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– ARTICLE –

REVEALING COSMOPOLITANISM THROUGH AN EXAMINATION OF INFORMAL ELDER CARE IN SEVENTEENTH–EIGHTEENTH CENTURY ENGLAND AND NINETEENTH CENTURY COLONIAL NORTH AMERICA

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ABSTRACT

Informal caregiving encompasses the motivations and practices of relatives in looking after family members of all ages with long-term illnesses and disabilities. Only recently has it been differentiated as a distinct role within the nurturance obligations of familial roles. As such, informal caregiving has been recognised through contemporary social movements in many countries, such as Australia, New Zealand, the United Kingdom and the United States. At the same time, there is an increasing interest in caregiving in history which elucidates the care needed and offered at different historical moments. Our aim here is to examine the minutiae and intimacies of care practices between caregiver and the recipient of care in two different periods of time, seventeenth century England and colonial America. We suggest that these data support the notion that care is a fundamental social human dynamic, connecting caregivers from early to contemporary times. Caregivers can be viewed as a shared global community, transcending community and time; at the same time acts of caregiving represent the humanitarian ideals of cosmopolitanism.

Keywords: cosmopolitanism; caregiving; care; elder care

INTRODUCTION

Historians and anthropologists are increasingly interested in examining the evidence for caregiving in the human past, as a specific role within the realm of familial obligations accompanying the accepted norms of parental and spousal nurturance but able to be seen and examined separately. Here we consider aged care within two societies and historical periods, those of seventeenth and eighteenth century England and early nineteenth century North America.

Many, though not all, of the interactions recorded from these periods, suggest that there are sufficient similarities in caregiving amongst different societies to construct the praxis of caregiving as an expression of cosmopolitanism, in the sense of following a path well-trodden by previous caregivers across the landscape of human societies. We suggest that caregiving emerges as a fundamental characteristic of human kinship and communities.

First, we consider cosmopolitanism and caregiving, in keeping with the focus of the collection; and second, since this is a literary anthropological perspective, with the informants represented on paper, we consider the sources in some detail. Subsequently, we focus on the two different societies selected, and we relate the similarities of the historical data to those of contemporary caregiving. We suggest that this exploration provides evidence to support the consideration of caregiving within the phenomenon of globalisation and cosmopolitanisation (Beck 2012). In the discussion we argue that caregiving epitomises the core tenets of cosmopolitanism, particularly compassion, humanity and openness.

COSMOPOLITANISM

Cosmopolitanism has been variously described as an attitude of openness toward the Other with concomitant tolerance and respect for differences between human beings and their myriad ways of living; and as an ethical stance that values peace, and non-maleficence towards one's fellow humans and indeed all species, as well as the environment and planet (Skrbis, Kendall, and Woodward 2004). Cosmopolitanism is a vast, and, from an anthropological perspective it could be argued, a highly idealistic, project. Skrbis and Woodward (2013, ix) argue that 'while cosmopolitanism is a big idea, it ought to be found in small things'. Similarly, Rapport (2012, 58) argues that the microcosm of intimate actions among individuals embodies the macrocosm of the human species. Small things, small actions, intimacies within unpretentious dwellings, and local relationships comprise the data which he says span the breadth of human endeavour, over time and space, and which invite the application of the anthropological imagination.

In this article we examine the articulation between cosmopolitanism and caregiving which is found in the intimate connections between one human being and another. Following Rapport (2012) this offers us a means to theorise the recurrence of caregiving norms across societies and time, and an anthropological affirmation of cosmopolitanism as a statement about what it means to be human. These claims require evidence of caregiving in diverse societies and historical periods. Such an examination will identify similarities and differences inasmuch as families and their communities are similar and different. The difficulties lie, of course, in the perceptions and recognition of care and its reporting at the time period in question, and also of the distortions of the view through the lenses of our twenty-first century anthropological imagination turned back into history.

WHAT IS CAREGIVING?

Caregiving as we perceive it today is an interaction between someone who needs ongoing help to perform the activities of daily living, and someone able to provide such help. Care can be a series of practical actions: assistance to bath, shower, toilet, groom the body; to help mobilise; to feed; to interpret the outside world to children and those with disabilities. Care can be all of these, or one or two only. It is often a series of minute actions, often unnoticed by others, but essential to the person with the disability. The functional aspects of care may be accompanied by a diverse range of motivational drivers for acting in a caring way. These include affection, obligation, and rewards that might be fiscal, emotional, or provide satisfaction (Drentea 2007). Caring for one's family members cannot be taken for granted. In New Zealand, as in many other countries, there are legally mandated responsibilities with penalties for failing to provide the necessities of care to vulnerable people such as one's own children, and penalties for abusing one's aged parents.

There are necessary distinctions to be made in our perceptions of caregiving between two principal aspects of care provision. Informal caregiving is generally defined as that carried out by families, friends and neighbours, motivated by bonds of affection and obligation. The second, formal caregiving, is usually considered as that of paid home help, accessed by a formal bureaucratic process through health and welfare institutions and remunerated through payments. However, this is not always as simple as paid/unpaid dichotomies. Certainly in the historical data we draw upon, the lines between informal and formal care are often blurred; for example, are rewards such as inheritances that are dependent upon the provision of care for elderly parents to be considered formal or informal? Many household servants and slaves in wealthier households during the periods we examine provided caregiving because they were paid to perform these services as staff, but such caregiving could also be imbued with obligation and affection in the context of household solidarity. Because of this difficulty, we have chosen to use the term caregiving relatively loosely to indicate the varieties of informal caregiving. We reserve the term 'formal caregiving' to indicate instances where caregivers were paid to care for people assessed formally as requiring help, or for people for whom they had no obvious motivation in terms of obligation or affection.

