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‘She’s Like a Daughter to Me’: Insights into Care, Work and Kinship from Rural Russia

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Abstract

This article draws on ethnographic research into a state-funded homecare service in rural Russia. The article discusses intersections between care, work and kinship in the relationships between homecare workers and their elderly wards and explores the ways in which references to kinship, as a means of authenticating paid care and explaining its emotional content, reinforce public and private oppositions while doing little to relieve the tensions and conflicts of care work. The discussion brings together detailed empirical insights into local ideologies and practices as a way of generating new theoretical perspectives, which will be of relevance beyond the particular context of study.

IN RUSSIA AND MUCH OF THE POST-SOCIALIST WORLD, changes to the balance between state, family and market as providers of care and social assistance have been accompanied by shifts in the gender contract (Zdravomyslova *et al.* 2009), as well as direct challenges to and contestations of previous ideologies of care (Read 2007). The decline of the proclaimed ‘superior’ and universal care of the Soviet state, however imperfectly this actually functioned in practice, has been accompanied by a reinforcement of pre-existing gender ideologies regarding women’s caring aptitudes, roles and responsibilities. Simultaneously, political and ideological transformations have amplified a discursive emphasis on the family as the primary locus of authentic care (Teplova 2007). Yet the wider economic upheavals brought about by the collapse of the Soviet system and ensuing demographic issues, have in fact disrupted many rural families’ caring arrangements, as well as leading to the degradation of local facilities and social infrastructures. This has left significant numbers of rural elderly people potentially socially isolated, in precarious material and physical circumstances, and dependent on paid care workers for emotional, as well as practical and physical, care and assistance (Kay 2012). Whilst such experiences and responses to them are framed by the particular social, cultural, political and economic contexts of rural Russia, the underlying issues which they raise regarding elder care, work and kinship are relevant to care workers, elderly people, policy makers and managers in much wider contexts.

Feminist scholarship has long drawn attention to the ways in which ‘care’ is understood through ‘cultural frameworks’, which bring together particular configurations and ideologies of gender, family, state and market, to produce what Hochschild has termed

'the cultural lining beneath the politics of care' (1995, p. 332). These configurations shift over place and time, as they are differently embraced, contested or rejected through public discourse and policy, as well as in practices and relationships of care enacted in both public and private, to produce competing ideal images of care. These ideal images, or 'ideologies of care' (Read 2007, p. 203), in turn convey powerful messages about what constitutes 'good' care; who requires or deserves to receive care; who is best equipped to provide it; and where it should take place. Distinctions between 'public' and 'private'; 'paid' and 'unpaid' labour; 'work' and 'family'; 'emotion' and 'practice' play a key role in such ideologies of care. They also complicate lived experiences and practices of giving and receiving care.

The relationships between and intersections of care, work and kinship, which stand at the heart of this article, are complex. Indeed it is the very complexity of theorisations, ideologies and practices, and the interplay between them, which make this a productive area for examination and enquiry. For example, sociological studies of family and kinship have long shown that care between family members, whilst expected and naturalised in many cultures, is neither uniformly desired, nor unambiguously experienced as positive by either caregivers or recipients.¹ Meanwhile, anthropological theorisations of kinship have sought specifically to uncouple kinship from biological relatedness and explain it instead as a particular set of affinities, obligations and emotional connections which are created by care (Carsten 2004, pp. 6–9). As such, theorists have argued that kinship itself is, or is created by, care (Borneman 1997). This theoretical repositioning is useful in moving away from assumptions about who can or should care for whom in terms of legal or biological definitions of family. However, in contexts where care is purchased either directly or indirectly via the state, it raises other dilemmas regarding the relationship between care, paid employment and intimacy (Zelizer 2000). If kinship is created by care between paid employees and their wards how might this impact on the relationships, emotions and power dynamics involved? How can we study a generative relationship between kinship and care without assuming it to be unambiguous, automatic or experienced in the same ways by all those involved? What are the moral and social rules governing payment for emotional intimacy and how comfortably do these sit alongside legal and economic regulations?

Questions of this nature have been raised in studies of paid care work and kinship in a range of international settings.² Drawing on ethnographic research amongst state-employed homecare workers in a rural district of Altai *Krai*, Western Siberia, this article brings new insight to existing debates on the tangled relationship between ideologies and practices of care, kinship and work. In particular, it explores the ways in which claims to kinship between paid care workers and their elderly wards can be used as a means of authenticating paid care and explaining its emotional content, and yet, simultaneously reinforce rather than challenge public and private oppositions, thus raising other dilemmas and doing little to relieve the tensions and conflicts experienced by paid care workers and those for whom they care.

The establishment of a state-funded homecare service is a relatively recent development in the rural Russian context. The service, managed through a network of centres for social assistance, functioning at the district level, is unevenly developed across the country. In Altai *Krai* however, a rather extensive network of centres exists,³ each with its homecare

¹See, for example, Finch & Mason 1993; Hashimoto 1996; Attias-Donfut 2001.

²See for example Dodson & Zinbarg 2007; Aronson & Neysmith 1996; Hashimoto 1996.

³For more detailed discussion of the development of the centre for social assistance and its activities, see Kay (2011).

division providing care for elderly people in central and some surrounding villages. These services are staffed almost exclusively by women and function in the gaps between proclaimed ideals of family care and the realities of life for elderly rural residents. As such the service provides a rich opportunity to explore the ways in which ideologies of kinship, care and work are called upon and/or contested through arrangements for and practices of paid care. The article explores three key questions. Firstly, how are emotional ties between care workers and their wards⁴ explained in terms of kinship in order to authenticate the provision of paid care, and does this imply greater recognition for the significance of emotional aspects of care? Secondly, how do such claims to authenticity fit with the practicalities of care as paid employment, particularly when physical and pragmatic demands leave relatively little time for 'emotional' interaction? Thirdly, how is this contradiction played out in relationships between carers and their wards, and in particular, how do both sides use references to kinship strategically as a means of securing their own position and seeking a degree of power or control?

