DEPENDENCY, CARE AND THE MANY LINKS BETWEEN METHODOLOGY AND THEORY

INTRODUCTION
The topics of this chapter, dependency and care, cannot be studied without a proper investigation of the means by which their information base comes about. Data on these topics is not easily ‘extracted’ and is to a high degree situational, context dependent, biased and difficult to bring into words. The above mentioned difficulties need therefore be acknowledged during analysis and not merely before and after. Even more than in interviews with healthy persons, these limitations directly affect the research outcomes. It seems therefore necessary to devote time and space to the methods, the data as well as the process of analysis when discussing such topics. These deliberations informed my choice to devote the entire previous chapter to a description of my visits to Mary auntie and Joseph uncle and to make the present chapter into an analysis of care and dependency with Mary auntie and Joseph uncle as the main source of inspiration. This seems more truthful to the reader as well as the research participants and hopefully allows a more total representation of the conversations and their limits that formed the basis of my work. This chapter consequently resembles a patchwork. It has a collection of paragraphs on topics that are related but different. There are theoretical paragraphs on issues like dependency, care, authority and discourse as well as paragraphs that focus on several more methodological issues such as ethics and communication ‘methods’ or interview ‘techniques’. This is not done to confuse the reader. To the contrary, I hope this set-up throws light on the important connections that do exist and their ramifications on an understanding of persons like Mary auntie and Joseph uncle.

Although most older persons readily agreed to be interviewed it remained especially difficult to find and ask disabled, sick or immobile participants to cooperate. Several months into my first research period I noticed how I always seemed to be introduced to those who were healthy, active and cognitively sharp and how I was not meeting many persons who were bedridden or who had other serious health problems. As described before, there were several occasions during which I was in the same house and only one room away from a bedridden older mother and only found out after quite some time. Both times I was allowed to see the older mother lying in a bed in a small room and both times those meetings were limited to a short peek through the opening of a door. The two older women had mental disabilities which made a quick conversation problematic and the situations were such that I did not get or take time to sit with them for a longer time.

At those moments I realised clearly that I could well have missed out on these older persons altogether. It was only by accident that I came to know of their existence.
Apparently even those who knew that I was doing research on older persons did not think of introducing me to those who were not well. Perhaps they wanted to protect me from seeing their situations—although they didn’t ‘protect’ me when I asked them directly. Perhaps the persons I knew didn’t think of including these dependent older mothers in such a research since they were seen to have lost most mental clarity. Perhaps they associated my research with healthy persons or active members of senior citizens’ association. Or perhaps the women I knew were initially concerned with what I and others would think of their mother’s living conditions as they were not living what was considered a ‘good’ life.

After some time I did get acquainted with several older persons who were seriously ill or bedridden but willing and mentally healthy enough to converse such as Mary auntie and Joseph uncle. The fact that I came back to Thiruvananthapuram in 2005 and 2008 helped since some of the healthier persons in 2003 were less mobile and healthy in later years. Recurrent visits within one research period also helped to overcome some of the common difficulties of conversations with ill persons often entailed. The difficulties as explored in the rest of this chapter were many. Questions were not always rightly posed or interpreted. Those who were ill did not always have much patience to listen carefully or stick to one topic. Some questions became too painful to ask the moment a person was ‘not well’ and I experienced some situations as too embarrassing, intruding or painful to insist.

Mary auntie and Joseph uncle were relatively easy to visit since they lived in a neighbourhood that I visited often anyway and they themselves were the authorities in their house. Even when they were ill the position of the bed that each of them got to occupy allowed them to look out over the street and their gate. Because they, or their servant, could see me approach, they could also motion me to come in. This made me feel less of an intruder and gave me the confidence that I was welcome to visit regularly. After my first visit to Mary auntie and Joseph uncle in 2003 I left frustrated. Back in my room I made a list of questions I would have liked to ask. Somehow I hadn’t managed to ask even a fraction of the things I wanted to understand before Mary auntie indicated that we had to wrap up. When I came back in 2005 I got more insight in their situation and managed to visit them several times. I had become acquainted with several other persons in their neighbourhood which made it possible to visit them before or after other visits. This way I did not have to call them over the phone which was always complicated and could just see whether they were ready to invite me in or not. When Mary auntie had passed away in 2008 my conversations with Joseph uncle became lengthier and more personal and he made it clear that he enjoyed my visits and that I could always stop by. A complicating factor remained his great variation in memory and understanding, but as I could visit him regularly, I did get to see him at moments in which he was sharp and clear.
DEPENDENCY ANXIETY FOR A LOSS OF AUTHORITY
From what I saw Mary auntie and Joseph uncle could only lead the life they were living because of their servants, their niece Ginny, helpful neighbours and several ironing wallah, laundrymen or dhobi’s, street vendors and garden boys. Although daughter Annie wasn’t around much for practical support she helped Joseph uncle financially in 2008 so that he could keep up his living standard during a more stringent period. Mary auntie and Joseph uncle were to a varying degree dependent on all these persons for their own well-being. Mary auntie needed help with taking a bath and both Mary auntie and Joseph uncle were dependent on others for their food supply, cooking and household chores. When in 2008 the servant had to go home and Joseph uncle was left by himself he fell down the next day and injured himself. Such was his dependence on the servant’s presence according to his daughter Annie. Most of the persons mentioned were also to some degree dependent on Mary auntie and Joseph uncle. The servants and vendors, although in theory free to look for other labour opportunities, were in need of the money that Joseph uncle and Mary auntie could offer (Ray & Qayum, 2009: 112-113). Annie had probably received attention and money during the whole of her pre-married life and her son was now getting counsel from his grandfather on the possibilities in the job market.

Dependency is an often studied subject in the context of older persons. The repeatedly emphasised link between growing older and growing dependent blurs the fact that all persons are in some ways and to a varying degree dependent on others (Tronto, 1993: 126). Perhaps a platitude, it nevertheless needs to be stressed to counter the idea that dependency and independence are two possible alternating states of being. Instead there are varying degrees of how dependent a person can be as well as varying interpretations of what constitutes a greater or lesser dependency. The question arises how one person can be defined as dependent and another as independent or how one person can be considered dependent in one situation and independent in the next. How many supporting relationships—and of what character—does one need in order to be called dependent? Is dependency related to financial means or to physical needs and their fulfilment? And how is the time element incorporated in relations of dependency? Can we speak of temporal dependency if a relationship is experienced as reciprocal by those involved? Is an ill parent dependent on a caring child when both feel that the child is simply ‘paying back’ for years of upbringing?¹

¹ Van der Veen contrasted the Indian situation with the Dutch one and observed how whereas ‘independence’ is considered an important goal in the Netherlands, it is seen as illusional in India. In India, dependence is not opposed to independence but to dependability (1991:54).
Mary auntie in 2003 thought her brother was more dependent than she was when she said:

“Anybody would be sad under those circumstances. There must be somebody to look after him, he [Mary aunties brother] can’t do anything himself. That time should not be there. The time of being dependent should not be there”—Mary auntie (2003).

