told Carmen once that she had to take me to the sock-hop and she was so angry. She left me walking far behind. I remember crying a lot because I felt so left out by them and lonely. Then when I was six or seven years old, Nancy moved in next door. She was my age, so finally I had a friend and I wasn't lonely anymore. I think that's why I became a night owl. After everyone was in bed I had a small part of the house to myself and I didn't have to feel like I was in the way. My brother said that they were excited when I was born, but I guess they outgrew that feeling, because in my memory I was just a bother to them. And my mom was just too busy raising all of us to be dealing with things like that. [Milena 1/10/2012]

When I asked Milena if she felt that her siblings shunned her because she was not a full sibling, biologically, her only answer was: “I don't know. I don't think so, but honestly I don't know.”

She did clarify that in childhood, Feliz never treated her differently. In that relationship there was no contrast between her and her siblings:

**Milena:** My mom didn't have any favorites. We were all the same for her, we were all the reason she worked so hard everyday—taking care of us. Later, as adults my mom and I had a closer relationship than she had with my brothers or sisters, but that's because we lived together, had a life together. [Milena 1/10/2012]<sup>42</sup>

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<sup>42</sup> William Jankowiak and Monique Diderich (2000) conducted a study of sibling relationships in a polygamous community that emphasizes religious ideals that downplay differences between full-siblings and half-siblings, and that nurtures sibling solidarity regardless of variation in genetic relatedness. They argue that, “despite the force of religious ideals, and notwithstanding the continued close physical proximity of half siblings in the polygamous family, there is a pronounced clustering of feeling and affection in Angel Park that is consistent with inclusive fitness theory” (2000:136). According to Jankowiak and Diderich, *inclusive fitness* is an evolutionary theory that suggests, “the degree of sibling solidarity will be influenced by genetic linkages that shape a person's proclivity to establish emotional bonds and, thus, encourage cooperation with others” (2000: 126). Of course, Milena's childhood context was dramatically different from that studied by Jankowiak and Diderich. Still, the relational differences between full-siblings and half-siblings that they observed in a community where members explicitly seek to negate such differentiation, suggests that the symbolic value of genetic relatedness can supersede social discourses and practices aimed at minimizing its import. At the very least, this research supports the validity of considering that Milena's strained relationship with her siblings during childhood could

Based on my knowledge of Milena's adult relationship with Feliz, I assumed her childhood relationship with her mother would have been similar. On the contrary, Milena described a relationship with her mother that was marked by diligent care, yes, but not by affection.

**Milena:** There were just too many kids and a lot of work for my mom. She didn't have time to spend with any of us, she was too busy cooking before the sun was up and keeping our clothes washed, which at that time was a huge job in and of itself, because you'd have to press each piece of clothing through a roller to drain the water. And all the cooking was done by wood heat, so on top of the cooking she had to clear out the *senisa* (ashes), and maintain the *chiflon* (chimney) to keep it all going. It was another way of living all together back then, and a lot of work for mothers, a lot of work. She was always working and always on her feet. We had two full size beds in the middle room. As the youngest I would sleep with her in one of them, so I had a chance to be close to her. But she was too tired with all the day's work by the time we were in bed and she had little patience for me. I remember her scolding me for wiggling too much and not settling down. [Milena 7/12/2009]

I was very surprised to hear that the warmth I had witnessed between Milena and Feliz had not always been a characteristic of their relationship. In that moment I was guilty of the simplistic assumption that I am arguing against in this dissertation: I assumed that a kinship founded on love, must also be characterized by affection.

Biased by this reductive reaction, I asked Milena if she felt like Feliz was cold with her, or if she felt unloved by her as a child.

**Milena:** Oh no, she wasn't cold, she was just consumed by the work of taking care of us that she didn't have any time or space to be soft. How could she, the work was constant. You know we didn't even have a bathtub. The water had to be heated in buckets to fill the tub, and even then it had to be done several times with nine people needing to bath or be bathed by her, for the little ones. No, things weren't easy then. But that's what all the households were like, so we didn't think of parents love the way you see now, with families together playing, hugging, spending quality time together. But we knew she loved us all because we saw that all she did everyday, all day, was make sure we were never hungry, and always

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have been related to her status as a half-sibling, even if Feliz did nothing to encourage such distinctions among her children.

clean. And she was a single parent, she did it all on her own. But she did it. No she had a lot of integrity for the way she took care of us, every one of us. We were poor, but we didn't even know it, really, because she took such good care of us. [Milena 7/12/2009]

The strength of character that Milena attributes to Feliz in this passage was central to Milena's impression of her mother.

Also, in the way of offering insight into Feliz' demeanor as a mother with a large household of children, Milena, told me about Feliz' relationship with her own mother, Dolores. In a very uncharacteristic household composition, Feliz was an only child. Dolores was, according to both Milena and Feliz, a very cold woman and mother. She wasn't just firm or preoccupied with household work, she was overtly cold and critical of Feliz. I got the feeling this was the profile of "cold" that Milena responded to when I asked her in a previous conversation whether she felt Feliz was a cold mother during her youth. No, Milena had a standard for what cold meant and it was set by the precedent of her maternal grandmother, who she witnessed as a bitter and spiteful woman—and stingy.<sup>43</sup>

**Milena:** When we would visit my grandma and grandpa, my grandma would give us the smallest portions of food, so you were left *deseando* (unsated; craving). And no one wanted to get stuck having to sleep with Grandma because she'd be complaining about you all night long, and the next morning. No, we all wanted to be the ones that got to sleep with Grandpa, because he was so mellow and warm. He would always wrap a towel around his neck to keep his neck warm at night, and it would get so cozy and warm and we snuggled up close to him. He was such a kind man. [Milena 7/12/2009]

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<sup>43</sup> The way that Milena defined "coldness" as a trait by offering a narrative compare and contrast about Feliz and Dolores, highlights the importance of "contrast" as a variable in semantic interpretations. Gregory Bateson (2000) theorized that meaning is relational. What something is understood to be is established in juxtaposition to what it is not—which is precisely how Milena has constructed her definition of "coldness."

This was a common trope that I heard from both Milena and Feliz. Whenever the conversation turned to Dolores, consistently marked by a statement regarding her “meanness,” it was always paired with a statement about Feliz’ father, Diego, and his kindness, patience, and generosity.

Even though this ethnography is about Milena’s life history with Feliz, the characteristics that Dolores and Diego modeled for them play prominently in the narratives of both women.

**Feliz:** My mother was very cold. I don’t know why she didn’t like me, I really don’t. But she never did. But I loved her, of course, she was my mother. But I always had my Dad. He was such a good man. He was always there for me, and later for my kids. He taught me to drive. And supported me when I left my first husband who was abusive. [My husband] was a poet and a musician, but mean and jealous to the bone. And my Dad supported me when I left my second husband [Franco] who was a drunk and a womanizer. A lot of women stayed with bad husbands, and there were a lot of bad husbands then. But they didn’t have anyone to help them. At that time everyone would say, even the priests, that women had to just pray about their marriages and be strong and obey the husbands. And the women wanted to be good wives and good Catholics. The Church didn’t permit divorce and the men took advantage of that. The *padres* (priests) would just tell them to pray for strength, but they wouldn’t help them. But not my Dad, he wanted what was best for me. I have this house because of him. [Feliz 7/10/2000]

The nature of this passage, beginning with a strong but brief description of Dolores, and quickly segueing into a more extensive narrative of Diego, is something I heard many times in my conversations with Feliz and Milena. Dolores was mean, and difficult to know, and not a subject they wanted to dwell on in their interviews. Diego, on the other hand, was a subject about which they generously spoke. And even though Milena does not narrate a portrait of Feliz, during Milena’s childhood, as a warm and affectionate parent, the precedent of “coldness” set by Dolores keeps Milena from classifying Feliz as “cold.” Instead, Milena borrows terms that she attributes to Diego, acting out of “generosity” and “unconditional love” for his daughter, to describe her own mother. For Milena, the contrasting standards modeled by Dolores and Diego



allow her to reconcile an impression of Feliz as a mother who demonstrated her devotion and love through acts of diligent and generous caregiving, rather than with tenderness.

Along these lines, I also want to highlight the last two lines of the quote above. Feliz says, of Diego: “But not my Dad, he wanted what was best for me. I have this house because of him.” Setting her father apart from Dolores, but also from the precedents in their community of “bad men,” and the prevalent expectations that fortified by prayer women should obediently suffer the circumstances no matter how dire.<sup>44</sup> You might imagine a three-room house to be too small for a family of nine. But in truth, the 800 square foot house was the largest home in which they had ever lived. Diego and Dolores were themselves restricted by poverty, but Diego helped his daughter apply for a loan for a lot-and-a-half in a neighborhood five blocks from the house that he and Dolores rented. And then, with scavenged materials and the labor of Feliz’s sons and the help of any able-bodied men that would pass in front of the house and were willing to work, Diego proceeded to build Feliz a house.

**Feliz:** After seeing me live in apartments here in Sangre de Cristo or in Santa Fe that were half the size of this house, and after seeing me deal with no good husbands, my Dad built this house for me. He told me, “*Nadie te puede correr de tu propia casa*” (no one can run you out of your own house). He didn’t want me to have to depend on a man, and he gave me that security with this house. [Feliz 7/10/2000]

The house, affectionately called, “*mi casita*” (my little home), is prized dearly by Feliz, and equally by Milena. It is where Feliz raised six of her eight children, but it is also where she and her youngest, Milena, have shared a life together over the last thirty years. It’s where a partnership was established that was free from burdens and abuses that each of them, in their

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<sup>44</sup> Gwen Hunnicutt (2009) and Andrea C. Westlund (1999) emphasizes the importance of identifying the broader ecology of gendered violence—that is the external phenomena and entities (individuals and institutions) that enable gendered violence within intimate environments.

own rights, had experienced in marriage. It stands as a testament of Diego's unconditional love, which they both recall easily and fondly, and it's been a landscape of diverse forms of care that resonate that same standard of unconditional and selfless devotion.

### Near and Far, Then Home

Being the youngest of her siblings—by seven years from the next youngest and twenty years from the oldest—Milena watched the household change as her brothers and sisters grew up and moved out on their own. In her last years at home she and Feliz had time and space to themselves, to share quieter, more peaceful, and markedly less demanding moments with one another. “I used to share a lot with my mom, the older I got. I always felt safe sharing what was going on in my life with her,” says Milena. And then it was Milena's turn to leave home, as her siblings had done before her. When she was twenty-one, she married Carlos. She doesn't recall being head over heels in love with him, only feeling that since he had proposed, she had better accept.

**Milena:** Back then there was the belief, an old-fashioned belief, that if you don't get married young, you're gonna stay an old-maid. So those are the kinds of things you hear growing up. Not from my mom, but in the community, you know. So then you think, I better get married as soon as I can. So I remember thinking to myself, well, yeah, I'll marry him because I'm gonna be 21. It was ridiculous, you know. But that's what I went through my mind. [Milena 5/5/2012]

In the five years that Milena was married, she and Carlos lived in England, North Carolina, and Albuquerque.

And in all of these places, Carlos established a clear understanding that he would come and go as he pleased, see any and as many women as he pleased, and that he would not tolerate Milena questioning him; that he would meet this offense with the back of his hand across her face, or in the most extreme episode, a wire hanger pressed against her throat.

**Milena:** I put up with it longer than I should have. I can't say why, I was just so naïve. But when we moved back to Sangre de Cristo, being near my mom gave me the strength I needed to leave him for good. I had left before, and he'd come back begging for us to try again and again and again. And I did. My mom wasn't an intrusive person. She didn't necessarily come out and ask me what was going on, but she would figure it out. She's very wise. And then I felt that I could tell her things, too. So finally, with my mom's support, I left him and filed for divorce and forgot about him. [Milena 5/5/2012]

Feliz provided more than support for Milena in leaving an abusive marriage; she also provided sympathy derived from her own experiences with domestic abuse and a model for leaving the abuser.

Feliz was married and divorced twice. She had two children from the first marriage and seven from the second marriage. She was never married to Milena's father. In the following quote, Feliz describes the trajectory of her first marriage to Martín:

**Feliz:** We married in 1929; I was 16 years old. The very next day after we were married Martín changed. He would get drunk and treat me like a slave. I never answered back to him. Very soon we moved to Colorado. We lived there for five years. Martín never let me write my folks. I missed my father a lot. Martín especially knew how much I cared for my dad and to be mean he would talk bad about him, threatening that he was gonna kill him. When [you're in an abusive relationship] you're not comfortable, even the food doesn't settle in your stomach. He used to tell me that I was dumb, that I didn't even know English. [...] He never let me have a penny. He bought the food and everything else—I didn't have any say. He always kept [the money] on his chest. He never hit me but he talked about killing me and I was afraid. Even his sisters were against the way he treated me, but they were afraid of him too. I didn't have any friends. I didn't have anyone in Colorado. [...] One of Martín's sisters was very good at combing hair. And once when he was out getting whiskey, she combed me very pretty. When Martín saw, he blew his top and made her take my hair down. He didn't like for me to look nice. He was mean. [...] Once he was gonna kill me with a dagger—he was crazy and drunk. When he went to get the dagger I ran away. He must have passed out. I ran barefoot in the snow to the depot. I was eight months pregnant with Soledad, my first child. The man at the depot let me stay until morning. But then I went home; I don't remember why, I guess I didn't know where else to go. I don't forget those things because they hurt. Martín tried to apologize when I came back. Then when I was seven months pregnant with my second child [Fermín], Martín was fired from his work with the railroad, so we came back to New Mexico to live with my parents. After a few days he left on his own to look

for work in Colorado. I didn't hear from him for five months, so I filed for divorce. My dad gave me the strength. He knew how much I was suffering with Martín the minute he saw me. I never told my dad everything I went through, but he read my mind. Martín came back with his dad because he heard that I wanted a divorce. He thought that if he could talk to me in private that he could manipulate me. But I told him that I didn't have any love for him and that I didn't want anything to do with him. In front of my dad and my mom I spoke up to him—I wasn't scared of him anymore. I told him, with his dad standing beside him, "It's the end." Then I told my parents everything. Five years in that hole, but for me it was five thousand. People hurt you when they can, when they know that you won't defend yourself. The men [then] wanted women to serve them; they saw women as slaves. But everyone has a right to speak for themselves, everyone. [Feliz 7/10/2000]

There are many similarities between Feliz' and Soñia's narratives of domestic abuse in marriage. But there are three crucial differences. First, though Martín was verbally abusive and made many threats of physical violence, he never actually hit her. This lack of precedent may have qualified what she believed he was willing or capable of doing once she was out of range of his verbal threats. Second, when Feliz was left on her own with her parents in New Mexico, a window of opportunity was created, in which she could reestablish a sense of security and resolve to leave him. Third, Feliz had the support of someone that she deeply trusted, her father, Diego. Certainly, Diego's support was remarkable in giving her strength. But the fact that he was a man, a peer in the gendered hierarchy of that era, also fortified Feliz in standing up to Martín, since, given his misogynistic behavior, Martín would not have been likely to accept the position of a woman who stood alone, or if she only had the support of another women (e.g., Feliz' mom, Dolores). Soñia, by comparison, did not have the benefit of any of these variables.

Having divorced Martín and later her second husband, Franco, Feliz modeled successful emancipation from dysfunctional marriage as well as a women's ability to live independently. The similarities in their marital experiences further fortified this mother-daughter relationship.

After Milena's divorce she did have a few other relationships. But she remained living with Feliz. Milena and Feliz developed a lifestyle in which they shared the household responsibilities, both worked to pay the bills, and were a general support to one another. And as she neared her thirties, Milena developed the desire to have a child of her own, reinforced again by her mother's example of single parenthood.

**Milena:** It had nothing to do with being in love with the right man and wanting to start a family, not a traditional one at least. But I new I wanted a child. I was seeing someone at the time, and I knew he'd be moving soon, those were his plans. That was a convenience for me, and I decided to stop taking precautions to not get pregnant. And sure enough, I did get pregnant, with my son. I wasn't married but I didn't raise him alone. My mom raised him with me, and she loved him very much. He had two moms. And we had a wonderful, peaceful, life together. [Milena 7/5/2012]

Milena, did move out of her mother's house at one point, into an apartment. She was especially motivated to move because the house was cold in the winter and she wanted a more comfortable environment in which to raise her son, Sol. But once the first winter set in, after she'd moved to her apartment, she invited Feliz to move in with her. "I wanted her to be comfortable, too," Milena said, "the house was too old and cold back then. She needed to be with us, and we were all happy about that. She and Sol didn't want to be apart either. They were very close." This was the point at which Milena felt that her partnership with her Feliz became firm—permanent. A circumstance they trusted and considered to be a blessing.

After they had been in the apartment for seven years, Milena and Feliz longed to return to their *casita*. Of course, the conditions that had instigated their move in the first place, were still of concern. But they applied for a grant through the Department of Housing and Urban Development (HUD); they were approved and with that funding renovated the house to repair

cracks in the walls, replace windows and doors, install central heat, and replace the flooring and even the subflooring throughout the house. With these changes they moved back to their *casita*.

**Feliz:** It was wonderful to come home. It was nice at the apartment, but I wanted to be home, we both did. And now we could keep the house warm, with the furnace and with wood. We still liked to burn wood, that's the best heat. We were most comfortable here. [Feliz 7/10/2000]

Even though Milena had been living with Feliz in her *casita* before moving to the apartment, and in that way they were already accustomed to sharing the space. When they returned to the *casita* after the renovations, there was a sense for them both, that they were returning to the home that now belonged to them both. Home was being together, the three of them, as a family.<sup>45</sup>

## My Rock

For many years Milena and Feliz were, in their own word, “partners.” After Feliz died, Milena told me, through tears, “We took care of each other. We were better partners for each other than husbands would have been, at least the husbands we had.” Over the course of my interviews with Milena, during various periods of Feliz’ aging, decline, and eventual death, it became clear to me that the way she used the term “care” in the previous quote, was very different from her perception of “caregiving.” Different most prominently because before Feliz’ health began to decline, “care” was a gesture in which Feliz and Milena mutually engaged. They supported one another through the practical maintenance of a safe and comfortable home, they supported one another emotional, they offered companionship to one another, and shared all of these elements with Sol as they raised him.

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<sup>45</sup> Janet Carsten and Stephen Hugh-Jones (1995) argue that despite language that might portray houses as fixed entities, symbolically they are quite dynamic as they are implicated in the social makings and navigations of kinship, belonging, and power structures; see also Carsten 1997.

Certainly, Feliz started to slow down as she got older. But according to Milena, “she was still very independent and strong like she had always been.” Shortly after Sol graduated from High School he moved to the East Coast to attend college. Feliz’ primary physician, a gerontologist, diagnosed her with osteoporosis and recommended her for hip replacement surgery.

**Milena:** The surgery went very well, and like always my mom was very brave and strong though it all. And she had recovered a lot. Really fast, in fact, considering she was already in her mid-eighties. She was walking again, with a walker, but she was walking and getting strong. And still as independent as ever. [7/12/2009]

With the success of the surgery and Feliz’ steady recovery, they had every reason to feel optimistic. Feliz was even talking about returning to work at the public schools with the “Foster Grandparents,” a program that places senior citizens in elementary classrooms for a few hours a day to act as surrogate grandparents for the students. In this capacity the foster grandparents would help students with their academic work or with arts and crafts projects. Prior to her surgery, Feliz had participated as a foster grandparent for fifteen years, and she missed being around the kids. But an accident at home transformed Feliz’ physical and psychological status dramatically, and set her and Milena both on a new path.

Milena worked part-time at the local university, and routinely came home to have lunch with Feliz. During the mornings, while Milena was at work, Feliz always kept busy at home, cooking or reading, as she loved to do.

**Milena:** I came home at noon, it was a Monday, I remember. And when I came through the door I heard my mom moaning. I found her on the floor rolled to her side. The walker had gotten caught on the carpet and made her fall. She broke her shoulder and was in a lot of pain. [Milena 7/25/2009]

Milena called the ambulance and Feliz was taken to the hospital. Following the accident Feliz was in a brace for two months, and needed a lot of assistance from Milena for everyday activities, such as bathing, dressing and eating.

Feliz recovered more slowly from this injury, than she had after her hip surgery. But she did recover. However, according to Milena, Feliz never really recovered from the fall, even after the physical pain had subsided and she had regained the use of her arm.

**Milena:** After the fall, my mom has become very fearful. She's afraid of falling again and led by that fear she's stopped doing a lot of things. She doesn't want to walk without someone walking with her, and she just wants to sit or lay down more. Even when she still had the strength in her body to do more. I could feel in her movement in the beginning that she still had the strength. But she became so timid with the fear and eventually her body has followed. After a year like that she had lost a lot of her muscle mass and the strength in her legs and so now it really is hard for her and she really does need help. That was so strange for me to see my mom afraid, to see her timid and delicate. It was so different from how I have always known her. That fall took her confidence away and it shrunk her world because she's become rooted at home, in her chair and her bed, trying to feel secure. [Milena 8/1/2009]

Although the fall, and the psychological consequences of fear, led to Milena doing a great deal more in terms of acts of care for Feliz. Milena still did not identify with the term "caregiver." She'd say, "I guess I am a caregiver, but you know I just feel like I'm doing things for my mom, who I love, just like she's always done for me. I still depend on her, too, she is still my rock and my partner" (Milena 8/1/2009).

And with this statement, Milena articulated the distinction between caring for her mom and being her mom's "caregiver." However, I wouldn't have recognized or appreciated the difference if I hadn't had the opportunity to see Milena and Feliz together before the fall, after the fall, and into the more intensive stage of care that they eventually entered. From our interviews I recognized that Milena struggled to see her mom so fearful and to comprehend why



this woman, whom she had always admired for her strength, could become so timid and allow herself to be so weak. But even with all of the changes to daily routines that ensued as a result of this, it was still obvious to me, in their interactions, that they retained the ease and joy of the companionship and still trusted the security of their partnership with one another. Sitting in their warm kitchen, listening to the crackling fire of the vintage wood stove, the two women embraced me in their laughter and their casual gossip (not malicious gossip, but rather the small talk that friends share as they relay the comings and goings of people they know and the happenings in their community). Indeed, I can best describe the nature of their relationship as friendship. And I would come to understand in the years that passed that this was a defining ingredient between them; one that kept the foundation of their lives together.

### Loss and Grieving *Before* Loss and Grieving

In the years that elapsed between my interviews with Milena and Feliz as an undergraduate and the start of my graduate research—Feliz developed dementia. This change, I came to see, shook the foundation of this mother-daughter relationship, and transformed Milena into a self-identified “caregiver.”

During this time Feliz spent the vast majority of her days in bed. Though Milena insisted on getting Feliz out of bed, bathing her and grooming her daily, and would bring her to the kitchen or living room as often as Feliz would allow. It was never long before Feliz wanted to return to her bed, “to rest.” Milena still talked to her mom all the time, but her own voice predominantly became the only voice she heard in these instances. Feliz rarely spoke, and when she did it was in the form of a moan or cry to indicate discomfort.

When I spoke with Milena during this time, she was easily brought to tears. She seemed sharply aware that the last time we’d spoken about her mom, everything had been different. And

the contrast of circumstances surrounding our conversations seemed to highlight the loss that had developed between them.

