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Keeping the Elderly Alive

Global Entanglements and Embodied Practices in Long-Term Care in Southeast Italy

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Abstract

This article explores the success of the “migrant in the family” model of care for the elderly in southeast Italy and the mechanisms that bond the caregivers and their patients in a mutual dependency. I describe this model as a meeting place between endurance and vulnerability, and between the fragility of the elderly and the fragility of most of the women who work as migrant care workers. I argue that migrant live-in care work for the elderly is a combination of attentive practice and detachment in completion to the current description of care work as ritual and as tinkering and adaptation. In a broader perspective, the article shows that the economic needs in poorer regions of the world manifest in the commitment and determination to keep the elderly alive in Italy. This article reports findings from long-term ethnographic research among 34 migrant domestic care workers and 24 Italian employers in a medium-sized town in Italy. The article illustrates the findings by means of three case studies and engages with the existing literature on person-centered care in patients with dementia, biopolitics, and the global political economy of migration for work in the field of care. Migrant work for the elderly is crucial for a general understanding of social reproduction in Italy and in many other global contexts.

Keywords: *care work, elderly, dementia, migration, Italy, badanti*

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Introduction

Camelia decided to immigrate to Italy and work as a *badante*, a caregiver for the elderly. She needed money to pay for the electricity and gas bills for the flat she owned in a provincial city in Romania. She also needed money to support the education of her children. In the *salone*, the high ceiling sitting room in the house where she lived and cared for octogenarian Pepi, we sat and talked. The conversation often paused when Camelia watched Pepi in the room nearby having her afternoon nap. It was summer and the shutters were closed to keep the heat out. Camelia was a single mother of two, and before coming to Italy, she felt that her life was marked by growing uncertainties and economic insecurity, increased by the slow demise of the state sponsored factories where she could find a job. She explained that after 35 years of work in a state factory, the wage she earned in an administration position was insufficient to cover the costs of life. When her grown-up children mentioned that many mothers of their schoolmates emigrated to Italy to work as live-in care-workers for the elderly, and to send money home, Camelia felt she had to try this option too. Camelia had no previous medical training. Nevertheless, in 2013 when I first met her, she had been caring for Pepi, who suffered dementia and partial paralysis, for five years. Camelia and Pepi were living by themselves in Pepi's large one-story house in the center of a middle-sized town in the region of Puglia, Italy. Pepi had no children of her own, but just one brother and a sister who visited her daily, for five or ten minutes. Camelia was Pepi's only and devoted partner who attentively nurtured her day and night and patiently endured her mumblings and occasional talk. Pepi's siblings appreciated what Camelia did in the last years. They thought that Camelia managed to improve Pepi's health condition and overall happiness. Whenever Camelia went on annual leave, usually for a total of three or four weeks a year for Easter or summer, Pepi's health condition would deteriorate.

This article explores the success of the “migrant in the family” model of care—like Pepi's reliance on Camelia—and the mechanisms that bond the caregivers and their patients in a mutual dependency in south eastern Italy. It also investigates the indirect result of the marginality and stringent needs of both migrant care givers and patients. On the one hand, care givers offer constant evidence that they are entitled to relatively good economic remuneration for their work. On the other hand, Italian elderly benefit from virtually permanent care that leads in most cases to unique forms of sociality and sometimes solidarity. My research started by asking: How does the vested interest in keeping the elderly alive in order to preserve care workers' own jobs impact bodily rituals of care and the care workers' own emotions? What is the relationship between migrant care workers (like Calmelia) and the Italian employers (Pepi, but also Pepi's relatives, for instance) in terms of caring relations?

The dynamics of migrant live-in care work described in this article leads to an argument that is different from much of the exiting literature that tends to describe migrant care work in terms of familial bonding based on transferable human affects and intra-family dynamics (e.g., Deneva 2012; Ducey 2010; Mazuz 2013a; Ungerson 1990), or compassion, empathic imagination and ethical practices of care (e.g., Danely 2015; Degiuli 2010; Kleinman 2009). In contrast, this article investigates the often-tensioned relation

between emotions, experience of domestic care, and economic interest in the work of care for the elderly that migrant workers perform in an Italian context. The paper gives evidence to care work as a necessary combination between attentive practice and detachment in completion to the current description of care work as ritual (Aulino 2016) and tinkering and adaptation (Mol, Moser and Pols 2010).

