

Emotion Work of Paid and Unpaid Caregivers of the Elderly in Chile

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Abstract: In most societies, care work is still considered a private, gendered activity, under the assumption that women would innately perform such tasks. Caring for the elderly represents particular emotional challenges, being emphasised that this dimension of caregiving needs more attention. Building on Arlie Hochschild's (1983) conceptualisation of emotion work and incorporating Tonkens' (2012) observation to include meso- and macro-level into the scope, I argue that emotion work is not only an individual experience, but it has a component in which the norms associated with the emotions to be displayed in caregiving correspond to a frame of reference historically constructed. Hence, this paper aims to understand how emotion work is characterised and configured by caregivers of the elderly in Chile. Using a qualitative approach, between April and June 2023 I conducted 9 in-depth interviews with caregivers of older adults in Chile (8 women, 1 man), and asked them to keep an 'emotional diary' for at least 4 weeks. Conducting a constructivist grounded theory analysis, the main findings indicate differences between the emotion work performed by paid and unpaid caregivers. Paid caregivers manage emotions regarding affection and pity towards older adults, and mainly anger towards older adults' families, which is supported by a construction of old age based on the notions of abandonment and loneliness. Alternatively, the emotions of family caregivers are much more complex to manage, since they are permeated by the existing relationship with the old person being cared for, and they belong to life course decisions. It can be concluded that emotion work is a relational activity where familialistic narratives play a central role in Chile. The management of emotions in caregiving is permeated by the caregiver's options of free decision-making, which are in tension with structures such as gender, class, or access to care support.

Keywords: Elderly Care, Emotion Work, Emotional Labour, Care Work, Caregivers, Qualitative Research.

1. Introduction

Although the emotion work displayed by caregivers of the elderly is recognised in the literature, some scholars have emphasised that this dimension of care still needs more attention (Bauer and Österle 2013; Bondi 2008; Esquivel 2011). Much of the specialised literature has addressed emotion work and the costs associated with elderly caregiving from an individual perspective, although some have pointed out the risk of 'over-pathologizing' the feelings of caregivers (Herron, Funk and Spencer 2019). Additionally, many studies have revealed how the expectations about care in the family environment lead to the display of emotions of affection, love and concern, and how similar emotions are also expected when care is commodified (Lovelock and Martin 2016). However, little research has compared emotion work between paid and unpaid elderly caregiving. Thus, this project seeks to provide a complex picture of emotion work including the mechanisms that interact in configuring it, especially when considering that emotions are not directly caused by situations or events but are mediated by normative reflection that has its correlate at the cultural, social, and ideological level (Hochschild 1983; Tonkens 2012). Specifically, this paper analyses the ways in which the emotion work performed by paid and unpaid caregivers of the elderly is characterised and configured in Chile.

2. Theoretical Framework

Emotion work is understood as the work of intentional management and display of one's own feelings, usually undertaken to influence the feelings of others (Hochschild 1983). In the gender system, social conditions make it more prevalent that women are the main emotion work performers –especially emotion work that affirms, enhances, and praises the well-being and status of others. "The reason, at bottom, is the fact that women in general have far less independent access to money, power, authority, or status in society" (Hochschild 1983, p. 163). Therefore, women are generally thought to manage expression and feeling not only better but more often than men do. These skills have long been mislabelled as 'natural,' a part of woman's 'being' rather than something of her own making. Moreover, as the domestic domain remains the ideological base of emotion and emotion work, it is assumed that 'family care' is necessarily better than 'substitute' care because of the 'commitment and affection' which characterises the former (James 1992).

Tonkens (2012) identifies an analytical gap between Hochschild's micro-level phenomena such as emotions, and macro-level issues such as commodification or gender ideologies. Consequently, I utilise the concept of 'care regime' to refer to *the cultural, institutional, and behavioural arrangements, rules, and understandings regarding care work that contribute to guide and shape feeling and framing rules, which in turn will typically generate predominant emotion work regarding care.*

3. Methodological Framework

3.1 The Chilean 'Care Regime'

As many Latin American countries, elderly care in Chile is strongly reliant on female family members in informal arrangements, lacking a national care policy in the country (Villalobos 2018; Palacios, Pérez-Cruz and Webb, 2022). Moreover, evidence shows that the higher the level of dependency of the elderly person, the higher the proportion of women who perform care work: ranging from 75.8% in cases of mild dependency, and reaching 96.3% in cases of severe dependency (Observatorio del Envejecimiento 2023). This is consistent with studies indicating that Chile is one of the countries with the strongest traditional family-oriented beliefs in Latin America (Domínguez-Amorós, Batthyány and Scavino 2021). Consequently, Chile evidences characteristics of 'implicit familialism' (Leitner 2003), where the lack of both defamiliarising and familiarising policies tacitly considers that family will be the primary caretaker, and thus, there is no alternative to family care.