**Milena:** [Speaking through sobs] I've lost my mom. I've lost my friend. I've lost my advisor, my truth teller. I've lost my sister, the most important person in my life. She's still here, her body, at least, but she's no longer with me. I just want her back. I miss her so much. [Milena 8/1/2009]

Milena's words and her tears convey the depth of her loss. All of the characteristics of their relationship that were so striking to me, and so obviously meaningful to them, had dissolved. The elements of devotion, unconditional love and support that endured were not purely sustained by Milena alone. Feliz hadn't had a change of heart where all of these sentiments and devotions were concerned, but rather her capacity to be engaged in these ways had been disrupted and eventually dissolved by her cognitive deterioration.

In addition to the deep emotional struggle that Milena was experiencing she was also acutely exhausted. In tandem with the cognitive decline that Feliz had suffered, she had also lost the ability to participate in any significant way in any of her own care needs. Milena did everything for her. Milena continued to work at the university, where she worked twenty hours a week, five days week. Her continued employment was necessary in order to retain her health insurance benefits and to continue to earn the small income that allowed her to meet their household expenses. To accommodate her work schedule, Milena had to rely on agency caregivers to be present with Feliz while she was at work. However, she learned very early that she could not count on them to maintain the standard of care that she expected to sustain for her mom.

**Milena:** The caregivers that they would send were happy to sit with my mom and watch TV, but none of them did a very good job of taking care of her. I would come home after my five-hour shift and find my mom wet. Or maybe they had changed her only once in all that time. I knew, it was easy to see how many

diapers were in the trash. And I didn't want to leave her showering to them, because she was fragile and I didn't want her to get hurt or get sick from catching cold after the bath. So I made sure I had her all cleaned up and dressed before they arrived. And I started to come by on my breaks to make sure they were changing her. I kept her very clean and comfortable. And you know. She never got a bed sore, never. I wouldn't let that happen to her. I wasn't gonna let her suffer in any ways that I could prevent. [Milena 7/8/2012]

This degree of devotion and integrity in caregiving is remarkably admirable. But it also cost Milena dearly in the way of her own physical and emotional health. Her exhaustion was chronic and she felt isolated and overwhelmed.

Milena's emotional state was significantly taxed as a result of the practical demands of caregiving that she was managing, and in this condition she was simultaneously grieving for the loss of her relationship with her life-long companion. She felt alone. However, I must note that Milena's siblings did not abandon Feliz all together, nor did they display any of the hostility that Adeluz (Chapter Five) confronted with her siblings. However, they also took for granted that Milena was carrying the heaviest of the responsibilities related to their mother's care. One of Milena's sisters, Carmen, a nurse, always attended doctor's visits with Feliz and monitored changes to prescription and the management of refills. And Milena's brother, David, stopped in three to four times a week to bring firewood into the house, visiting briefly but regularly. This assistance was certainly recognized by Milena and appreciated, but in speaking with me she had no illusions that Feliz' care was in any way balanced between her and her siblings. The other five of Feliz' eight surviving children, would visit once a month or every three months. While the degree of their lack of involvement did not fall into the category of abandonment, as I'd seen in other families, Milena certainly felt alone in the constant and arduous responsibilities of caregiving. And in truth, her grieving was also different in nature. She had more to lose since her relationship with Feliz was far more intimate and immediate than any of her siblings had shared

with their mother; in addition to the practical demands of caregiving on her own, Milena also carried the unusually heavy emotional weight of losing the engagement of her life partner.

### Confusion and Other Torments

Another consequence of Feliz' dementia was the onset of sundowner syndrome and night terrors. Sundowner Syndrome is a trend of disorientation and agitations that corresponds to the twilight or night hours. Night terrors are threatening or disturbing hallucinations that occur when a person is in a sleep state. They differ from nightmares as night terrors cause people to act out their response to the hallucination in voice or movement, as with sleep-talking or sleep-walking. For Feliz, the combination of these conditions resulted in evening episodes in which she didn't know where she was. She would cry to go home. When she finally did fall asleep, she would commence with wailing and moaning—prey to the hallucinations of her night terrors. These wails were often accompanied with desperate exclamations and crying not to let him in, or to save the baby, or please to take all the dead kittens out of the room and bury them, or to stop them from cutting off the head. It was impossible to identify the specific nature of the threats, or to identify the perpetrators, the endangered ones, or the victims that she was witnessing, because she wasn't awake, nor could she be roused from the night terror to relieve her of the trauma. When she did wake on her own, she had no recollection of any of the night's events, or of any of the horrifying things she was witnessing in her hallucinations.

When these phenomena began, Milena tried very hard to wake her mother, to try to understand what was wrong, to determine if Feliz was in pain (as she seemed to be), to help her, to relieve her discomfort. But the frequency of these episodes and the inability to reach Feliz when she was overcome by this state, eventually left Milena resigned to the reality of the situation and that there was nothing she could do. After months of sleeping on the couch outside

of Feliz' room, to stay near to her in order to try to comfort her during the moments, Milena eventually had to move back to her room at night. The severity of her own sleep deprivation demanded that she withdraw from Feliz during the night to sustain at least a minimum six hours of sleep each night.

**Milena:** To watch the night terrors, to hear her crying, knowing after a while that you can't do anything to help her. It's heart wrenching. To think that she's trapped in those visions and that they're real to her, that the threats and fear are right in front of her eyes, that for her she's really in danger, or she's really watching the death or killing of innocent animals or babies. It's horrendous to watch that. And this goes on for hours and hours each night. I eventually made myself go into the other room, to try my best to resist it and go to sleep, but you can never get used to those sounds, those tortured sounds. I hate that I can't help her. I spend a lot of time outside crying in the middle of the night. [Milena 8/1/2009]

Given the combination of Feliz' almost complete dependence, the decline in her ability to communicate, the night terrors and sundowner syndrome, nearly every aspect of Feliz and Milena's previous life together had been replaced by the labor and traumas of Feliz' diminishing health and cognition.

Before this point, Milena did not identify herself as a "caregiver," nor did she see the ways that she cared for or helped her mother as "caregiving." It's almost as if the term was too clinical before this degree of decline and care-need was at hand. As if the term somehow underestimated the benevolence and sincere love with which she took care of Feliz, as if it semantically distorted the nature of their relationship and her motives or dedication. But as Milena witnessed the character and presence of her mother receding into the conditions of her decline, the term "caregiving" became a more accurate moniker of the work she was doing.

**Milena:** When my mom was gone from me in everything but body, that's when it became caregiving, that's when it was different from the usual shared care that we had always known. It wasn't that I wanted her to be taking care of me, not at all. I just longed for her to still be present, to still be in my life. The way things were.

But by then she was already gone. Yet for some horrifying reason she was still being forced to suffer. How could that be? [Milena 7/8/2012]

The routine tasks that were done day in and day out for over three years began to take on a mechanic quality that was void of the mutual appreciation or affection that they had once shared. This is not to say that Milena didn't love Feliz anymore, quite to the contrary, her grieving was itself an act of love. But at this stage, all of the interrelational dynamics that Milena and Feliz had once shared had been replaced by intrapersonal struggles. This was certainly the case for Milena as she articulated the internal conflicts that she struggled with daily.

**Milena:** Your mind is just a bomb of emotions. You feel sad and lonely; you feel angry with the situation and with God for allowing this to happen to your mom; you question if there is a God if these things are possible; you feel helpless. And in your complete exhaustion you feel trapped and resentful, which is always followed by heavy, heavy guilt. But somehow it was never so bad that I couldn't or wouldn't do it all: the feeding, the changing, the cleaning, the lifting, the grooming, the medication, the healing. No matter how bad it got, no matter how powerless and weak I felt, by some miracle, or hundreds of miracles a day I was able to continue to do it all. How could I, not knowing that she didn't have a choice in this either? I thought, if she's stuck here I'm going to stay by her side. Always. [Milena 9/16/2012]

None of these emotions or tensions are interactive, they are introspective dilemmas that Milena negotiated alone. She wondered if Feliz was aware of her presence, if she was in any way comforted by having Milena with her, but for a very long time these wonderings existed in the absence of evidence.

## Second Loss

It's difficult to believe that the conditions that Feliz was enduring could persist for so long without the threat of death being eminent. The extremes of cognitive and physical decline that I have described in the last two sections of this chapter went on for nearly three years. But a few weeks before Feliz died, Milena did recognize some signs that Feliz was *agonizando*

(dying), although it wasn't until after her passing that Milena retrospectively identified them as signs. She recalled, "My mom became like a zombie. Very stiff in her body. And she wasn't swallowing her food anymore, she would just let it drool out of her mouth" (7/8/2012). But in the midst of all of these worsening conditions, after years had passed with little to no engagement or recognition from Feliz, an instance occurred that Milena considers a "breakthrough."

**Milena:** My mom was already in another place. This was about two or three weeks before she passed away and she was already like a zombie. She was already *agonizando*, but I didn't realize it. I was getting ready to move her to the potty chair to get her cleaned up and ready for bed. I sat her up and I was turning her legs to bring them over the edge of the bed. And I noticed her trying to say something, which didn't often happen anymore. And I looked up at her and she said, very slowly and with a lot of effort, "I love you *jita*." She managed to pull herself out of that far away universe that she was going to, just long enough to tell me. And I kneeled down in front of her and I put my head in her lap and I just cried and cried. Because I knew how hard it was for her to do that, to pull herself out of that state. I heard the words I needed to hear from her. That told me that she knew, that she was aware of my care and my love for her. And those were the last words she said to me before she left a few weeks later. [Milena 7/8/2012]

This moment was deeply meaningful for Milena, and she wept as she recounted it to me. It was a sign to her that the connection between them endured, even if it could not be seen. It restored her faith in that connection. And I believe, that in the days following Feliz' death, that moment helped Milena transition into a life in which Feliz was not physically absent.

It was especially poignant that after Feliz died, Milena described instances in which she felt Feliz with her, and knew without a shadow of a doubt that her mom was with her in the house, resonating love for Milena.<sup>46</sup> "One afternoon," Milena recalls, "I came home from work and I lay down on my bed to rest a bit, and just as I closed my eyes I felt a gentle stroke on my head. It was her hand I felt. It was such a beautiful thing to feel, and I knew it was her"

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<sup>46</sup> For discussion of accounts of the metaphysical presence of a loved one as a reframing of terms of engagement as a means of perpetuating the relevance of the relationship read Bennett and Bennett 2000; Valentine 2008.

(11/7/2012). The gestures of affection and the comfort and security of a loved one's presence were all dynamics that Milena hadn't felt between her and Feliz for quite a while. And that moment when Feliz came out of her catatonic state to tell Milena that she loved her, helped Milena segue back into an emotional space where those gestures and sentiments seemed possible again—only now through a metaphysical connection. This was an immense comfort to Milena.

### Remembering She's Gone

The conversations I've had with Milena since Feliz died, has given me insight into how consuming and transformative intensive caregiving can be. To exist in a timeline in which you perform the same tasks, day after day for spans that can easily stretch out over many years, unarguable changes a caregiver's everyday embodiment. It took considerable time for Milena to adjust to a new pace of daily living that didn't require to be up at odd hours of the night, or to being rushing to and from work or the store in order to get back to Feliz as quickly as possible.

**Milena:** Sometimes I catch myself walking really fast, hurrying through whatever I'm doing. Or I all of a sudden realize that I'm doing things with tension in my shoulders or with a feeling of anxiety to get back home. And then I have to stop and tell myself, You don't need to be in a hurry, you have time. It's been a year now and I'm just beginning to feel like I'm better rested. The tired stayed in my body a long time, and the body aches from all the lifting and shifting with my mom. Five years, and three of those really intense years, really took a toll on my body. I had to relearn how to pay attention to myself and my own health after all those years. [Milena 5/5/2012]

Milena had to reshape her routines and tempo of activity, and to get reacquainted with herself after such a consuming period of caregiving. The weight of all the responsibility that she carried over those five years did not lift over night. In fact, it lifted rather slowly since it had become a matter of habituation—of deeply emotional high stakes repetition, being responsible for the most basic needs of another human being, whom she loved.



Milena was also coming to terms with her loss of Feliz. She still cries easily when she thinks of her mom. She says she thinks about her everyday, remembers her constantly in this home that she still considers theirs, not her's alone. But by comparison to the emotional pain and grieving I witnessed in Milena during Feliz' most severe years of decline, after the onset of dementia and night terrors, her grieving after Feliz death did not seem to me to be a tormented quality of grieving. In many ways, having distance from those most difficult final three years, has made it possible for Milena to repair and take back the memory of Feliz before all of those most trying conditions emerged. During those last three years of Feliz' life, Milena was constantly faced with the reality that stood in high contrast to the life she and Feliz had shared for so many years before. That contrast prolonged and intensified her sense of loss. In the years that have passed since Feliz died, Milena has been able to realign her memories and her connection to Feliz with their history before dementia.

This legacy of benevolent connection is quite different from the disconcerting legacies that Soñia and Adeluz continued to negotiate after their active caregiving ceased. These post-caregiving circumstances highlight the enduring import of long-term relationship histories between caregivers and care-recipients, in efforts to understand the meaning of caregiving, the emotional and psychological motives of caregiving, the costs of caregiving, and the legacies of caregiving for those who find themselves in the role of long-term caregiver.

## CHAPTER FIVE

### Adeluz

*On a rare snowy winter morning in February, I step with relief into the warmth of Adeluz' wood-heated living room. This is our third meeting. I learned from our first two meetings that it would be wise to schedule our interviews for the morning, because they easily run four hours, at least. As with so many things, Adeluz is exceptionally generous with her time.*

*I sit on the couch and pull out my notebook and recorder, and a paper bag holding two freshly baked empanaditas [traditional New Mexican turnover filled with sweet mincemeat, raisins and pine nuts] from a local bakery—a small gesture of gratitude for our time together.*

*“Oh, thank you,” she says, “my Dad is gonna love this.”*

*With a hand on her shoulder I lean toward her and clarify that it's meant for her, too.*

*She smiles and takes the bag to the kitchen. When she comes back she has a folded piece of paper with her and she hands it to me.*

*She tells me, “I wrote this last night. It's to my Dad. Well, it's about my Dad, I guess, because I can't read to him. It's a poem or a letter, I don't know. I don't know what I meant it to be. But I thought I'd share it with you.”*

*As I unfold the page, she warns me that she doesn't know if she spelled things right. It's written in Spanish, and she says, “I never learned how to write Spanish, really, because it wasn't allowed in school, we just spoke it at home. So I just write the words how they sound.”*

*I reassure her not to worry, saying, “I’m sure my Spanish spelling is worse, so I probably won’t even know if it’s right or wrong.” We both laugh. Then she’s quiet as I read:<sup>47</sup>*

Para mi Padre

*¿Padre, por qué ha sido  
tan malo conmigo?  
Nunca ha recibido  
amor de ti.*

*¿Que no aprendites como amar?*

*Te miro a veces  
y un abraso quiero darte a ti,  
pero sé que tú no me quieres.  
Lo sé.*

*¿Padre, por qué nunca tuvites  
amor para mí?*

*La vida mia ya se paso  
todos los años que yo te  
di a ti  
y nunca un cariño me dites*

To my Father

Father, why have you been  
so mean to me?  
Never have I received  
love from you.

Did you not learn how to love?

I see you sometimes  
and I want to give you a hug,  
but I know that you don’t care for me.  
I know.

Father, why didn’t you ever have  
love for me?

My life has already passed  
all the years I’ve given  
to you  
and you have never given affection to me.

*Tears pinch at the corners of my eyes. My face feels hot with sadness. I look at Adeluz and say, “Adeluz, this is so powerful.” Then, I’m quiet—for only a few seconds, I’m sure, but in the silence I quickly sorted through my thoughts. Finally, the post prominent response in my head escapes from my mouth. “I’m so sorry,” I say, “so sorry that he’s made you feel this way. Your words are so powerful and*

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<sup>47</sup> The poem is presented exactly as Adeluz wrote it; I have made no corrections or changes to the content.

*so beautifully written, but I wish you would have never felt what you're describing here. I wish you hadn't had to write this."*

*I refold the poem along the original creases and hold it out to her.*

*"You keep it, "she tells me, "I don't think I want it."*

\* \* \*

Adeluz' narratives suggest that she is a "serial-caregiver." This means she has been the *de facto* caregiver for nieces and nephews, for ailing siblings and parents, and for many neighbors and strangers who have crossed her path exhibiting need. Contrary to her own informal career as a carer, Adeluz recounts very few examples of being "cared for"—either in childhood or adulthood. Illustrating diversity in the spectrum of care, Adeluz' wider care-biography includes the minimal care she received from her parents alongside the extensive care that she has devoted to her father, Alfredo.

Adeluz is her father's sole caregiver. When I met Alfredo and Adeluz in 2012, Alfredo was 95 years old. My first impression of him was that he looked quite healthy and strong for his age; Adeluz offered the same assessment in our first interview. This is not an evaluation based on standardized measures of gerontological health—a questionable enterprise in its own right, it is a lay judgment.<sup>48</sup> My initial perception is based solely on visual cues, that I see him walking and that he stands considerably tall and considerably straight—as opposed to the bowed backs that I have observed among numerous elderly persons who are younger than Alfredo, in the

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<sup>48</sup> Stephen Katz (1996) in his book, *Disciplining Old Age: The Formation of Gerontological Knowledge*, argues that biomedical discourses have shaped the "aging body" as an "illness," oriented around processes of decay and decline. He advocates for an inter-disciplinary revolution within gerontological studies to better see illness and wellness within broader contexts and more importantly to explore aging in ways that do not always resort to framing aging processes as pathological. For further critiques of the medicalization of aging as "pathology" see Schaie and Willis (1999), Bengtson et al. (1999), Hendricks and Achenbaum (1999). For a discussion on public bias to equate aging, almost exclusively, with decline and decay, see Gullette (2004).

course of my research. Adeluz, as Alfredo's *medical emissary*, bases her assessment of his relative good health on the fact that none of the daily issues they negotiate together are unmanageable.<sup>49</sup> Despite chronic discomforts or risks of falling, Alfredo's has very few "formal" diagnoses or prescription treatments. In the context of home care this means Adeluz predicts he will live for several years to come. His "relative" good health does not mean, however, that he can perform the innumerable tasks of self-care required for sustenance, hygiene, or comfort. These activities are wholly in Adeluz' hands, his fifth child of eight.

Adeluz cares for her father in the very house where he was born nearly a century ago. She and her siblings were also raised—and many of them were born—within the same adobe walls. Five of Adeluz' seven siblings live between twenty feet and fifteen miles from her front door. Despite their proximity Adeluz feels she and her father have been abandoned by them; said another way, she feels they have abandoned her to him and vice versa. In the sixty years since Adeluz' birth there have been many iterations of "care" both fulfilled and unrequited between her and Alfredo. Care between them has been especially complicated by Adeluz' long history of being verbally and emotionally abused by Alfredo, a dynamic mimicked in her relations with certain of her siblings.<sup>50</sup> Their shared history of care given, care denied, and care undermined have borne consequences on both of their bodies; and in the embodied articulations of everyday interaction wherein their experiences coalesce.

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<sup>49</sup> I am using the term *medical emissary* to refer to the informal role of managing the logistics of healthcare events and routines, such as: scheduling medical appointments, accompanying a care-recipient in medical appointments, managing the intake of medications, monitoring symptoms, performing home therapies for chronic issues.

<sup>50</sup> Michael Lambek (2011) raises the issue of sibling rivalry as a demonstration of kinship being a theft rather than a gift. He emphasizes the role of acts of kinship in constituting qualified kinship roles. See also Nazli Kibria (1993) for an ethnographic exploration of gendered power differentials within kin networks.

The question of interest here is how Adeluz, one of eight children, came to occupy the role of sole-caregiver for her 96-year-old father. Adeluz' lay career as a caregiver provides insight into the social processes of "becoming the carer" within a particular *kin body*—corollary of persons discursively identified as a "family." Adeluz echoed this question herself when she asked, "Why me?", or "How did things end up this way?" often through tears when overwhelmed by the relentless minutia of the day's demands, or overcome with the emotional ache of recounting old regrets and misfortunes that stubbornly refuse to be tempered by the passing of time. This chapter represents a blending of perspectives, Adeluz and my own. For her part, Adeluz imparted reflections on the contours of her past, her present, and the prospective future(s) for which she longs as well as those she fears. These I interlace with observations that I made as a companion during our long hours of conversation and as a witness of her doings in the intermediate moments when she was drawn away from talk by the work of caregiving. The insights she directly communicated along with the indirect details she enacted slowly shaped my impression of Adeluz' disposition and her circumstances. The narratives and discussion included below are meant to illuminate the intricate and lengthy processes that fashioned: (1) her status as a caregiver; (2) the experiential details of that role; and (3) and the emotional and physical import of her caregiving context.

Because I am interested in Adeluz' broad trajectory toward becoming a caregiver, I introduce a multitude of her kin relationships beyond that with her father. I am not concerned with the factuality or objectivity of Adeluz accounts—neither, frankly, are realistic measures in ethnographic research. Rather I am interested in learning what elements of context and experience are important enough to her that she chooses to convey them to me. This alignment is

in keeping with the priority of examining the impact of long-term relationship histories in shaping a kin caregiver's experience.

Today (always)

Arriving for our first meeting I knock on the wood frame of Adeluz' screen door; the warped structure rattles. Standing in the sun of the porch I can see nothing within the dim lit room, but through the darkened screen panel I hear the familiar radio broadcast of the rosary being recited in Spanish, rendered ever more solemn through the deep distorted reverberation of old speakers. After the second knock, Adeluz calls out, "Hi," her voice growing closer even as she says, "I'm coming." When I step in she invites me to the sofa and points toward two bottles of water on the coffee table, saying she got these ready for us so we don't get thirsty while we talk. She sits at the front edge of the sofa, two densely stuffed pillows wedged in behind her. The position hardly looks comfortable, but she explains that she has severe pain in her lower back and this position, teetering on the edge, is actually the best for managing and minimizing the pain.

I suggest, "Why don't we begin with how you are today?"

She repeats the question, "How I am today? Oh Lord." Gesturing with something between a laugh and a sigh, she shakes her head and then quiets; she is trying, it seems, to decide where or how to begin.

As a gentle nudge, I redundantly add, "Now in your life?"

In response, Adeluz leads with this phrase but quickly amends it with, "I've always felt," reshaping the scope of the question to anchor her present to her past:

**Adeluz:** Now in my life I've always felt like I'm, like I've never accomplished anything in my life. I've always felt like I'm obligated—obligated to do whatever

I've done. Everything has always been not asked of me, but expected of me. Like I was not asked to take care of my Dad—I was not asked, but yet it was expected of me cause I didn't have a life. Everybody looked at me as if I never had a life. Everybody had their own lives—their own dances, their own weddings, their own schooling, their own vacation times, their own (extending both arms out in an advancing motion)). They had to go here and they had to go there, and Adi [Adeluz' nickname, used in third person here] was supposed to stay home: And you take care of the dog, and you take care of our Dad, and you take care of everything. [Adeluz 1/25/2012]

Adeluz' response does more than situate her current circumstances within a larger historical narrative, it nests her own subjective valuation of her life and of “herself” within a persistent cycle of obligation. In her estimation, her present does not result from a past so much as it reflects on an “always.” She looks back only to see a monolithic “sameness” that has *always* been characterized by obligation and scant self-worth. And when Adeluz says, “I feel now that nobody is going to take over my place unless I die” (1/25/2012), she alludes to the ways that this subjective assessment also constricts her imaginings of future (short- and long-term) possibilities.