Compared to her brother—whom she clearly saw as dependent—her situation was one in which she experienced a far greater independence. Interestingly the dependency that she saw in her brother was something that she felt was wrong and “should not be there”.

There are different possible interpretations and implications of the sentence “that time should not be there”. It can be interpreted as a complaint or accusation (to life, nature, fate, God or one’s own body) or as a personal understanding with no ramifications (it were better if that time was not there). In her prayers in 2003 Mary auntie also asked God to take her to his heavenly home because she was ready and because she said it was enough. She wanted to see her family members who had already passed away and looked back on a fulfilled life which had reached its limits. Still she added that “I won’t go by myself but I want Him to take me”. This one sentence could be the subject of a lengthy analysis and theological dissection for which this is not the place. I mention it here to indicate a difference between “I won’t go by myself but I want Him to take me” and the even stronger statement about a time that “should not be there”. This difference underlines how seriously Mary auntie depreciated the dependency that she saw in her brother’s situation. It also illustrates that Mary auntie saw herself as more independent than her brother at that time.

The fear that emanated from Mary auntie’s comments was not unusual and was also recorded in Sylvia Vatuk’s work. Vatuk’s work was a reaction to the then current hypothesis that dependency would not be feared in India since parent-child reciprocity was conceptualised as a life-long relationship, long term interdependent relationships with family members were valued positively and dependency was not discouraged as in other cultural settings (Vatuk, 1990: 66). Refuting this hypothesis Vatuk’s findings reported a strong presence of what she termed ‘dependency anxiety’. Her study too concerned a cultural environment in which older persons had a clear and acknowledged entitlement to care from their children. But even though nearly all older persons Vatuk spoke with lived under one roof with their offspring and were by and large content with the relationship with their children they still spoke with fear about the possibility of becoming absolutely helpless and a burden to their families. From Mary auntie and other persons’ remarks it became clear that this dependency anxiety was also translatable into the hope of a quick death without much illness or a higher degree of physical dependency preceding it. However, the sudden death of Anna auntie’s husband in 2008—which turned out to be exactly as he had jokingly wished it to be—showed at the same time how painful this death could be to those who were
left behind. Although her husband’s wish had come true, Anna auntie indicated that she thought she would have been better able to handle her loss if only she had had some more time with him to prepare. Still, a long sickbed and physical or mental dependency was often mentioned with fear and many stated explicitly that they wished to skip that phase.

Yet, dependency was not always understood as the actual dependency on other persons but more as a loss of authority. Instead of equating the anxiety of dependency with a desire for independence it should be interpreted in this context as a desire to remain in control. This interpretation makes more sense in the cultural contexts of Kerala and is also supported by most of the data from my conversations with Mary auntie, Joseph uncle and others. In the cultural context of Kerala, independence was not highly valued. As became clear from Joseph uncle’s far-reaching counsel to his grandson to go into banking and to contact his personal relations for help, dependency was seen as a given that should be used well. From the ease with which Joseph uncle thought and spoke about his grandson’s future career choices it was clear that he felt no impediments or barriers in this regard. From the demands that Mary auntie placed on her neighbour to visit her daily this same ease becomes apparent. It was unproblematic to Mary auntie and Joseph uncle to show or expect a degree of dependency.

Nevertheless, even though most older persons I met had little difficulties in reminding others of their duties towards them or to ask or give help and support, losing their authority was much more of a painful issue. As an example, one of the first things Mary auntie said and repeated was to always call before coming. There were more bedridden persons who told me to always call in advance. Also, the first time I visited I had to wait for about 10 minutes before Mary auntie was ready to receive me. She asked me in only after she had managed to come to the table and sit down. Only after I visited again in 2005 Mary auntie told me that I could come and visit them any time since they were not going anywhere anyway. Making sure I would call before coming was to them a form of self presentation management (Goffman, 1959). Research participants oftentimes had clear ideas on what kind of image they wanted to give of themselves and made an effort to create the desired persona (Donner, 2008: 20). This could have been the case when Mary auntie wanted to prepare herself for my visit and only allowed me to see her when she was ‘presentable’. In that case the fact that she later told me to come anytime without calling may have indicated that she thought that the image did not need to be managed to that degree anymore. It may have also been an indication that she got to know me a little bit better and did not associate me with research anymore, which was an often occurring ethically dubious process that I shall further discuss later on. On the other hand or simultaneously it could have been a way for her to exercise a degree of control over the situation and express her desire for authority.
Mary auntie’s prayers to go to her heavenly home and Joseph uncle’s narration of his prayer for two more years were two examples of an even more clearly indicated desire for authority. Through asking and negotiating with God about the time of their death both Mary auntie and Joseph uncle expressed a desire to have some authority or control over this aspect of their life. During her neighbour’s visit Mary auntie even complained that her prayers had not been answered yet and that it was taking too long. It was this dependency or lack of power that seemed to bother her far more than the fact that she was needing help with taking her bath or that she was depending on others for her daily meals.

In a conversation in 2008 with Joseph uncle I tried to ask him unsuccessfully why he had asked for two years more, as opposed to three or one. After several attempts I gave up since in any conversation there was a limit to how many times a (younger) person could ask the same question even if formulated differently. Still, what I did get from Joseph uncle was his precision about the timings. He knew when he had asked for two more years and — although he didn’t say why—he did stress that the period involved two years. Another aspect that struck me was his faith and confidence. Joseph uncle had confidence or faith not only in God but also in the effectiveness of this particular prayer and consequently in his time of death, or at least the preconditions that he had set. Whether this was his way of coping with the insecurities in his life is a question that a psychologist could probably better answer. My analysis limits itself to the interpretation of Mary auntie and Joseph uncle’s prayers as clear indications of their desire to exert power or control over the end of their life and as expressions of the fear of dependency on factors outside of their control or understanding.

Another indication of this stress on authority was Joseph uncle’s repeated explanations of why he did not want to live with his daughter Annie. As said, Mary auntie and Joseph uncle were relatively easy for me to visit and talk to. My impression was that this had to do with the absence of living in children. Those persons who were ill and did live with their children in one house were far more difficult to talk to. Their children generally asked for more attention and did not always encourage a longer dialogue or visit with their ill father or mother. In the conversations I had with Joseph uncle in 2008 living with Annie was a recurrent theme. Although the question interested me, Joseph uncle did not need any questions or probing to start off on this topic.