Methodology and fieldwork

The ethnographic study on which the article is based was part of a wider research project on social security, welfare and care in rural Russia.⁵ Fieldwork focused largely on the activities of the Burla District Centre for Social Assistance (CSA, *Territorial'nyi Tsentr Sotsial'noi Pomoshti Sem'e i detyam Burlinskogo raiona*) and the ways in which the forms of support and assistance provided through this state structure, including the provision of the local homecare service, intersect with other informal networks, practices and strategies employed by local people. The research seeks to understand the importance of emotional as well as material forms of support and assistance and as such, following Thelen and Read (2007), includes an exploration of the role of care in the production of securities.

Burla is the central village of Burlinskii district, an agricultural area in Altai Krai, Western Siberia.⁶ It lies over 600 km to the north-west of the regional capital, and is considerably 'off the beaten track'. With a population of 4,550, Burla is home to approximately one-third of the district population. Most people live in whitewashed brick or wooden houses, mainly heated by large wood and coal burning stoves and often with no indoor plumbing. Water must be brought in buckets from standpipes on the street, unless a well has been sunk on the household plot. In the village centre there are a number of two-storey apartment buildings, some, but not all, of which have central heating and indoor

⁴The use of the term 'wards' rather than 'clients' or 'recipients' has been chosen deliberately as more closely reflecting the Russian term *podopechnye* which was used consistently by all concerned in the local context. With its roots in the Russian term *opeka*—meaning guardianship—this term carries references to familial and relational rather than commercial or transactional frameworks for care.

⁵This research project, 'Social Security, Care and the "Withdrawing State" in Rural Russia: A Case Study from Altai Krai', is funded by the British Academy Small Research Grant Programme (Grant number 50447/1).

⁶I have considered changing the name of the village in order to protect the anonymity of respondents who might be identifiable by their professional roles. However, discussions with these same people during fieldwork made clear that they were bemused and, if anything, rather insulted by such a suggestion. As they impressed upon me, one of their motivations for participating in my research was that it would tell the story of their village and their Centre for Social Assistance. Anne White (2004, p. 10) reports a similar experience in her work in small-town Russia. As a result I have decided to use real place names and but have used pseudonyms for respondents.

plumbing, although usually only cold water unless an immersion heater has been installed privately. Almost everyone depends heavily on subsistence agriculture and it is a rare family that does not cultivate the majority of its own food. The district was once a successful agricultural centre, however since the 1990s many of the agricultural enterprises and processing plants which previously dominated the economic landscape have closed down, and like many other villages of its kind, Burla has experienced considerable outmigration as younger people move away in search of employment. Simultaneously, older residents of the district's outlying villages, as well as locally born pensioners who had spent their working lives elsewhere, have moved into the village where amenities, though far from ideal, are much better than in the smaller settlements. As a result the demographic balance of the population has shifted, and pensioners now represent over a quarter of the local population. These migratory trends have left a significant number of elderly people without extended networks of younger relatives in the village and therefore eligible for state-provided homecare.

Gaining access to the village and conducting qualitative research in this environment was a challenging process and one in which the gradual development of relationships of mutual trust was vital. Access to the village and to a steadily widening circle of informants was only possible by working through existing networks and structures. My original *entrée* to the village was facilitated by a personal introduction to the director of the Burla CSA. This was followed by a rather formal first visit in March 2008, during which I met primarily with local professionals and officials. Whilst clearly bemused by my interest, and cautious in their interactions with me, they agreed that I could return for a longer period of research. Over two subsequent month-long periods of field research in 2009 and 2010, I spent a significant amount of time 'hanging out' at the CSA, getting to know staff and clients, taking part in day-to-day activities, and socialising with those who were kind enough to share tea breaks with me or invite me to their homes. Through discussion with managers at the CSA I gradually negotiated the terms of my research and was allowed to participate in training sessions and group activities where I introduced myself to care workers and specialists, as well as to members of various support groups and activities run by the CSA. I kept detailed field diaries in which I recorded and reflected upon both what people told me about life in the village and my observations of interactions and practices. I also conducted interviews with a range of informants using semi-structured and open ethnographic interview techniques.

The main empirical data used in this article are taken from a series of interviews and observations focusing on the work of the homecare workers employed by the CSA. I met these women initially during my first month of fieldwork in 2009 through participating in a variety of events at the CSA, most significantly at weekly training sessions attended by homecare workers. To begin with I mainly listened and observed, but after the third training session the ten women present agreed that I could interview them as a group. Although the women were rather reticent at the start, as time passed, and particularly when we moved from the CSA's kitchen-*cum*-training room to the more comfortable 'relaxation room' next door, they became increasingly open and animated when discussing details of their daily work and dwelling in particular on the ambiguities of their relationships with their wards. A second group interview took place during a visit to one of the district's outlying villages when I met the four homecare workers local to that settlement. This was a much more formal affair. The homecare workers were called to the village hall for a meeting and both

the director of the CSA and the deputy head of administration who had accompanied me on the visit, stayed in the room throughout. This, of course, impacted on the tone and content of the interview, although it also revealed some rather interesting aspects of the relationship between the homecare workers and their managers. I also interviewed the head of the homecare section within the Burla CSA, and had many more informal discussions both with her and with the CSA director about the work of the section and the CSA more broadly.

Towards the end of my discussion with the Burla homecare workers in 2009 I had asked whether I might accompany some of them on their rounds during my next visit. Two women volunteered to take me with them. This provided an opportunity to speak with these women over a much longer period and to observe their work and interactions with their wards at first hand. It also served as an introduction to the eight elderly people they cared for, six of whom agreed that I could come back to see them in their homes the following day. As a result I was able to conduct in-depth, recorded interviews with these six elderly people in receipt of homecare services. I also met and had more informal conversations with 12 others when I twice accompanied the head of the homecare section on a round of visits.