The passage also introduces a dichotomy between obligation and accomplishment. This is a significant theme in Adeluz perception of her life's trajectory and her self-image. For her, anything done out of obligation is wholly incongruent with personal accomplishment. In a framing within which personal accomplishment is symbolic currency for self-worth, Adeluz' self-perceived lack of such currency reinforces her belief that she does not count—that she “has never had a life.” For her, the very fact that she has and continues to find herself in a position *to be* obligated is proof of her lack of social value or potential. As a result of this framework, Adeluz resists seeing the quality of care that she provides for her father as a positive testament of her abilities or character (i.e., as personal accomplishment). However, many of her acts of “caring” (for other kin and non-kin alike) fall outside of contexts of obligation; still, her



diminished self-esteem restricts her from seeing even these altruistic acts as evidence of positive self-worth.

There is one additional criterion for personal accomplishment that makes it viable as a symbol of positive self-worth, that is, it is a pursuit that extends beyond the domestic sphere.

**Adeluz:** But I'm just tired, you know. Last night I was really very miserable, unhappy I think. I was just thinking, where has all this gotten me? Where? You know how they say that God puts us in this world for one mission and he knows the reason. I guess he has a funny way of making you do things that you don't wanna do. Like to be a failure in a way. I mean I failed at everything but I haven't failed at this. I failed at everything in my life, you know like I thought of becoming something professional, where I could say, "I have my retirement to look forward to." Where I could go on a vacation, or I could do this or I could do that. You know I failed at all that, but yet I'm still at this—I'm still at the point that I've always been at. And my life, it just went. My life just disappeared and I didn't achieve anything, I didn't become anything. I remember when an old school friend told me that she was gonna go to the community college, I remember I felt so sad. I felt like—she's gonna make it and I'm not. And I was ashamed. I thought, she's gonna become something. Her child is gonna be proud of her and mine's not. [Adeluz 1/30/2012]

In this passage, as in previous others, Adeluz makes reference to particularly extrovert prospects—dances, weddings, vacations, schooling—as examples of “having a life” or “becoming someone.” They are public endeavors, enacted by *going* somewhere, by being *with* and *among* people beyond one's immediate kin. These examples are in essence outside of the social parameters of home and family, and as such one chooses to attend them, chooses to leave home (the default space to be in), chooses to be present with and exposed to persons outside of the home environment. On the contrary, Adeluz' subjective identity is defined predominantly by home and family. Though she does leave home to shop and for medical appointments (her father's and her own) these outings are nonetheless oriented to her domestic occupations. And though she does make social visits it is almost exclusively to the homes of relatives or friends. Her activities outside the home simply reinforce her tether to familial domesticity.

It's important to note that Adeluz and I, within our conversations, were both concerned with "becoming." However, you can see from this passage that we are framing this term in very different ways—alluding to very different implications. For my part, I am interested in the term *becoming* as a reference to those processes that have contributed to Adeluz' development as a "carer"—a person with a broad and generous capacity to be sensitive to need and to contribute positively to the condition of others. My framework begins from the perception that Adeluz *is* someone worthy of note, whose biography exhibits a diverse range of social contributions, which I interpret as socially-articulated value. Adeluz, on the other hand, employs the term *become* as in, "become something," to describe a status of human worth and perhaps worthiness that is achieved as the result of living a life that consists of being social and pursuing educational or professional achievements. A status she feels she cannot claim. For Adeluz, no such value, as is necessary to "become something," can be acquired within the context of home or under the conditions of obligation. Those attributes—her commitment, her endurance, her generosity, her high standards of care and personal conduct—that are especially noteworthy in my assessment of human value are in Adeluz' appraisal, unremarkable. For her they do not count because they are manifestations of domestic isolation and obligation.

Adeluz believes that her circumstances are the product of being left behind by her siblings—because her life, unlike theirs, did not hold enough value to merit independence or choice. She was Alfredo's default caregiver—selected automatically and without ceremony.

**Adeluz:** Concerning my dad, I have to do it. But it's not a thing that I enjoy. I don't enjoy it. You know I've thought about it, I think about it a lot at night, when I put him to bed. I used to like to watch TV and now I don't have the energy to do that. I lie down and my mind goes to (she pauses, tears welling up)—just thinking, thinking, thinking of why? And I ask God, "Why me? Why, of all the seven kids that my dad had, why me? Was I the stupid one, (crying harder now) was I *el burro* [the mule]? Why was it that it was expected of me, that I had to do

this.” I think to myself, it’s not fair, it’s not fair that I’m in this situation. I didn’t ask for it. And now I’m so (voice becomes languid), so tired and angry. And I think to myself at night, how long, how long am I going to have to do this. I ask God and even get mad at God and I tell him, “Is there a God? Are you there? Do you care?”

I mean I can’t say that I’ve had the best life, cause I never had it good. I can’t even remember when I laughed, I can’t even remember when I enjoyed something. Now, my mind is at the point of being tired, so tired. When I say, “I’m tired,” I mean ~I’m tired~ (drawing out the words to emphasize their intensity). You know, I wanna give up, I wanna give up. I don’t know, I just I wanna stop, you know I want the world to stop. And I wanna say, “No more, get somebody else to do this, you know I don’t wanna do it anymore.” But nobody cares, I know now that I’ve asked my sisters and my brothers--I’ve asked them, I’ve written letters to them. I’ve even gone as far as going to legal aid and writing letters to them and telling them that I need help, and that he’s their father and that they should be there to help me, at least at night, you know to sleep here, to help me with him. Anything. They don’t answer me (shaking her head), they don’t talk to me. [Adeluz 1/25/2012]

This passage captures the accumulated emotional exhaustion with which Adeluz struggles. It also introduces three primary categories of power within her life: God, family, and personal agency.

Adeluz is a devout, privately practicing, Catholic. She does not attend church, but she does observe masses within her home through radio and television broadcasts. Her garden, as I described in the opening of Chapter One, prominently features a traditional Catholic altar and other symbols of her faith. She devotes much of her time to prayer, and has maintained a practice of written prayer in her journals for nearly five decades. But her spiritual engagement is fraught with conflict as she seeks comfort and solace for circumstances that are chronic, for which she sees no near end. Feeling that she has always and will always be in these circumstances leads Adeluz to vacillate between three sentiments: (1) that God will not intervene because her circumstances are the preordained cross she must carry; (2) that she is unworthy, even, of God’s intervention; or (3) that the absence of relief is evidence that God does not exist. I will focus on the ongoing role of religion and faith in Adeluz’ care biography in a later section of this chapter.

Here I want only to situate God as a dominant category of power in Adeluz construction of the limits of personal autonomy.

Her siblings exert power by way of inaction and absence. Despite their proximity within the same community and even the same neighborhood, they let months or even years go by without visiting or engaging their father or sister in any way. However, over the course of their shared history there have been many instances when Adeluz' siblings asserted their authority and disregard for Adeluz' autonomy more directly.

For her part, Adeluz is not altogether passive. After all, she has made phone calls, written letters, and pursued legal consulting to attempt to have them share in Alfredo's care. Still, she does not seek care assistance from agencies or institutions outside of the parameters of her kin network (e.g., in-home care agencies or nursing home facilities). She refuses to entertain the prospect of moving Alfredo into a nursing home. The foundation of this position is summed up by her statement, "He's always been here and it's always been me" (Adeluz 1/30/2012). Here again, "always" is a powerful description that effectively stagnates the possibility that things have ever been, or could ever be otherwise.

In time, however, through her autobiographical narrations, Adeluz revealed key elements of the process of becoming *the* family caregiver; shedding light on events and features of kin and extra-kin relationships that challenge the monolithic "always." These elements suggested cumulative patterns that gradually hedged Adeluz in toward her current circumstances.

**Adeluz:** Like I said, I feel like I'm on a piece of ice and I don't get anywhere. But then maybe in my own stupid way I never really tried because of the fear, you know with the stupidity of having those damn panic attacks. Maybe I did it to myself. [Adeluz 4/29/2012]

The “panic attacks” are one such aspect in Adeluz’ history. They are a reference to her history of agoraphobia. In the next section I will examine the role this condition played in the processes of her development as a “carer” and as Alfredo’s “caregiver,” in the particular context of her wider kin network.

### Seclusion and Compromise

Although Adeluz is no longer, by strict definition, agoraphobic—she is now able to leave her home and venture into her community—she nonetheless continues to suffer from the disorder’s social legacy or rather from the legacy of patterns that were set in motion by the adolescent onset agoraphobia.<sup>51</sup>

**Adeluz:** Before all this [her current circumstances] I was sick. When I was in high school I got that agoraphobia, which I didn’t know it was agoraphobia, I didn’t know what was going on with me, I just felt that I was so afraid to go out. I thought I was gonna die, you know, something is gonna happen to me, I was gonna die. So I secluded myself in the house and I would feel safe in the house.  
[Adeluz 2/5/2012]

In 1963, Adeluz did not have a point of reference for the anxiety she was feeling. It was more than 20 years later—after her panic attacks had already dramatically subsided—when she first heard the term *agoraphobia*<sup>52</sup> in a television report, along with an affirming description of the fear and panic that were so familiar to her.

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<sup>51</sup> Agoraphobia, as defined in the DSM-V (2013), is intense fear of real or anticipated exposure to public situations, such as: being in public spaces (both open and enclosed), being in close proximity to other people in public situations (lines or crowds), being outside of the home alone. The fear is disproportionate to actual risks posed by these contexts. The situations that trigger fears are avoided, which significantly restricts the sufferer’s range of social activity.

<sup>52</sup> For a key anthropological text on agoraphobia see *Constructing Panic* by Lisa Capps and Elinor Ochs (1995). This person-centered ethnography explores the role that narration of panic plays in the construction of illness (agoraphobia) and identity as an agoraphobic self. See also Hinton and Hinton

Before then, before being able to name her experience, Adeluz contemplated her condition within the broad and ambiguous notion of being “crazy.” She recalls the following episode when I ask her when the panic attacks began:

**Adeluz:** When I went to register for my 11<sup>th</sup> grade year. We had to go into the gym and we were registering there and all of a sudden I started feeling that anxiety and I thought, oh my god, I have to get out of here. I couldn't, I just ooph (shivering and grasping her hands together with the memory of the intense sensation). It just hit me so bad that I thought, I have to leave, I have to get out of here. I started walking home, I remember, and ohhh... I felt like I was gonna die on my way home. I felt like I was miles and miles and miles away from my house. I kept walking, walking. I kept thinking, oh my God am I gonna faint—am I gonna pass out here? What's going on with me? When I got home I went in my room and I just started crying. And I thought, What's wrong with me? So I hid myself. Then it just escalated and I just stayed home for so long that I thought I'd never leave. You know I thought I was crazy. I thought I was really crazy; I thought I had to be admitted to be in the mental hospital. I was very afraid of that. I was so afraid of that, that they would take me and I was gonna be in the *silo* [mental hospital] forever, you know. And that would scare me even more.  
[Adeluz 2/5/2012]

The thought of being “crazy,” a nebulous category that essentially reduces mental illness to a pejorative classification, left Adeluz feeling exposed to other people's judgement and at risk of being shunned through institutionalization.<sup>53</sup> She sought rather to conscript herself to isolation within her own home.

The “*silo*” that Adeluz refers to holds a noteworthy position in the history of northern New Mexico. The local mental health care facility was originally named the Sangre de Cristo

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(2002), who, like Capps and Ochs, make space for a discussion of the role of memory and memorial imagination in constructing experience through narrative practices.

<sup>53</sup> Many anthropologists have offered valuable critiques regarding the ways that formal diagnosis of mental illness can limit, disempower, or delegitimize lay intrapersonal understandings of illness (Desjarlais 1994; Crossley 2004). However, interpretive differences are not always incongruent. For example, Killingsworth, et al. (2010) provide an excellent ethnographic example of how discordance between lay/local understandings of illness and formal biomedical diagnosis of “mental illness” can create a welcomed “space for [diagnosed persons] to produce their own redemptive medical narratives”(2010:121), thereby contributing to an adaptive framework of self-interpretation and social representation of self that is experienced as empowering.

Insane Asylum, a title that it formally retained through 1968. At the onset of Adeluz' panic symptoms, then, it was still formerly the "Insane Asylum." The Asylum, being the largest employer in the county at that time and to this day, figured prominently in the local imagination. Growing up, Adeluz heard stories about a basement in the hospital where they would tie up the "really crazy" people. The colloquial term, *silo*, itself conveys the social anxiety of these rumors; common translations include: a subterranean granary (silo), a cavern or dark place, storage pit, bunker. The imagery was certainly unsettling for Adeluz who—overwhelmed by unfamiliar anxieties for which there was, to her knowledge, no local precedent—took herself to be teetering on the precipice of lunacy:

**Adeluz:** I was even afraid of the building. If I heard someone talking about it, I could see myself there, locked up or tied up in the basement. My stomach would feel sick, like with butterflies, just imagining it. [Adeluz 2/5/2012]

This alternative scenario of isolation made Adeluz cling to her home all the more rigidly. The walls of her home that constituted the furthest limits of her exploration seemed free when compared to the cold incarceration that she imagined took place within the asylum grounds. For the relative security of home she was willing to make compromises with her parents (as she was living under their authority) and with herself.

Adeluz had to negotiate permission to leave school and be allowed to stay home with her mother, Carmen. It was in those exchanges that the terms were established that would afford her the freedom to choose isolation.

**Adeluz:** I told my mom, I said, "I can't, I'm not going to school. Either I stay at home or I'm gonna hide somewhere, I'm not gonna go to school." So she told me, "Well if you're gonna stay home, you're gonna have to clean the house." And I said, "Okay." And that was it, that was the beginning of the end, I think. I remember I couldn't talk to my mom about it, I couldn't tell her anything. And I remember one time sitting outside on the porch, cause that was my limit you know, I couldn't go further than that. I was sitting on the floor and my mom said,

“Well, what’s the matter with you? What's wrong with you?” [Adeluz mimics an annoyed tone]. I couldn't answer her because I didn't know. I didn't know what to tell her. And I just started crying and crying and I couldn't explain it. I just had my heart full of tears. And she didn't even hug me, she didn't tell me, “Well, I'll take you to the doctor.” She acted like, you're making something out of it more than it is, like a mountain out of a molehill. And to me it was like Mt. Everest. It was like I was dying inside, I was just breaking. And it didn't matter to anybody. [Adeluz 2/5/2012]

In addition to her seclusion and despite living in a full house consisting of two parents and seven siblings, Adeluz was alone. She didn't have anyone with whom to share her fears, and as she explains she didn't have the words with which to explain them even if someone cared to know.

After learning of her mother's response, I asked Adeluz if her Dad made any objections to her not going to school.

**Adeluz:** No, as long as I was cleaning the house it was okay with him. The house was clean and it had to be clean everyday and everybody had their life, and everybody went out at night and everybody went riding and everybody had their life. [Crying] I had to be cleaning the house because I had to keep my sanity one way or another. I had to keep my sanity and that's the only way I knew how to do it; by cleaning and cleaning and washing and painting the house and doing this and doing that. And I think I'm still here cleaning, I'm still in this place. [Adeluz 2/5/2012]

In time, it seems, Adeluz' siblings became equally acclimated to her role in the household.

**Adeluz:** Yeah, I was cleaning after them too, I was doing everything, everything, everything. We didn't have a washing machine and I used to wash the clothes by hand in the *lavadero* [tub and washboard]. I would separate the little kids' clothes, the smaller ones and I would wash my dad's clothes and my mom's clothes and mine and then I would think, I'm not gonna wash Gloria's, I'm not gonna wash Phelia's you know, and all of a sudden I'd be washing and washing and washing, the piles would never go down and I would think well I'm never gonna finish washing—cause they would stick their clothes in the piles of clothes and I didn't even know I was washing it. And I thought to myself, well no wonder I never finish I've been washing everybody's clothes here. And then I would tell my mom, “Well they should wash their own clothes.” And she'd say, “If you're not going to school you're going to have to wash clothes, if you're not going to school you're gonna have to clean the house, if you're not going to school you know you have to do this and that.” I preferred to be a slave than to do anything for me, you know. And I'm still doing it. So I've gotten to the point of not expecting anything anymore, to the point of just being so tired. And I get angry and I say to myself,



“You fool, you know you’re just a stupid damn fool. You did everything to yourself so just shut up and stop complaining.” And I’m still doing the same thing. [Adeluz 2/5/2012]

This narrative clearly foregrounds agoraphobia as the catalyst for Adeluz’ singular adoption of the bulk of her household’s chores. In the simplest terms, proximity was the key feature that determined the conditions of her household status. If she was going to stay at home day after day, hour after hour, then she was the one that would be most conveniently situated to handle the care of the home environment (its cleaning and maintenance). But I would like to infer a deeper context of proximity—that of *value proximity*.

According to Adeluz autobiography, she was looked upon by her parents and siblings as the one without a life, especially once her agoraphobic symptoms set in. This devaluation of her and her imagined social potential made her options—of alternative preoccupations or productivity—expendable. Thus, she was gradually cast as the one “best fit” to perform the mundane duties of cooking and cleaning, and eventually, to caregiving. Adeluz refers to herself above as a “slave,” similarly Alfredo has referred to her in the past and recently as “the maid.” These references overtly situate Adeluz in a lower and detached status from that of daughter or sister. Adeluz’ narrative and these terms of address suggest that a corollary was established between her social value and the “lower” domestic tasks that eventually fell within the purview of her assumed domestic role—in exchange for unquestioned home seclusion. This corollary astutely captures my intended meaning of the term *value proximity*—wherein a relative closeness or disparity is asserted between a person (or object) and a role (or use).<sup>54</sup> In this context Adeluz

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<sup>54</sup> This notion is derived in part from studies in proxemics (Hall 1963, 1968), as well as cultural research on status specific occupations, for example, Patricia Jeffery, Roger Jeffery, and Andrew Lyons (1989) research on the polluting work of attending to childbirth as performed by Harijan (formerly Untouchable) dāis in rural Bijnor in northern India.

was deemed to be better suited to cleaning than her siblings who were involved in, and derived value from, various external social endeavors (cheerleading, basketball, student council, etc.).

An understanding of Adeluz' kin history, precursors to those fears that eventually culminated in her domestic seclusion, helps to explain her current situation. Adeluz' relationships with her mother and father are central. However, we will see that these relationships are significantly shaped by concurrent histories of their engagement with Adeluz' siblings. Difference and segregation seem to be marked features of Adeluz' positioning within her family from a very early age; both are features that made possible and later reinforced their indifference to and exploitation of her domestic isolation.

### The Other Daughter

When Adeluz' panic attacks reached their peak and she rooted herself in her home, hiding, she yearned for her mother's empathy. She longed for reassurance that this was the worst of it, that her fears and pain wouldn't get worse, that there was hope for relief.

**Adeluz:** That day when I was sitting on the porch and my mom asked me what was wrong with me, I just wanted her to hold me and tell me "you're gonna be okay," to tell me that I wasn't gonna go to the *silo*. Instead, she just turned around and said, *como* [like], bugged with me, "*Oh, llorona* [crybaby]." [Adeluz 2/5/2012]

By that time, however, Adeluz had a long history of stirring only annoyance in her mother, though indifference was by far the most customary.

These tones of negative attention, or inattention were sharpened all the more as Adeluz witnessed, time and again, her mother's benevolent engagement with Sela, Adeluz' older sister by two years. The disparity in her mother's affections figures prominently in Adeluz' narrative of self-development, in her explanation for the origin of her diminished self-worth. Before the

onset of Adeluz' agoraphobic symptoms, the disparity was often played out through unequal resource distribution and gift-giving.

**Adeluz:** I remember one time my mom was working cause she used to work at that time cause my mom would sell wood. And I remember she had gotten paid and I was, well we were so many kids you know, and my shoes were torn and I was still in school, they were torn. We used to wear those white shoes, tennis shoes. And they were torn right here, like cracked right here. Cause you used to use that shoe polish and polish them 'til they rotted. And I remember, well I was already in the eighth or ninth grade, maybe. And I remember Sela was a cheerleader and she was very popular. And I remember my mom one night, that day that she had gotten paid I told her, "Can you buy me some shoes? My shoes are torn." And she said, "*Oh, como fregas, que se tiase que estoy hecha de dinero* [Oh, you bother so much, do you think I'm made of money]." She said. "I don't have money." So I thought okay, she doesn't have the money for them. So that night, I remember, as God put me on this earth I remember, I was in bed and Sela was gonna go with the cheerleaders on a trip, I think to Los Alamos. And she had like a pretty outfit, you know pretty shoes and pretty socks and everything and I remember that that same night my mom told her, "*Toma veinte pesos, pero que no sepa la Adi* [Here, take twenty dollars, but make sure Adi doesn't know about it]." And she told her, "*No le digas nada* [don't tell her anything]." And I heard it. And I guess that was one of the times that I started hating my mom, cause I thought, how dare her do that to me. I thought, you know I needed a pair of shoes, and they were only like \$4. And I started getting this anger towards her. And I didn't say anything, but I was embarrassed to go to school with shoes like that (retraining her tears). And Sela was all prettied up and everything. I think I started hating my mom then, because she showed Sela so much compassion. You know, they would come in hugging each other. And I was just so hurt that she didn't have enough for me—but she had enough for her. [Adeluz 3/14/2012]

Later, after Adeluz seclusion within the house was established, her mother's ambivalence towards her took the form of outright exclusion from the mother-daughter outings that she pursued with Sela.

**Adeluz:** I don't remember her ever caring, or loving me. I felt like if I was just a giver, like I had to satisfy everybody and be *doing* to be accepted. I remember one time I was painting because I had to something, and I told her to buy me some paint to paint the house. I would paint the whole house in one day; I would paint the whole house just to keep on, so my mind wouldn't think of things. I was in that room, it was the hall at that time, and I was sitting at the bottom painting and my mom and my sister Sela came in. My mom was hugging her and she was whistling. And they were coming in and I told my mom, "I'm so tired, can you tell [Sela] to help me finish." And she told me, "*Pues, quien te trae at ti de limpiona*

[Well, who has you as a maid],” she told me. And it was like another slap in the face, like I didn’t have—oh, how can I say it—like I didn’t have value, it was like, you’re doing it because you wanna do it, so just keep on doing it and shut up. So I finished by myself. But with Sela she was always talking and laughing, and they’d go to the store. Well, see, I couldn’t go because I was afraid. But she’d say to Sela, “Let’s go to town.” Let’s go to this and let’s go to that and they would come laughing. And I was always there thinking, Oh, I wish I could go. [Adeluz 3/14/2012]

Adeluz, was not the only one that noted the differential treatment and status between her and her sister. Adeluz notes that Sela was also keenly aware of being the beneficiary of their mother’s inequitable attentions; and even today Sela recalls, without remorse, their mother’s inequitable generosity towards her.