Contemporary caregiving has become increasingly visible beyond the boundaries of the household, politically through, for example, the (New Zealand) Ministry of Social Development (2009), and socially through the proliferation of caregiving support groups, national societies such as Carers UK and Carers NZ, and the International Carers Society. Attracting little attention from researchers and academics until the late twentieth and early twenty-first centuries, contemporary researchers have examined diverse situations of care and highlighted a variety of issues. While it is impossible to provide a bibliography of historical informal care research here, we suggest that for general background literature, any interested reader find the *Informal Caregivers Literature Review* by Goodhead and McDonald (2007) for the New Zealand Ministry of Health, and also we suggest that certain texts be consulted, such as Zarit, Pearlin, and Schaie's (1993) examination of the 'burden' of caregiving; Scorgie, Wilgosh, and McDonald's (1999) exploration of the transformational role of caregiving and community help, or Barrett, Hale and Butler's (2013) treatment of social capital in the provision of informal caregiving. We find, among other themes in caregiving research, discussion on the ethics and morality of caregiving (Kleinman 2010, 2013), and the politico-economic aspects of care giving (Bond 1992; Gordon, Benner, and Noddings 1996), including the gendered aspects of caregiving (Kittay and Feder 2002).

However, until recently, scant specific attention has been paid to caregiving in earlier times. Horden and Smith's (1998) work is one of the earliest focusing specifically on informal caregiving, and there is also the work of social/health historians and community historians such as Demos (see for example, 1978, 1995, 1999, 2004) and Laslett (1983). Even within these works, caregiving is frequently subsumed within the purview of traditional family roles.

SOURCES

To explore caregiving in human history, we start by identifying the sources. These are fascinating but frequently uneven in terms of yielding data. Like face-to-face informants, one set of sources raises questions which others might answer, partially or fully, and, since these might direct the researcher to further sources, it can seem a never-ending trail. While our focus is upon recent history, we want to outline some of the earliest interesting sources which can be investigated and which provide support for an argument of a common humanity through the cosmopolitanism focus on caregiving.

Beginning with prehistory, we have paleoanthropological data from Neanderthal remains (approximately 400,000–40,000 BCE) (Spikins, Rutherford, and Needham, 2010; Tilley and Oxenham 2011; Tilley 2015; Walker and Shipman 1996) that display evidence of caregiving of disabled individuals, without speculating on the presence of family-type affection and duty.

Fast-forwarding from prehistory to classical times (approximately 1,000 BCE to CE 600), there is evidence of caring for the elderly in the ancient Near East (Stol and Vleeming 1998) through various legal and spiritual codes of behaviour in looking after older people. For the Romans, Westbrook (1998, 14), says that 'pietas' (religious, filial and moral duty), included an expectation that elderly parents could reasonably place upon their children to provide care for them. Westbrook (1998) moves on to the first legal obligation enforceable by local courts found in 161 AD in the Divi Fratres (C.5.25.2) which says that 'the competent judge will order that you be supported by your son, if he has the means to provide you with maintenance' (alimenta) (p. 14).

For the Abrahamic societies (approximately 70 CE to the present) encapsulating social and moral codes that span millennia, there are the religious sources of the Torah and the Bible. Twelfth century Maimonides, for example, advised others to care when the child cannot. Similarly, the Hebrew scriptures are rich in the expression of the obligation to honour one's parents: 'Honour thy father and thy mother', (Exodus 20:12). 'The eye that looks jeeringly on a father, and scornfully on an ageing mother, shall be pecked out by the ravens of the valley, and eaten by the vultures', (Proverbs 30:17). 'Despise not a man in his old age for we also shall become old', (Ecclesiasticus 8:7). '… honour thy mother all the days of her life' (Tobit 4:3–4).

Turning to evidence of caregiving in recent history (1500 CE to the present), many sources are formal and objective, such as legal Wills and Testaments (James 2015) that provide a subjective view of appreciation of care given by family, friends or neighbours. Records of the Friendly Societies, a title given to mutual co-operative or benevolent societies, in seventeenth and eighteenth century England provide evidence of structured help through their funds, parish records document distribution of funds, while a selection of letters and diaries reveals a subjective and fruitful source of information. More information on family dynamics can be found in the contemporary fiction of the times and we need go no further than Shakespeare in King Lear for a view of disharmony and Jane Austen for a consideration of care for the poor of the parish, as well as familial care.

Recent academic interest in disabilities and deformities in history makes some mention of caregiving for people with disabilities (Metzler 2006, 2011; Mounsey 2014; Turner and Stag 2006), and as noted above, a significant work focussing only on care in the past has been edited by Horden and Smith (1998). Their book, *Locus of Care,* is a collection of chapters on care in the past in different societies and provides many valuable sources.

It is important to understand older people and caregiving within their own communities and societies, and historians and sociologists such as Botelho (2002) and Botelho and Dymond (1999), Demos' several works from 1995 to 2004, Laslett (1983), Thane (2000, 2005), Ottaway (2004), Abel (2000), Hareven (1978), and James (2015) all locate care in the context of the broader community and the wider society. Authors such as Hendy and Ashenburg writing on specific subjects such as Noise (Hendy 2013) and Dirt (Ashenburg 2008), can provide contextual ideas from which to build a picture and to provide the impression of living within that context, and popular writers like Bryson (2011) and Worsley (2012) reveal much about the daily everyday routines of those living during particular historic moments in their discussions of personal intimate objects and the stories they tell.

As in contemporary social anthropology, historical anthropology varies in its sources from the intimate and personal, to legislative and government policy, to the academic and analytical. Instead of gaining data from observing directly the daily activities of a living community, historical anthropologists wander through books, articles and other documents of the times for evidence of daily goings on.

METHODS

Finding relevant data to support a claim that caregiving is fundamentally cosmopolitan requires sifting through primary and secondary documents for a mention or discussion of sickness, disability, deformities, ageing and care. Levine and Murray (2004) note that, 'Culture in this sense includes but goes beyond ethnicity, religion, or language: it encompasses a shared understanding of a way of life which encompasses principles, values, attitudes and behaviours.' They continue by saying that such values and attitudes are 'based on membership in a group' (p.1).