Ideologies of care, family and social assistance in rural Russia—historical and contemporary perspectives

The countries which experienced the rapid collapse of state socialist regimes in 1989–1991 have witnessed fundamental challenges to and contestations of previous ideologies of care (Read 2007), officially espoused principles of gender equality, and systems of state support over the last 20 years. Yet, values and practices have not always shifted as radically as has often been imagined both within and beyond the region (Thelen 2005; Teplova 2007). In rural contexts particularly, the market has not developed a strong profile, and state and family remain as two key pillars in the provision of care and social assistance. Family and gendered ideologies of care are particularly explicit and barely contested in either popular or political discourse as they are simultaneously propounded as a means of rectifying the mistakes of the Soviet past and draw legitimacy from their resonance with long-established patterns of belief and behaviour (Nikulin *et al.* 2010).

In the Soviet Union, early, revolutionary, policies regarding the ‘withering away’ of the family and the replacement of its caring and socialising duties by institutions of the state were relatively short-lived even in rhetorical terms. In practice, although policies designed to support women’s labour force participation did lead to the development of a comparatively extensive network of childcare facilities, as well as extended maternal and childcare leaves for women workers (Teplova 2007, p. 289), loftier goals of socialising all forms of domestic labour were never widely instituted, and the quality of state-provided care, particularly for the elderly, disabled and infirm, was notoriously low. By the decades preceding the collapse of the state socialist system the family had been clearly reinstated as the ‘primary cell’ of socialist society and this related importantly to its duties of care. State provision was heavily focused on pragmatic and material forms of assistance, whilst emotional and social needs were ‘widely assumed to be a private responsibility of ... family members and friends’ (Read 2007, p. 204).

This emphasis on the family’s complementary role in ensuring full care of those in need, was combined from the late 1970s with strongly pronatalist and essentialist discourses about women and their ‘natural’ propensity for caring and nurturing behaviours. This permeated

all levels of Soviet society and ensured that women were both responsible for the bulk of care work and domestic duties within the family and made up the overwhelming majority of those employed within the 'caring' sectors of the economy (Lapidus 1979, p. 192). In rural areas, the relative underdevelopment and lower quality of state provision, combined with a tendency towards extended families living in one settlement, meant that rural women provided extensive care for the young, the old and the infirm within their families (Bridger 1987, pp. 100–19). Essentialist discourses regarding women's 'natural' propensities for caring and nurturing behaviour were applied particularly strongly to rural women, who were deemed closer to nature and unadulterated by the cosmopolitan ways of the city (Bridger 1987, pp. 64–65). Yet idealised views of rural families as examples of mutual support, strong family ties and maternal care clashed with rural women's accounts of the strains which gendered caring obligations placed on their marriages (Bridger 1987, p. 140), as well as with statistical evidence of rising divorce rates and long-standing problems of alcohol abuse and domestic violence.

If anything, the emphasis on family as the correct locus of care has been strengthened since the collapse of the Soviet regime. What Teplova terms a shift towards 'neofamilialism' can be observed, as both policy makers and public opinion have resisted the wholesale marketisation of childcare and other forms of welfare (Teplova 2007, p. 285). Over the last decade in particular, reform processes have been accompanied by concerted efforts to raise the prestige of the family, as well as some recognition by the state of the need to recompense women's caring labour within the family. It has been noted that more recent family policies, including the introduction of maternal capital and renewed attempts to resolve the 'demographic crisis' by raising the birth rate, bring together an emphasis on strengthening the family and a long-standing set of assumptions about women's 'natural destiny' as wives and mothers (Rotkirch *et al.* 2007).⁷

In rural areas, political rhetoric and policy shifts at the national level are combined with local discourses extolling the special caring qualities of the family. Such discourses are often strongly promoted by local officials struggling to keep communities together and to compensate for a lack of funding and deterioration of local services. In 2008, declared 'Year of the Family' by President Putin, Burla's local newspaper ran a special section and published numerous articles in which an unproblematic equation between family and high quality care, associated with strong emotional attachments of kinship, was a central theme. An editorial announcing this new rubric in January 2008 declared:

This will be one of the priority themes for our paper. On the pages of our newspaper we will talk more about strong, healthy families where every member of the family feels warm and cosy. The majority of families in our district are like this and they will provide a role model for others and offer some kind of help to them in this whirlwind called life. (Dedova 2008a)

Subsequent articles repeatedly eulogised the family with phrases such as: 'The main thing is that peace, harmony, mutual understanding, love and friendship should reign in every

⁷Russia is not unique in this experience albeit the language of policy making and public rhetoric is couched in a particular cultural and political history. Processes of welfare retrenchment and reform in many West European, North American and Scandinavian contexts have also incorporated a trend towards a re-emphasising of the primary responsibility of families, and women within them, for care of children, elderly and infirm family members (Kingfisher 2002; Ungerson 1990).

family' (Sapenova 2008) and, 'Whatever happens there is always the unshakeable foundation of the family, familial relations whose warmth spreads through you and which won't allow you to despair even when life is hard' (Dedova 2008b).

Yet, whilst ethnographic studies of family-based care in rural Russia have indeed found that many families offer considerable practical and emotional assistance, they have also noted the tensions and discord which can result from living in close proximity and the sometimes stifling nature of mutual obligations (Nikulin *et al.* 2010, p. 395). Moreover, families have never been the sole source of care and assistance in rural Russia. Whilst the peasant commune provided various forms of inter-household support and solidarity in the pre-socialist era, under state communism collective and state farms provided a wide range of social services and opportunities for emotional as well as material support to rural populations (Kay 2012, p. 65). In the more recent period, the dismantling of the farm-based system of service provision has coincided with economic uncertainties, deaths in middle age, outmigration and the disintegration of many rural communities, resulting in the disruption of family ties and a decline in human and material resources for mutual assistance and support. Newly configured state services therefore can provide a much needed form of assistance for those in need of day-to-day care.