Adeluz’ strategy to perform acts of household service in hope of meriting affection and affirmation from her mother was clearly unsuccessful. Moreover, it instilled in Adeluz a rather contradictory criteria for self-reflection regarding selflessness and service. She was made to feel, in her word, “stupid,” for investing her energy in tasks like painting or washing everyone’s clothes in the first place; but only, mind you, when she asked for help. Four decades later Alfredo chides Adeluz about her charitable doings, in much the same way. Adeluz recently told me that she had been helping her niece-in-law care for her terminally ill mother. She would come home to find Alfredo furious with her for being gone too long—no more than two hours. When she explained why she was away Alfredo dismissed her efforts by saying with a smirk, “Why are *you* going, did they confuse you for a doctor, or what?” The historical and ongoing patterns of being dismissively ridiculed for her domestic or charitable endeavors has clouded Adeluz’ ability to see, for herself, the merit in her own deeds, as will be discussed.

There are multi-dimensional origins which had an impact on Adeluz’ domestic occupations. Consider the following passage:

**Adeluz:** I had to keep busy, you know I always had to keep busy. I would get the dirty clothes and I would wash clothes and wash clothes and wash clothes, and then when it came to hanging the clothes outside I couldn't do it because I couldn't go outside, you know, because I was afraid. I couldn't even go out to the mail. I had to stay in the house. So I would tell my mom, "I washed all the clothes, can you tell the girls to hang it." And she'd say, "Well who has you washing it, why can't you go hang it." Not even, "Yeah, I'll tell them to hang it, you washed it so they should hang it." [Adeluz 2/26/2012]

First, there are three interpersonal patterns at play: 1) the tasks of cleaning and cooking were conditions that her mother set forth for her in exchange for being allowed to withdraw from school and from the wider external world; 2) Adeluz' diligence in performing these tasks was deployed against her by her mother, as it is now by her father, as a criticism that she was the fool that was willing to take these tasks on, and she couldn't expect to have others do the same; 3) Adeluz' siblings—by witnessing and benefiting from Adeluz' consistent and competent performance of these domestic tasks, and likewise by witnessing their parents' indifference toward Adeluz' hard work and her pleas for help—became acclimated, themselves, to passively allowing Adeluz' to become "the maid."

Second, the last two passages also reveal the blend between the interpersonal dynamics outlined immediately above, and the *intrapersonal* motives that led Adeluz to perpetuate these domestic patterns, namely: 1) to be busy, as she says, "so my mind doesn't think of things," highlights the use of her domestic doings as a method of self-diversion from the fears and anxieties that plagued her; and 2) the impulse to perform household deeds to elicit positive affirmation and acceptance from her parents; despite the ineffectiveness of this approach throughout her early life history. Offering another, earlier, example of this impulse to please, Adeluz recounts:

**Adeluz:** If my Dad was chopping wood I was always the first one out there, you know I would try to get out there, cause he had a little *cajete* [box], and I would fill it up with *leña* [firewood], you know I would bring it by myself, little, I was

little, I was maybe about 8, 9, I would bring it by myself, just to get that approval, just to get that, “you're a good girl,” you know, “you did good.” And I never got it, [taking a deep breath to try to speak through the oncoming tears] I never got it from anybody. [Adeluz 3/14/2012]

Ironically, the means by which Adeluz chose to prove herself, through household labor, seems instead to have helped forge a dynamic of kin peonage. Ultimately, her willingness to do the chores, her impulse to do them well in order to impress her parents, and her desperation to be afforded the seclusion she felt she needed, no matter the terms, only left her more vulnerable to familial exploitation.

Adeluz offered an explanation for her mother's cold indifference—a framework to justify the emotional abuse she suffered by assigning a cause to it. Adeluz pulled out a small worn baptism book, the size of a passport, that listed the birth date and baptism date for her and all of her siblings. She showed me that fifteen months after she was born, her mother gave birth to another baby girl, Clara, who died of unknown causes before she was a year old. Adeluz believes that her mother's hostility towards her was catalyzed by her mother's grief over Clara's death.

**Adeluz:** I really have...*not very little* self-esteem; I think I have *no* self-esteem whatsoever. You know, I even question God: “If I would have the chance to talk to you, to confront you, I would ask you to erase my life, you know, everything about it.” I wouldn't of, I wouldn't of wanted to be born. First of all I think I was like a burden, I think my mom had so much pain after that child died—and she was beautiful. After that she didn't have enough time for me, because she was mourning for that other child. And I think I was, like, left behind with her pain. In those times, you know, it was very hard to even cry for your children or anything, so she showed it by shutting me out. So this little girl, her name was Clara, my mom used to talk very little about her—only to say that she was a beautiful little girl. She would say that she had golden brown hair. I think a lot of my self-esteem that has not ever been good, that it was because of the loss of this child. We were so close [in age], only fifteen months and I think my mom had so much pain of losing the child that she, well, she put me aside. I was not, like, nourished enough; I was not hugged and cuddled. Maybe I just wanna cover it up, maybe I wanna give [my mom] a reason to be angry at me, I wanna justify what she's done to me,

so I think to myself maybe it's because the baby died and she didn't have time for me because the baby died. I give her that excuse, I give my mother that excuse to treat me the way I was treated. Because she didn't treat the others like that.

[Adeluz 2/6/2012]

This theory does not ameliorate the anger and disappointment Adeluz feels for her mother, but it does prevent Adeluz from deeming herself—and all the features that she feels constitute her “self”—as the sole cause of her mother's unaffectionate manner. However, this theory also attributes her mother's love, and subsequently her mourning, for the baby daughter as a result of the child's beauty. Thus, believing herself to be overtly unattractive, Adeluz has constructed a theory about the “beautiful little girl” that only reinforces her perception that she is qualitatively less than her sisters in terms of feminine beauty.

Five years after Adeluz announced to her mother that she couldn't go back to school—pleading with Carmen not to force her—she crossed her property line to watch her mother's funeral. She was 22 years old.

**Adeluz:** When my mom died I couldn't go to the mass. And I couldn't be with the people here when she died. Victor, my cousin, he came for me and he said, “Let's go to the mass.” and I told him I couldn't, and so he said, “Well, you're gonna go to the burial, I'll take care of you, I'll take care of you.” We went to the cemetery and we parked way on top of a little mountain. And I turned around and I saw the hearse coming and the cars, ohhh and it was like, like I was gonna go into the grave with her. Victor got me down from the car and he said, “Let's go,” he said, “you be strong.” So he took my hand, and his wife took my hand and we just went for a walk. And he said, “You breathe, just take deep breathes and drink some water.” And he said, “You're gonna be okay.” So I went and I didn't get near the people or anything I just looked from afar. And then I came home. I didn't miss my mom. I missed her maybe for a year and then I got this, [pause to consider her next words] like an anger towards her. I felt like, how dare you do this to me. I felt like she had abandoned me, not when she died, but from the beginning. [Adeluz 2/6/2012]

Now, some forty years later, Adeluz continues to vividly experience her mother's chiding and disappointment. These instances emerge in recurring dreams.

**Adeluz:** I have these dreams that she makes me cry. My mother makes me cry. Every single night that I dream her, I dream her unhappy with me, like I disappoint her. Like I'm fixing beds. There's a bunch of beds in my dreams, a bunch of beds, and I come and I hurry, I hurry, and I say to myself, "I got fix 'em." And I fix them all pretty, all nice, perfectly done. And I'm just waiting there in the door and she's coming in and I tell her, "look, I fixed all the beds, look how pretty they look." And she comes in and she starts walking and she get the blankets, each one she throws them on the floor. And she tells me, "Who told you that you knew how to fix beds?" And it just breaks my heart and in my dream I'm crying and crying. [Adeluz 2/6/2012]

These dreams, more than the interviews, demonstrate the subconscious resilience of Carmen's impact on Adeluz' self-image. In the context of our interviews Adeluz could recount past events, relationships and sentiments without needing to recall all the fine multisensory details of the original incident. Her dreams, on the other hand, mimic sensorial immersion, thereby, making, as Adeluz says, "my mother's disappointment and insults real again." For days after, Adeluz feels her mother's oppressive presence lingering in the expanse and corners of the house.

### My Father

While Adeluz' relationship with her mother had a profound legacy on the trajectory of her domestic life and her predisposition to isolation and ultimately caregiving, her relationship with her father has established a continuity to her abuse even into the present. The shared history between Adeluz and her father, then, will offer a segue from the historical precedents in Adeluz' life into the residual manifestations of and changes to old patterns that are apparent today, as well as, newly emerging dynamics that Adeluz is currently struggling with or anticipating.

Alfredo, like his wife, ostracized Adeluz and belittled her value as anything other than a domestic servant. It seems this impression of Adeluz was one that her household kin almost unanimously held, with the exception of her oldest sister, Toñia, who alone showed her kindness and affection throughout her childhood. "Toñia," Adeluz says, "was ten years older than me. She



was the firstborn. And she was always very good to me, she was more a mother to me than my mother was” (Adeluz 2/26/2012). Toñia, as an adult, lived in a small house behind the main family house, and she was Adeluz’ only companion. And when Toñia got sick with stomach cancer, Adeluz was her caregiver. “I missed her a lot when she died,” Adeluz says, “I never missed my mom when she died, but I still miss Toñia, everyday.” By this time, all her other siblings had moved out and only her and Alfredo remained in the house. Adeluz was truly alone in a hostile environment.

Shortly after Toñia’s death Adeluz met Carlos, the future father of her son, Xavier. Because she was still suffering from agoraphobia, she didn’t leave the house. But she would often sit on the front porch, where she occasional saw Carlos pass in front of the house on his way to work.

**Adeluz:** He didn’t know I was sick. He never knew. I think he just thought I was shy. And I guess I was, but I was shy of the whole world. So after a while he started to stop and talk to me. And then he would invite me for a walk around the block. That’s how it was for a long time, just little walks away from the house, then eventually little drives around town. I felt like safe with him. And then when we got married I thought, oh my god, I can’t believe that he loves me. And we moved out of town to Cañon, NM where he was working construction. And after that he was gone a lot, in and out of town with work, but on his days off too. Then one day he came and told me he didn’t want me anymore, that he never loved me, and that it was my sister, Sela, that was the pretty one, that I was just the one he settled for. And I couldn’t breathe, I thought I was going to break apart when he told me. And he drove me back to Sangre de Cristo and dropped me off at my Dad’s house. I thought I was going to die, it hurt so bad. And I waited for him for a long time. I thought he didn’t mean it, he’ll come back for me. But he didn’t, and then I found out I was pregnant, and I tried to find him, but he stayed hidden from me. [Adeluz 4/29/2012]

The fact that Adeluz never saw Carlos again doesn’t mean she didn’t hear of him. In a small community she gathered details about him from gossip among her neighbors or cousins, and even her sister, Sela. I asked if Carlos and Sela ever had an affair, considering his cruel statement

that she was “the pretty one.” Adeluz said she doesn’t know if they did, but Sela did over the years following Adeluz marriage tell her unabashedly that she had “partied with Carlos” on more than one occasion. But Adeluz never verbally affirmed knowledge that Sela and Carlos were intimate with one another. Perhaps she suspected, as I did upon listening to her account, but such an acknowledgement would have been too painful for her to utter aloud. But it was after Carlos left Adeluz at her father’s doorstep, after that last instance that she watched him drive away, that her relationship with her father began to change.

In our first interview Adeluz shared, “My Dad has always been mean.” I probed as to whether Alfredo was like this with everyone, if meanness was his disposition in general. She clarified, “No, it was his way with me. Well, he was always strict, and we would all get beat if we got in trouble. But with me he was always *muino* [annoyed; moody].” When I asked directly about Alfredo’s relationship with her siblings, she said, “He seemed to care for my sisters and he especially loved the boys. But never me. I don’t know what was wrong with me but he never cared for me” (1/25/2012). Based on Adeluz’ description of her own passiveness as a child in the face of numerous kin perpetrators of abuse, I assumed in our early interviews that she was still passive with her father and with her other family relations. This was not the case. When our interviews shifted toward her adult relationship with Alfredo, I saw that there was a shift in Adeluz—from the docile child to the outspoken woman. Though it was a shift that had no effect on her relatives’ conception of her as exploitable.

The shift seems to correspond with her return home after her divorce, and particularly with the birth of her son, Xavier. First I should clarify that after Adeluz divorce she still experienced panic attacks, but she did not return to the extreme condition of agoraphobia that shaped her day-to-day routines before she met Carlos. Adeluz pregnancy motivated her to do

more outside of the house, as she prepared for her son's birth. Her excursions, however, also provoked a good deal of Alfredo's cruelty.

**Adeluz:** If I would go like to the store or someplace, you know, anywhere, he would tell me that I was out having sex with men and doing this and doing that—*vagamundiando* [wandering around like a tramp]. You're not going, you can't go. Your obligation is to take care of me, you know you can't do it. And I would get mad and I'd tell him, "I am going, you don't boss me, and I'm going because I'm already old enough to do whatever the hell I want. And you know, you should be grateful that I'm here helping you. [Adeluz 4/30/2012]

I was surprised to hear that Adeluz defended herself against her father's verbal assaults. This was the first time I heard Adeluz describe an act of self-defense.

Alfredo often invoked Adeluz failed marriage in his verbal offenses. Because Carlos' rejection of her was so devastating to her, Alfredo's insinuations about her marriage were especially painful.

**Adeluz:** After I came back home my Dad would tell me that Carlos left me because I was a whore. He would tell me, "*hay andabas de puta*" [you were running around like a whore]. And I hated that because I knew it wasn't true. And I would think, how dare him tell me that. So then is when I started defending myself and we would get into [verbal] fights fights, big fights. [4/30/2012].

The fact that Adeluz spoke up in her own defense was a profound shift. Though, as a point of reference, Adeluz' son, Xavier, was 28 years old when we started our interviews, and Alfredo's disparaging accusations that Adeluz was promiscuous had not diminished in nearly three decades. Furthermore, Adeluz continued to cook and clean for her father in all of those years as well, without any help from her siblings. Although she began to exercise the capacity to verbally defend herself, the injuries to her self-esteem and the emotional vacancies of never feeling loved or valued by her parents remained acute. She still clung to the hope that one day Alfredo would recognize her commitment to him and show some gesture of gratitude—that he would be inspired by her acts of devotion to love her, finally.

Adeluz also continued to inflict criticism upon herself. She often described herself as “stupid” and “ugly.” In our conversations it was difficult to listen to her self-disparaging remarks. On one occasion when she was belittling herself, I interrupted her and told her that I wished she could see herself the way I saw her, “as a strong, intelligent, brave woman, as a beautiful human being with the compassion of a saint.” She smiled uncomfortably as she listened to me. She did not respond directly to my description of her, instead her reply addressed what she considered a scolding for talking bad about herself: “My son doesn’t like when I talk like that about myself either. He gets mad when I talk like that, so I’m careful about what I say” (Adeluz 4/30/2012).

This statement made me curious about how Xavier interpreted Alfredo’s verbal abuses against his mother. She offered this story:

**Adeluz:** Growing up Xavier would see me cry, when my Dad would say cruel things to me, but he never heard my Dad himself until he was older. One time when my *jito* was about 18 or 19 [years old] he came home and my Dad hadn’t seen him. And my Dad likes Xavier a lot so he never talks mean to me when he’s around, you know. But this one time my Dad didn’t know he was home, and so he started telling me that I was a whore, and that that’s why Carlos left me, and that I was stupid and I was a *burro* [donkey] no good for nothing. Just all kinds of hurtful things. And my *jito* came in like shocked and said, “Granpo, I don’t want you to talk to my mom like that. My mom does so much for you and you should appreciate it, not talk to her like that.” So after that my Dad was real careful, he would look around and make sure my *jito* wasn’t around before he started going at me like that, cause he knew my *jito* would defend me. [Adeluz 6/1/2012]

On many occasions I positively remarked on Adeluz character, on her compassion and strength. But she was never comfortable with these comments and always filtered them through narratives of her parents or siblings affirming her *lack* of value. According to her account, however, her son stands in contrast to those kin relationships by offering positive recognition and loyalty. Though, even his love cannot counteract the damage done to Adeluz self-identity.

Motivated by her son, Adeluz did move out of Alfredo's house once after her divorce.

When Xavier was 2 years old, she moved into an apartment community with an income-based rent scale:

**Adeluz:** When my *jito* was a baby this house was very cold for him, cause it's old, you know. So I thought, 'no, I'm not gonna have him in this house.' So I went and I applied for housing and they gave me an apartment. Oh it was so beautiful. To me it was like a paradise. I loved it. So I moved there with my *jito*, and I would come every weekend to my Dad's house. Every weekend I would come because I was worried that nobody was gonna help him, and they didn't. He drank a lot. That started after my mom died. And so he was drunk all the time and he wouldn't take care of himself or the house. So sure enough I would come and the house was a mess. He would *tacar leña* [toss firewood] in the woodstove and all the *humo* [smoke] and *senisa* [soot] would go all over and it was black and dirty. And he wouldn't wash his dishes and he wouldn't wash the floors and he wouldn't do anything. So there I was, doing it all. Washing his clothes and cleaning the rooms, and I would try my best to clean the walls and do everything. I would do all that on Saturday, and then on Sundays I would come back and try to do all the cooking. I'd make him some tortillas and beans, and things that he could eat during the week. That went on for two years. And then I thought, I'm killing myself doing this. My *jito* was bigger by then and strong and healthy so I decided to move back, even though I loved my apartment. But it was easier to live at the house cause then I could keep it up everyday and not be killing myself on the weekends to catch up after all his messes. So I came back, and he never said thank you for anything I did, then or now. He just kept being mean. But at least the work in the house was easier on me if we were living here. [Adeluz 3/14/2012]

So Adeluz sacrificed her freedom and a peaceful environment to accommodate Alfredo's care needs, which were the consequence of his alcoholism. Over the next two decades her care routines gradually evolved to include the more intimate body care of bathing, dressing, and toileting as Alfredo became frailer. Though he remained fairly mobile, walking with a cane up until a month before his death.

When I met Adeluz, Alfredo was 96 years old. On account of his advanced age Adeluz she was already anticipating his death, though she also wondered if he wouldn't outlive her. Like Milena and Pilar, she occasionally wished for an end to their circumstances, wished for Alfredo's

death as a means of relief from the overwhelming demands of caregiving—and like Milena and Pilar she also felt profound guilt for feeling this way. And when Alfredo died in January 2014, two years after our first interview, I was sincerely shocked to hear Adeluz say that she missed her Dad. It was then that I realized that peace would continue to evade Adeluz even after the death of her most long-standing abuser. I did not conduct interviews with Adeluz after 2013, and I did not feel it was appropriate to approach with research interests after Alfredo’s death. But I did spend time with her on a number of occasions as a friend. During those visits she grieved for her father, wishing he was still alive. She struggled with severe depression. At first I was confounded that she could long for the presence of a man who perpetrated so much violence on her throughout her life. But I came to realize that in many ways Alfredo and Carmen, left voids that Adeluz could not resolve. With both of her parents dead, Adeluz faced the knowledge that now she could never acquire the love from them that she longed for.

Like Soñia, Adeluz struggled to reconcile the fact of her abuse even after the death of her abuser. But unlike Soñia, Adeluz believed her abusers when they told her she was worthless, and it is that belief that prevents her from enjoying or even recognizing the new freedoms in front of her. In many ways her life is conditioned by self-loathing, and in that respect she has continued where her abusers left off.

Though her circumstances are not wholly dire. Six months ago Adeluz was hired by an elderly companions program. She was assigned to two clients, a woman and a man, both in their late eighties. Her job is to visit them three times a week, to be “their company, so they won’t be so alone” (Adeluz 1/5/15). She is not supposed to clean or cook for her clients, as the program is not sanctioned for that kind of care. But she says that she does a little bit picking up and cooking for them anyway, to help them out. And she says that she goes even on her days off, because she

knows that they get lonely. Adeluz enjoys her job, and tells me that they really look forward to her visits. “I brush the *viejita*’s [elderly lady’s] hair,” she says, “every time I visit, and now it’s past her shoulders. She loves when I brush it” (Adeluz 1/5/15). While Adeluz still struggles with depression, and still says she misses her Dad everyday since he died, she has also found purpose in care-work for which she feels appreciated. The fact that she recounted to me that her clients say they are grateful for her company, is evidence that she is willing to acknowledge that she is worthy of their appreciation. It is my hope that her work will be a vehicle for her healing, and that even if she can never reconcile herself to the fact that she was a victim of abuse, that she will someday develop the ability to see that she did not deserve it.

## CHAPTER SIX

### Pilar

*Exiting the highway into the village of Luz (pop. approx. 400), I pull to the side of the road where Pilar will easily spot me when she drives in from Sangre de Cristo. We'll meet here and then I'll follow her to her grandmother's house. The village is transected by I-25; in a corridor between the Reyes Valley Mesas and the Sangre de Cristo Mountains. The vertical effect is stunning, you can't resist the pull to step out and take in the full 365-degree scope of the red rock mesas and the undulating blanket of pines across the Sangre de Cristo foothills.*

*When Pilar arrives I follow her down a few dirt roads and into the driveway of an approximately one-acre plot of land along the Reyes River. There are three structures on the lot; two small houses, no more than 350 square foot each, and a shed. All of them appear old and in disrepair.*

*Pilar and I step out and she says, "So this is my grandma's house. It's been empty now for over ten years."*

*At a Sunday pace we meander around the property; she points out little details that segue into anecdotes about her grandparents, her father and his siblings—about their lives on the bank of the river. Themes of poverty, hard work, meager subsistence and integrity are woven through all of her stories. Pilar explained that in the early 20<sup>th</sup> century, the river, being the only source of water for the villagers was quite a liability.*

*Gesturing toward the river Pilar tells me, "I have a picture of my Dad when he was a boy, and he was bathing in the river, because that's where they'd bathe. But he was nothing but skin and bones. They were very poor and always sick, because when you're only source of water is a river or old wells that are*



*contaminated with all forms of bacteria, you're going to be prone to sickness. In fact, my Dad had two younger sisters who died of influenza when they were 8 and 10 years old"*

*As we trekked over weeds and fallen fences Pilar found remnants of the order and beauty that her grandmother eked out of their meager resources: The rock borders of a vegetable garden that was diligently cared for by Silena and her children; tulips that had been planted nearly 100 years ago still bloomed in a circle around the base of a towering oak tree; catholic prayer cards still nailed to the adobe walls inside the two rooms—kitchen and bedroom—of the main house.*

*"You know you can see where they used to have it clean" she says as she as she looks all around. "Even after 40 years, since my grandma died. See there are her brooms. She was always sweeping and dusting. After all these years, look, here is her Virgen [statue of the Virgen Mary]. And she would plant tulips like those ones around the tree and they would come up and be so pretty. Oh she had this place immaculate—very poor, but immaculate."*

*Pilar offered this testament of her grandmother, as we stood among the refuse of old mattresses and trash that had been left behind by squatters—drug addicts or alcoholics, she suspects, who have taken advantage of the house being unoccupied. The wood boards that Pilar and her husband had put up over the doors and windows have been torn away, hanging from one side or thrown to the yard.*

*As we stand in the driveway by our cars, Pilar looks out into the yard and with a smile recalls the vision of her Tio Graciano, in his eighties, wearing his hat with little flowers on it, kneeling beside the garden, cleaning out the flower beds, or picking fresh flowers to take to the gravesites of his relatives. "He was just so adorable, such a beautiful, pure soul," she says, with the poignancy of deep affection in her voice.*

\* \* \*

Pilar is a well-educated woman, holding degrees in English Literature, Biology, and Business Management. She is a driven and diligent professional, but also as a woman equally defined by the selflessness and devotion that she extends to those she loves. Pilar is a caregiver. She provided full-time home care for her Tio Graciano<sup>55</sup>. At the time of our interviews in 2012, Graciano had been dead for seven years.