These assumptions underlie the task of identifying evidence of caregiving in historical sources through twenty-first century lenses. With twenty-first century European perceptions and definitions, we authors need to remain open-minded as to what might constitute disability, ageing and care, and the fact that previous generations may have had differing perceptions of dependency to our own (Riley 1989). We need to maintain awareness that the sources are based in different cultures as well as different times; that, as discussed above, notions of informal and formal may carry connotations distinct to our own; and that commonly held perceptions about the aged, infirm, and disabled of the period under question might influence the provision of care to an individual. Much like fieldwork, one lead points to another, and a regular informant, such as the English Friendly Society, parish records, or American Sarah Gillespie's diary and letters, provides considerable environmental and contextual detail of caregiving and hints as to where to look next.

Denzin and Lincoln (2008) and Ulsperger (2009) provide further legitimation for the anthropological examination of documentary sources. Both affirm that the interpretation of literary evidence, as found in biographies, autobiographies and research monographs, yields plentiful data for qualitative analysis because it provides valid themes for studying individual experiences:

> techniques involving literature analysis allow researchers to tap into the taken-for-granted social worlds of vulnerable populations that are not easy to survey or observe in restricted settings. And literary ethnographies/aka documentations have the ability to unearth messages in documents that are hard to see with casual observation. (Ulsperger 2009, 809)

Combining information from a variety of documents constitutes a meta-analysis, again quoting Ulsperger (2009), who argues that a documentation synthesis constitutes both a literary ethnography and a meta-ethnography because it 'analyzes a variety of previous studies to explore a research topic' (p. 809). The material can include text such as biographies and autobiographies, and we suggest it also includes records, reports, letters and diaries.

A significant component of historical methodology is that of text selection. What has been recorded depends both on what image of the society is to be presented to particular audiences, a bureaucratic literocracy, to coin a phrase, and behind that, we have to find informal texts, and ask how and who are the literate within the society.

Having read as many texts as is possible, Ulsperger (2009, 813) then suggests researchers begin to identify themes. He suggests using wherever possible a variety of documents in relation to the topic explored to ensure as robust analyses as possible.

CASE STUDIES:
ASPECTS OF CARE IN SEVENTEENTH–EIGHTEENTH CENTURY ENGLAND AND COLONIAL NORTH AMERICA (NINETEENTH CENTURY)

We have selected two specific times in two different societies to illustrate that caregiving is fundamentally cosmopolitan; seventeenth and eighteenth century England and nineteenth century North America. Our reasons for choosing these historical moments and settings are first, that the sources are reasonably comprehensive and readily available. While incomplete in some areas, they nevertheless provide useful information that is readily comparable with twenty-first century western caregiving. Second, the two societies demonstrate slightly different aspects, such as social structure and hierarchies of English communities, and the emotional sequelae of caregiving depicted in the literate, articulate American diaries and letters.

We begin exploring caregiving in seventeenth and eighteenth century England, by considering the informal carer, connected by kin, neighbourhood, friendship, and unpaid for their labour. We consider the locus of care, and the wider informal group of neighbours, as well as the availability of formal caregiving to those with no alternatives for care. Our second case study focuses mainly on the dynamics of caregiving, from the diaries and letters of nineteenth century America. It too, illustrates the context of care, and the articulation of informal and formal caregivers. Our discussion highlights the similarities between the two societies, and leads us to our final comparison, the contemporary caregiving scene.

Case Study One: Kinship and community care in seventeenth–eighteenth century England

In seventeenth and eighteenth century England, people were considered to have reached old age in their 50s and 60s, determined by physical frailty, health, increasing disability and appearance (Botelho and Dymond 1999; Ottaway 2004, 7). Although we do read of people in their late 80s and 90s (Thane 2005), this degree of longevity was unusual for the period.

During the transition from independence to dependence in the ageing process, the locus of responsibility for caring for older members of the community primarily lay with the older individual themselves and their immediate family (Ottaway 2004). Much of what is known about aged care comes from documentation in community sources, while much of the work performed by family members to care for their older relative is inferred (Horden and Smith

1998). It is reasonable to suppose that cleanliness, clothing and bedding, relevant exercise and appropriate and adequate food were all important, as were regular bowel evacuations. As was customary in England at this time, sleeping might include a number of other people in the bed (Ekirch 2005), although the implications for caregiving have not been discussed in the literature as yet.

Historical sources give an indication of the kinds of ailments commonly suffered by older people. These included 'Rheums, Catarrhs, Wind and Colicks, loss of Memory and Senses, those Aches and Pains, all that dismal and black Train of Miseries, that wait on Long Life' (Ottaway 2004, 28, citing Cheyne, An Essay of Health). Thane (2005) also noted that lameness and blindness were common among older people. The prevalence of diseases and deformities among the elderly was well documented by Turner and Stagg (2006) and Mounsey (2014). Again, we might infer that many older people then, as now, suffered incontinence of urine and faeces.

Caring for infirm and frail old people could tax individual resources and often required ingenious solutions. For example, Old Mother Sheepy (reported in Ottaway 2004, 236) received 'a rope to rays her in her bed' given her by the 'receiving officers' of the parish. Similarly, old John Abdy suffered from rheumatism which made him bedridden, and his son struggled to help him, but needed additional assistance (Pelling and Smith (1991, 1) quoting Jane Austen's Emma). Margery Kempe (1986, 221) who lived from 1372–1439 AD wrote about the difficulties of caring for her old husband, who was an 'invalid'. Laslett (1983, 93) commented on the importance of wider kin, at 'critical junctures in the life course' such as when illnesses became disabling.