The homecare service and the job of homecare worker

The homecare service was formally established in Russia in 1992, although pilot schemes began in the early 1980s, well before the collapse of the Soviet Union. Historical and contemporary developments in ideologies of and practical arrangements for care influenced both policy and practice in the development of this state-funded service. A 1988 publication discussing the success of pilot schemes in the context of Gorbachev's economic and social reforms notes the economic efficiencies made possible by a reduction in the number of elderly people requiring residential care. It also stresses that home and family are the correct and ideal environment for care of the elderly to take place and emphasises the responsibilities of children and grandchildren in caring for elderly relatives (Gordin 1988, pp. 52, 63). In the post-Soviet context, this emphasis on family responsibility has been more rigidly codified and since early 2008 only those without close relatives (children or grandchildren) living in the village have been eligible for homecare. As such the homecare service is specifically conceived as a substitute for the 'norm' of kin-based care and has been developed in such a way as to replicate an idealised model of care in the family as far as possible.⁸

The homecare section at the Burla CSA provides care to around 75 elderly or disabled people living in Burla and five of the district's smaller outlying villages. Those in need of assistance are either referred to the CSA by other social support and administrative structures at the village or district level, or make an independent application. In either case their eligibility is checked and an assessment of their needs made through conversations with the prospective ward and exchanges of information between the CSA, the village administration and other social structures such as the district hospital, the pension

⁸Arrangements for institutional care of the elderly do also exist, although for residents of the Burla district this means relocating to an old people's home in a neighbouring district. However, homecare was generally viewed as preferable to institutionalised arrangements by both elderly people and care workers and managers with whom I spoke during fieldwork.

fund and local administrations. Official regulations require war veterans and labour veterans to be given priority over other applicants, and applications can be refused on the basis that an elderly person has relatives living in the village, or because their physical or psychological healthcare needs are deemed to require specialist assistance, beyond the competences of the homecare service. In practice, however, decisions are often made on a more flexible and informal basis. The head of the homecare section explained to me that she made every effort to keep waiting times short, adjusting or reconfiguring the workloads of homecare workers in order to take on new applicants, and that decisions regarding eligibility were often based on relatively informal discussions with staff of other social and administrative structures. As a result, for example, a war veteran whose son in fact did live in the village, but had to travel frequently for business reasons, was provided with homecare assistance. Similarly, a number of elderly people suffering from increasingly profound dementia were kept on the Centre's books and provided with homecare, in part because this was their and their families' stated preference and in part because there were few available alternatives and therefore considerable pressure on the CSA not to 'abandon' them. The difficulty in these instances for managers of course arose in juggling the needs and desires of elderly care recipients with the workloads and demands placed on care workers.

The homecare section employs 18 homecare workers, all of them women who also have multiple caring roles and obligations within their families and informal networks. The work is poorly paid, at only 4,300 rubles (approximately £90) a month, however, with no formal qualifications required and given the extremely low wages and lack of stability in other areas of the local economy, any vacancies are quickly filled. Many of the homecare workers have taken on this job after a period of unemployment and their previous work histories are extremely varied. Aged between 20 and 55, these women on the whole have rather low levels of education and many of the older ones have a work history involving unskilled agricultural labour. However, redundancies in local schools have also driven some former teachers to take on this work, whilst some of the younger women have completed social work courses and view homecare work as a first step towards a more specialised career in social work. The attitudes reported by a former teacher, whose neighbours and ex-colleagues had expressed amazement that she was not 'ashamed to take on such work', reflected a generalised assumption that this is unskilled work, which any woman can do. As elsewhere, this naturalisation of the job as 'just what women do anyway' is used to legitimise the low prestige and low wages associated with this work (Aronson & Neysmith 1996, p. 61).

Each homecare worker is assigned a personal case load of four wards,⁹ who she visits every week day, except on Tuesdays when she is required to attend training and information sessions at the CSA. The range of care services provided is quite comprehensive, and shaped by the material realities of village life: as well as shopping, cleaning, running errands and paying bills, carrying fuel and water, clearing snow in winter and helping with household plots in spring and summer, homecare workers provide advice on pensions, benefits and

⁹Couples living together, or elderly wards living in more modernised accommodation, those with internal plumbing for example, are sometimes calculated as less than a full unit and this is one way in which managers are able to juggle workloads and keep waiting lists down. Clearly the consequences and burdens here are borne by the care worker and potentially passed on to her wards in terms of the amount of time and attention she can give them.

entitlements and help with bureaucratic application processes. In addition, 30 minutes per 90-minute visit should be spent talking. By comparison with many Western contexts, this represents a considerably more generous allowance for and recognition of the emotional forms of care provided (Stone 2000, p. 98; Aronson & Neysmith 1996, p. 67). In many ways this list of duties reflects a generalised assumption that homecare workers replicate and replace the roles which would normally be expected of female relatives. Indeed, on many occasions during my stay in Burla I witnessed women undertaking almost exactly the same tasks in support of their mothers and/or mothers-in-law.