“I wouldn’t want to go and stay with my daughter. She and my son-in-law they have their own things and I wouldn’t want to go there. I have my peculiarities and if I’m there I would be alone with their servant all day. Here I have this lady servant and she is very good. She helps me and I help her. I gave her 10’000 rupees and my daughter also helped her. Then I have a pain in the foot and every morning and every evening she gives me a massage.” (Joseph uncle, 2008)
The differences between living with his daughter in Ernakulam or staying in his own house in Thiruvananthapuram were clear to Joseph uncle and revolved in my view on issues of authority. Although his dependency on the servant was evident and later underlined by his fall immediately after she had left, Joseph uncle did not experience this relationship as problematic. Their mutual dependency or interdependence, in which she needed money and he needed physical help, was an issue that seemed to even amuse Joseph uncle at times. In this regard Joseph uncle clearly had a very different relationship with the servants than Mary auntie but this will be explored in more detail later. For now suffice it to indicate that issues of authority, power and dependency all played a role in how relationships with a care component were experienced. Writing of care and the family is also writing of structural power relations and repressive ideologies (Herzfeld, 2001: 218).

**Care actions and problematic assumptions**

In general research into the social lives of older people, care is a topic that quickly demands a centre stage position. Research on older persons is often influenced by a policy interest in care-relations and the topic of care therefore dominates much research on ageing. Mary auntie and Joseph uncle were in need of various forms of support and care. It was however not always straightforward who was giving care. One could consider only the ‘servant’ as a caretaker; or include the vendors and servants or even the neighbour, Ginny and other visitors. Whether Mary auntie and Joseph uncle themselves were providing care to others is yet another question. Further, whether their daughter was really giving any care or not depends on whether financial help and telephone calls are included in a care definition.

To the question: “Why did Mary auntie and Joseph uncle need care?” there are again various possible answers. Of course they needed care because they were human beings and all humans need caring relationships (Tronto, 1993: 126). Nevertheless, Mary auntie and Joseph uncle were growing older and their care needs were changing and intensifying. Based on observations in Japan and the US Akiko Hashimoto distinguished two different approaches that determine when older persons need care (1996). According to a protective approach that Hashimoto found in Japan it was the expectation of potential need on the part of the care-giver that was determinant. According to the American contingency approach on the other hand self-sufficiency was assumed until a critical point when individuals in need reached out for help. The two approaches bring to the fore the possible divergence in

---

2 In itself this is a good achievement, since the topic of care has long been neglected in economic theory and in political reality (Barker & Kuiper, 2003; Folbre, 2004).
observations and judgements between the one in need of care and the one giving care. They emphasise the impact of the cultural context in which ideas about the kind of care someone ought to receive or give—or in other words the appropriate care actions- are cultivated (Hashimoto, 2000; Folbre, 2001: 51). The variations in possible perspectives on care relationships makes research on care—and dependency—all the more complicated. The crucial question being: “Is care given when researchers see some act that they define as care giving, or when respondents tell them that they have been cared for or have been giving care?” These are complicated issues since there is no consensus amongst researchers or amongst research participants on what constitutes care.

Interestingly Mary auntie and Joseph uncle’s ideas could be interpreted as different ways to think about care, as also presented in academia. Although Joseph uncle used the word ‘help’, we can interpret the two quotes above as constituting some of his ideas about care. Mary auntie to the contrary used the words ‘love’ and ‘care’. Several times during my visits Mary auntie explained that there was nobody to give them love and care. Those who helped them only helped because of money not because they genuinely cared for them (Ray & Qayum, 2009: 96, 98).

The greatest difference between the two views on care could be summarised as the difference between a focus on motivation and a focus on action. Mary auntie defined care as something that was done out of love or attachment. She said that when certain actions were done because of a financial compensation this was less valuable and could not be seen as care. Love and care were in her view almost equal and it seems that Mary auntie found the first a prerequisite for the second. Mary aunties’ stated thoughts on this matter find resonance in the works of several academics who have theorised on the topic of care (c.f. Cancian & Oliker, 2000: 2; Abel & Nelson, 1990:5; Tronto, 1993: 102-103; Folbre, 2001). When these authors define care as a particular feeling or link it with affection or a connectedness, the motivations of caregiver are given definitional importance (Jochimsen, 2003). In reference to the four phases in care relationships that Tronto distinguishes this would mean that caring about is thus seen as an intrinsic component or precondition for caregiving and carereceiving (Tronto, 1993: 101-125; Fischer & Tronto, 1990: 40). In this approach the various definitions of the English verb ‘to care’ collide.

A risk of these definitions is that they are suitable for philosophising and theorising but may become too idealised to describe empirical practises (Jochimsen, 2003: 234-235). Practically speaking this view was often held amongst those who referred to their ‘servant problems’ and held idealised expectations of their servants that blended memories of a feudal past with values associated with good family life (Ray & Qayum, 2009). Another risk in combining love and care in a theoretical definition has to do with the different possible cultural interpretations of love. To make this clear I would like to refer to an example that concerns my own father in the Netherlands.
father would tell my brother and me that he had one great fear for his own old age. My father said that he hoped he would never come in a situation in which my brother and I would take turns in visiting him. He said he would find it dreadful if my brother and I were to ever call each other up to say: it’s your turn to visit because I went last week. Of course my father hoped that we would come and visit him but he wished for us to do that purely out of love and an interest to see him, not out of duty. I find the example illustrative because it shows how for my father—and most persons in the Netherlands (van der Veen, 1991: 9)—duty and love were in some ways mutually exclusive. Although one can debate the effectiveness—and the realism—of this Dutch attitude, it is in many essential ways different from the way Mary auntie experienced care. Mary auntie would not have minded if children made appointments to visit alternatively in order to fulfil their duty towards their mother in visiting her. Instead, she regularly reminded others of their duty towards her and saw such fulfilment of duties as love and attention. For her it was more important that the person who provided care did so because of their relationship than because of some romantic notion of love or appreciation.