Care for older people was usually provided by daughters, daughters-in-law, or sons, many of whom might have their own children to also care for, and the types of care documented ranged from support as in providing meals and clothing, to hands-on care such as toileting, washing, dressing, helping with mobility (Botelho 2002, 1). According to Ottaway (2004, 7) caregiving involved usually only one caregiver at a time, working with and for the recipient of care. The second tier of informal care was the wider kin, who helped where necessary and required, and could supplement this dyad. Otttaway (2004, 7) takes from surviving wills and diaries, that even more distant kin such as siblings, cousins, nieces, nephews and grandchildren, could be called upon to assist with caregiving.

When there was strong family organisation there was no need for external help from public welfare groups and this is still the case in some European countries

(Cavallo 1998). From the sixteenth and seventeenth centuries in England, local and national bodies were frequently called upon to provide relief for those who could not care for themselves. In England, the Poor Law was codified during the Tudor period (1485–1603 AD). The 1563 Elizabethan Act for the Relief of the Poor required solvent parish residents to contribute to poor relief, and a 1572 Act distinguished between the 'professional beggar' and those unable to work through no fault of their own (Cavallo 1998). This latter category is likely to have included caregivers who could not leave the recipients of their care, such as older people. Financial assistance through the Old Poor Law (1601) was available through parishes, and the degree of need was assessed by overseers to ensure just distribution to the most needy and deserving. The overseers were parish officials who were considered to know the local population sufficiently to be able to distinguish between those who deserved help and those who did not. Money was available for clothes, food or firewood – especially in hard winters. It might provide funds to cover medical expenses such as visits by a practitioner or to purchase specific remedies. In some cases, though, the parish might even pay for someone to actually move in and care for the elderly and infirm. The allotted caregiver might cook and clean, perhaps administer medicines and, most importantly, provide companionship. The gratitude of the recipients of this type of care is reflected in the fact that the recipients of care often bequeathed what little they had to these carers, even if it was only a few bedclothes or 'wearing apparel'.

According to both Cavallo (1998) and Berger (2002), England had an early tradition of the nuclear family, in evidence during the thirteenth century, and characterised by the newly married couple establishing their own household separate to those of their families of origin. Cavallo (1998) cites Hajnal (1965, 1983) and Laslett (1983) who both observed that this independence fostered a somewhat individualist outlook which could result in reluctance to take responsibility for ageing relatives' needs, particularly when it required the older person to cohabit in the younger generation's household. Other means of care for smaller households unable to provide care for their older members was community assistance. Cavallo (1998) notes that, 'Neighbours or relatives of the needy are paid to offer board and lodging to those whom, in other circumstances, they might have supported from their own pockets.' This gave rise to a new formal caregiving network. For example, Elizabeth Hann was paid to 'wash' for Bennet Swyer because his wife had just died, and Miriam Lucas of Puddle town was paid 3s6d in 1798 for washing, mending and 'cleaning from vermin' two local parishioners (Ottaway 2004, 234).

Further components of this public welfare system are described by Thane

(2005), using examples from seventeenth century English parishes showing that care was recognised as a fundamental need within communities, and illustrating that parish councils did provide financial assistance where necessary that would allow the older person to remain in their own home. Seventeenth century parish records show that persons with learning disabilities as 'natural fools' and 'ideots' would live with their own families, and if families were struggling to cope financially because of ill health then parish relief could be paid.

There are indications of several intriguing structural arrangements for care, as Horden and Smith (1998) note, including 'a variety of means which households adopt to counteract deficiencies in their capacity for support for their sick and disadvantaged' (p. 29). These included households taking in members of other households; 'flatting' arrangements whereby single women (mostly) would arrange to live together; legal contracts ensuring care given and payment received; remarriage; apprenticeships and putting into service (Horden and Smith 1998, 29). Structural care clearly ranges from the practical spatial reordering of living arrangements to social reorganisation of familial relationships, through contracts to ensure the reorganisation ensued and remained in place. In these cases, family care was subject to external oversight, a mix of the informal and the formal.

Thane (2005) and Botelho (2002) described contractual arrangements for houseroom and care among those with property. These were 'bed-and-board' contracts where the farm or estate would be promised to an adult child in exchange for specific provisions of care. It seemed necessary to specify rights to food, space by the fire, use of the latrine, and care when required (Thane 2005). Such support or care focused on the space of the elderly; they could be housed in the younger family's home, with the use of a room, and rights to specified sustenance. Similar to these 'bed and board' contracts, are the contractual details discussed by Thane (2005) for southern France: use of chair by fireside, use of latrine, use of scullery. Legally this was documented, handing over the 'messuage' of the land and house to older sons and wives, so long as the contract was maintained. Such contracts suggest that caregiving by younger family members could not be taken for granted. Horden and Smith (1998) note that as the younger generation assumed responsibilities for the estate, these arrangements allowed the older family members to retire and be supported in comfort within the family home, but there were also instances of neglect and abuse recorded (Botelho 2002; Ottaway 2004). Oversight of the contracts meant that if care broke down, then the inheritance could be withdrawn, the 'messuage' and the house could be removed from the potential heirs (Thane 2005). Or the older person could move. In 1620, Barbara Ziegler from Baculine in southwest

Germany reputedly said, 'I stayed with my son for four years but the food was bad and he supported me with great effort' (Thane 2005, 159).

Social support in mediaeval Europe and England was designed to maintain older people in their own homes. As in contemporary New Zealand, care in England during seventeenth and eighteenth centuries was largely the responsibility of kin, but could be provided by hired caregivers, employed directly by the wealthy, or provided by the parish for the poor. In the wealthier families with property and inheritable land, there was a structured reciprocity whereby care of the older generation was negotiated as a condition of inheritance. Then, as now, there is evidence of elder abuse. Poor older people had no power; wealthier older people did to the extent that they could renegotiate inheritances.