Care work, emotional labour and the problems of kinship

Ideologies of care which draw on essentialist notions of gender and kinship, have been widely critiqued for producing romanticised ideal images of women's 'natural' and 'inherently fulfilling' capacity for care, which mask both the physical and emotional effort involved, and relegate care to the 'private' sphere of home and family, labelling it as 'non-work' (Hochschild 1995, p. 331). In contrast, feminist theorists have consistently called for greater attention to be paid to the complexities and ambiguities of care and its public as well as private value. The relationship between the 'emotional' and 'practical' aspects of caring, and the implications of these for the recognition of care as work, have been central to such debates. In an early contribution, Ungerson (1983) suggested a distinction between 'caring about', defined as relating to emotions and feelings, and 'caring for', defined in relation to tasks and hence more easily recognisable as 'work'. This distinction is problematic however, since it perpetuates a public/private divide between practical caring as work, and therefore as worthy of public recognition and monetary reward, whilst emotional care remains a separate and more private concern. In fact, empirical insight has shown 'the inseparability of ... practical and emotional labour ... [in] care workers' descriptions of what they do and think about in the course of their work' (Aronson & Neysmith 1996, p. 65). Hochschild's concept of 'emotional labour' (2002) is useful therefore in demonstrating the multiple and intersecting demands of care, but inevitably raises further questions about the authenticity of emotions and the relationship between intimacy and economic transactions (Zelizer 2009). As Zelizer's work shows, questions surrounding the kind of relationships and human interactions which can be paid for bring socially and culturally determined issues of ethics and morality, as well as an imagined opposition of paid and unpaid labour, into play (Zelizer 2000). Yet, as existing studies in a range of contexts show, such ideologies of care, work and kinship, and the dichotomies and oppositions they both draw upon and reproduce, are frequently at odds with and contested by the complexities of care in practice.

Studies of the experiences of paid care workers in North America and Western Europe for example, have consistently found that emotional ties and affective relationships are valued and invested in by both care workers and their clients. These may be dismissed as unnecessary or inappropriate in the context of task-oriented, efficiency-driven managerial models, and yet mission statements and 'gold standards' of care make contradictory claims through references to 'family models' of care (Dodson & Zinzavage 2007; Aronson & Neysmith 1996). In the absence of 'a workplace vocabulary for personalizing work and emotional labor' (Aronson & Neysmith 1996, p. 68) these aspects of paid care work are explained through references to kinship both by the subjects involved (care workers, clients,

managers) and by those who study them.¹⁰ Such explanations align readily with theorisations of kinship as in fact created by care, rather than based in any primordial or genetic relationship (Carsten 2004; Borneman 1997). And yet, paradoxically, they may also serve to uphold rather fixed understandings of the contents of kinship and care and the relationship between them, by perpetuating an assumed and exclusive equation of meaningful emotional attachments with kinship. Thus, for example, idealised notions of kin-based care are upheld, through its association with only positive emotional attachments. As such, little progress is made towards answering the knotty question of how to properly recognise, support and value the meaningful ties, affective relationships and complex emotions which both produce and are produced by care (MacDonald & Merrill 2002). In other words, the question remains: if care creates kinship, does it necessarily follow that kinship is an outcome of and explanation for care, in particular its emotional aspects?

In order to gain a new theoretical purchase on such issues it may be helpful to uncouple the local meanings attributed to kinship in contexts where paid care work is performed by unrelated persons, from the use of kinship as an analytical category for understanding care and the emotional and practical labour it involves. In order to do this, it remains crucial to explore the ways in which idioms of kinship are used by local people to convey ideas about trust and loyalty, or long-term commitment and reciprocal obligation (Carsten 2004, pp. 142, 149), and how these are associated with their ideal images of care. Yet we should be careful to remember that these are culturally inflected ideologies about what the relationship between kinship and care should be, and may or may not be reflected in, or contested through, practices and lived experiences of care, kinship and work (Borneman 1997). Keeping this in mind, an investigation of the ways in which such idioms of kinship are mobilised in relation to paid care work in particular contexts, in this case rural Russia, can be revealing of underlying questions about the interdependencies, vulnerabilities, frustrations and power struggles, as well as the more positive emotional connections, which caring involves (Risseuw *et al.* 2005, p. 5; Bowlby *et al.* 2010). Combined with an exploration of the actual practices and experiences of care as paid work, it can also reveal kinship as a fluid and contested category which may be strategically mobilised (claimed and rejected) by the various parties involved: care workers, managers and elderly recipients of care. In the remaining, empirically driven sections, this article seeks to apply such an analytical approach.

'We're everything to them: mum, dad, children and grandchildren, all in one!':¹¹ claiming kinship and emotional engagement as evidence of 'good' care

In Burla, both homecare workers and managers at the CSA frequently talked about the care they provide as a replication of family relations and caring interactions. In a feature on the service published in the local newspaper, the head of the homecare section describes the relationship between homecare workers and their wards, stressing the importance of kinship in their relations and emotional attachments:

¹⁰In their critical discussion of family ideologies at work in an American nursing home for example, Dodson and Zinavage (2007) nonetheless repeatedly refer to 'the bonds of kinlike relationships' (p. 914) or the need to value 'kinship in carework' (p. 924), apparently taking at face value a direct relationship between kinship and deep emotional connections in their analysis of care.

¹¹Unrecorded interview with a group of homecare workers. Author's field notes, 28 April 2009, Burla.

They are more than just helpers, they are their family. Many of the women from our section are affectionately called daughter or granddaughter by these elderly people. . . . These relationships bring warmth to the lives of lonely old people and the joys of human interaction rather than simply whiling away their days all alone. The care workers also get attached to their wards and are drawn to visit them now by what their hearts tell them. (Dedova 2008c)

Thus, in presenting the service for public consumption and as a way of emphasising the quality and authenticity of the care provided, managers align the roles of care workers, and in particular their emotional engagement with their wards, with dominant ideologies of kinship and care. In some ways, particularly in the suggestion that care workers' attachments are demonstrated through a willingness to go beyond the call of duty, this rhetoric reflects the 'institutionalised family ideologies of care' which Dodson and Zincauge (2007, p. 992) have shown to be exploitative of paid care workers in other contexts. Yet, in contrast to Western studies which have found that the development of 'fictive kinship' and strong emotional attachments between care workers and clients may be viewed by managers as a 'distraction' from their 'real work' (Stone 2000; Aronson & Neysmith 1996), in Burla, homecare workers referred specifically to kinship in their relationships with their elderly wards and particularly the emotional content of such relationships as a way of demonstrating to managers the quality of their care and conscientiousness in their work.