In this chapter I focus on Pilar's role as sole and full-time caregiver to Tio, a man she describes as "special needs," whom she brought to her home when he was in his eighties. Since this moniker, "special needs," is central to Pilar's care biography, I define it here to establish a portrait of Tio, according to Pilar's description.<sup>56</sup> For Pilar, the diligence and devotion that she extended in caring for him had everything to do with who he was—her estimation of his place in her life, and in "God's plan."

**Pilar:** Tio had the mental capacity of a third grader. When he was born in the 1920s there weren't any formal diagnosis for his condition. His difference was just spoken of as "special needs." But my grandmother taught him how to care for himself, how to feed himself, how to do everyday basic existence things, so he was very capable. And after my grandmother died, when Tio was in his forties, he lived alone for another forty years, taking care of himself, with my Dad watching over him for things beyond those everyday activities. My grandmother had taught him structure so he was very diligent about his everyday chores. [...] He was even in the military. He and my Dad enlisted together when they were young men, because the family was hungry and that was one way to get paid to help the family out. My Dad just pretended Tio was okay, like everyone else, and they didn't notice, I guess. Because for some things Tio could pass as normal, you know unless you spent a lot of time with him then you couldn't know. So Tio joined the military and became a military policeman. So that's how capable he was. He was strong and very good at following instruction. [Pilar 1/25/2012]

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<sup>55</sup> Referred to from this point forward only as "Tio" [uncle], since this is how Pilar referred to him almost exclusively in our interviews.

<sup>56</sup> Defined by the American Association on Intellectual and Developmental Disabilities (AAIDD) as: a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18. <http://aidd.org/intellectual-disability/definition#.VRhI6sZsCM4> (accessed March 3, 2015).

This description of Tio conveys that he was quite capable of being independent with regard to his everyday activities, however, what these details do not convey is the nature of his personality and his emotional stature.

Where Pilar might proffer the description “special needs” in an effort to explain to someone that her Tio Graciano had limited developmental intelligence, these words did not capture what made him special to her.

**Pilar:** Tio was so dear to me, and when I was growing up he was always in my life and I loved him so dearly. He was angelic to me, he was what you don't see in society: the purity, the innocent, the meek, the humble. He was unknowing of any malice and to me he represented an angelic symbol of beauty, special. [Pilar 1/25/2012]

Graciano's family nurtured a simple, predictable and peaceful everyday existence for him, within the context of their very modest—at times impoverished—means. His routines were essential to his care, and they also reveal a great deal about his temperament and individuality.

**Pilar:** He just basically lived a very simple life with his mother. He did a lot of yard work, that was his duty everyday. They lived in a rural setting. And he'd go to the gravesites and he particularly loved to put flowers, that he'd grown, at the gravesites, and he'd clean the gravesites. He was always cleaning. I think more than anything he loved cleaning and gardening and anything to do with the land. He loved to be outside. They were obsessions. So he would come visit us here in town and he'd go out with my mom's brooms and sweep the streets and sidewalks, all the way up and down; until there were no more bristles on that broom [affectionately laughing]. And he'd keep himself busy and smile at people and talk to them. And most of the neighbors knew that he was special needs and they would talk to him and treat him well. And that's how he spent most of his life. He would get up early and after breakfast he'd go outside. And he'd spend most of his whole day out there, cleaning on his knees, planting. And he'd wear a little flower hat and he just looked so adorable. Just peaceful. And he had no idea about money, nor perception of worldly things. And I loved that, I loved to be around him because it was so simple. When I was little he loved to play with me and my siblings, but as I got older I still loved to spend time with him because it was just so basic. I loved that. [Pilar 1/25/2012]

The routines that Graciano's mother—Pilar's grandmother—nurtured for him in the four decades before her death, provided an enduring structure that he maintained independently for another forty years after her passing. These routines also shaped the speed and manner in which his care evolved as he advanced into his senior (elderly) years.

While Graciano's rituals and temperament remained relatively consistent, the community of Luz changed around him.

**Pilar:** When my father and his siblings were young and while my grandmother was alive the community was very different. Everyone was poor but everyone cared about each other. They were descent. Everything was modest but immaculate. Now they'll steal anything. In the late '80s early '90s everything changed. Alcoholism, drug abuse, theft. Respect and looking out for your neighbors disappeared in the younger generations, or newer residents. [Pilar 3/24/2012]

Graciano's simple existence was no longer situated in a safe environment. For years Pilar had been asking Graciano to come and live with her and her family, but he was very stubborn about not wanting to leave his home, the only home he had ever known. During this time Pilar and her husband, Michael, believe some of the local "drunks" were manipulating her tio and stealing money from him.

**Michael:** He was already in his eighties, and couldn't really drive, so I think some of these guys would come to his house and offer to take him into town for shopping and then between his bad eyesight and him being so trusting, they could easily trick him, telling him the bill was ten dollars while taking a \$100 bill out of his wallet, and they'd keep the rest. They knew he had money because he'd get his social security check from his time in the military. Tio was a pretty large guy, 6'1", maybe, and still pretty strong. And he was fine around here, got around fine because this is what he knew. But then all of sudden, after years of saying no about coming to live with us, he says, "You guys said I could go live over there with you guys, you think you wanna do that still?" And we didn't even blink an eye, we packed him up and took him with us. Later he told us that someone had come into the house with a gun and robbed him and kept him in his house for a long time. That really must have scared him because after that he was anxious to move with us. Who knows how long they held him there. [Michael 3/24/2012]

**Pilar:** He was out there living in a rural area and a lot of neighbors there were alcoholics and it's not inconceivable to think that they knew him, and knew his limitations. And he said they went into the house and made him sit there on a chair for who knows how many hours and they went through all of his meager belongings looking for money. And they must have found it because all we found in his little metal military box, where he kept his money, was very old currency, outdated. It had to have been very traumatic for him because for a man in his eighties, who is so set in his ways, to make the transition to living in a new place so easily; well, he must have been terrified. And I didn't hear about it until after he came to live with us. Had I known when it happened I would have had him with us immediately and called the police. I thought he was coming with us so easily because my father had died and I thought he realized he should come with us now, that I was the one who would be looking out for him now that Dad was no longer here. And that might have been part of it, but I think he was also very scared. He no longer felt safe in his home or in Luz. My poor Tio. [Pilar 3/27/2012]

Graciano was vulnerable to local threats in large part because he was in his eighties and his strength and senses (eyesight and hearing) were diminishing, but this element of vulnerability in conjunction with what Pilar calls his "innocent nature," also strongly played into Pilar's drive to want to take care of him, protect him. A role that her father, Tomás, had previously held.

### Caregiving as Inheritance

My visit with Pilar to her grandmother's house in Luz prompted Pilar to recall and share the history of her father and Graciano's upbringing.<sup>57</sup> As we walked among the fallen fences and weeds, through dark and dank rooms consumed by refuse from squatters, Pilar described the image of this property as it was preserved in her memory; a vision of blooming and bountiful gardens subsistence gardens, of immaculate rooms warmed by the crackling heat of the wood stove, and of purpose and routine even when food was scarce or illness prevalent. As Pilar

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<sup>57</sup> Mary Des Chene (1997) writes about the potential for diverse places to evoke variable narratives among single informants—suggesting that the malleability of life histories significantly depends on "where" they are narrated.

walked me through the geography of her memories, she also chronicled the history of selflessness and determination in her family biography.

**Pilar:** You know my grandmother loved her children very much and she took very good care of them, but she was also a hard woman. My grandma was a force to be reckoned with, she was a mean lady. I think she had a lot of regrets, coming from semi-wealth, her family owned a great deal of property that she and her brother inherited, but then her brother lost it all with his gambling. And her life with my grandfather was very poor, very hard. And when he died she had five kids and had to raise them all alone. So she had regrets, and I think maybe some mental illness, with paranoia and such. But boy was she diligent and hard working and completely devoted to her children. She taught them discipline and I think that's what saved them. Especially for my uncle and my aunt, who wasn't born special needs but after suffering from a major head injury during a car accident became special needs. So for them that discipline, those routines, gave them that independence to take care of themselves that allowed them to continue to stay here in their home where they wanted to be, after grandma died. Her devotion to them and maybe even her firm nature, really prepared them.

My grandfather was such a compassionate man. There was a bar up here in [Luz] during the '20s and '30s and there were several instances when in the middle of the winter men would go there and get drunk and end up freezing to death in the night, never making it home. They would just drop from their drunkenness and then these mothers and wives would lose their sons or husbands because they would freeze over night. And knowing this my grandfather just couldn't sleep at night. So he started going out at night, with a wheelbarrow and he would take these drunks back to their homes so they wouldn't freeze to death, so they're wives wouldn't end up raising their kids alone. That kind of severe compassion came from my dad's father. And my Dad was just like his father, so compassionate with people and animals, and hard working and determined like his mother. In town [Sangre de Cristo], my Dad would hire the drunks to do little jobs, nothing big and he'd give them twenty bucks, just to keep them going. No harsh judgment, just compassion. My father didn't care about himself, he cared about everybody else. That's really what shaped his whole life. [Pilar 3/27/2012]

These narratives of compassion and selflessness figure prominently in Pilar's moral standard for self-conduct. She speaks of her father with pride and deep affection. And as we walked through the two rooms where he was raised, amidst the trash left behind by transients, we found remnants of the path he took up that would be a vehicle for his compassion and curiosity.

In a dark corner, partly hidden by a pile of papers we found an old biology textbook. Pilar was elated by this find, exclaiming, “Oh my goodness, that’s my Dad’s. I can’t believe it’s here after all these years.” Pilar had mentioned, in previous interviews, that her father studied Biology, but in the context of his childhood home, his interest and decision to pursue this field of study took on new significance.

**Pilar:** Think about why he went into biology, his two baby sisters died of influenza, so people were dying of bacteria and infectious diseases, so he goes into biology. He got his degree from the College of Santa Fe with the monks, they’re the ones that taught him. And at that time all of these communities in northern New Mexico didn’t have running water. He eventually became the director of the Sangre de Cristo County Environmental Health Department. He was very intelligent. But he used his position to help all the poor people in these little villages and by mediating between the government offices and pursuing grassroots organizing with the people in the villages, he installed septic systems throughout the country. He did it through bartering arrangements. And so for the first time people had clean water and the infant mortality rate, which had been so high before, dropped dramatically when he got those systems in place. Everything he ever did, his studies, his labor, was to help people, to improve their health and quality of living so they didn’t have to suffer the way he and his family did when he was a boy. And he stayed loyal to the people in these little villages, even after he got his education. And my tio loved being around my Dad, because he was so kind and compassionate. And if my Dad had been alive when Tio reached that point where he needed full-time care, then he would have been the one to take it on, the way I did. [Pilar 3/27/2012]

Given the educational and professional choices Pilar has made in her life, the personal commitment she’s made to her loved ones, and the way in which she narrates her father’s story, it’s clear that he was a very strong influence on her. He modeled a standard of social engagement that she admired and that I believe she was driven to emulate.

Pilar’s admiration and affection for her father prompted me to ask her, “For whom do you think you took on the role of your tio’s caregiver?” When I asked this question, I presumed that her answer would point directly to her father. She repeated the question and sat silent for a few minutes, considering her answer.

**Pilar:** Right away what came to mind: I took care of him for him, because he was so wonderful, deserving of it. Just because of who he was. I took care of him for him. And you know early on, when my father and mother were both still alive, my mother knew that eventually uncle's care was going to be an issue. And she appealed to me, on more than one occasion, that when the time came I should put him in a nursing home. Because she herself had been a caregiver, and that's how she knew how incredibly challenging that was going to be. So she appealed to me to do that. My siblings also were very accepting of that idea, to put him in a nursing home. So I didn't do it to appease anyone in my family, which I know could be an influence for some caregivers. But I guess it was, yes, I can strongly say with confidence that that it was really just for Tio. He was just such a beautiful human being and so dear to me, and in my mind, I felt what was a kind of spiritual need to take care of this angel. It was like a bigger calling. It was literally a calling from God for me to do this, and do it right. And there I think was that added pressure, because I felt like, wow what an awesome responsibility I have to care for this person who, like I said, had no malice, who didn't know what malice was, was just peace, the incarnation of peace and love for other people. [Pilar 3/27/2012]

Certainly, Pilar's subjectivity has been shaped, in part, by her kin relationships with her father and mother, and by the legacy of family narratives about her grandparents and their struggles and virtues. The fact that she didn't mention these relationships in her answer to my question is not a denial of their influence in her life. But her answer does indicate that the compassion, familial loyalty, determination, and the morality that they modeled are all attributes that are so fully integrated in her own subjectivity that they were not overtly apparent to her as she considered my question. Rather, her answer centered externally on the subject of her devotion, Tio. Taking care of Tio was a matter of social and moral righteousness, of providing him with rare and impeccable care because he deserved it on account of his own rare and impeccably pure and innocent nature.

Pilar, like the other three caregivers discussed in this dissertation, explain their caregiving through a moral logic that privileges compassion, selflessness, and arduous hard labor as righteous acts, offered in devotion to either the care recipient, or God, and in some instances,



both. For Pilar, her tio's innocence firmly merged these motives—her direct devotion to Tio and the ephemeral devotion to God according to her interpretation of Tio's care as a spiritual calling. And she acknowledges her belief that Tio was “an angelic symbol of beauty” did in fact shape the nature of the care she provided for him. Especially insofar as it situated Pilar in a strongly maternal position. On many occasions Pilar described her tio as “child-like.” This was never said in a disparaging manner, far to the contrary it was always stated in the service of explaining the intensity of her drive to protect him and keep him healthy and happy. His child-like constitution and her maternal sentiment toward him were referents of her devotion. This maternal devotion, along with the spiritual overtones that Pilar attributed to her tio's existence, certainly did shape the particular care practices that Pilar established and maintained for four years.

### Suspension of Rationality

I've described Pilar as driven and diligent, but these adjectives don't really do justice to the nature of her work ethic. In both her professional and personal life she tends to handle her obligations with obsession and to push her own stamina and commitment to extremes, which leaves her severely taxed, both physically and emotionally. To state that she holds herself to very high standards is an understatement. She approached her role as Tio's caregiver with this same intensity, and perhaps even greater on account of the spiritual significance that she attributed to this particular scenario of care. What did this level of care look like?

First, let me describe the structural circumstances of Tio's care. When Pilar brought Tio home to live with her and her family, she wanted to preserve some degree of the independence and privacy to which he had become accustomed. So she bought a trailer home, of approximately 500 square-feet. that she parked directly beside her house. Although Tio had his own space, Pilar

did consider the arrangement to be one of cohabitation, because of the proximity of his trailer to her family's house, and because of the amount of time he spent with her and her family. It's also important to note that Pilar was employed full-time when Tio came to live with her family, and she maintained her full-time employment throughout the four years she was caring for him. This entailed routines that started early in the morning and extended late into the evening, as well as rushing between work and home during lunch hours to check on and take care of Tio. The balance of these two full-time occupations became increasingly challenging over the four years that Pilar cared for Tio, largely due to the accelerating frailty of his physical condition, incontinence, and the onset of dementia. Below is Pilar's description of a typical day of care:

**Pilar:** I was with him every morning from 6-7:00am, and it was all a rush. He was an early bird so it worked out really well for me. So I'd get up in the morning and head straight to the trailer to get him showered and dressed and the trailer cleaned. I was always moving fast because I didn't want him to get cold. And even before we got started with the bathing I would get the coffee pot going, so that when I got him out of the shower and dressed, as quickly as possible, his coffee would already be ready to warm him up from the inside. Then I'd make his breakfast. And while he was enjoying his breakfast I would get started with the house, because there were messes that he made during the night. So while he was eating I was throwing all the laundry into the washing machine. I had to have a routine to get it all done. I ran around sanitizing and cleaning everything, because during the night he would wake up and take off his diaper, and his stools would fall on the ground and then he'd be walking and stepping and tracking it all over the house. Or sometimes he would soil his diaper and he would try to take care of it himself. I think he sensed that I was exhausted, even though I worked very hard not to show that to him in any way—so his attempts to clean up were his way of trying to make my job easier, to help me out; bless his heart. But inevitably this would lead to bigger messes, with feces being spread around more in his failed attempts to get rid of the original mess. So it was really difficult and getting that all done in an hour or less. And when he was done eating I'd sit him down with the television so he could watch cartoons, and I'd be picking up and cleaning around him. Finally, I'd give him a kiss and hug and tell him I'd see him after work. Then I'd head over to quickly get myself ready for work. [Pilar 1/25/2012]

The time constraints Pilar had to negotiate to be able to be a full-time caregiver and full-time professional required her to accomplish an immense amount of care work in short periods of

time. And the fact that she was at work for eight hours a day, five days a week, does not undermine the full-time nature of her caregiving. While she was at work she was always checking up on Graciano, managing the logistics of his care with hired caregivers, and the details of his healthcare (scheduling appointments, ordering prescription refills). And during her lunch hour she was rushing home to check on him. And she was frequently returning home on her shorter work breaks to address the crisis of a caregiver that didn't show up for a shift. And in the evening repeating nearly all of the tasks she performed in the morning.

The [hired] caregivers were supposed to come and check on him and change him during the noon hour, but too often then didn't and I'd be rushing home during the lunch hour to take care of that. When we got home each night, about 5:30-6pm, the guys would go over to the house where Mike would get dinner started and Sam would start on his homework, and I'd head straight over to the trailer and I'd start cooking dinner for Tio and changing him because he needed another changing. Then I'd start cleaning the house again. I'd get him fed and showered again. It was two showers a day because when they're incontinent you really have to be on top of that. I didn't want him getting sick from bacteria or to get rashes. I was very diligent about all that. So I was doing the whole routine again that I would do in the morning. But it was a little longer because I made sure I was tucking him in bed. I would have him settled, lights out by about 7:30-8 o'clock. Then I'd head home to eat some dinner and have a little time with Mike and Sam.[Pilar 1/25/2012]

These routines sound very typical for the caregivers that I worked with. However, to a certain extent, Pilar did take them to the extreme. As she looks back on the tasks that she set for herself, the routines that she maintained for four years, she believes there were areas where she overestimated what was necessary. For example, in retrospect she feels that one shower a day, supplemented by a sponge bath at night, would have been sufficient and less physically demanding on both her and Tio than the two full showers a day. She also feels that she was too rigid and ambitious in her standards for his eating, saying, "Looking back I realize he didn't have to have vegetables for every meal. Those are the little unnecessary details that might have made

things easier if I had been more flexible. But it was so important to me that I took care of him to the very best of my ability.” Here again, it was the degree of Pilar’s affection for her Tio and her belief in the spiritual import of this care opportunity as a practice of devotion, that shaped the standards for care that she established.

After listening to Pilar’s description of a typical day’s events and of all that she accomplished in a single 24-hour day, only to repeat it all day after day for four years, I exclaimed, “It’s incredible that all of this was possible, it’s an insane schedule to undertake and repeat over and over again.” My statement resonated with her and after a moment of silence she said:

**Pilar:** It’s definitely void of any rationality. Rationality goes out the door, because sometimes you can’t even think. Because with “rationality,” if you even let it in, you couldn’t muster up the strength to do what is required of you to do. It’s almost like you have to turn that whole thing off and you have to operate at some other level that’s going to allow you to do something that is so emotionally and physically taxing to do. Everyday you know you’re exhausted and you’re operating at your maximum capacity, but then the next day you still take it on, and you do it, and you keep doing it for years. And no matter how unselfish you’ve been, you feel incredible guilt for any reluctance you feel to keep going, the guilt of not doing all you can for them would be too much, more than your heart could bear, so you keep maintaining it all according to an extremely high standard. It’s wonderful looking back and being glad you were able to do as much as you did, but then there are some regrets, always, too, because there’s a price to pay for all of that. [Pilar 1/25/2012]<sup>58</sup>

The sense that this level of caregiving is irrational derives from Pilar’s reflection, years later, on the intensity of the physical and emotional demands that she endured over the four years that she cared for Tio, and from her feeling that in all those hours that she spent caring for Tio she sacrificed time with her son before he left for college; time that she can never retrieve. If she had

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<sup>58</sup> Arthur Kleinman discusses the internal conflicts between the condition and needs of self and the condition and needs of the care-recipient, writing, “Caregiving intensifies our conscious sense of being pulled in conflicting directions; by tapping into our latent tensions, it brings unconscious and embodied conflicts into play” (2010:17). This conflict is evident in all four care-biographies.

considered her circumstances “rationally,” if she had weighed the pros and cons objectively, she might have concluded that it was better to move Tio into a nursing home sooner, or perhaps right from the start when he left his home in Luz. Of course, the rationality that she describes requires a level of objectivity that is inherently compromised by social relationships. This is not a criticism of human socialization, simply an observation of the affect that relationships have on human motives.<sup>59</sup>

### The Body Won

Although Pilar maintained a home caregiving scenario for Graciano for four years, there did come a time when she determined that this arrangement was simply not sustainable. She reassured me that she could have continued her role, despite her exhaustion, through to the end of Tio’s life. But there were pivotal incidents that transpired, which caused her to consider the acceleration of risks that Tio would be injured during her work hours. Two incidents in particular:

**Pilar:** Him getting older and the struggle to find reliable caregivers finally became too much. I really needed to have a caregiver or caregivers that would look in on him in two-hour intervals to make sure he was okay and to change him so he wouldn’t go the whole day without being changed. He was able to feed himself, make a sandwich or something easy when he was hungry, so it wasn’t that. But the risk of him wandering from the house and the hygiene issue were serious concerns. One day the caregiver didn’t show up and when I got home he was outside in nothing but his diaper. It was warm, so it wasn’t a matter of him being cold. But being out there without his clothes he got a terrible sunburn on his back and most of his body. And then he became more and more prone to falling. And if he fell he was no longer able to get himself up. And finally, after one fall in particular, my son and I together weren’t able to get him up, and I ultimately had to call the ambulance to help me get him up. And it just got worse and worse, there were more and more “fires” [*figurative*] that I had to deal with. And it got to

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<sup>59</sup> On intersubjectivity and intercorporeality see: Murphy 1971; 1987; Harrison 2008; Csordas 2008; Beihl and Moran-Thomas 2009.

the point where it was so risky for him to be by himself at all, that he could have killed himself. I had avoided the prospect of putting him in a nursing home for a long time because I was worried about his emotional well being, and I knew that I couldn't live with the guilt of sending him away from his family, because he just loved being with us. But it just got to that point where whatever emotional pain he was going to go through or that I was going to go through, just had to be secondary because he could have killed himself. But even then it took an intervention of people around me to get me there. It wasn't just realizing that he could have a serious injury, it was also having my siblings and other relatives finally saying to me, "Enough is enough, he needs more assistance than you can give him, and your family needs you too." [Pilar 3/27/2012]

After four years as Tio's primary caregiver, Pilar moved him into a nursing home. She did so with a heavy heart, but believed that she was no longer able to keep him safe or to manage without reliable assistance, which had proved impossible to secure.