3.2 Methods, Data Collection and Participants

Utilising a qualitative approach, between April and June 2023 I conducted 9 in-depth interviews with caregivers of older adults in two regions of Chile: Valparaíso, and the Metropolitan region. Among the selection criteria, participants needed to be either *unpaid family caregivers*, or *paid non-family caregivers*. They had to provide care services to older adults with mild to moderate degrees of dependency, and they needed to perform care work at home in private households. Participants were 5 unpaid family caregivers (4 women, 1 man), and 4 paid non-family caregivers (all women). Additionally, I asked the interviewees to use a qualitative diary for a period of 4 weeks (5 participants accepted), which has been considered a rich technique to capture relationships and processes to study emotions (Gray 2012).

3.3 Analysis Technique

The data has been analysed using a constructivist grounded theory approach proposed by Charmaz (2014), who advocates for the development of a theory from a co-constructed process between the researcher and the participants in the field. Therefore, data collection and analysis were undertaken simultaneously and iteratively. The analysis has been based on the main coding strategies from the constructivist grounded theory: 'open coding' and 'process coding'. Similarly, a great emphasis to the diversity and multiplicity of worldviews, values, beliefs, feelings, and assumptions of the individuals has been considered.

4. Results

Important differences were observed between the emotion work performed by paid and unpaid caregivers. In the case of paid carers, much of the emotional management was linked to the construction of old age from notions of abandonment and loneliness. As such, caregivers described emotions of both 'affection' and 'pity' towards the old person. These feelings were mainly attributed to the absence of the families of the care-receiver. This was translated into a new emotional demand for caregivers, as an attempt to "fill the void" of the older adults: *"You get attached to them like, I don't know if the word sounds nice, like pity, sorrow, because of the situation, the experiences they have, the lack of family, of affection, of love from her own family, she doesn't have it. So you kind of try to fill that void"* (E9, paid caregiver).

On the other hand, the emotions of family caregivers are inseparable from their previous relationship. While the main motivation for caring for their elderly relative was affection for that person and a sense of retribution, all family caregivers indicated mixed, intricate emotions. Those are much more complex to handle, as they belong to "existential" questions and decisions with life-course consequences: *"having an older adult really takes a lot out of you. But over time I understood that no, I cannot stop my life, I have to continue with my life. I love my mother, but it doesn't give her the right to decide for me"* (E1, female family caregiver).

Particularly for the male caregiver, there is a questioning of his role by extended family, friends and even health care personnel, which adds to the burden of caregiving. The participant reported difficulties to connect with these emotions, evidencing the male gender mandate of emotional detachment: *"I didn't know how to explain to someone how troubled I was. Because I had a hard time, and I have a hard time talking about those things. And at one point I said "You are in a state that you don't want to recognise, which is depression""* (E6, male family caregiver).

5. Discussion and Conclusions

Emotion work in caregiving is a relational activity where family narratives play a central role. In both caregiver positions, it is assumed and expected that families should be the primarily responsible for elderly care, which is in line with the evidence on the care regimes in Chile (Domínguez-Amorós, Batthyány and Scavino 2021). Even for paid caregivers, the care provided by the family is considered as the best and ideal. This is in line with what James (1992) argues, insofar as it is assumed that 'family care' is necessarily better than 'substitute' care. Moreover, family care is expected, based on affection and retribution, and highly naturalised as a women's task. Questions regarding the care role of the male caregiver from extended family and other sources, reflect how care regimes reproduce the division of labour in care and the emotion work associated. Therefore, it can be concluded that emotional management in caregiving will be permeated by the caregiver's decision-making capacity, with important differences between family and non-family caregivers.

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