Case Study Two: The virtue of care in nineteenth century North America

For our second example, we draw on academic literature focussing on the care interactions and emotions of family members, depicted in diaries and letters available from the nineteenth century in North America. Abel (2000, 5, 6) notes in *Hearts of Wisdom* that the available personal archives are limited in scope, since female letter-writers and diarists tended to be white, eastern and affluent women, and therefore articulate and literate. Nevertheless, they provide a glimpse of caregiving in nineteenth century America. The dominant social values are also represented in popular literature of the times. Abel (2000) identified two distinct genres. In the first, caregiving is an essential component of women's nature and female virtue. She cites a plethora of women's magazines exhorting that caregiving was a women's duty because women are 'calmer, purer, more loving and sensitive than men' (Abel, 2000). 'As a dutiful daughter, I simply did my job' (Abel 2000, 43). The second genre of literature is 'consolation literature', so described by Abel (2000, 56), in which nineteenth century women were encouraged to view themselves as a sisterhood of those who bear the 'mark of pain' (Abel 2000, 56), conferred by caregiving and the empathic experience of the pain of others.

As in England, those who had the means could either use existing staff or employ staff to provide care for themselves and members of their family. They could also use slaves; slavery continued in several States until well into the nineteenth century (Nakano Glenn 2010). Care was largely dependent on reciprocal arrangements between family generations (Adams 1968; Sussman 1959). Abel (2000) talks about children caring for others, and parents caring for young children, as well as family members caring for the elderly. Hareven (1994, 440) describes a culture of generational interdependence governed by social mores and normative role expectations. This is a sociological way of describing how younger daughters became caregivers, being discouraged from leaving home and marrying, so that they could provide care for older parents in the family home (Hareven and Adams 1982). Daughters were under considerable social pressure to succumb to these dictates, despite their own preferences (Hareven 1982).

Families were committed to kin, and mutual assistance was considered to be reciprocal over the life course and across generations. The caring individuals who gave up their own careers and needs to those of the family often had a sense of responsibility, affection, and familial obligation, rather than expecting immediate gain such as payment for services (Demos 1978). Demos (1978) says that adult children were expected to be the main caregivers for their ageing parents, but he emphasises that this was a voluntary situation rather than a legally established one, and so therefore depended on strategies and arrangements over the life course. There are records of arguments amongst siblings as to who should take the main responsibilities of support (Demos 1978, 448). But families did rely on one another. Coontz (1997, 62) found evidence from the memoirs of Cotton Mather, a noted preacher, that he and his siblings turned to their father for care when they were sick. Coontz also quotes historian Mary Frances Berry who refers to Thomas Jefferson's recollections of being cared for by slaves and by his father (Coontz 1997, 62).

Living alone in isolation from one's community was not the norm during the early nineteenth century in North America. In a colonial society, it is reasonable to suppose that community ensured survival, and then as now, reclusivity might have evoked suspicion from neighbours. However, to live independently in one's own home, older adults required at least one adult child to live with them (Hareven 1982, 184.) If this was not possible, the frail elderly individual, especially widows, had to move in with relatives or their adult children (Hareven 1982). Even in the colonial period with such strong familial expectations of interdependence, elderly people could be insecure in family supports, though they enjoyed, says Hareven (1982, 102–105), a higher social status than contemporary older people. Aging parents with property sometimes contracted with inheriting sons and, according to Hareven (1982, 17), the emphasis on detail in these contractual arrangements reveals their anxieties and concerns. This, of course, is similar to seventeenth and eighteenth century Europe and England. The notion of elder care occurring within large extended intergenerational households was a myth according to Demos (1978). Because of the high mortality rates and low longevity, according to Demos (1978) the older generation could not have expected to overlap their adult children for any significant period of time, let alone their grandchildren (see also Goode 1963; Hareven 1971, 1982; Laslett 1977).

Hareven (1982) found evidence that North American communities would provide assistance for isolated infirm older community members without resources of kin and wealth, reflecting homeland mores of sixteenth and seventeenth century England. Community leaders addressed this problem initially by paying members of the community to take in older people as lodgers (Chudacoff and Hareven 1978). Alternatively, if the older person was homeless but capable of caring for themselves, the counties provided them with funds to get shelter, and to feed and clothe themselves, as Hughes (2011) writes in a research article carried out for her novel *The Pride of the King.* Hughes (2011) also notes that recipients of assistance from the early counties[3] were required to wear a red or blue letter "P" on their chest which stood for poverty, alerting all to their misfortune. In addition to community assistance, older people might take boarders and lodgers in exchange for services or rent (Chudacoff and Hareven 1978).

Abel (2000) takes us further into the diversity of care by describing relationships between the family caregiver and health practitioner. In the nineteenth century, reflecting North America's colonial heritage, women were often skilled folk practitioners with considerable knowledge of midwifery and herbal medicine. Abel (2000) suggests therefore that physicians did not hold a monopoly of healthcare, nor of competent healthcare. In addition to considerable personal and local knowledge, summoning physicians involved considerable time and effort. Lacking modern communication methods meant that messengers had to be employed. Distance and transportation not only delayed doctors' arrivals but also prevented them from providing ongoing care since regular visiting would have been impossible, nor would it be easy to take the older infirm person to a doctor. Women frequently had to manage by themselves, particularly in rural areas. In the North American classic of children's literature 'What Katy Did' (Coolidge 1872), there is little mention of any physician in the treatment of Katy's accidents, nor of the care of her Aunt Izzie. Medical aid augmented or supplemented but did not replace neighbourhood assistance. For example, when the daughter of Mary Sims had an attack of croup, the mother sent for both the neighbour and a physician, according to Abel (2000). In addition to the womanly arts of compassion described at the start of this section, female caregivers often gained respect because of their experience and knowledge of nursing, and female kin were considered especially qualified to offer the attention, sympathy and reassurance that alleviated emotional stress and facilitated healing.

There were considerable similarities with seventeenth and eighteenth century England. For example, the structural elements of household organisation within communities and the differential between those with property and wealth and those without led to similar arrangements for care provision of older family members in both settings. Similarly, the reliance upon predominantly female kin as the first order of caregiving, and the provision of community assistance for older people who did not have access to familial care is also a shared characteristic. In both settings, we surmise there were both successes and failures for older people and their caregivers no matter what their circumstances.