At the start of the group interview with homecare workers in one of the district's outlying villages, where I was accompanied by both the director of the CSA and the deputy head of the district administration, the homecare workers were tense and unforthcoming. It became clear that they had assumed that the visit was an inspection of their work by 'the bosses'. Eventually, following reassurances that this was not the case, one of the women began to speak. Her tone remained defensive however, and she addressed her comments rather pointedly to the director, saying, 'My granny is in the hospital at the moment, I've just come from there. . . . She asked me to take you to see her even there. She said "You tell them to come and see me. I'll tell them that you are a daughter to me!"'¹²

The language of kinship is used very clearly in this exchange between care workers and managers to demonstrate the authenticity and high quality care. This was also reflected in a set of written feedback letters kept at the CSA. In these letters, when praising their homecare workers, wards frequently referred to how they had become 'like kin' or 'take the place of my daughter'. Thus all three key parties in the negotiation of these caring relationships used kinship as a kind of currency, signifying the value and quality of the care provided.

Expanding on the meanings of these claims to kinship, both homecare workers and their wards stressed the importance of the emotional and interpersonal content of their caring. In spite of the rather obvious practical and physiological ways in which they depended on their homecare workers to bring food, fuel and water, one of the greatest anxieties expressed by these elderly people was that they would 'be left alone with their problems'.¹³ Homecare workers pointed out that between visits a ward might have little if any other opportunities for

¹²Irina, 20 April 2009, Ustyanka.

¹³Author's field notes, 10 April 2009, Burla. As Melissa Caldwell has pointed out in her work on elder care in Moscow, social isolation or 'aleness', particularly where this involves lack of close familial support, is a potential source of moral as well as emotional vulnerability in a culture which places an especially high value on family ideologies of care and reciprocity (Caldwell 2007, p. 74).

social interaction and that relieving their loneliness and boredom was a crucial component of their work:

They depend on us of course. . . . Without us, well sometimes she sits and says to me 'I don't have anyone to talk to apart from you. Over the weekend sometimes not even one of my neighbours looks in' . . . so you sit and chat. Even if there's nothing to talk about, well, I ask what's been on the telly.¹⁴

This emphasis on the significance of being 'cared about' as well as 'cared for' was made even more strongly by some of the homecare wards I spoke to. A severely disabled woman, whose usual care worker, Ol'ga, was off sick, for example, explained that whilst Lidiya, her replacement, was equally competent at performing all the practical tasks of caring, she desperately missed the more personalised relationship she shared with Ol'ga, which she viewed as the most important aspect of her care:

I've no complaints about Lidiya. She does everything that I ask of her and she's very efficient. It's just that we don't get on the same as I do with Ol'ga and I miss her terribly. We sit and chat and I can tell her anything that's on my mind. I share everything with her, my worries and my joys and that's the most important thing of all!¹⁵

Managers at the CSA also recognised the value of the emotional attachments which developed, especially when care workers established long-term relationships with their wards. Homecare workers had considerable leeway to manage their own time and had often been visiting the same clients for many years, a practice which contrasts with studies of closely managed services in other contexts, where carers may be frequently reallocated and moved around to suit managerial priorities and strategies, disrupting emotional attachments for both carers and clients (Aronson & Neysmith 1996, p. 67). The head of the homecare section talked about this as a conscious policy and about the importance of matching homecare workers to wards with whom they could get on well:

Well of course relationships matter. Absolutely! If they don't get on, although this is hardly ever the case, but if something does happen, then I try to find a different homecare worker. But this is very rare. . . . There was a seminar in the summer of 2000 and we were given this recommendation to move the homecare workers around periodically, so that they wouldn't get too attached. But I don't do that.¹⁶

In justifying her rejection of this suggestion made by colleagues from beyond the village and drawn from examples of practice in other, international, contexts, she was backed by the Director of the CSA, who was also resisting proposals passed down from the regional administration and modelled specifically on examples from the United States, Britain and Germany, for quantitative auditing of care workers' activities. Both women argued that such proposals were simply inappropriate to the realities of village life and local understandings of 'good care'.

¹⁴Svetlana, 20 April 2009, Ustyanka.

¹⁵Lyud'mila, 10 April 2009, Burla.

¹⁶Oksana, 10 April 2009, Burla.

Thus, a recognition of the value of emotional closeness seems to be facilitated by the strength and ubiquity of family ideologies of care which have influenced the nature of the homecare service as it has developed and been managed in this context. As noted above, a relatively substantial amount of time (one third of each daily visit) is designated as 'talking time', and local managers resisted pressures from outside the village to institute closer and more task-oriented auditing of homecare workers' activities. Drawing attention to what they viewed as the local and cultural determinants of this emphasis on the emotional content in their work, both homecare workers and managers made direct comparisons with what they imagined to be a more materially advanced, modern, but spiritually impoverished 'West'. During the group interview with homecare workers at the CSA one woman explained, 'It's like we pay more attention to people than you do, although your system is more modern'.¹⁷ Another agreed, 'Yes, we have more of the spiritual side of things, with you it is more the material side'.¹⁸

In keeping with idealistic representations of kin-based care reflected in local media discourses, the emotions and ties of caring, so enthusiastically discussed in terms of kinship, were presented in purely positive terms. And yet, homecare workers were also advised to protect themselves from the excessive emotional demands that their wards might make on them. At one of the training sessions which I attended, homecare workers were instructed in various psychological techniques for maintaining boundaries between themselves and their clients and warned that this was very important because, 'Old people can be emotional vampires'.¹⁹ Several homecare workers repeated this phrase to me again after the training session, saying they thought it was excellent advice. In direct contradiction to all that had been previously said about the value of kinship in care, homecare workers and managers in this context advocated 'being professional', which they associated with injunctions to maintain a certain distance, not to take wards' problems too much to heart and not to share their own problems or concerns. Yet, like paid care workers in many other contexts, Burla's homecare workers found such instructions hard to follow in practice, an indication that it is the processes of caring itself, and not its dichotomous designation as either kinship or professional, which brings emotional entanglements, both positive and negative.