Joseph uncle expressed his thoughts differently and did not link ‘caring about’ with ‘care giving’ or ‘care receiving’. He seemed happy with the situation when he talked about his arrangement with the servant: he helped her and she helped him. He even mentioned certain precise actions that he considered vital in this helping or caring relationship: he had helped her financially and she massaged his feet in the morning. Although Joseph uncle expressed his satisfaction and described the servant as ‘very good’, he did not relate this to her emotions or attachment to him. From how I understood his words the servant was very good because she agreed to massage his feet and do other chores that needed to be done but not because she did these things with love or affection. This way of stressing the action over the motivation is also found in research. Amongst researchers who have a direct policy interest in supplying information on the number of persons in need of care or giving care, motivations are usually not deemed important (Hashimoto, 1996; Orpett Long, 2000; Kyu-Taik, 2005; Irudaya Rajan & Kumar, 2003; Lee & Xiao, 1998). Instead their focus is directed towards certain observational activities that are interpreted as care. More theoretically oriented anthropologists too have stressed the need to dissect care and emotions, underlining instead the repressive cultural forces that care relations may entail (Borneman, 2001: 30-43; Herzfeld, 2001: 218; Nussbaum, 2000: 265).³

The aim of this study was to understand persons like Mary auntie and Joseph uncle. I wanted to see their options, experiences and expectations as they themselves experienced them. To evaluate their appreciation of the situation I was very much interested in their

³ Dissecting care and emotions, does not mean ignoring emotions altogether but means analysing them separately in objectively. Hochschild has rightly noticed “the practice among social scientist of ignoring emotion or subsuming it under other categories; and second, the acceptance of several ideas about emotions that confuse any discussion of it” (1983: 201).
value judgements. Questions that interested me were: What did Mary auntie think of her
daughter’s absence in Thiruvananthapuram? How did she see her neighbour’s near-daily
visits? Was she relieved or saddened by the departure of a servant in 2004? How did Joseph
uncle think about Mary aunties care requirements and how did he see his own future when
she was no longer alive? How did Joseph uncle experience his relationship with his servant
and did the financial dimension to their relationship make him feel more or less dependent?
What did their daughter Annie think about her ailing parents and her responsibilities and
how did niece Ginny appreciate the responsibilities that she had taken on or that had been
placed on her because she was the one younger relative living close by? However interesting
these opinions and ideas would have been most of these value judgements were kept quiet
and were therefore difficult to pinpoint. Also, and as I have argued before, a strong sense of
duty and responsibility made that most persons did not consider these questions important to
think or talk about. When duties had to be fulfilled, “what is there to like?”. Still, value
judgements—for instance in the form of an evaluation of duties that were or were not
fulfilled—formed an essential and intertwined part of personal experiences of
interdependency and care relations. During interviews and analysis my first priority was to
try to understand through questions, observation and empathy. My own opinion on some of
these matters—although often asked—surfaced rarely, although I must of course have been
influenced by my more implicit assumptions and expectations. Since research on the topics
of dependency and care is in general crammed with value judgements and implicit
assumptions I will critically discuss some of these value judgements here.

The first assumption is of course the widely criticised notion that older persons,
defined as those above sixty or sixty-five, are dependents and in need of care always. This
misconception has infiltrated research and policy on older persons through seemingly
objective measurements. An instrument that is frequently used by researchers and policy
makers to investigate the caring relations between age cohorts are the dependency ratios.
One would think that the extent to which a person is financially dependent should depend
upon their work status, their income and their savings. Nevertheless, researchers often
present a miserable picture of older persons’ situations by calculating the old age
dependency-ratio; said to reflect the dependency burden on the so-called working population
(aged 15-59). However, this index gives a false picture of economic dependency because
neither all in the ages 15-59 work nor all above the age of 60 years are dependents (Walker,
1996: 23-24; Irudaya Rajan, Mishra & Sankara Sarma, 1999: 331-332) Joseph uncle was
still working when I first met him in 2003 and he was 86 years old. He had stopped with his
travel agency activities in 2005 but was in 2008 still giving organisational assistance to his

4 This assumption should be critically assessed for both richer older persons as well as poorer older persons. As
for the latter, research from several settings shows us that poor older persons too are not always receiving more
care than they give. See for instance Schröder-Butterfild’s (2002) study of rural Indonesians or Schatz and
neighbours who were planning to sell their house and had promised him a commission. Mary auntie was a pensioner when I met her in 2003 but had been in the civil service during all of her professional life. In studies on dependency of older persons, pensioners form a dubious category that needs further inspection: although pensions can be seen as a gift that poses a burden on the working population they can also be interpreted as a remuneration for past services. The dependency ratios however allow no differentiation between different types of pensions or different forms of labour. Those who are employed and work for wages, those who are self-employed, those who do voluntary work or those who do household work and are above 60 years of age are automatically considered dependent.

A second and related assumption is that living arrangements are indicative of care relationships, where older persons living in a household with younger children are taken to be dependent on these children and cared for by them (Schröder-Butterfill, 2004: 497). This assumption takes little notice of how much more complex the diverse relationships under one roof can be (Gulati, 1981; Nussbaum, 2000; Risseeuw, 2001; Schröder-Butterfill, 2004, Sen, 1993; England, 1993, Komter, 2003: 106). As has been described before, healthy older persons were sometimes “having their children stay with them” when they were the principal carers for their younger dependents (Irudaya Rajan & Kumar, 2003: 75; Kreager & Schröder-Butterfill: 2004; Vera-Sanso, 2004: 81).

A third value judgement concerns the nature of relationships within the household. Family relations and relations between household members are often considered harmonious as a matter of fact. But even though the household may be a soothing and loving environment; it may equally be a place where authority, inequality and even violence dominates (Nussbaum, 2000; Borneman, 2001: 30; Herzfeld, 2001: 220; Donner, 2008). The household is a remarkable and complex institution (Sen, 1993) and love, altruism and benevolent care may not be uncritically assumed to be characteristic of all intra-household relations.

As has been noted before, relations between relatives who did not share a household should equally not be assumed to be harmonious always. Ginny did not live with Mary auntie and Joseph uncle but she was nevertheless the relative they saw most often and at first glance seemed to be the person who took on most responsibilities for looking after their needs. Ginny spoke respectfully of her aunt and uncle to me and from our short conversations she seemed helpful and considerate. The only time Mary auntie talked about Ginny on the other hand she spoke of Ginny’s inter-faith marriage that had been a cause of distress. It was clear from Mary aunties’ strongly voiced disapproval that Ginny’s disobedience in finding her own marriage partner greatly influenced her regards for her niece. When I asked about Ginny’s helpfulness this was brushed aside with a quick “yes, she does come” with no further comments. Mary aunties’ comments and reaction did not only show how painful and serious intra-family conflicts could be but also how care relations did
not necessarily build on love or affection only. In other families that I became familiar with, disagreements or tensions were not easily talked about but did sometimes become apparent through implicit remarks. In a context were filial reciprocity and responsibilities were expected—social relations with family members could still be problematic. Responsibilities, duties, expectations and power issues played a significant role.