DISCUSSION

Fast forward to the twenty-first century in New Zealand

If we relate the historical details of caregiving to some of the component structures of western caregiving, we can see the connections across the centuries. The historical structures can incorporate personal details of caregiving, which in turn assists in clarifying the role of caregiving. Historically, then, we can see caregiving occurring within a variety of societal and structural contexts, from individual responsibility to obligations of neighbours, friends, and parish/welfare structures, public health programmes, and to the legislative support in England and North America to ensure care for wealthier older people through contractual arrangements, and relief for the poor. On the basis of this we suggest that community support for older people and caregivers represents an enduring component of Anglo-American social systems, and undoubtedly other cultures as well.

In the context of the twenty-first century, reliance upon kin to provide care for the aged as a familial obligation has endured, and in the New Zealand context there are now carer allowances available for family caregivers (Human Rights Commission 2018). The articulation of formal and informal care is increasingly under scrutiny as are the boundaries between the two categories (see for example, Litwin and Attias-Donfut 2009; National Advisory Committee on Health and Disability 2010; Solé-Auró and Crimmins 2014). Another form of contemporary support is temporary respite care, where carers can access available beds in local care facilities for their family member to gain some respite from the constant demands of caregiving. And when there is need for permanent care on behalf of the patient, and if the carer can no longer manage, there are institutional beds available, so that family caregivers are no longer responsible.

To discuss the situation of family caregiving we use the word 'camouflage' to describe it as a role almost indistinguishable from the accepted nurturing role within families, to identify its taken-for-granted status as 'just what one does' (Elizabeth Roberts, cited in Cook 2007, 6), with activities accepted rather than consciously recognised as part of a role. It has therefore been relatively invisible as a distinguishable role, except when it breaks down and others are required to provide the care. Caregiving plays a part in the history of welfare documents, in the media of the times for the literate and the non-literate, such as government reports, diaries, letters, and paintings, but there appears to be limited interest by historians in the actual performance of care duties, recognition being given more to the financial support, the place of care, be it home, neighbourhood, or institution. The work of the Reverend Mary Webster in 1960s UK raised the profile of single women caregivers (Cook 2007) and identified their role and its consequences. Since then, many localised, condition-specific, and national carer organisations have emerged in the UK, Australia, New Zealand, Sweden and the USA.

The individual role is becoming more widely recognised, and underpins the supportive socio-political recognition. Caregivers, both informal and formal, in the twenty-first century still seek improved political recognition and visibility for their care work, as well as greater recognition of their role in society through improved remuneration (Collins 2013; Kirk and Sachdeva 2015). There is greater recognition of caregivers' need for emotional support in our contemporary context through social institutions such as denominational organisations and government agencies, although it is likely that caregivers in seventeenth and eighteenth century England and nineteenth century North America also derived comfort and support from their Church communities. Considerable information on government and agency assistance, such as benefits and entitlements and New Zealand's funded family care, is now available on-line (see for example, the Ministry of Health website). Carers' needs are the subject of a section in the internationally-used assessment tool InterRai. There is also a growing use of the Internet which allows caregivers to communicate with and support each other asynchronously and across great distances, creating online communities (see Jackson in this volume). This is cosmopolitanism in action – the creation of communities of carers that transcend national boundaries to share experiences, swap advice and frustrations and build political movements. The minutiae of daily care work and intimacies that characterise the relationship between a caregiver and the recipient of their care manifests as an immediately recognisable experience to other caregivers that allows bonds to be created between caregivers across the world, and we suggest, back in time. In other words, caregiving is rendered visible in the same way as other cultural artefacts.

Delanty (2009, 27–29) suggests that a cosmopolitan imagination 'occurs when and wherever new relations between self, other and world develop in moments of openness'. As noted by Wardle (2010), this orientation has long been a key component of anthropological fieldwork, and openness is arguably the foundation of compassion and care relationships. Larger global issues arise from the awareness of the particular and local inequities suffered by the least affluent portion of populations in every society (Beck 2010, 226), and caregivers, with their low social status and lack of political recognition, are among the least affluent groups in societies.

CONCLUSIONS: COSMOPOLITANISM AND CAREGIVING

The value of taking care as the central point of interest is that we can identify not only the individual interactions of a widely experienced social situation, albeit hidden within the accepted norms of family, but we can also see the social systems involved such as family, neighbourhood, health and welfare, legal, religious, and institutional care, and moreover, we can also see how these interact. Caregiving throughout history brings the dyad of carer and cared-for into focus; it also allows us to understand care in its socio-political and cultural context, including spiritual and religious beliefs. Caregiving fits within the cosmopolitan imagination, demonstrating a common humanity; linking selves with Others and the wider world. The recognition of these interactions goes some way toward maintaining the visibility of caregiving and fosters a sense of belonging to a specific group. Caregiving epitomises the cosmopolitan trait of openness (Beck 2012). The intimacies of daily caregiving open the human capacity for compassion to inspection and analysis as a multicultural suite of competencies and practices (Skrbis and Woodward 2013).

NOTES

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3 In the United States, a county is a political and administrative subdivision within a larger State.

REFERENCES

Abel, Emily. 2000. *Hearts of Wisdom: American Women Caring for Kin.* Cambridge, MA: Harvard University Press.

Adams, Bert. 1968. *Kinship in an Urban Setting.* Chicago: Markham Publishing

Ashenberg, Katherine. 2008. *The Dirt on Clean: An Unsanitized History.* Berkeley: North Point Press.

Barrett, Patrick, Beatrice Hale, and Mary Butler. 2013. *Family Care and Social Capital: Transitions in Informal Caregiving.* Dordrecht: Springer.

Beck, Ulrich. 2010. 'The Cosmopolitan Manifesto'. In *The Cosmopolitan Reader,* edited by Garrett Brown and David Held, 217–228. Cambridge: Polity Press.