Conflicting demands and the complex realities of providing care

In spite, or perhaps because of the strength of local consensus regarding the importance of emotional engagements, homecare workers in Burla faced many of the same struggles in defining their emotional labour as work and negotiating the multiple demands on their time and energy which have been highlighted in much feminist research on care and in Zelizer's exposition of the troubled relationship between emotional interactions and economic reward (Zelizer 2009). The wider material conditions of life in the village—the lack of basic amenities, the demands of subsistence agriculture and household production, as well as the burdens of care for children, elderly parents or sick relatives within their own families—put considerable pressure on these women. Time, or rather its lack, was thus an important theme in homecare workers' descriptions of their day-to-day lives and sometimes a source of

¹⁷Elena, 21 April 2009, Burla.

¹⁸Ol'ga, 21 April 2009, Burla.

¹⁹Author's field notes, 21 April 2009, Burla.

tension in relationships with their elderly wards, who had rather too much than too little time on their hands.

Accompanying homecare workers on their rounds, I observed their wards using a range of techniques to keep homecare workers with them for as long as possible. Kettles were put on and biscuits or sweets laid out, new topics of conversation were begun just as homecare workers were getting ready to leave, and in some instances direct complaints were made that, 'You're always in such a rush'.²⁰ Homecare workers by contrast grumbled that their wards did not recognise those parts of their job where they were not physically present in their homes: the time spent running errands, drawing water at the stand pipe or collecting wood and coal from the sheds. In a reversal of the invisibility of emotional labour stressed in many studies, in this context, and at least from the perspective of those directly on the receiving end of the care, it was the more practical and pragmatic tasks which were 'devalued' and 'eclipsed' (Aronson & Neysmith 1996, p. 61).

For homecare workers themselves though, in spite of the rhetorical emphasis placed on emotional connections as evidence of the authenticity and quality of their care, a tension remained about whether these aspects of their engagement with their wards in fact constitute 'real work' for which they were paid: 'You turn up and she's like "Sit down and have a cuppa with me". Well it's uncomfortable, I'm supposed to be at work after all. "But I don't want to drink my tea without you. Come and sit with me". Well ok'.²¹

These distinctions between drinking tea and being at work recall Stone's clash of values between the 'public world' of paid work and 'the values, feelings, and interactions that make up the relational essence of care in the private sphere' (Stone 2000, p. 90). The association of emotional care for unrelated wards with their designation as kin perpetuates rather than mediates this clash. It maintains the basis for a public and private division of values which might otherwise be challenged through the development of a 'workplace vocabulary for personalizing work and emotional labour' (Aronsmith & Neysmith 1996, p. 68), and a rethinking of the relationship between intimacy and economic transactions (Zelizer 2009).

The extension of kin status to the relationship between homecare workers and their wards also complicates and blurs the boundaries between 'public' and 'private', 'work' and 'family', 'personal' and 'professional' in terms of the claims considered appropriate to that relationship (Read 2007; Dodson & Zincaavage 2007). Homecare workers in Burla spoke of the loss of control they experienced as a direct result of closer, more personalised, relationships with their wards:

To begin with when you first take a person on, you lay out all the facts for them: here are the documents, these are my duties. ... But after a while ... you begin to relate to them in a completely different way, and they to you. At the start you visit someone, well with some kind of caution. You do your work and you're free to go. But later it's like visiting one of your own [*rodnoi chelovek*] ... then there are no boundaries any more. ... They can call you at any time to ask for advice or to ask you to come round. There are no limits at all.²²

In her explicit reference to the erosion of limits, this homecare worker's comment shows the potential for personalised and emotional engagements of care to become overwhelming,

²⁰Author's field notes, 21 January 2010, Burla.

²¹Svetlana, 20 April 2009, Ustyanka.

²²Oi'ga, 21 April 2009, Burla.

particularly where they are inscribed with the moral binds and obligations of kinship (Finch & Mason 1993, p. 8). Such closeness also brings with it a potential for conflict, struggles for power or control, and the more 'negative' emotions of anger or resentment. Yet whilst these are all regular features in relations between kin, their more overt expression often made possible by the assumed permanence of kinship bonds, they are excluded from idealistic models of kinship as a blueprint for 'authentic' care. Where conflicts and tensions arose in relations between homecare workers and their wards, perhaps inevitably, the kinship between them was brought into question and revealed to be far more unfixed and contestable than local ideologies of kinship and care would suggest.

'She's like a daughter—she puts up with me and never complains':²³ strategic kinship, power and control

Inequalities of power and control are inherent in one way or another to most caring interactions and recipients of care are often, at least potentially, in the most vulnerable and least powerful position. Certainly, many of the elderly people in Burla who had to rely on the provision of care via the CSA were in precarious and vulnerable positions materially and emotionally. It is perhaps unsurprising then, that they sought a degree of control in their relationships with the care workers whom they depended upon so heavily. Bestowing kinship status on the relationship was one way for them to secure emotional ties between themselves and their homecare workers and to legitimate their claims upon them. In the interactions which I observed as I accompanied homecare workers on their rounds, this was expressed more or less explicitly, depending on the personalities and length of relationship involved.