**DIRECT AND INDIRECT, LONG TERM AND EMERGENCY CARE**

At one point in 2005 Mary auntie and Joseph uncle needed a new servant. Ginny explained that the previous servant had probably left because she and Mary auntie did not understand each other properly and Ginny had managed to find someone else. Ginny’s action to look for a new servant could be described as an action of indirect care. Indirect care formed an important aspect of older persons’ social relations in Kerala. It can be defined as actions that facilitate or organise care actions or care relationships. In Tronto’s description of the four phases in care relationships this would be understood as the phase of taking care of (Tronto, 1993: 101-125; Fischer & Tronto, 1990: 40).

Although indirect care actions can occur in any cultural context, their importance may be greater in some settings than in others (Biswas, Kabir, Nilsson & Zaman, 2006). An illustrative example of the importance of indirect care relationships in Kerala was the use of contacts in getting the best medical care possible. Stories as well as personal experiences underlined the importance of asking a relative, friend, colleague or former student for reference or help in case of a hospital visit. One uncle even jokingly said that everyone should make sure to have at least one doctor among their relatives or acquaintances. The fact that indirect care is so imperative may be a reason for the seniors’ great networking capacity. It is easy to understand why one would want a large network in case of the occurrence of an unexpected need at some time in the future.

Another difference that I came across in care relationships was the one between short-term emergency care and long-term structural care. This difference was in Joseph uncle and Mary aunties case almost personified in daughter Annie and niece Ginny. When Joseph uncle fell and injured himself Annie came down to Thiruvananthapuram and stayed for two days. She was with Joseph uncle in the hospital and took him back to his home the next day. Then when the situation was more or less stable she prepared to go back to her own city and left Joseph uncle under the responsibility of Ginny. Although Ginny had also given some emergency care, she was the main giver of longer term structural care, which Annie was not able to provide.

The difference between long-term and emergency care was more than purely analytical and mattered greatly to persons like Joseph uncle and Mary auntie who were chronically ill or weak and needed varying degrees of support always. A clarifying instance formed a visit to another man in the same neighbourhood who had just had a heart attack
and was seriously weak. He told me that he had been with his daughter for five days after the heart attack but that he had improved and was now out of danger. He stressed that he could not stay much longer with his daughter since in his Christian community daughters were supposed to look after their in-laws and not their own parents. In an emergency his daughter had fulfilled her duty and / or desire to look after her father but now that the emergency was over the situation had to go back to normal. The man however still needed far more support than he could get from his living in servant and was having a very hard time.

Emergency situations could thus bring out clear duties or prescribed behaviour whereas in calmer times these could be subject to more ambiguity. Whilst it did not have to be problematic that certain persons took on emergency care and others performed structural care activities, problems arose when several persons stood ready to perform their duty in case of emergencies but none were able or willing to help structurally, or the other way around. From interviews it became clear that older persons could always call upon others for emergency situations and could ask or expect some short-term care or support. Long-term arrangements on the other hand were not always that obvious and provided more persons with problems or worries.

“NOBODY IS COMING ANYMORE”

As mentioned above it is difficult to think about care without having value judgements. There are no objective measures of good or bad care relations and whether actions are seen as care depends on one’s understanding of relations, care and reciprocity. Of all the different value judgements that coexist, the judgements, expectations and discourses among older persons were of my greatest concern. I wanted to understand what older persons expected of the relatives, friends and neighbours around them and what they considered good or bad care. Through references to the interviews with Mary auntie and Joseph uncle, my most important findings and some theoretical reflections will be discussed.

Mary auntie and Joseph uncle had clear expectations of their neighbourhood friends and fellow Christians. From my second visit in 2005 onwards Mary auntie complained how people weren’t coming any more. One afternoon when she was waiting for the prayer group members she sighed how the people around her were losing their religion and not coming for the meetings in time. When I left their house a few minutes later four persons had already come for the meeting but to Mary auntie this was not enough and she experienced this as ‘nobody’ compared to the great attendance at earlier meetings. In 2008, Joseph uncle told me that very few people were coming. When I asked about his neighbour specifically, he said that she wasn’t coming anymore. Still, from the fact that he knew that I was getting married without me having told him and from various other instances it became clear that Joseph uncle still spoke with his neighbour on a regular basis. Later the neighbour also told
me that she was now visiting Joseph uncle once a week as opposed to every day. The subjectivity of these experiences illustrated how practices were closely linked to expectations and how remarks could not be valued separately from cultural discourses.

Mary auntie and Joseph uncle belonged to the patrilineal Syrian Christian community. As most Christian denominations in Thiruvananthapuram—and contrary to the Hindu Nairs—the Syrian Christians expected most care actions from their sons and their wives. Although practices of inheritance were subject to change and varied considerably, sons were mostly the inheritors of the family property whereas daughters got dowry at their marriage time. Sons were therefore expected to take care of their parents in dependent times. Married daughters on the other hand were more readily excused since they were seen to form part of their in-law family which consequently gave them fewer responsibilities towards their ‘own’ parents.

Discourses or ideas on how care relations ought to be could not always be enquired about directly. When children and other social relations did not perform according to social customs or expectations these formed painful social facts that older persons did not want to reflect on, let alone talk about directly. Also, in individual cases of relations not living up to the cultural expectations, older persons would often offer excuses or point towards the exceptionality of their situation. A simple admission of the deception or disappointment seemed often too painful to bear (Balazs, 1993).

While Mary auntie was not very outspoken about her own possible disappointment or relief at having to stay ‘alone’, her disagreement and disapproval of her sister’s daughter Ginny however was very clear. Ginny had married a Hindu and had therewith lost all Mary aunties’ appreciation. Although it was clear from the interviews as well as from observation that Ginny was their most helpful relative with day-to-day problems, her care actions remained coloured in an unfavourable light which again stresses the great subjectivity of care relations.

Discourses on care relations and expectations therefore became most clear when other persons’ situations were discussed. Joseph uncle for instance was clear in his opinion about his neighbourhood friend’s son. He told me that his friend’s son was staying ‘here only’ (with which he meant in Thiruvananthapuram) and added that he should be coming to stay here with his father. “The house is big enough and he should come with his wife and they should all stay together”. Joseph uncle’s value judgement was clear as he explained that: “it is not good that he is not coming”. Joseph uncle did not mention the role of his friend’s two daughters but it was clear that he did not expect similar actions from them. In a few sentences Joseph uncle mentioned all the possible proper excuses the son could have and annulled them: The son did not live far away but lived in the city, he was not single but had a wife, and there was no space problem since his father’s house was big enough. It became clear from this quote as well as from conversations I had with others that these possible
excuses were the socially acceptable ones. Conflicts of character, a mental barrier or inability to give care actions to a relative or a wish for independence were unacceptable excuses. Interestingly enough, Joseph uncle did not speak of the possibility that his neighbour himself was not interested in living with his son—as he himself said he was not interested in living with his daughter Annie.