Tio was admitted into the same nursing home that his sister, Isabel, had been moved into a decade before. When Isabel was in her seventies she developed breast cancer. At the time Pilar and her family were wholly consumed with the care of Pilar's mother, Elena, who was succumbing to pancreatic cancer. So Isabel was moved from Luz, where she and Graciano had both remained after their mother died almost thirty years before. Though Isabel also had cognitive challenges that resulted from a head injury she sustained when she was 21, the nature of her disabilities were very different from Graciano's. Isabel's injury froze her psychological development at twenty-one years of age, this gave her a perpetually youthful demeanor, but not as young as Graciano. And she also suffered from short-term memory impairment, so she might not recall a conversation that she had a few days before, or recognize someone she had recently met or spent time with. But she was much more adept at social interactions than Graciano was. This in conjunction with the fact that she was well accustomed to routines allowed her to transition quite successfully into the nursing home environment.

**Pilar:** Because my grandmother had taught her structure she responded very well to the daily patterns that they established for her in the nursing home. And they even allowed her to serve people during meals and to take on a kind of helper role, which she loved and she did it very well. She was there for five years. She did really well there, until she fell and broke her shoulder and her arm and then she declined from there; she didn't last but a month after that. [Pilar 3/27/2012]

Although Pilar was hopeful that her tio's adjustment to the nursing home would go as well as Isabel's had, she knew him and his comfort thresholds very well and realistically anticipated a traumatic transition. Her predictions were fulfilled.

When Graciano was moved into the nursing home, he was unable to acclimate to "strangers" taking care of him, and he resisted. His lack of cooperation, Pilar believes, led to the staff not being as diligent about his care. Pilar was always very attentive about his comfort, and worked very hard to nurture his sense of security when he was with her. And after the violent breach of his home in Luz, when he was held hostage at gunpoint, it's likely that he developed a strong attachment to the care, reassurance and safety that Pilar and her family instilled in him. So in their absence and in a foreign environment, he stubbornly resisted the care of the nursing home staff. They simply did not have the resources to provide the standard of care that Pilar had maintained; and if what she suspects was true, the staff also lacked the will to attempt to provide optimal care for such an uncooperative patient.

**Pilar:** He just felt so comfortable with us, and the thought that he was going to be with other people, I knew that was going to be very tough for him, and he was scared. You know there are little things that we would do for him, that I knew in a nursing home, where they're caring for so many people, that they wouldn't be able to do those things for him. Like, when I would bath him everyday, I would routinely start his coffee first and make sure that he got dried up quickly and into warm clothing and then getting him that warm coffee to sip on to bring his body temperature back up, because [the elderly] are very frail and get cold easily. Those things were very important to me. And making sure he was changed right away when he would defecate himself, that was very important to me, because his skin was so fragile that I didn't want him to get a rash. Just giving him that kind of care that his body needed. He developed rash at the nursing home, not in four

years with me, but there he did {*deep sigh*}. And he was always cold there. And they wouldn't allow me to bring him an electric blanket, it was against their policy. But he couldn't handle having lots of blankets on him, because it made him feel claustrophobic. I found that out early when he was with me because when I would put a heavy blanket on him he would freeze up, just wouldn't move at all and then he'd start breathing really fast [*laughing affectionately*]. So I learned that a thinner electric blanket felt better to him, he'd stay warm and we'd avoid that panic. But he didn't have those choices in the nursing home so he was always cold. Oh, and then the cleaning of his hands, that was another issue. I know that he would probably defecate and he would get feces on his hands, and I always made sure his hands were cleaned well before he ate so he wouldn't be eating with bacteria on his hands. But at the nursing home I don't think that kind of diligent care was being taken so he was always having stomach problems, which made him very sickly. So even though I wasn't performing all his care anymore, there really wasn't any relief, because whatever physical break I got was really minimized by the emotional stress I was going through with worrying about him at the nursing home, and going to see him all the time and seeing him so miserable and seeing his decline. He would beg me to take him home. It was so heart wrenching. After a while he stopped rebelling and just shifted into sleeping all the time. I think he was depressed [*crying softly*]. He only lasted a year there before he passed away. It's been seven years since he's been gone and it's still hard. I really loved him a great deal. [Pilar 3/27/2012]

The scenario that Tio entered when he was moved into the nursing home reinforced two key elements that characterized his care relationship with Pilar: 1) the term “special needs,” rather than simply being a euphemism for developmental disability, did, in fact, identify that Graciano had unique idiosyncratic needs for physical, emotional, and psychological care; 2) that Pilar, knowing his idiosyncrasies so well, and having the will to provide him with the very best care that she could, was able to provide “special care.” Both elements—need and care—are deeply entrenched in the long biography that Pilar and Tio shared.

From my interviews with Pilar, I did not get the impression that Tio was rigidly inflexible. Aside from his phobia of heavy blankets, or his fervent desire to spend time outside, I believe that he was willing to adjust his routines. After all, having been self-reliant and living on his own for so many years after his mother's death, he had to be very flexible when he moved in



with Pilar and as their routines evolved to cooperate with her bathing him and coordinating his routines as she did. But those changes emerged in the context of familiarity and trust in Pilar, someone that was a part of the small circle of kin he knew and in whom he had confidence. And Pilar, for her part, was very astute about Tio's needs having spent so much time with him throughout her life. She was part of the network of his intimates who fashioned a life for him in which he felt secure. When I asked if they had ever spoken about the possibility of a nursing home, she replied:

**Pilar:** We didn't talk about it because I didn't want to put any of those burdens on him. And he was always treated carefully, by all of us, because again, he was special needs and he did have a child-like mentality. So for all our lives we had that relationship with him, where we wouldn't impose any kind of stress on him at that level. And we were very careful with his psychology, and making sure he always felt secure. So it was kind of a child-mother dynamic going on between us. And I didn't really talk to him about that. I didn't ever want him to feel threatened and I knew that he feel threatened if I even brought it up, he would feel that that was an impending threat, and I didn't ever want to scare him. And that would have been scary to him, because it was foreign. He'd never been institutionalized, ever, so he had always been a free bird and we all worked around his needs. As best that we could, to make sure that he was always happy, too. And he was functional, you know, early on in his life. [Pilar 3/27/2012]

The long history that Pilar and Tio shared established the familiarity and trust that were prerequisites for Tio in order for him to adjust to changing circumstances. Outside of those conditions, however, he was unable to positively transition into his new living environment.

Form this scenario it could be easy to conclude that Tio should not have been moved into the nursing home. The narrative of how difficult it was for him to leave his family, to read that he begged to come home, these are all very evocative details. But realistically, he simply was not able to be at home alone anymore; he was a danger to himself. And Pilar could not leave her job. She tried for four years to find a balance, to find reliable assistance from paid caregivers and the optimal circumstances did not materialize. With the onset of dementia, and his increasing

mobility issues, Pilar had to make his safety a priority, above the emotional pain that she had been protecting them both from, for so long. As she put it, “the body won, I just couldn’t deny any longer that he needed 24/7 care, and that I couldn’t provide that at home.” The nature of his decline demanded full-time care. Despite the “anguish” that they would and ultimately did both go through, Pilar was without alternatives.

## He Continues

Whether it was rational or not, Pilar cannot imagine that she would have, or that she could have, emotionally, done anything other than take care of him for as long as she did. At the end of our last interview, Pilar walked me out and just as I was about to say good-bye she interjected:

**Pilar:** What I do want to get across is, even in all the work that it took to take care of Tio, what he gave me in my life supersedes any of that, definitely. The memories that I have of him, that will live on through me, are tremendous and beautiful memories, and peaceful ones, calming ones. And so I believe in my whole heart that he continues to exist, I believe he exists in the care of God, because if anybody ever is going to get that privilege it would be someone like him, someone who has no malice in him, whatsoever, and didn’t even know the definition of anger, and all of those things that we unfortunately delve in sometimes. And so I believe whole-heartedly that my life today is so rich. I’m in such a good place and I do believe that because I gave so much love to this man that he continues in his existence, in another dimension, somehow to reflect that love back to me. I really believe this, and it’s beautiful and incredible and I think today I’m blessed. I’m living a great life right now, and I do have pockets of complete bliss that hit me. They don’t stay long, this kind of bliss that I’m talking about, it’s not the bliss that the world gives you, it’s this other kind of bliss that I can’t even explain. And I get pockets of it, it’s like that fleeting sunset that you just say, I wish the sky would stay like that always, and not change. It’s a fleeting bliss that I get and I do believe that that’s him somehow, in this other dimension, letting me know, reciprocating somehow his love back to me. And so, I mean, how could I ever, how could anyone ever not want to put out that kind of effort for that kind of return? [Pilar 3/27/2012]

During that particular interview, we had spoken a great deal about the logistical and sometimes gritty details of care: the hours, the battles with unreliable caregivers, the feeding, the fecal and urine cleanups, fragility, dementia, the worries. The honesty of this information helped me understand the arduousness of Pilar's undertaking, and was essential in filling out her care biography. But I do believe that by the end of the interview, Pilar felt guilty that her account of these details foregrounded only the challenges, the exhaustion, the costs of her experiences as Tio's caregiver. Her final statements were proffered to balance the narrative, and to put a final word on it that validated the care she gave, and Tio's worthiness of that care, even in light of the costs.

Pilar describes the work of a caregiver as irrational, as something so laborious that it makes no sense for someone to deliberately take it on when they don't empirically have to, given the alternatives of nursing home care. But her parting words during our last interview served not only to justify her tenure as Tio's caregiver, but also to affirm the benevolence and virtue of their relationship. By doing so she was protecting the legacy of their kinship and personalized connection from being skewed by the corporeal details of caregiving. This balancing of the narrative and preserving of the overall legacy of the relationship was also exhibited by Milena regarding her relationship with and care for her mother, Feliz; and by Soñia in relation to her mutual caregiving for her daughter-in-law Emily. But within my research this phenomena is exclusive to the care scenarios that emerge from positive long-term relationships prior to the initiation of caregiving. The resurgence of positive memories and the affirmation of the relationship, overall, as benevolent—which is an asset in the processes of mourning, healing, and recovering from extensive and intense caregiving—is markedly absent in care scenarios that are established on long-term relational foundations of abuse and turmoil, as was the case for Adeluz

and her father, Alfredo, as well as for Soñia and her care of Samuel, her husband. I will discuss this contrast in depth in the following chapter.

## CHAPTER SEVEN

### Precedent Kinships

Reflecting upon the previous four ethnographic chapters I want to directly address the overarching question I presented in Chapter One: How and why does an individual become a primary or sole kin caregiver for an elderly relation; and how does this process contribute to new conceptions of both kinship and care? Now having presented Soñia, Milena, Adeluz, and Pilar's care biographies I can answer these questions according to the particularities of each caregiver's relational history with the care recipient. In subsequent sections I will address in more detail key insights about kinship and care that were brought into relief by the care-biographies—particularly discussing them in terms of two prominent dynamics that stood out to me.

The first of these dynamics is in regard to the fact that while I remain committed to my argument that assumptions of benevolence are erroneous in scholarship on kinship and care, this does not preclude the strong pull toward romantic notions of kinship in everyday life. Even though there is ample evidence in the four case-studies of kinship bonds that are forged by and persist in conditions that fall short of filial love and loyalty, this did not stop the caregivers themselves from holding on to these criteria as measures of ideal kinship—the operative word being “measures.”

The second prominent dynamic that I will address focuses on how a care-recipient's death propels the caregiver to refocus on the dynamics of the pre-caregiving relationship. They do so

as a means of reconciling the period of caregiving with the broader ethos of the relationship. As such, the condition of the relationship prior to caregiving dramatically shapes the process of mourning and post-mortem reconciliation for the caregiver (*i.e.*, coming to terms with the death of the care-recipient). For Milena and Pilar, who historically shared a positive relational foundation with the care-recipient, this psychological and narrative return to the pre-care dynamics of kinship offered solace. But for Soñia and Adeluz, who had no positive precedents in their kin relationships with Samuel and Alfredo, respectively, solace and reconciliation seemed to elude them. These intersections between pre-care histories and post-care processes of reconciliation, illustrate the enfolding of pasts and futures into the embodied present (Das and Leonard 2008; Day 2008; Meyers 2007). As Carsten writes, “the present [is] disturbed by ghosts and hauntings” (2008:2); and in defiance of chronology these “ghosts and hauntings” converge in current real-time contexts—convening to create a local morality of kinship. I will address these examples and the implications of these dynamics in the last section of this chapter.

Finally, before pressing forward into this analysis, I want to reiterate the priorities and characteristics of the narrative approach to ethnography that I have privileged in this dissertation. Writing about the use of narratives in making meaning of therapeutic actions, Kathleen Slobin states: “Narrative structures work by enabling both narrators and listeners to place actions, motives, personal evaluations, and outcomes in a particular context” (1998:365). The idea that narratives “enable both narrators and listeners” in ordering, contextualizing and assigning meaning to discursive content is very important. It highlights the multi-vocality of the ethnographic data presented in this dissertation—which include, here, my own analysis under the category of “data,” since my analysis, too, is a subjectively formed narrative (Geertz 1973).

The narratives that the caregivers imparted were neither holistic or exhaustive, these are impossible qualities to achieve; instead, they were products of selection and organization that reflect the biases of each caregivers subjective processes of interpretation as well as the priorities of what each caregiver chose to convey to me (Ochs and Capps 2001; Desjarlais 2003; Butler 2005). This description also applies to my own presentation and analysis of interview data (Briggs 1986). Cheryl Mattingly posits that, “Actors draw upon, and in turn reinvent, a continually changing stock of available stories and story types. These narrative artifacts do not provide rules for action so much as imaginative possibilities for ‘reading’ the actions of oneself and others” (2010:218). Furthermore, as the researcher I am as much an actor in the narrative processes as they were. Sarah Lamb writes, “the telling of stories is one of the practices by which people reflect, exercise agency, contest interpretations of things, make meanings, feel sorrow and hope, and live their lives” (2001:28). Just as they were engaged in the agentive act of storytelling as they sat beside me in conversation, I am engaged in the same act as I shape this dissertation according to my own assessment of what was most valuable in their care-histories and according to my own interpretation of what their stories mean or imply about social experience (Durante 1986).

The scope of “imaginative possibilities” for interpreting the caregivers’ narratives, then, was dialectically inspired and constructed by the caregivers and myself. It is the process by which the four caregivers making sense of their own experiences of care and kinship; and in listening and later writing I made sense of what their narratives suggest about the categories of care and kinship more broadly. But it is this capacity to interactively make meaning that situates narrative as such a valuable medium in social interactions, especially in efforts to make sense of the contrasts between expectation and experience, idea and action (Murphy 1971).

## Becoming

Sonia's care trajectory stands apart from the other three in that much of the care discussed occurred in the context of marriage and motherhood. These are commonly singular roles held by one person at a time in a household. Of course there are exceptions in circumstances of divorce, polygamous marriages, or same-sex parent partnerships, where there may be more than one wife or mother involved in spousal or child care at a time. But none of these were the case for Soñia. So while I can ask how Milena, Adeluz, or Pilar became sole caregivers rather than another of their siblings, I cannot ask that question about Soñia. Still, the dynamics of the care contexts that she found herself in—with Samuel and with her daughter—were shaped through relational processes even if she was in an obvious position as spouse and parent to take on the caregiving role.

The processes by which Soñia was conditioned into her care role for Samuel is a blatant example of Foucaudian discipline. For Foucault (1995), *discipline* is an analytic framework for looking at the technologies that are developed and enacted to accomplish two primary purposes: 1) to create “docile bodies,” that is persons who will be obedient and amiable to direction and control; 2) docile bodies that are also “productive,” whose obedience can be exploited to enable certain gains or to reinforce certain domains of knowledge and authority. One of the technologies that Foucault discusses at length is that of the *panopticon*, referring to the institutional architecture designed by philosopher Jeremy Bentham, in which a single watchman is positioned in a central structure surrounded by inmate cells. The crux of the design is that the watchmen has 360 degree access from which to monitor all of the inmates. Though because it is impossible for the guard to look in all directions simultaneously, the direction of his actual gaze is made invisible to the inmates through manipulation of light and shadow—the watchman can see the



inmates, but the inmates cannot see the watchman. The effect of this intimated, yet opaque surveillance is to condition the inmates to behave as if they were being watched at all times, thereby disciplining their own conduct.

Samuel exploited the flexibility of his business (as a Taxi driver), to train Soñia to expect him at any time. He would call or return home frequently but unpredictably over the course of a workday. This trend, coupled with his habits of perpetrating physical and verbal assaults on Soñia and his children, created an environment in which Soñia was always anticipating an encounter with him, always metering and negotiating the threat of his hostility. The nature of this kind of chronic violence, “far from being an interruption in the ordinary,” writes Veena Das, “is folded into the ordinary” (2008:283; *cf* Ferme 2001). And like the inmate in a panopticon, these elements of surveillance and punishment conditioned Soñia to discipline her own conduct even when Samuel was not immediately present—because in truth he could show up at any time and she had to be constantly prepared for that. The most immediate way for Soñia to negotiate Samuel’s hostility and surveillance was to be obedient to his demands and to fulfill his prescriptions for her conduct and appearance—i.e., she had to be docile before him, malleable to his demands, and domestically productive. And for many decades it is fair to say that the domestic sphere was the only sphere to which Soñia had access to since Samuel did not allow her to leave the house for social visits or even to procure food or household supplies.

Andrea C. Westlund (1999), following Foucault’s scholarship (1995), differentiates between pre-modern and modern forms of discipline by the manner of the techniques employed. She describes pre-modern discipline as “the personal, visible, and violent power of the sovereign/patriarch,” as opposed to modern discipline, which she associates with the “anonymous, invisible, and ‘lighter’—but more comprehensive—power of the disciplinary

institutions and practices” (Westlund 1999:1045). Westland applies these theoretical constructs to matters of intimate violence, stating:

Battered women, I argue, experience pre-modern and modern forms of power side by side: not only do they have to deal with the instigation of terror by an all-powerful “sovereign,” but they are also often compelled to turn for help to modern institutions such as medicine and psychiatry, police, courts, and so on. These institutions often revictimize battered women. [...] Where, within such configurations of power and control, do battered women find resources to resist and to regain their autonomy? [Westlund 1999:1046]

Indeed, Soñia’s life history thoroughly exemplifies Westlund’s argument. Though Samuel’s use of panopticon-like surveillance would suggest that he was employing both pre-modern and modern methods of discipline, I would argue that the very personal, overt, and emotional (malicious) manner in which he fashioned his surveillance still positions it squarely within Foucault and Westlund’s classification of “pre-modern” power, along side his brute acts of physical and psychological violence. When Soñia attempted to escape Samuel’s abuse by reporting him to the police, or when she went to social services to apply for income and food assistance in an attempt to leave Samuel and take care of her children without his financial support, that is when she faced “modern” power. Through the patriarchal biases that were enacted through these social agencies, she directly encountered the gendered double standard that privileged male authority over women’s civil liberties.

Joshua M. Price (2012) challenges the term “domestic” when applied to violence against women, arguing that the word itself draws a boundary around violence that focuses on individual perpetrators of violence and obscures the violence that is perpetrated by institutions outside of the domestic sphere. “Institutions,” he writes, “are sometimes indirect perpetrators, when they collude with batterers by doing nothing or sending women back to unsafe situations” (Price 2012:2). Even though both Price and Westlund are writing about structural violence in late

twentieth and twenty first century contexts. There arguments are equally valid in interpreting the circumstances of violence that Soñia encountered in the 1950s. Price argues:

In privatizing violence, the courts and other agencies mask the role of state power itself, the role played by health and welfare agencies, and not least the courts themselves, in colluding with violence or in creating violent situations for women. These institutions are all left aside by law courts that focus on individuals who are perpetrators of harm. [Price 2012:104]

What Price is referring to when he uses the term *privatizing* is the classification of violence as a phenomena of the private sphere of the household. This categorization is what framed the “collusion,” to use Price’s term, of individuals who Soñia says “did not want to interfere in a marriage.” Among police officers and social workers alike Soñia faced the perception that violence perpetrated by a husband is informally sanctioned under the observation of marital privacy. By enforcing these boundaries of intervention they too became perpetrators.

The impact of Samuel’s abuse and the reinforcement of her violent solitude by local institutional agents clearly conditioned Soñia as a docile subject. I use the term *docile* here to describe a survival strategy not a state of mind—meaning that Soñia, according to her narrative, retained a belief that Samuel’s treatment of her and the children was an injustice. But she could not protest without putting herself and her children at risk, so she strategically suppressed protestations (Rebhun 1994) and conducted herself in a docile manner to avoid provoking Samuel. But recall that by the time Samuel faced the physical consequences of his stroke and the onset of Alzheimer’s disease, Soñia had already interrupted that docility, by proactively providing medical care for her diabetic daughter, Faye.

Soñia did not understand why Samuel exercised leniency toward her when it came to attending Faye’s physician visits or hospital stays. Perhaps he yielded a degree of control in these venues to Soñia because he, himself, felt intimidated in these environments. Any guess on my

part is purely speculation. But in any case, the result was that through these social engagements, Soñia acquired a degree of self-confidence in knowing that she could negotiate social situations with some degree autonomy, however briefly. So when the time came for her to be an intensive caregiver for Samuel when he was sick and compromised, she used the opportunity created by his vulnerability to emancipate herself from him more fully—moving him into a nursing home. Her history of caregiving with Faye disrupted the hold Samuel had over her, allowing her to become a caregiver capable of advocacy for her care-recipient and for herself.

Decades later, when Soñia became the caregiver for her former daughter-in-law, Emily, her history of spousal abuse was still salient. The fact that Emily had also suffered spousal abuse, perpetrated by Soñia's own son, forged a common ground between the two women. According to Soñia's daughter, Susan, Soñia had always had a very strong impulse to want to mentor her daughters and sons against repeating patterns of abuse or victimization in intimate relationships. This was true in her relationship with Emily, which nurtured a sympathetic and trusting relationship between them. Soñia and Susan both believe that it was this trust that drew Emily to want to be with Soñia when she was diagnosed with terminal cancer. Though these two women were no longer legally related, as Emily and Soñia's son, James, had divorced, the bond they had was founded on mutual understanding of gendered maltreatment. Theirs was a *kinship of affliction* (Heath et al. 2007; cf Malkki 1997) that was constituted on the common ground of suffering. However, through their support of one another I believe they nurtured one another's healing from the trauma of spousal abuse, thus segueing their relationship into a kinship of affinity (Parson 2010).

Soñia and Emily still utilized the language of a mother-daughter kinship, calling one another “Jita” and “Mom,” but the particularity of that relationship was forged through a mutual

experiential knowledge of vulnerability. Nia Parson in her work with victims of gendered violence in Chile describes the way that violence, even when it is no longer being actively perpetrated, has residual force: “Violence, once lived, to some extent poisons experience and is always part of oneself and the social fabric” (2010:65). This is what Das (2000) terms *poisonous knowledge*, a dynamic in which past traumatic events, in addition to being memories of the past, are also incorporated into the subjectivity, thereby contributing an imprint of the past trauma into the experiences and interpretations of the present. This dynamic can be very destructive in relationships and to self-identity, as I will discuss later in Adeluz case. But for Soñia and Emily, I believe the poisonous knowledge that they each carried from their own experiences of spousal abuse, actually served to make them available to one another in a way that was unique among their other kin relationships.