One elderly woman, whose homecare worker had been visiting her for about six months, made increasingly insistent references to kinship as the basis for their relationship. Waving away her homecare worker's attempts to show her the receipts for shopping she had just done, she insisted, 'There's no need for that. I trust you completely. You're my right hand. You're a daughter to me'.²⁴ In this way she subtly undermined the formal boundaries of a more distant and professionalised relationship, offering and inviting a reciprocation of more personalised and intimate relations of trust and affection instead. Undermining formality could also be more explicitly expressed in terms of gaining the upper hand in the relationship. A rather outspoken woman, whose homecare worker had been visiting her for many years, made a clear connection between kinship and control, telling me, 'She's like a daughter to me: she always helps and never complains. She puts up with me even though I can be a really difficult character and does everything I ask of her and more'.²⁵ Minutes later, when the homecare worker returned to the kitchen with the coal buckets, she nagged and chided her for not wearing her gloves, told her off for not washing her hands properly and, turning to me with a grin, said, 'See, she's like family to me'.²⁶

A noticeable feature in these and other interactions which I observed was that the homecare workers very rarely reciprocated when their wards made such claims to kinship. Instead their own claims to kinship in relations with their wards were made as a means of

²³Author's field notes, 29 January 2010, Burla.

²⁴Author's field notes, 21 January 2010, Burla.

²⁵Author's field notes, 29 January 2010, Burla.

²⁶Author's field notes, 29 January 2010, Burla.

demonstrating the quality of their care work to managers. As such, both sides used appeals to dominant ideologies of care and idealised representations of kinship strategically, in order to secure their own position and particularly in contexts where they were most aware of their potential lack of power or control. Studies of paid care in Western contexts have noted that managers may ‘vacillate between the [care worker] as trusted kin or contracted worker, whichever offers the greatest advantage at any particular moment’ (Dodson & Zincone 2007, p. 922). However, claims to kinship as a basis for and explanation of emotional attachments have tended to be taken at face value when made by care workers or their clients and there has been little discussion of the ways in which such references may also be used selectively, or even strategically.

During the group interview which I conducted with homecare workers at the CSA, the limits to such kinship and the potential power play involved emerged as a theme. Three of the women present spoke openly of the ways in which they sometimes felt their wards used references to kinship in order to manipulate or control their relationships:

As long as you do everything and help them and talk with them and everything, then everything’s fine and you’re like part of the family. But all you have to do is one tiny little thing, just something you do or say, that’s not right, and that’s it. . . . Then it’s immediately clear who you are . . . and it’s really hurtful.

One of mine says to me: ‘Well if you die, someone else will come. There are plenty of you’. And that’s that. She’s not bothered about me in the slightest.

It’s all just flattery. They are just flattering us. It’s empty words. They say one thing but inside it’s something quite different.²⁷

Practices of care, whether they are performed between family members or between paid care workers and their wards, are unlikely always to live up to romanticised ideals of harmonious and mutually rewarding reciprocity. Yet, struggles and conflicts are not generally reflected in ideologies of kinship and care which eulogise families as warm, loving environments. Instead, problems and conflicts are relegated to the domain of ‘dysfunctional’ families, rather than prompting a more nuanced investigation of the burdens and contestations inherent in caring interactions. In many ways, homecare workers’ discussions of the difficulties they experienced in their relationships with wards reflected this approach: they blamed conflicts and negative emotional responses on the ‘fakeness’ of claims to kinship, thus protecting the ideal image of kinship care. Meanwhile, the dilemmas raised by contestations and negotiations of power, a mix of strong emotional responses and reciprocal dependencies, complex and sometimes conflicting understandings of authenticity, intimacy and professionalism remain.

Conclusions

Drawing on ethnographic fieldwork in rural Russia, this article has explored the ways in which ideologies of care, kinship and work, as well as the relationship between them, impact on negotiations of care between care-givers and care-recipients in a context of state managed, paid care for the elderly. References to kinship are used as a means of authenticating care and emphasising the emotional ties between paid homecare workers and their wards. This may

²⁷O’ga, Nadezhda, Sonya, 21 April 2009, Burla.

have some advantages in promoting recognition of the emotional content of caring interactions. The elderly people on the receiving end are treated as holistic human entities and their needs for relationship, as well as for food, water, fuel and so on, are taken seriously. For homecare workers, it also allows the realities of personal and emotional connections and the inseparability of emotional and practical caring to be acknowledged, at least to some extent. However, it does little to resolve the pressures and difficulties inherent in managing the multiple demands, emotional complexities and potential conflicts of caring, nor does it release care workers and their wards from moral uncertainties regarding the purchase of intimacy.

The disjuncture between public and private values is in fact reinforced rather than challenged by claiming kinship as an explanation for emotional connections and personalised relationships. This has left homecare workers in Burla facing remarkably similar dilemmas to those which have been identified by studies of paid care work in 'Western' contexts: how to manage the demands of caring with insufficient resources of time and in difficult material circumstances, in the context of low status and poorly paid jobs, and where personalised, emotional ties may be demanded as evidence of 'good' care, yet are still associated with women's 'nurturing instincts' and 'natural altruism' and therefore ambiguously valued in the workplace. And yet, idealised notions of kin-based care and the inferences of authenticity, trust, affection and permanence which these evoke are precisely what give claims to kinship a certain currency. As such, both homecare workers and their wards used references to kinship strategically as a means to secure their own position and in seeking a degree of power or control. Ironically, in doing so they also oversimplified and so undermined the very emotional connections that everyone recognised were so important.

As noted in the introduction, the particularities of the rural Russian context—the explicit and widely accepted ideologies of kin-based care, the material and social vulnerability of the elderly wards, the multiple practical and emotional burdens of care for women—certainly influence the ways in which relationships are negotiated and the work of caring is understood. Nonetheless, insights from this context have the potential to throw into sharp relief similar issues for understanding care work in other contexts, where the co-existence of a wider range of competing ideologies in the social field and the greater material securities of more affluent societies make underlying assumptions and struggles for power harder to discern. It is not only in rural Russia that there is a need for new ways of conceptualising close personal attachments and emotional commitments, which are uncoupled from notions of kinship. This would allow the meaningful ties, affective relationships and complex emotions which both produce and are produced by care in many contexts to be more honestly acknowledged, better supported and more equitably negotiated in contexts of both paid and unpaid care.

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