Joseph uncle was not the only one who expressed himself clearly on a friend’s or relative’s care situation but not so much on his own. Another man told me several times of the difficult situation of his friends who were ‘issueless’ (without children) and therefore in a vulnerable position and several persons told me how a friend of theirs was neglected by his or her children and insinuated that perhaps the children had moved out of the state for a reason. It was from these comments on other persons’ situations that strong discourses on what was right and wrong in care relations could be deducted. These discourses had many effects on how persons experienced their own care relations but also on how children and other relations saw their duties. They encouraged positively experienced care relations but also restricted them as in the examples of several Christian daughters who wanted their parents to stay with them for some time or who were more willing to stay with their parents in times of need than their brothers but were restricted because of these societal discourses. After a visit at their daughter’s for several days one older father had told his wife that she could stay for one more week but that he was going home because it looked too bad in the eyes of other people. When the daughter had asked ‘which people?’ her father had replied that their neighbours would start to ask questions and would suppose that his sons were not performing their duties. The daughter had then answered that their neighbours did not even notice who was coming in or going out of their house and that they would certainly not entertain such thoughts, but the father had still felt embarrassed to stay on and told his wife to join him the next week at their son’s place.

**MONEY AND CARE**

Joseph uncle was often fretting about money issues. From the sheer frequency with which he talked about his financial situation its importance was clear. The words he used to talk about money issues further exemplified their significance. Joseph uncle was clearly thinking and worrying about his own monthly income and expenditures, the financial situation of his daughter, son-in-law, grandson and servant and their futures, the costs of his burial and the debts he would leave behind. Joseph uncle’s talk of money would often start with a comment on why he was not selling the house. In the various conversations I had with him in 2008 he gave different reasons for his decision to stay in the house: Mary auntie had wanted to stay there and had passed away there; he himself wanted to die there; the house’s worth was growing with time and the house could be rented out after his death and bring up
a monthly sum of cash to his daughter. At one point he also mentioned the room that he had made for daughter Annie and that he wished to preserve for her.

Not selling the house and many other financial decisions seemed to have his daughter in mind or the more abstract idea of those who would stay behind. Joseph uncle did not want his burial costs to be high and hoped that a sale of his furniture would cancel his outstanding debts. Also he did not want to touch his savings. Clearly, Joseph uncle’s own situation and future were of subordinate weight in these considerations. Because Joseph uncle was unwilling or unable to sell his house he was regularly in a financially tight situation. More older persons were in this situation, as selling the house to pay for monthly expenses was not seen as a good thing to do as it suggested an undisciplined life-style and because it was their duty to leave a house for their offspring. Those who did sell their house and bought an apartment always explicitly—and without probing—told me that the money of their previous home had gone to their children. Joseph uncle also told of the time he had asked his daughter for 2000 rupees and had received 5000. Again this story was told without any probing—of which there was in any case little need since Joseph uncle mostly started new topics of conversation himself. Joseph uncle added that his daughter had probably sent 5000 because she understood that the costs that Joseph uncle had made on her behalf had been many times that.

The relationship that had evolved between Joseph uncle and the servant had also its notable financial dimension. This was the case in almost all employer-servant relations and was a frequent topic of conversation. As said before, relations with servants were often surrounded with financial ambiguity. Certain household tasks for which they were paid, as cutting vegetables, sweeping the floor or cleaning the bathrooms were considered the obvious tasks of servants as none of the older persons had grown up ever expecting to perform such tasks (Ray & Qayum, 2009: 113) but with their increased vulnerability and physical dependency older persons now needed their servants to perform other tasks too, such as washing them or nursing them. The latter were culturally attributed to the duty of relatives. It was therefore quite understandable that Mary auntie complained about the lack of love she received during these care activities as servants were not supposed to perform these tasks. To confront the painful fact that servants were performing what were considered children’s duties, the already present adage that the servant was ‘like one of the family’ was often referred to (Ray & Qayum, 2009: 96, 98). This made relationships between servants and employers often complicated. As mentioned before, older persons gave loans to their servants, increasing their mutual dependency and risking disappointment when servants did not live up to their supposed end of the bargain. For servants on the other hand it probably became even more complicated to dictate their own terms of contract (Ray & Qayum, 2009: 112).
Older persons made it a point of telling me how they would regularly help their servants financially: “We give extra help. We try to look after our servants. We inquire about their health and material problems. We try to help out if we can, pay for operations or help out in other things”. I asked if they knew what usually happened to servants who had to stop working. The answers to this indirect question varied from general comments: “After the servant retires, it is usually quite a bad state of affairs”, to more individual accounts as: “My servant is now saving some money in a bank account for later. At this moment all her expenses are met by living with me. Occasionally her son will come and pester her for some money, which she’ll always give in the end”. These stories of servants’ bad or demanding relatives were told more often but have to be seen in the right perspective as “Employers comment on the bad familial relations of their servants. While in the mean time the servants send ‘home’ their incomes every month (Ray & Qayum, 2009: 84).

**ETHICAL DILEMMA’S**

Any research is fraught with ethical dilemmas but some may be more directly problematic than others. Many of the dilemma’s or choices that I experienced came to the fore in the conversations with Mary auntie and Joseph uncle. The fact that the previous chapter consists of a rather full account of these conversations makes it both a good starting point for thinking about ethical dilemmas and deliberations. When speaking of ethics, there is a need to distinguish between my personal and academic ideas on ethics and local conceptions of ethics in Thiruvananthapuram. Although these were not always easily separable it is important to stress the different vantage points nonetheless.

One recurrent ethical dilemma in this research concerned informed consent, an objective generally agreed upon within anthropology. Throughout the years I visited Mary auntie and Joseph uncle I repeatedly stated my research objectives. However, from their non-verbal and verbal reactions it was always pretty clear that they had no interest and no precise ideas about what I was doing exactly. Whereas most of the other persons I spoke to asked at least a few questions about my findings or my interests, Joseph uncle and Mary auntie didn’t bother. When I tried to explain they would sometimes even stop me and start a conversation about another topic. Also, both had their moments in which they forgot things. Sometimes it seemed as if they didn’t know what we had discussed in a previous encounter or what I already knew. Even with other persons who were mentally more focussed and interested in my research it is hard to say how much they could really and fully grasp my research objectives.