I believe the same affinity is also reflected in Feliz and Milena’s relationship. Both mother and daughter were victims of spousal abuse. And some thirty years apart both women divorced their abusers with the support of a parent. Das writes about “the manner in which women engage in repair of relationships through ordinary, everyday acts of caring,” and describes “healing through the metaphor of women digesting ‘poisonous’ knowledge so that they learn to reinhabit the world by dwelling again within internal landscapes devastated by violence” (2008:294). Although Milena and Feliz, did not have ruptures in their relationship with one another as a consequence of the spousal abuse that they both experienced, I believe that the everyday acts of caring that they mutually engaged in were very effective in processes of intrapersonal healing. Through their care acts they fashioned a home environment that was the antithesis of their marital homes, an environment in which they felt safe, at ease, and empowered through supported independence.

Beyond the affinity of victimization and healing, Milena's commitment to Feliz was strongly based on motherhood. In our interviews Milena made sure I understood that she did not raise her son as a single parent, saying, "I wasn't married but I didn't raise him alone. My mom raised him with me, and she loved him very much. He had two moms. And we had a wonderful, peaceful, life together." Sarah Harper and Iva Ruicheva, in their study in the UK of grandmothers as replacement parents for their grandchildren and replacement partners for their single-parent daughters, discuss the reciprocity of these multigenerational family structures:

In certain cases, the grandchildren and the lone-parenting children can themselves have the role of a "replacement partner," and a "replacement family" for the grandmothers. That reciprocity could also be one reason why relationships between daughters/lone mothers and mothers often improve after the birth of grandchildren. Interviewees state that the relationship "strengthens" because of the awareness of all family members involved that they have only one another and that this relationship is of equal importance for both sides and is a ground for reciprocal support. [Harper and Ruicheva 2010:227]

This description is very fitting to Milena's relationship with Feliz. Before Feliz' death, she and Milena cohabitated for thirty years. It was clear to me in my interactions with both women, that they were both deeply invested in one another—that they confidently counted on each other. This fact complicates the answer to my question about why Milena ended up carrying the role of sole caregiver for Feliz.

In many ways, Milena's care trajectory is very much like that of a spousal caregiver. Because she and her mother already had such a long tenure of living together, and because they were so dedicated to one another as life partners, Milena's transition into the role of caregiver was rather seamless. However, because Milena was also Feliz' child, a status she shared with her siblings, she also resented the disparity between the degree of involvement she met in Feliz' care, when compared to her siblings involvement: "It's not that I would have had it any other

way in terms of how I cared for my mom, but why did my commitment to her make my brothers and sisters believe that this meant it was alright for them to do so little” (Milena 9/16/2012).

Thus, while Milena held the singular role of Feliz’ everyday partner, she also still belonged to the plurality of Feliz’ children. And the tension between these statuses resided in Milena’s frustration that the fact of her partnership somehow negated her siblings’ sense of responsibility to their mother.

Again I want to emphasize that a number of Milena’s siblings did participate in Feliz care on occasion, by attending medical visits, providing respite care for a day or two so Milena could recuperate, bringing wood into the house from the outside stacks.<sup>60</sup> And while Milena said she appreciated these gestures, she also dismissed any illusion that this meant their time and labor investments were equal to her own:

I think the fact that they helped here and there made them feel like they were doing their part in my mom’s care, but really they had no idea what being a caregiver was all about. In just a few days or hours here and there, you don’t experience how consuming it is to be a full-time caregiver, to be consumed with exhaustion, work, and worry day after day; to feel like even though you would never want to leave or not be doing what you’re doing, you still feel trapped because you’re alone in it. So I appreciate what they did do, but I also know that they could have done so much more. [Milena 9/16/2012]

The answer to why Milena invested so much in her mother’s care is that it was a natural extension of the partnership that they had nurtured over the thirty years that they lived together as adult women. But the answer to why Milena became Feliz’ *sole* caregiver lies in her siblings’

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<sup>60</sup> Respite care is temporary care provided for a care recipient by someone other than the primary caregiver for the purposes of relieving the primary caregiver of their care duties so that they can rest. Respite care is meant to be therapeutic to give the caregiver time to recover from stress and exhaustion, but it is also a preventative measure to allow the caregiver to recuperate just enough to be able to return to full-time caregiving—thereby staving off complete burn out.

interpretation that her partnership with Feliz minimized their own role in their mother's care, by extension.

Adeluz' care trajectory shares some elements with both Soñia and Milena. Like Soñia, Adeluz provided full-time care for an individual that abused her—her father. And like Milena, Adeluz' role as sole caregiver for her father was juxtaposed to her siblings' negligible to non-existent roles in their father's care. In Adeluz' narrative, however, there were no breaks in her history of family perpetrated abuse. While it is possible to pinpoint Soñia's wedding day as the beginning of her victimization, there is no clear marker of the same in Adeluz' life history—not, at least, according to the limits of her earliest memories. The life-course effects of abuse in early childhood development is believed to include insecurity in social attachments, or the inability to form attachments in general, avoidance of social interaction (Tricket and McBride-Chang 1995) and greater propensity toward depression as an adult (Heim et al. 2008). It is not my intention to suggest that abuse suffered in childhood is more traumatic than abuse suffered in adulthood, only to point out that there is a degree of differentiation regarding the kinds of long-term consequences associated with abuse depending on when in the life course it occurs.

All of the symptoms described above correlate to Adeluz' adolescent onset panic disorder with agoraphobia, which is common among victims of child abuse (Teicher 2000). This aspect of Adeluz' life history is prominent in her trajectory as a caregiver, for it was within the context of her self-confinement at home as a teenager that her disproportionate role of domestic servitude among her household kin emerged. Her willingness to do all the cooking and cleaning for her parents and her siblings was a concession in exchange for her parents not forcing her to return to high school. During those years, Adeluz' parents, and her siblings all became accustomed to equating her kin value with her domestic labor. This is accentuated by her father commonly



referring to her as a “*burro*” [donkey; beast of burden], a term that I also heard Adeluz use to refer to herself. Although Adeluz marks her adolescence as the start of her agoraphobia, the abuse the precursors of this disorder go back to her earliest childhood memories of being beat by her father, verbally demeaned by both of her parents and her siblings (with the exception of only one older sister), and otherwise ignored in her household.

Even when Adeluz moved out of her father’s house when her son was 2 years old, she continued to clean for him and cook for him after realizing that “no one else was going to do it.” So even though Alfredo had a son who lived next door with his family, and three other children (excluding Adeluz) living in San Miguel, Adeluz was the only one that offered him assistance. Thus, when the combination of Alfredo’s age and his alcoholism resulted in him needing more extensive care, Adeluz had already been relegated to the role of sole caregiver by virtue of her siblings not being able to see her as anything other than a domestic servant.

Though Adeluz did not accept her caregiver role solely as a matter of default amidst her siblings, she was also motivated by her conscience to not neglect someone in need and by her desire to demonstrate her commitment to her father in the hope of provoking his appreciate and raising his estimation of her. Judith Herman writes that adult survivors “desperate longing for nurturance and care make it difficult to establish safe and appropriate boundaries with others” (1997:111). These dynamics, she argues, often lead adult victims of abuse to continue relationships with abusers:

Many survivors have such profound deficiencies in self-protection that they can barely imagine themselves in a position of agency or choice. The idea of saying no to the emotional demands of a parent, spouse, lover, or authority figure may be practically inconceivable. Thus, it is not uncommon to find adult survivors who continue to minister to the wishes and needs of those who once abused them and who continue to permit major intrusions without boundaries or limits. [Herman 1997:112]

For Adeluz, the social and psychological consequences of childhood trauma, along with the housekeeping regimens she adopted during the more extreme years of her agoraphobic isolation, plotted her trajectory to the role of sole caregiver. Of course none of these outcomes were inevitable, but her history of child abuse left her vulnerable to participating as an adult in her continued exploitation in the context of kin care.

While Soñia retained a clear view of Samuel's abuse as an unjust demonstration of power, which she did not deserve, Adeluz did not hold this degree of clarity with regard to the nature of her abuse. On the contrary, Adeluz' presentation of self was awash with self-doubt. As quickly as she would criticize her parents or her siblings for mistreating her, she would ask, "What is wrong with me that they would do that to me, that they couldn't love me?" Because Adeluz was traumatized in the vast majority of her kin relationships, it is difficult to separate the dynamics of her relationship with her father from those she shared with the other relatives in her nuclear household. And so, compounded by her youth and the multiplicity of perpetrators, Adeluz never developed a foundation of self-identity that would prevent her from feeling culpable for her own victimization. She bares longing for more benevolent connection, she asserts her belief that kin relationships should be positive and nurturing, but she struggles to overcome the belief that she innately did not deserve better, that her neglect and abuse was the result of her own lack of worth.

While Soñia's isolation was externally imposed on her by Samuel's methods of violence and surveillance, Adeluz' isolation was self-imposed (even if subconsciously) in the form of agoraphobia. Her parents never overtly interfered with her leaving home, but by neglecting and disparaging her throughout her childhood, they impeded the social faculties (all dependent on

self-worth) that she would have needed to emancipate herself from the home. Although she is no longer acting out on her agoraphobic tendencies, she perpetuates her own victimization by harshly judging her own worth.<sup>61</sup>

The distinct characteristics of isolation between the two women are pivotal to their circumstances of caregiving. Clearly Soñia was performing caregiving duties for Samuel throughout the entirety of their marriage, although I am distinguishing the period in which Samuel was active and independent and able to dictate with his full mental and physical strength from the period of his declining health. The shift from the former to the latter was significant for Soñia as it changed the profile of Samuel's authority and his methods of enforcement—gradually diminishing his domineering faculties. Concurrent with Samuel's decline, Soñia exercised greater liberties by going out more with her children, even traveling out-of-state to visit a friend from her youth. Out of both need and opportunity, she asserted herself in household aspects from which she had previously been sequestered, namely their finances. And when Samuel's diminished health left him wholly dependent, she moved him into a nursing home. That move gave her spatial freedom from his intimidating presence—recalling that he maintained his threats and anger towards her even when he lacked the capacity to fulfill them. Certainly she had abundant cause to sever all ties to him at that point, but she continued to visit him in the nursing home daily until his death.

By contrast, Adeluz had ample opportunity to distance herself from her father. Yet, she voluntarily returned home to become his caregiver, where she continued to endure his verbal

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<sup>61</sup> I must clarify at this point that in day-to-day practices Adeluz demonstrates bravery, talent, drive, kindness, and generosity. I fear that the above description might mislead one to imagine her as a person of withering demeanor and paralysis by victimization. The poignant injustice that surrounds Adeluz is that she does not recognize in herself the many positive and noteworthy attributes that she demonstrated in her everyday life.

abuses through his long drawn out decline. Her reasons for returning are certainly more complex than I can thoroughly discern, but I am confident of at least three contributing elements: (1) she is a very generous and compassionate person and would have struggled to bear witness to his care needs without acting to meet them; (2) she was ever in pursuit of her father's affirmation and affection, which sadly she never received; and (3) her lack of self-esteem prevented her from recognizing that she didn't deserve to be perpetually mistreated, that she deserved better circumstances in her life. The latter two elements, I believe, mark the greatest contrast between Soñia and Adeluz. Where Adeluz internalized her abuse as a constituent outcome of her value, Soñia did not.

Pilar's care biography deviates from the previous three, in that it does not involve the element of abuse. I believe the most striking element of Pilar's relationship with her tio is that of "mutuality," specifically in the way described by Pamela Cushings and Tanya Lewis (2002) in their research on caregiving for individuals with intellectual disabilities. Cushings and Lewis describe *mutuality* in care as a relationship that enriches both the caregiver and the care recipient, pointing to a "wider range of gifts (often intangible)" (2002:179) that are exchanged between both parties. This resonates with Pilar's narrative of caring for her Tio Graciano, in which she reiterates:

What I do want to get across is, even in all the work that it took to take care of Tio, what he gave me in my life supersedes any of that, definitely. The memories that I have of him, that will live on through me, are tremendous and beautiful memories, and peaceful ones, calming ones. [...] I'm in such a good place and I do believe that because I gave so much love to this man that he continues in his existence, in another dimension, somehow to reflect that love back to me. [Pilar 2012]

In this statement Pilar is illustrating the mutuality that existed in her care relationship with Graciano. The gifts she is referring to are aspects of Graciano's disposition and life that she

learned to value over the course of her life, namely his kind and patient demeanor and his modest pleasures of gardening and cleaning gravesites that she describes. These characteristics are significantly shaped by Graciano's intellectual disability, which Pilar refers to as him being "special needs." I believe that Graciano's "special needs" status along with his idiosyncratic personality traits, figured prominently into the reasons why Pilar devoted herself so intensely and for so long to his care.

To answer the question, then, as to how Pilar became Graciano's sole caregiver, I return to the models of service and generosity in general, and the benevolent care of her *tio* in particular, that her parents provided over the course of her upbringing. Pilar was very close to both her mother and father and describes them both as very generous individuals—"selfless" was the particular word she used. In many ways her father, Tomás, had been Graciano's surrogate parent since he was a boy (Zeltin 1986; Roberto 1993). As an adolescent after his father died, Tomás played an active role in providing for his family, alongside his mother. Later, as an adult, he incorporated his brother Graciano in his own family life. He also handled all of Graciano's and his sister, Isabel's, business: financial, medical, and everyday miscellaneous aspects. By observing her parents' interactions with Graciano Pilar developed a protective sentiment toward him, as well:

And he was always treated carefully, by all of us, because again, he was special needs and he did have a child-like mentality. So for all our lives we had that relationship with him, where we wouldn't impose any kind of stress on him. [...] And we were very careful with his psychology, and making sure he always felt secure. [Pilar 3/27/2012]

So even though Graciano was very independent, and lived on his own for many years, he still existed in a kind of bubble of care as Tomás and his family were very attentive to him.

In addition to this modeling of attentive and benevolent caregiving with regard to Graciano, Pilar was also raised as and continues to be a devoted Catholic. Many of her statements highlight the intersection of her faith and her devotion to her uncle, particularly viewing Graciano as “meek” and “innocent,” both being traits that she believed endowed him with a spiritual value that innately positioned him closer to God. This is a scriptural tenet appearing in the bible as one of the beatitudes in the book of Matthew, “blessed are the meek, for they shall inherit the earth” (Matthew 5.5). Though Pilar never quoted scripture in our interviews. Instead, through anecdotes about Graciano’s habits or his temperament, she illustrated the manifestation of these qualities in his everyday life:

He would get up early and after breakfast he'd go outside. And he'd spend his whole day out there cleaning on knees, planting. And he'd wear a little flower hat and he just looked so adorable. Just peaceful. And he had no idea about money, no perception about the worldly things. And I loved that, I loved to be around him because it was so simple. It was just so basic. And so I loved that. [Pilar 1/25/2012]

When she offered this narrative, I recall that in the tone of her voice and her facial expression, she just lit up remembering and talking about her tio. Beyond the religious doctrine that she believes brings her tio in close spiritual proximity to God, Pilar clearly held Graciano in high affection and regard.

Even as I account for the social precursors of parental modeling and religious inclinations in Pilar’s trajectory toward caregiving, these aspects do not resolve the differences between Pilar and her siblings. Despite the fact that all three of them were exposed to the same precursors, Pilar was the only one of Tomás’ children who elected to take up the responsibility of Graciano’s care when Tomás died. This points me toward an aspect of subjectivity that is difficult to analyze: personality, also referred to as disposition in anthropological literature. In earlier

anthropological research, the school of “Culture and Personality” came very near to conflating personality with culture. Take for example the following description from Paul Bohannan’s textbook *Social Anthropology*:

Children, when they are born, are without culture, and hence are without personality. [...] The acquisition of that culture is *ipso facto* the growth of the personality. As the personality develops, the characteristic way of responding to given stimuli (some of the responses being universal, some culturally normal, and some eccentric) becomes more highly developed and, at the same time, more set. (Bohannan 1963: 20)

This definition of personality was the groundwork for national character studies pioneered by Ruth Benedict (1989), Margaret Mead (1933; 2000). Later, Pierre Bourdieu (1977; 1984; 1990), using the term *disposition* advanced the explanation that individuals subconsciously embody social regularities that correspond to their social class. These regularities include the “way of standing, speaking, walking, and thereby of feeling and thinking” (Bourdieu 1990:70).

Bourdieu’s work argues that even if individuals believe themselves to be autonomous agents of their own behaviors and choices, their enacted suite of dispositions—their *habitus*—is actually attuned to structured social regularities that reify social divisions. For Bourdieu, just as for Benedict and Mead, childhood is emphasized as the period of greatest acquisition and shaping according to either social structures or cultural norms, respectively (Odden 2009).

But these theoretical framings of personality and disposition are not well suited for comparative analysis in a micro-local environment like a family household. Without denying the role of social shaping of subjectivity, there has to be a way of discussing the distinctive trajectories between individuals who are socialized in the same intimate environments. Within cultural or social systems of recognizable symbols, processes and semantics, there is a lot of room for diversity.

While I raise this question of individual diversity as one that is salient to my inquiry into how and why an individual becomes a sole caregiver, it is not a question that I can answer or resolve with the data that I have gathered. In order to understand where or how Pilar's trajectory splintered from those of her siblings, in a way that resulted in her carrying the role of sole caregiver, I would have to have comparative ethnographic data from her siblings. While I believe that an in-depth life-history approach is ideal to an inquiry at this level, further research with siblings might reveal very different narrative themes and therefore individualized priorities despite sharing a common childhood environment.

In the next section I will be discussing the role of perceived ideals of kinship in the caregivers narrations, differentiating between generic perceptions and those that are grounded in experiential precedents.

As It Was...

As It Should Have Been...

In my field research I set about understanding the caregiving relationship, and my research participants all went about answering my inquiries by turning to the deep historical antecedents of their relationship with the care recipient—before the intensive caregiving relationship began. They are the ones that situated the dynamics of caregiving in the longer narrative of their kin relationship. The chronological span of their narratives allowed me to see consistencies and ruptures in the nature of their relationships. The caregivers, themselves, also drew my attention to the role of idealized notions of kinship in processes of evaluating the quality of their own kin relations. There was never an instance in which I asked participants to define what they believed family relationships should look like; never did I initiate comparative evaluation of their kin



experiences against an abstract construction of kinship. Each of the four caregivers independently made qualitative statements that formed a profile of what they considered to be characteristics of “ideal kinship.” Of course the intensive care that they each provided, demonstrates that kin bonds are possible outside of the parameters of these ideals—that varying degrees and combinations of positive and negative dynamics are possible in kin relationships without breaking kin bonds. It seems, though, that even if manifestations of kinship vary widely within that spectrum, and even if ideals cannot be consistently or “purely” replicated in reality (Weber 1949), they still remain as persistent and potent motifs in processes of reflection.

In fact, notions of kin relationships as loving, supportive, and committed social bonds are regularly contradicted in everyday life. As proof to this point, the U.S. Department of Justice estimates that one in every four children in the U.S. will experience some form of child maltreatment in their lifetimes (2012). This statistic is mirrored by their estimate that one in every four women in the U.S. will experience domestic violence in her lifetime (2000).

Certainly, these estimates dismiss the notion that episodes of maltreatment in the home are anomalies, yet idealized notions of kinship persist. This is not surprising if we recall Max Weber’s definition:

An ideal type is formed by the one-sided *accentuation* of one or more points of view and by the synthesis of a great many diffuse, discrete, more or less present and occasionally absent concrete individual phenomena, which are arranged according to those one-sidedly emphasized viewpoints into a unified *analytical* construct. [...] In its conceptual purity, this mental construct cannot be found empirically anywhere in reality. It is a *utopia*. [Weber 1949:90]

Weber clearly differentiates any “ideal type” from actual manifestations within its associated category. He was attempting to label a cohort of traits that are discursively characterized as “typical” of a category, whether they actually exist or not. And he was well aware that the “ideal

type” might very well represent a bias that is not reflected in actual phenomena. To think about how the “ideal type” interacts with actual social events, I refer to Robert Murphy’s, *Dialectic of Social Life* (1971). Murphy does not discuss “ideal types” by name, but his description of *norms* comes very close to this notion. Murphy suggests that “the individual seeks security and order as a condition of his psychological functioning [...] The norms provide the image of order.” However, concurrent to this psychological need for order, he writes, “society just as certainly requires tension and flexibility” (1971:240).

The tension between “norms” and “action” is evident in the ethnographies presented, as the caregivers reflect on the rightness or wrongness of their kin interactions with the care-recipient. The “norm,” “ideal type” or “archetype” that they hold of a right family order is how they measure the enacted qualities of their kin relationships. The contrast exists in the fact that unlike *intrapersonally* mediated ideals, action is interactive phenomena that requires inter-subjective negotiation (framing) of dynamic variables (Goffman 1959, 1974; Bateson 2000; Mol 2002). Kinship, then, as socially constructed phenomena involves the convergence of subjective ideals of, and practical enactments of being kin. For example, it is not enough that Adeluz believed that she and her parents should share bonds forged through tenderness, security, and support because she was not the sole author of these relationships (Law and Mol 2008). In fact, as a child in the 1950s—a time in which children were expected to “keep quiet and out of the way” (Adeluz 3/14/2012; echoed by Milena and Soñia)—Adeluz’ role in shaping the dynamics of her relationship with her parents would have been subjugated within the adult-child hierarchy (Valentine 1996). This point of power differentials within inter-constructed kinships is reflected in all four care-biographies, either between the focal relationship between the caregiver and care-recipient or in other narrated kin relationships that figured into the trajectory of the care-history.

I cannot address whether or not the “benevolent family” is a culturally diffuse and maintained archetype in Sangre de Cristo. To be sure, I have no doubt that there are larger cultural and structural forces embedded in the manifest dynamics of these caregivers’ narratives and everyday practices of kinship (Foucault 1990; Butler 1993, 2005). However, because of the size of my in-depth participant sample and because of the pronounced diversity of kin experiences within this small sample, I do not have sufficient data to analyze the reproduction of community cultural ideologies regarding kinship versus kinship practices (*habitus*) among the featured caregivers (Bourdieu 2006). I can, however, address the ways in which this ideal (and its contradictions) figured into the narratives of kinship that I gathered. And in doing so, I am confident that aspects of the larger cultural landscape emerge, in so far as “the effects of extralocal or longterm processes are always manifested locally and specifically” (Abu-Lughod 2008).

By focusing this analysis on both idealized notions of kinship and their practical contradictions, it is possible to examine the diversity that exists within the spectrum of kinship as well as the tensions of contrast that are concurrent with that diversity. Whether the contradictions are encountered through personal experience, witness or hearsay, contradictions are consistently measured against the image of the benevolent family. It is this contrast that informed: (1) Soñia’s sense of injustice for how she was treated in her marriage; (2) Adeluz’ longing for parental affirmation; and (3) Milena and Pilar’s sense of guilt in those moments when they felt impatient with the demands of caregiving, when in their exhaustion they wished for it to end. Thus, while it is important to resist the temptation to reinforce idealized notions of kinship in anthropological scholarship, it is equally important not to deny the pull of these notions in the everyday lives of

our subjects. In this section I draw on my ethnographic data to highlight the tension between the archetype of the loving family and practical everyday contradictions of that ideal.