———. 2012. 'Global Inequality and Human Rights: A Cosmopolitan Perspective'. In *The Routledge Handbook of Cosmopolitanism*, edited by Gerard Delanty, 302–315. Oxon: Routledge.

Berger, Brigitte. 2002. *The Family in the Modern Age: More Than a Lifestyle Choice*. New Jersey: Transaction.

Bond, John. 1992. 'The Politics of Caregiving: The Professionalization of Informal Care'. *Ageing and Society* 12 (1): 5–21.

Botelho, Lynn, and David Dymond. 1999. *Churchwardens' Accounts of Cratfield, 1640-1660: A Suffolk Records Society Publication.* Woodbridge: The Boydell Press.

Botelho, Lynn. 2002. "'The Old Woman's Wish": Widows by the Family Fire'. *The History of the Family,* 7 (1): 59–78.

Bryson, Bill. 2011. *At Home: A Short History of Private Life.* London: Black Swan.

Cavallo, Sandra. 1998. 'Family Obligations and Inequalities: Access to Care in Northern Italy, Seventeenth to Eighteenth Centuries'. In *The Locus of Care. Families, Communities, Institutions, and the Provision of Welfare Since Antiquity,* edited by Peregrine Horden and Richard Smith, 90–110. London: Routledge.

Chudocoff, Howard, and Tamara Hareven. 1978. 'Family Transitions into Old Age'. In *Transitions: The Family and the Life Course in Historical Perspective,* edited by Tamara Hareven, 217–244. New York: Academic Press.

Collins, Simon. 2013, August 24. 'Ruling May Lift Wages in Rest Homes by a Quarter'. *New Zealand Herald*. http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11113573

Cook, Timothy. 2007. *History of the Carers' Movement*. London: Carers UK.

Coolidge, Susan. 1872. *What Katy Did*. Boston: Roberts Brothers.

Coontz, Stephanie. 1997. *The Way We Really Are.* New York: Basic Books.

Delanty, Gerard. 2009. *The Cosmopolitan Imagination: The Renewal of Critical Social Theory.* Cambridge: Cambridge University Press.

Demos, John. 1978. 'Old Age in Early New England'. *American Journal of Sociology* 84:S248–S287.

———. 1995. *The Unredeemed Captive: A Family Story From Early America*. New York: Vintage.

———. 1999. *A Little Commonwealth: Family Life in Plymouth Colony.* Oxford: Oxford University Press.

———. 2004. *Past, Present and Personal: The Family and Lifecourse in American History.* Cambridge, MA: Harvard University Press.

Denzin, Norman, and Yvonna Lincoln, eds. 2011. *The Sage Handbook of Qualitative Research*. 4th ed. London: Sage Publications.

Drentea, Patricia. 2007. 'Caregiving'. In *Blackwell Encyclopaedia of Sociology,* edited by George Ritzer. Blackwell Reference Online. http://www.blackwellreference.com/subscriber/uid=5273/tocnode?id=g9781405124331_yr2014_chunk_ g9781405124331 9_ss1-7&authstatuscode=202

Ekirch, Roger. 2005. *At Day's Close: Night in Times Past*. New York: Norton.

Gillespie, Sarah. 2000. *Pioneer Farm Girl: The Diary of Sarah Gillespie, 1877-1878 (Diaries, Letters and Memoirs).* North Mankato, Minnesota: Capstone Press.

Goode, William. 1963. *World Revolution and Family Patterns.* Glencoe, IL: Free Press.

Goodhead, Anne, and Janet McDonald. 2007. *Informal Caregivers Literature Review: A Report Prepared for the National Health Committee.* Wellington: Ministry of Health.

Gordon, Suzanne, Patricia Benner, and Nel Noddings. 1996. *Caregiving: Readings in Knowledge, Practice, Ethics and Politics.* Philadelphia: University of Pennsylvania Press.

Hareven, Tamara. 1971. *Anonymous Americans: Explorations in Nineteenth-Century Social History.* Prentice Hall: New Jersey.

———, ed. 1978. *Transitions: The Family and the Life Course in Historical Perspective.* New York: Academic Press.

———. 1982. *Family Time and Industrial Time: The Relationship Between the Family and Work in a New England Industrial Community.* Cambridge: Cambridge University Press.

———. 1994. 'Aging and Generational Relations: A Historical and Life Course Perspective'. *Annual Review of Sociology* 20: 437–461.

Hareven, Tamara, and Kathleen Adams, eds. 1982. *Aging and the Life Course Transitions: An Interdisciplinary Perspective*. London and New York: The Guilford Press.

Hendy, David. 2013. *Noise: A Human History of Sound and Listening.* London: Profile Books.

Horden, Peregrine, and Richard Smith, eds. 1998. *The Locus of Care: Families, Communities, Institutions, and the Provision of Welfare Since Antiquity.* London:

Routledge.

Hughes, Amanda. 2011. *Pride of the King*. CreateSpace Independent Publishing Platform.

Human Rights Commission. 2018. 'Caring for Disabled Family Members'. Accessed 24 July 2018 from https://www.hrc.co.nz/enquiries-and-complaints/faqs/caring-disabled-adult-family-members/

James, Susan. 2015. *Women's Voices in Tudor Wills 1485-1603.* Abingdon: Routledge.

Kempe, Margery. 1986. *The Booke of Margery Kempe*. Translated by Barry Windeatt. London: Penguin.

Kirk, Stacey, and Sam Sachdeva 2015. 'Government to Address Pay Equity: Caregiver Wages'. Stuff October 20. Accessed 24 July from http://www.stuff.co.nz/business/better-business/73195197/Government-to-address-pay-equity-caregiver-wages

Kittay, Eva Feder, and Ellen K. Feder, eds. 2002. *The Subject of Care: Feminist Perspectives on Dependency.* Lanham: Rowman and Littlefield.