When interview appointments changed into friendly visits such as was the case with Mary auntie and Joseph uncle this had both advantages and disadvantages. With a larger degree of familiarity and understanding, topics were discussed that would have otherwise remained unmentioned. Instead of a repetition of questions and answers, interviews became
more like conversations in which both parties talked and only few direct questions were posed. In my last visits to Joseph uncle he was often talking about money issues. He explained about his monthly income and expenditures without any probes or questions from my part. Apparently these money matters were weighing on him and he wanted to handle them right. I doubt he would have talked about these matters had I not been coming to his house regularly. More so because he was generally subdued during our earlier meetings in 2003 and 2005. A disadvantage to this more spontaneous character of visits, was that it became more difficult for me to revert back to the researcher role. In my case this had both practical and ethical implications. Those whom I visited more regularly often forgot that I was doing research. Among these highly educated persons, research was in general not associated with the loose-end chatting and repetitious visits that I engaged in but with ‘serious’ surveys and census interviews. My visits were often classified as friendly and out of personal interest and even those whom I knew well and talked to about my research often seemed to expect that my real research took part among others and that they were merely giving me advice. The question “Do you have any interviews today?” that I often got during conversations/ interviews was revealing. Ethically these situations posed dilemma’s regarding informed consent, trust and privacy.

Sometimes I knew that certain ethical dilemmas weighed more heavily on me than they would on most other persons in Thiruvananthapuram. For instance when I lied to Mary auntie about going to church. When Mary auntie asked me which church I was attending I knew she would not have liked me telling her that I was not a practicing Christian. To her it was obvious that I had had a Christian upbringing and telling her that I was no longer going to church would have made her sad—and probably annoyed—with me. Lying about my religious affiliation served my own purpose but also kept Mary auntie happy as did other small lies I told about not having a boyfriend or convictions I kept to myself. Now, honesty and openness about personal opinions and convictions is highly valued in the Netherlands but was viewed rather differently in Kerala. When personal convictions may hurt an older person, most younger persons in Thiruvananthapuram would say it is best to keep these quiet. In most situations I therefore chose to give prevalence to the local ethical and moral codes as opposed to my own or even those in anthropology.

Anonymity was as said before another ideal that was difficult to realise. To begin with anonymity was differently valued, as some liked the idea of their name in my book and others only cooperated on the premise of anonymity. True anonymity was difficult to provide also as indirectly or directly most persons in this study knew each other. When in 2005 I took my MA thesis back to Thiruvananthapuram the one person who was interested in reading it, saw the changed names as a puzzle that needed solving and was quite successful at his attempts. Anonymity was—as also during the research itself—difficult in a sociality that was based on connections. In interviews—as those with Mary auntie and
Joseph uncle—regular references were made to other persons I knew and questions were asked about the acquaintances I had just visited. Notwithstanding any unforeseeable consequences of my actions, I have tried to be careful with names, sensitive information and especially with photographs that I often took—as of Mary aunties’ dead body—but never used.

The account of the interviews with Mary auntie and Joseph uncle further shows how many questions could simply not be posed. And even if they were posed, they were never fully answered. As a standard rule of ethics I tried to obey the ‘do no harm rule’ although this was at times easier said than done. Certain questions could bring about painful memories that I had no prior knowledge of, whereas other potentially sensitive questions were answered before posed. Nevertheless, I tried to tread carefully when persons became emotional—which meant that I gave them many possible ‘ways out’ of the conversation or simply remained quiet—and took a lot of time. When persons became emotional, which I did not see in essence as a problem, I made sure that the conversation took as long as they wanted. Also, I made sure that conversations always ended on a lighter tone and that, if persons had been upset, I would call back later or visit again. These actions all relied heavily on my own instincts. However, the true consequences of all my asking, probing and being were impossible to trace, as any question was potentially hurtful.

A final ethical dilemma concerned the divergence between what I asked for and what I could provide. This problem is inherent in anthropological fieldwork that rests on the willingness and hospitality of others but offers very little in return. At times this discrepancy decreased temporarily because I could offer practical help or a form of friendship or relatedness. But even though I do not want to overestimate others’ attachment to me, it is clear that while I was intensively striving for a degree of intimacy when I was in Thiruvananthapuram, I was not able to meet up to these same expectations when back in the Netherlands. Throughout my stays in Thiruvananthapuram for instance I frequently visited Mary auntie and Joseph uncle but after coming back to the Netherlands in 2008, I have never contacted Joseph uncle again. Although I too grew attached to him and would like to know whether he recovered from his falls, the distance makes occasional visits—which was the best way to keep contact with many of the older persons I knew—impossible. Joseph uncle was thus right when he concluded our last conversation with “Now we won’t meet again”.

SILENCES
Anthropologists and gender theorists in particular have indicated the importance of studying silences (Smith-Rosenberg, 1985: 11, 26). With a focus on words only, certain persons as well as certain topics are neglected. Certain persons are less vocal in their expressions and have a way of reacting with silence. Silence then does not form a non-reaction but is purely
a different reaction than speech. Whether silence is then interpreted as subversive, strategic or powerfully expressive depends on the situation and cultural context (Gal, 2002: 214).

In the conversations with Mary auntie and Joseph uncle it was primarily the servant who remained silent. Of all older persons’ social relations, the servants were most difficult for me to converse with. This was due to our language differences and the existing power structures: my Malayalam deficit made it impossible to communicate on a substantial level with those who didn’t speak English and the complex web of power relations made it complicated to ask servants those questions that I was most interested in asking. I would have liked to know for instance what the two servants thought of Mary auntie and Joseph uncle. Mary auntie who was negative about them and talked badly about their interest in money only believed in not talking to them. Joseph uncle on the other hand had longer conversations with the servants as well as the labourers who came to the house and spoke of his mutually beneficial relationship with the servant in 2008. Unfortunately, apart from glances, smiles and silences, I did not get a good understanding of the servants’ points of view.

Joseph uncle too was silent at certain moments in 2003 and 2005. Perhaps because I had initially explained that I was primarily researching older women or because I had initially been introduced to Mary auntie through her niece Ginny, Joseph uncle remained distant during my first visits. He would tell me that auntie was inside and then joined our conversations for a short while. Unlike many other men I met, Joseph uncle clearly took on a more subsidiary role until in 2008.