With regard to ideals of kinship, I recognized a key distinction between Soñia and Adeluz on one hand, and Milena and Pilar on the other hand. The distinction is between generic ideals of kinship that differ consistently from experienced scenarios and customized ideals of kinship that are based on positive precedents in actual kinship experiences. For example, Milena's standards for ideal kin dynamics were born out of her relationship with her mother, Feliz. Based on precedents of encouraging partnership and affection in this mother-daughter relationship, Milena developed expectations that this was the ideal of kinship. Similarly, Pilar's standard for ideal kinship in her relationship with her Tio Graciano was based on experiential precedents of how they interacted with one another over time. But for Soñia and Adeluz, the standard of measurement was conceived according to how they came to imagine marital relationships or parent-child relationship should be. These imagined norms were based on instances they observed in other categorically relevant relationships—among relatives (immediate and extended), neighbors, or in the media—which they took to be examples of an ideal. But these idealized standards had no precedence in their own respective relationships with the care-recipients.

It may be useful here to differentiate between kinship bonds and emotional *attachment*, which Edward Lowe defines as “the formation of emotional bonds and expectations of nurturing, trust, and security in human social relationships” (2002:124). Soñia's care-biography in particular make evident that attachment is not an automatic consequence of marriage or blood relation, respectively (Schneider 1968). She may casually accept being referred to as Samuel's wife. But in considering the particular characteristics of their relationship, she also questions the

legitimacy of their kinship with the care-recipient. She felt that the abuses she experienced—which prevented the development of attachment—contradicted what she believes to be the moral mandates of marriage and kinship, and thereby undermined the validity of her and Samuel’s status as kin (Yan 2001; Peletz 2001). By comparison, Adeluz’s victimization also prevented her from developing kin attachments, though she never suggested that she considered her kin bonds invalid on account of this void. She expressed her belief that their maltreatment was not as it should have been, but she nonetheless counted them as her kin.

As Soñia told the story of her life with Samuel, she was very composed, never coming to tears, never with spikes of tone or force in her narration. As the oldest participant in my study, Soñia had carried the weight of her traumas for a very long time. Quietly and evenly she described the nature of her domestic isolation, the discipline of her labor, the surveillance of her obedience to the structure of domination that her husband imposed on her. She defined the injustice of her marital life by invoking the ways that she believes things have improved for women in more recent years. The notion that women are cross-culturally less vulnerable to violence than they have historically been, that women’s circumstances are progressively better and better is contestable (Hunnicut 2009). But for Soñia, the belief that conditions have improved is essential to how she frames the severity of her own victimization (Bateson 2000; Goffman 1974).

Soñia plainly characterized Samuel as “mean” and “full of hate” for her. Though she remained consistently calm in her speech, she did not convey peace with the history that she relayed. Rather the composure of her narrative carried a weight of resignation that this simply was the nature of her marriage, of her life, for nearly 50 years. The resignation was coupled with fatigue—an accumulated emotional exhaustion overlaying the weariness of her dialysis-taxed

body. For Soñia the marriage was subsumed by a relationship of thorough domination. “There was no love from him, ever” she says, “only orders and hitting and hate” (Sonia 1/19/2013). Questioning even the motive of their original courting, she says, “he needed someone to take care of his kids.” She explicitly drew a contrast between her marriage and how a marriage should-be, “with rights for the woman,” “with respect and consideration.” By doing so she called into question the legitimacy of her matrimonial kinship with Samuel. They were legally married, yes, but in reality she was, “a slave,” as she called herself, subject to Samuel’s possessive discipline and the brunt of his anger (Adelman 2004; Hunnicutt 2009).

Soñia’s case illustrates the tension between kinship role ideals that are held amidst a contradictory experiential context. Even if Soñia did not directly witness the manifestation of these ideals, she was exposed to models that significantly contrasted her own lived experience as a wife. The exception to her isolation was that Samuel did not prevent his brother’s wife from visiting Soñia, even if he didn’t particularly like it. Through these visits Soñia was able to see that Samuel’s brother did not mistreat his wife. Furthermore, despite describing her father as strict when it came to his daughter, she did not witness a relationship between her mother and father that was in any way as oppressive or severe as her own. Thus, she was able to discern the sharp contrast between her own married life and that of other married couples—even in a relatively patriarchal culture.

Yet it is important to recall that Soñia’s narratives are those of a mature woman in her eighth decade; the layers of perspective through which her narrative was filtered is deep with experience and long dwelt upon reflections. They cannot be taken as representations of how she perceived her condition while in her youth or during her long tenure as Samuel’s wife (Becker 1997; Throop 2003; Mattingly 2008, 2010). In the fifteen years since his death, she has had

opportunity to meditate further on their marriage. Nonetheless, my research is concerned with the current (at the time of telling) shape of the narrative and the insights they offer into how the participant memorialized the body of the relationship in their present contemplations.

Soñia's narratives suggest that the contradictions between her idealized notion of marriage and the reality of her abuse and oppression, prevents her from feeling a firm sense of kinship with Samuel. Her instructions that she is to be buried away from him when she dies is a symbol of her desire to sever her connection to him. In Soñia's estimation, the history of her relationship with Samuel is more akin to bondage than marriage. Yet the legality of their marriage tethers it to that category. This is a truth that was devastatingly reiterated to her when she sought assistance and defense from the police, only to be told that they "don't interfere with home matters." A useful analogy is to think of kinship as a body. Just as a body does not cease to be a body because it suffers disease, Soñia's marriage to Samuel wasn't dissolved by his abuses. It remained a fact of the court—structurally reinforced by law enforcement and human services agencies. Still, the abuse did severely undermine her feeling of kinship (attachment). Soñia and Adeluz' care-biographies exemplify the distinction between kinship as "status" and kinship as "connection" (Lowe 2002). The abuses they both suffered created a fissure that segregates their status as kin from the possibility of forming the emotional bonds that would found kin connection.

Like Soñia, Adeluz' connection to her father, Alfredo, was strained and existed in stark contrast to her idealized notion of what a father-daughter, or even more broadly a parent-child relationship should be. However, there are crucial differences between the two women's histories, some for the better and others for the worse. Whereas Soñia had one person, however dominant he was, to contend with, Adeluz' narrative situates her in a household wherein she was

inundated with mistreatment by both her mother and her father and all of her siblings, excepting one (her eldest sister with whom she had a close and loving relationship). As discussed earlier in this chapter, the disparaging treatment that Adeluz' nuclear relatives frequently imposed on her during her childhood dramatically shaped her juvenile development; the vulnerabilities that she acquired during those stages (low self-esteem, depression, longing for affection and affirmation) were carried into adulthood (Trickett and McBride-Chang 1995; Hermann 1997).

Shifting into the last two care-biographies, the contrast with the first two is in many ways overt. However, the more benevolent histories offered by Milena and Pilar do not preclude instances that contradict their perceived "ideals of kinship." But because these instances are not reflected in the majority of their relational history, they can more aptly be interpreted as "disruptions" (Becker 1997) to the usual dynamics of the relationship.

Like Soñia, Milena's transition into caregiving for her mother was logistically seamless since they were already living together when Feliz suffered the injury that marked the beginning of her decline. In this way, the situation subverted the need for a formal decision to be made about who was going to be Feliz' primary caregiver. This does not preclude the emergence of tensions around adequate support of the primary caregiver by non-residential siblings. Certainly, Milena carried disappointment that her siblings did not recognize the severity of the burdens on her time, mind and health as the demands of caregiving increased over the five years she identifies as the more expressed period of caregiving.

Because it was gradual, I believe the shift into caregiving actually reified Milena and Feliz' relationship, as it was evident to me in observing them that each act of care Milena demonstrated was a gesture given with affection and received by Feliz with consistent gratitude, for which she responded with generous affection in return. This dynamic was consistent until Feliz started to



show symptoms of dementia. Certainly their relationship did not change overnight, but in her last two years, Feliz gradually withdrew into herself. As the tasks associated with Feliz' care expanded, a fissure emerged in their relationship. The emotional interaction and connection that was once so reassuringly consistent and mundane, became discrete instances that were brief and fleeting.

The standard against which Milena measured the quality of her connection with Feliz was experientially established over the long course of their history together. This is profoundly different from the standards held by Soñia and Adeluz, which were abstract preceptions for which they had no experiential foundation. The fact that Milena and Feliz had an actualized foundation of a close, affectionate and supportive relationship, Milena experienced Feliz' dementia induced withdrawal as a loss.

Decline in Samuel was not experienced as a loss for Soñia. On the contrary, Samuel's decline and eventually his death ushered in advancing gradations toward Soñia's emancipation. Adeluz, on the other hand, had hoped that Alfredo's decline and her response of devotion would instigate some semblance of love or appreciation from him—it never did. Instead, the demands of caregiving and the consequences of exhaustion and chronic back pain only compounded her disappointment and unrequited longing for her father's affirmation. Loss, then, falls outside of the contexts of care that are illustrated by Soñia and Adeluz' care-biographies.

In Pilar's case, before her tio moved in with her, she was already oriented to interacting with him in a maternal manner. Pilar was socialized to be very careful and attentive to his developmental limits. So the shift into full-time caregiving was an elaboration of that dynamic. However, the intensity of the care routine she maintained alongside her full-time employment outside of the home did create internal turmoil for Pilar. Exhausted and dramatically over-

extended, Pilar struggled with feelings of frustration and impatience with their situation, and sometimes frustration with her tio. Although she was confident that she did not express these frustrations or act out against Graciano by treating him impatiently, she nonetheless suffered from acute guilt for feeling that way in the first place.

I heard similar accounts from Milena and Adeluz, who bore heavy guilt for occasions in which they felt anxious for it all to end, knowing that this was an implicit desire for the death of their parent, respectively. Even though these sentiments were fleeting and existed exclusively as internal conflicts, which were instigated by severe exhaustion, Milena, Adeluz and Pilar all felt guilty that there was ever a moment in which those feelings existed at all. Guilt plays into tensions of ambivalence—contradicting yet simultaneously occurring sentiments—in these kin contexts. “Individuals experience ambivalence,” Willson et al, write, “when their attempts to exercise agency conflict with structured arrangements that limit choices and specify normative behavior” (2006:236). For Milena and Pilar, this psychological conflict and constituent guilt represent a loss of peace and balance in their relationships. Prior to the transition into caregiving, both women had enjoyed a peaceful and familiar balance in their relationship with the loved one for whom they would eventually provide care. But taxed by the demands of caregiving, both women found that balance disrupted. This led to a loss of confidence in themselves as to their own moral constitutions and feeling ashamed for not being able to sustain a consistent sentiment of unconditional love and devotion, even if the inconsistencies thereof were only in the private ruminations of their own thoughts. The severity of their loved ones’ decline undermines, as psychologists Willson et al. (2006) suggest, their ability to maintain the emotional devotion to care that they feel they should be upholding.

For Milena, the shame she felt for similar feelings only reinforced her general inclination toward self-recrimination. And for Soñia, I cannot say that she did not harbor these sentiments, but she never expressed that she did. She described feeling sorry for Samuel, as his condition deteriorated. From the nature of what she did share, I believe she was well insulated from feelings of guilt or shame where Samuel was concerned, essentially because she was so confident in the injustice of his conduct towards her throughout their marriage.

Memory is the sense of loss and loss pulls us after it<sup>62</sup>

Finally, care biographies offer valuable insight into the importance of tracing long relationship histories beyond the context of caregiving, into the stage of post care grief and reconciliation. The crucial variable in this discussion is “precedent.” I found among all four caregivers that after the death of their relative, after the initial swell of emotion, they each came to settle into the impressions they had of their relationships prior to the onset of intensive care. Given the diversity of their relational histories before and during caregiving, it follows that their experiences post-caregiving would be equally diverse.

Milena and Pilar narrated the greatest contrast between in the dynamics of the relationship before care as compared to during care. Consequently, their care trajectories demonstrated the greatest degree of disruption to the relationship against the profile of their relationship before the inception of intensive care. But despite the emotional conflict they struggled with during care, they both found solace in remembering their loved ones and the positive moments they shared before the onset of decline. They found comfort because they had a cache of memories that provided a positive contrast to the stresses and losses of caregiving. In effect, that cache supplied

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<sup>62</sup> Quote from Marilyn Robinson’s novel, *Housekeeping* (1981:194).

a preset to which they could revert that was conducive to healing. Gay Becker writes that in circumstances of disruption:

The undermining of routines of everyday life and the assumptions that sustain them sever a sense of connection with an array of personal meanings and leaves a void. To fill the void people must redraw relationships between self, body, environment, and daily life. [Becker 1997:82].

Narrative, she argues, is the way that people “attempt to create continuity after an unexpected disruption to life [...] to create linkages with the past” (Becker 1997:4). I believe this is the drive behind Milena and Pilar’s narrative return to the history and sentiments that characterized their relationship before the thrust of caregiving emerged.

Milena recounted a handful of instances—after Feliz passed away—when she felt her mother’s presence, even experiencing the sensation of a physical caress on her head. Pilar also attested to a clear sense that her tio is still with her, “offering his love as a comfort even in death.” Both women take confidence in believing that, though intangible, the bond with their deceased relative persists (Bennett and Bennett 2000; Valentine 2008). Moreover, these instances have instilled in both of them a sense that their departed relative is fulfilling a guardian role. These post-mortem perceptions go a long way in resolving the internal conflicts and imbalances that they experienced during the most arduous periods of caregiving.

For Soñia and Adeluz the aftermath of caregiving was situated quite differently. Soñia, and her daughter both raised the subject of forgiveness in our conversations. Susan expressed frustration that her mother “still talks about and dwells on [Samuel’s] mistreatment of her” in their marriage. Susan believes that her mother is tormenting herself with these memories and by holding on to resentments against Samuel. For the sake of Soñia’s well-being and emotional healing she wishes her mother could “let it go.” Soñia, herself, said she knows that she is

“supposed to forgive,” but it seems to be more than she can do. Soñia’s resentments have not prevented her from enjoying the years that have elapsed since Samuel’s death. But in my conversations with her it was plainly evident that the emotional and psychological injuries that Samuel bestowed upon her have persisted in their potency (Hermann 1997).

Adeluz, on the other hand, actively struggles with depression since Alfredo’s death. Emotional pain for the abuses she suffered is still pervasive, which persists alongside the now unresolvable longing that she has for an affirming connection with her parents. Soñia and Adeluz are also engaged in continued relationship with their respective care-recipients. But in polarized distinction from Milena and Pilar, Soñia and Adeluz are haunted by remembrances. True to the process described above, Soñia and Adeluz are tethered to the precedents that were established over the long history of their relationships with Samuel and Alfredo, respectively. And because those precedents were founded on trauma and abuse, it seems to have foreclosed the possibility of resolution for them. With regard to traumatic memories Janet Carsten writes, “Some at least of those left amongst the living will not escape the excessive accumulation of memory” (Carsten 2008:7). I think it is fair to say that Adeluz and Soñia contend with an excessive accumulation of memories of violence and fear that they struggle to reconcile.

Ultimately, Soñia, Milena, Adeluz and Pilar have all illustrated the pervasiveness of relational precedents in caregiving scenarios. Despite the abundance of pragmatic similarities in their daily care routines, each of these women existed in profoundly individualized contexts of care and kinship. Viewed in juxtaposition to one another, their care biographies illuminate diverse constructs of care and kinship that challenge assumptions that benevolence is an a priori attribute of intimate human relationships. Suggesting, on the contrary, that because kinship and

caregiving often situate individuals in close spatial proximity to one another, these relationships can easily become conduits for domination and exploitation.

## CHAPTER EIGHT

### Conclusion

“What do you study?”

As a student and researcher, I have encountered this question on innumerable occasions. In the context of fieldwork, this is a question that I preemptively answered with prospective participants. Rather quickly I developed a succinct answer: I study kin caregiving. In the many hours that I spent in the company of participants, I realized that this key phrase—*kin caregiving*—entails every element I had to question and reimagine in the light of Soñia, Milena, Adeluz, and Pilar’s personal narratives. In particular, I found their histories demanded that I reconsider the scope of who counts as “kin” and what counts as “care.” Through the processes of gathering data and writing I was repeatedly compelled to expand the parameters of these social categories.

Through these processes I also had to face the personal biases I held before commencing my fieldwork—that is, my own misconceived notion that kin caregiving was a profound act of love and selflessness. I realize that this may sound simplistic and naïve, but as a matter of transparency in scholarship I believe it’s a valuable point to disclose. Particularly because this characterization of kin caregiving is informed by my own family experiences, in which I witnessed my mother’s five-year commitment as caregiver to her mother, my grandmother. This was the point of reference that inspired my research interests in the first place. Certainly I am not

going so far as to invert this bias and suggest that caregiving is never an act of love and selflessness, though I can confidently insist that the notions of “love” and “selflessness” in no way exist as self-evident or pure (*i.e.*, homogenous) phenomena. This is precisely what I discovered with regard to kinship and caregiving; neither can be experienced nor understood as self-evident or singular in character. The life-histories of the women featured in this work called my attention to the only three universal conditions that I am willing to attribute to these key topics—that is that kinship and care are: 1) diverse; 2) uniquely complex and reflective of each individual’s circumstances; and (3) mutable within an individual’s subjective experience over time (Jackson 2011).

At this point the reader might feel the impulse to suggest that these conditions go without saying in the discipline that pioneered cultural relativism (Mead 1933; Benedict 1989) and thick description (Geertz 1973). In hypothetical response I will point out that even in this very small research sample of four women from the same small community there was significant variation of experience and subjective interpretation. Furthermore, each auto-biographical narrative compiled here revealed numerous intrapersonal transformations and contradictions over time. Thus, even the tradition of cultural relativism—which dictates that social ideologies and phenomena should be understood in the terms of the culture in which they are found—falls short as it averts attention from intracultural diversity (Hanson 2013). Moreover, as I have discussed in previous chapters, one of the consequences of the disciplinary shift toward kinship as a constructed category (Schneider 1968) that can include chosen kin (Weston 1991; Howell 2003) as legitimately as kin based on biological symbolism (Strathern 1992; Carsten 1995) is that benevolence and attachment have been foregrounded while more ambivalent or even ambiguous dynamics of kinship have been neglected.



I am certainly not the first anthropologist to articulate this critique. Michael Peletz has argued: “ambivalence remains relatively undertheorized in contemporary work on kinship” (2001:414).<sup>63</sup> And Janet Carsten (2013) in her review of Marshall Sahlins’ (2011) theory of “mutuality of being” writes:

Sahlins— following in the path of many scholars who write on kinship—tends to concentrate on the positive aspects of kinship rather more than the negative ones. “Mutuality of being,” on the whole, emanates a warm, fuzzy glow rather than a cold shiver. Kinship, however, as Veena Das (1995), Michael Peletz (2001), Michael Lambek (2011), and others have noted, often carries ambivalent or negative qualities, which anthropologists tend to dwell on rather less. [Carsten 2013:246]

This bias is even more pronounced when kinship and care are considered in conjunction. For example, Arthur Kleinman who has written about the mutability and diversity of moral worlds (2006), ironically writes about care in a universalizing way that foregrounds generosity and positive connection (2009; 2012). Michael Lambek (2007), who is listed by Carsten as an anthropologist who recognizes the negative qualities of kinship, has himself written about care in a way that accentuates positive dynamics:

Parents care for and *about* their children and siblings and spouses care for and *about* one another, but perhaps one of the most striking things about human kinship is the way we care for and *about* our elders, our ascendants, and even for the dead. [Lambek 2007:220; emphasis added]

The way that Lambek qualifies his statement by emphasizing the dynamic of “caring about” various kin suggests a benevolent sentiment, and it obscures contexts in which care tasks can be performed even when the caregiver does not really care about the care-recipient. As exemplified by Samuel who cared for Soñia by providing food, shelter, and other basic necessities, while

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<sup>63</sup> I would just like to note that “ambivalence” has been addressed more consistently in the disciplines of psychology and sociology; see my discussion on ambivalence in Chapter Seven.

simultaneously perpetrating various violences against her. The dynamic between Alfredo and Adeluz mirrors this scenario.

The ethnographic evidence and analysis that I have presented in this dissertation complicate the assumption of benevolence in the construction or characteristics of both kinship and care. In the introduction I posed the question: How does an individual become a primary kin caregiver for an elderly relative? In the field I discovered that embedded in this question were several further questions specific to the relationships between individual caregivers and care-recipients. What are the qualities of care upon which their kinship is formulated? What is the foundation of kinship that qualifies their caregiving? The narratives featured here offer answers to these questions that highlight a far broader spectrum of qualities that undergird kin relationships and acts of care—many of which are antithetical to benevolence.

I firmly believe that the range and depth of my ethnographic data is the result of employing a life-history approach to the study of kin caregiving (Chamberlayne and King 2000). This methodology allowed me to identify the ways that periods of caregiving emerge into an already established relational landscape between the caregiver and the care-receiver. Without attending deliberately to the background kin history, these earlier relational dynamics might not be brought to the fore. This is because the foreground of caregiving carries the very pronounced elements of arduous physical labor and fatigue (due to sleep deprivation), as well as, emotional burdens of worry and uncertainty. These classic attributes are often acute and therefore more apparent. As a result they draw focus to the immediate circumstances of the caregiving context. But to overlook the longer relational history threatens to silence the other conversations that are salient to the care scenario, such as power hierarchies, mental and physical disabilities, cooperative practices, economic disparity and strategies, violence, and exploitation. While the

priorities of their everyday interaction may be dominated by the “busy work” of caregiving, the motive, meaning, and value of those tasks is overwhelmingly formulated on the foundation of their long history of kinship. Without such knowledge it is far too easy to misrecognize the nature of the caregivers’ loss. For each of the caregivers, the matter of “what was at stake” for them in their decision to take on the role of full-time caregiver was unique and complex.

For some, caregiving marks a disruption in the relationship, for others it is a kind of last straw, and still for some caregivers it is an opportunity for emancipation, as was the case for Soñia with Samuel’s increasing decline.

This work has been presented in an effort to foreground the reality that kin caregiving is a stage of kinship that is folded into the larger experience, memory, and narration of kinship. As only one frame in a wider constellation, caregiving should not be isolated from the larger context of the kin relationship. From my research it became clear to me that the immediate circumstances of caregiving constituted only the apex of a situation that rested on far greater emotional burdens (e.g., Soñia and Adeluz) or assets (e.g., Milena and Pilar). Continued efforts to study caregiving through a life-history approach will only further expand the parameters of what human kinship and practices of care can entail. It is my hope that the ideas imparted here will inspire future research into caregiving, the mutability of kinship across the lifespan, and the prominence of domestic violence or by contrast, the value of safety and support as they intersect with practices of care.

Finally, while I myself am not broadly versed on the range of social services or the state of policy related to caregiving support, I believe that practitioners in those fields could benefit from this model, as well, in their efforts to plan and provide support service for kin caregivers. More in-depth insight into the kin dynamics before care would enable primary care providers,

social workers, and counselors to recognize possible compound origins of physical mental health symptoms among caregivers and care-recipients alike. Such awareness could only improve the likelihood of providing individualized and, therefore, more effective support in the way of mental health.

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