Kleinman, Arthur. 2010. 'Caregiving: The Divided Meaning of Being Human and the Divided Self of the Caregiver'. In *Rethinking the Human,* edited by Michelle Molina, Donald Swearer, and Susan Lloyd McGarry, 17–31. Cambridge, MA: Harvard University Press.

———. 2013. 'From Illness as Culture to Caregiving as Moral Experience'. *New England Journal of Medicine,* 368: 1376–1377.

Laslett, Peter. 1977. *Family Life and Illicit Love in Earlier Generations: Essays in Historical Sociology.* Cambridge: Cambridge University Press.

———. 1983. *The World We Have Lost: Further Explored*. London: Routledge.

Levine, Carol, and Thomas Murray. 2004. *The Cultures of Caregiving: Conflict and Common Ground Among Families, Health Professionals, and Policy Makers.* Baltimore: John Hopkins University Press.

Litwin, Howard, and Claudine Attias-Donfut. 2009. 'The Inter-relationship Between Formal and Informal Care: A Study in France and Israel'. *Ageing and*

Society 29 (1): 71–91.

Metzler, Irina. 2006. *Disabilities in Mediaeval Europe: Thinking About Physical Impairment in the High Middle Ages.* London: Routledge.

———. 2011. 'Disability in the Middle Ages: Impairment at the Intersection of Historical Inquiry and Disability Studies'. *History Compass* 9 (1): 45–60.

Mounsey, Chris, ed. 2014. *The Idea of Disability in the Eighteenth Century.* Plymouth: Rowman and Littlefield.

Ministry of Social Development. 2009. *A Guide for Carers.* Wellington, NZ: Ministry of Social Development, New Zealand.

Nakano Glenn. 2010. *Forced to Care: Coercion and Caregiving in America* Cambridge, MA: Harvard University Press.

National Advisory Committee on Health and Disability. 2010. *How Should We Care for the Carers, Now and into the Future?* Wellington, NZ: Ministry of Health. Accessed 24 July 2018 from http://www.moh.govt.nz/notebook/nbbooks.nsf/0/36431979a002e281cc2576f6007aaaa5/$FILE/how-should-we-care-for-the-carers-final.pdf

Ottaway, Susannah. 2004. *The Decline of Life: Old Age in Eighteenth-century England.* Cambridge: Cambridge University Press.

Pelling, Margaret, and Richard Smith. 1991. 'Introduction'. In *Life, Death and the Elderly: Historical Perspectives,* edited by Margaret Pelling and Richard Smith, 1–33. London: Routledge.

Rapport, Nigel. 2012. *Anyone: The Cosmopolitan Subject of Anthropology*. New York: Berghahn.

Riley, James. 1989. *Sickness, Recovery, and Death: A History and Forecast of Ill Health*. Iowa City: University of Iowa Press.

Scorgie, Kate, Lorraine Wilgosh, and Linda McDonald. 1999. 'Transforming Partnerships: Parent Life Management Issues When a Child Has Mental Retardation'. *Education and Training in Mental Retardation and Developmental Disabilities* 34 (4): 395–405.

Skrbis, Zlatko, Gavin Kendall, and Ian Woodward. 2004. 'Locating Cosmopolitanism Between Humanist Ideal and Grounded Social Science'. *Theory, Culture and Society* 21 (6): 115–136.

Skrbis, Zlatko, and Ian Woodward. 2013. *Cosmopolitanism: Uses of the Idea.* Los Angeles: Sage.

Solé-Auró, Aida, and Eileen Crimmins. 2014. 'Who Cares? A Comparison of Informal and Formal Care Provision in Spain, England and the USA'. *Ageing and Society* 34 (3): 495–517.

Spikins, Penny, Holly Rutherford, and Andy Needham. 2010. 'From Homininity to Humanity: Compassion From the Earliest Archaics to Modern Humans'. *Time and Mind: The Journal of Archaeology, Consciousness and Culture* 3 (3): 303–325.

Stol, Marten, and Sven Peter Vleeming. 1998. *The Care of the Elderly in the Ancient Near East.* Leiden: E. J. Brill.

Sussman, Marvin. 1959. 'The Isolated Nuclear Family: Fact or Fiction'. *Social Problems* 6 (4): 333–340.

Thane, Pat. 2000. *Old Age in English History*. Oxford: Oxford University Press.

———, ed. 2005. *The Long History of Old Age*. London: Thames and Hudson.

Tilley, Lorna. 2015. *Theory and Practice in the Bioarchaeology of Care*. Switzerland: Springer.

Tilley, Lorna, and Marc Oxenham. 2011. 'Survival Against the Odds: Modelling the Social Implications of Care Provision to Seriously Disabled Individuals'. *International Journal of Paleopathology* 1 (1): 35–42.

Turner, David, and Kevin Stagg, eds. 2006. *Social Histories of Disability and Deformity.* London and New York: Routledge.

Ulsperger, Jason. 2009. 'Using Literary Ethnography as a Form of Qualitative Document Synthesis to Explore the Maltreatment of Vulnerable Populations: An Examination of Verbal Neglect and Abuse in Nursing Homes'. *The Qualitative Report* 14 (4): 807–824.

Walker, Alan, and Pat Shipman. 1996. *The Wisdom of the Bones*. New York: Vintage Books.

Wardle, Huon. 2010. 'Introduction: A Cosmopolitan Anthropology?' *Social Anthropology* 18 (4): 381–388.

Westbrook, Raymond. 1998. 'Legal Aspects of Care of the Elderly in the Ancient Near East: Introduction'. In *The Care of the Elderly in the Ancient Near East*, edited by Marten Stol and Sven Peter Vleeming, 1–22. Leiden: E. J. Brill.

Worsley, Lucy. 2012. *If Walls Could Talk: An Intimate History of the Home*. London: Faber and Faber.

Zarit, Stephen, Leonard Irving Pearlin, and Klaus Warner Schaie, eds. 1993. *Caregiving Systems: Informal and Formal Helpers*. Hove: Psychology Press.