There was not only a difference between persons and the ways they could or wanted to use words to express themselves, certain topics too were more difficult to give words to than others. In this research there were many such topics and thus many silences. Not only on the part of older persons but also on my part. In my encounters with Mary auntie and Joseph uncle there were many visits during which I said very little. There were moments were I didn’t really know what to say especially after Mary auntie’s many prayer-like exclamations in which she said she wanted to move on to her heavenly home. Since these exclamations were not directed to me but to God I had trouble finding an appropriate reaction and often remained silent. These silences were difficult to catch and represent on paper. The indication of “…” does not give any information on the nature of the silence: the duration, the character and the experience. Did Mary auntie and Joseph uncle feel comfortable during longer stretches of quietness? Did Mary auntie expect me to always react to her exclamations and prayers? From my overall experiences the silences were mostly comfortable and welcomed by the older persons. When listening to recorded tapes I sometimes feel I reacted too quickly rather than too slowly and did not allow for enough silence.

---

5 Such was the case during my first visit in 2003 which was part of my first research project in Thiruvananthapuram and was written up in my MA thesis “Living Long in God’s Own Country”.
pauses. One reason to include the full-length interviews in the previous chapter was for the reader to judge these silences for him or herself, as shorter quotes leave out silences almost as per definition. Although a complete analysis of the silences remains difficult from paper, the reader has now hopefully experienced silences to a much greater degree.

There were various instances too in which my questions were misunderstood and quite probably there must have been moments as well when I did not correctly interpret Joseph uncle or Mary auntie’s expressions. Mary auntie at many times did not answer my questions and frequently she was talking both to me and to God as she prayed in between her normal speech. Also with Joseph uncle there were many instances in which he did not answer the question I had meant to ask, as for instance when I tried to find out why he had asked God for two more years as opposed to three or one. Many times I did not feel comfortable asking the same question repeatedly and at times those who were not feeling well would simply say that the interview was over. More in general I often felt that the older persons I spoke with were not used to listening carefully or to having detailed conversations with younger persons. Older persons in Thiruvananthapuram were not used to listening carefully to a younger girl’s questions. Instead, just like Mary auntie and Joseph uncle, many chose their topics of conversation themselves and would then explain and repeat their views on that matter. After several months in Kerala I noticed how I had gotten used to speaking in short sentences only—a quite literal embodiment of the research context—as more detailed questions about my opinions or research findings were rarely asked. Far more interesting to the persons I spoke were my other social relations with persons in Thiruvananthapuram, my family members and in 2008 our upcoming marriage plans.

Most older persons seemed thus not particularly interested in elaborately discussing more abstract ideas. They were willing to give short answers on questions about good and bad ways to grow older and did not mind talking about the basic principles of their religious outlooks, but many conversations would stop there. When I asked older persons whether they discussed these matters with their friends or relatives most answered negatively. Although many went to Bible classes, Gita classes or Qur’an recitals and read religious editorials in the newspapers or saw daily sermons on television, I could not find out whether there were any contexts in which such themes as ‘leading a good life’ were elaborately discussed. Perhaps the strong sense of duty as discussed before and the appreciation of discipline and peace of mind were simply not conducive to such extensive—public—reflections or perhaps I was not seen as a serious partner in such conversations.

The above was quite clearly a reflection of ordinary relations in Kerala where young women were not seen by most older persons as an interlocutor of equal status. Nevertheless, it goes against a strong discourse within the anthropological discipline in which discussions and knowledge exchanges are highly valued and anthropology is described as an ‘ongoing conversation’ (Herzfeld, 2001: xiv) Although I agree with these principles and for instance
happily took my MA thesis back ‘into the field’ in the hope to receive additional comments and insights, these principles were hardly appropriate in Kerala where older persons did not really appreciate my research but did seem to like my visits and smiles.

CONCLUSION
Older persons were not always dependent and if they were, they were not always cared for by their children. Both the need for care and the giving of care were strongly coloured by cultural experiences, as were the motivations and possible emotions concerned. A close reading of the interviews with Mary auntie and Joseph uncle brought to the fore the many definitional subtleties that are involved in the study of care relationships. Care research is sometimes built on assumptions concerning the expected behaviour of older persons more than on directly observable behaviour and I have discussed some of these problematic assumptions. Further direct and qualitative research into care relations is therefore imperative for a better understanding of what care really means.

A care relationship is only a separate relationship in our theoretical thinking. In reality, care relationships are rarely just that. Most care relationships are at the same time family relationships, neighbourly relationships, employer-employee relationships or friendships. In all these relationships more is exchanged than care activities only. By only looking at the artificially separated care activities, we may fail to understand the real dynamics of humanly contact. To underline this fact, I have tried to refer to these different types of relationships throughout this thesis and have tried to give sufficient context for relationships in which acts of care were exchanged so that they are correctly understood as variable and multisided. Through extensive references to the interviews with Mary auntie and Joseph uncle I have furthermore wanted to nuance the picture of older persons as per definition dependent. The interview materials show how even for this relatively old and frail couple, one-sided dependence only arose in very specific emergency-like moments. It turned out that there are great differences in the care actions that may be required and that those who could supply emergency care did not always give long-term care and the other way around. There are a great many variations in care relations and care actions that further qualitative research-based studies should further elaborate on.

The dynamics of social contacts, as I hope to have demonstrated throughout this thesis, revolved around cultural expectations and preferences. Care relations but also more abstract notions as dependency and authority had meaning because of these expectations, as relations were not experienced in a cultural vacuum but had their own histories and mutual duties. Dependency was in this sociality not experienced as problematic, but a loss of authority was. Mutual dependency was considered a normal aspect of sociality and most older persons had been used to a degree of dependency on others throughout their lives. Authority was on the other hand normally attributed to older persons and especially to these
highly educated middle or upper middle class older persons. Losing this essential part of their status was therefore considered much more painful than having relationships of dependence.

Finally, the study of care and interdependency relations and the related cultural expectations is fraught with ethical, practical and methodological complexities. Through the many examples of silences, contradictions, misunderstandings, cultural limits and painful questions I have argued that an investigation of social relations, especially when vulnerable persons are concerned needs a recognition of the direct links between methods and analysis. The fully reported interviews with Mary auntie and Joseph uncle demonstrated how there are clear limits to what can be asked of research subjects and what questions are unanswerable. These limits too are meaningful as they indicate the boundaries of what is thinkable or discussable and therewith show how much meaning there is in the lives researchers study. At the same time these limits lead to the bounded possibilities in research, frustrations that are at times attributed to the discipline of anthropology, as anthropologists—of all academics—come most up-close to these boundaries. The complexities of the world however, cannot be blamed on those who are most eager to study them and also this acknowledgement of marginality should remain one of anthropology’s proud trademarks.