The argument presented here builds on the current need for theorization and contextualization of the concept of care (Aulino 2016; Biehl 2011, 2012; Buch 2014, 2015; Danely 2014, 2015; Ducey 2010; Kleinman 2009; Mazuz 2013a, 2013b; Mol 2008; Mol, Moser and Pols 2010; Muehlebach 2011, 2012; Zelizer 2007). The article proposes an expansion of the concept of biopolitics, beyond the bound of state requirements that Foucault (2008) outlined. It proposes a concept of biopolitics that is bound to the requirements of global capital. I argue that economic reasoning implies a permanent juxtaposition between proximity and distance. This process reflects the difference between economic contexts, life standards, and material imaginations.

BADARE

The Italian term *badare* means to ‘watch over’ something and is associated to the act of caregiving for the elderly. *Badare* implies a distance from the act of emotional labour, and attention focused on care as embodied experience. *Badanti* (*badante* for women) are caregivers paid to watch attentively over the elderly and keep them in good physical shape and emotional balance, but not necessarily to love them. My own observations from the Italian field of the use of the term *badare* supports Aulino’s (2016) definition of care as ritual:

‘Conceptualizing care as ritual allows us (...) to pay attention to what caregivers do rather than just what they say they do (...) In doing so, we can productively explore care as habituated action separated from belief or internal orientation’ (Aulino 2016, 91). Aulino continues: ‘In mundane, everyday routines as a source of insight about care (...) we can observe better what “counts” as care’ (*ibid.*, 98).

What counts as care for *badanti* in Italy is embodied repetitive gestures, as Aulino also found in her field site in Thailand. In the Italian case, these embodiments have a strong quality of endurance that is encountered neither in familial, nor in institutionalized care settings. For *badanti*, this kind of detachment they practice comes from understanding that care is not only in the proximity—in the here and now—but also elsewhere around the world, wherever their own children and relatives live. Therefore, for most *badanti* I worked with, caring for Italian elderly represents an enactment of the care they would have to have for their own families. In this way, a recurring theme in my research is that the quality of care practices in one side of the world mutually depends on the economic needs in other parts of the world. These ethnographic findings are supported by political scientist Paolo Boccagni who notes that for many migrants working in care jobs in Italy there is a ‘deep-rooted centrality of a home/family dimension to their everyday thoughts and practices’ (2016, 298).

The ethnographic material suggests that in cases where *badanti* would come to work for short periods of time (one up to three months), this would be to solve a problem in Romania, such as gathering money to organize a wedding for one of the children. Differently from this temporary circular migration which is recurrent in many Eastern European contexts (Vianello 2012), the strong bonds between caregivers and their patients happen when migrant care workers decide to invest in a care relation for a long period of time. Most *badanti* who want to work for longer periods of time look to work for patients who they think will live for at least another four months, which represents a strategic decision that has been reported in

other global settings of care (e.g., Ibarra 2000). During this time, migrant care workers perform specific types of gestures by strategically combining familial embodied practices and repetitive tasks conducted with determination, consistency, and a certain level of detachment. These attributes characterize primarily caring relations that are stable enough to last. On the other hand, patients get to know, trust and communicate with caregivers beyond basic needs and desires, likes and dislikes. My findings regarding care are supported by the two meanings of the term in English, as discussed by anthropologist Elana D. Buch (2015). Care means a practical action ('caring for') and an affective concern ('care about') at the same time. In my research, 'caring for' was a direct action directed towards the Italian elderly, while 'caring about' was an indirect action of *badanti* to invest in their children, kin, and material possessions left in their home countries. This is particularly useful to understand the context of need and dependency on the remittances sent from Italy to Romania.

Research shows that most *badanti* working in Italy have children of their own in their home countries and only 15% of *badanti* bring their families to live with them in Italy (Federici 2007, 16). Out of the total 28 Romanian *badanti* I worked with, 21 *badanti* had at least one child in Romania and sent between €300 and €500 monthly remittances to their families at home. The rest (usually up to €600 monthly) would be spent on food, clothing and other daily needs. In this context, this article reveals some of the often overlooked consequences of the vulnerabilities and adaptability of migrant care workers who split themselves between 'care for' the Italian elderly and 'care about' their own families left at home. The case of live-in person-centered care as performed by *badanti* builds on existing literature on the global transfer of care and emotions (Hochschild 2000; Kaneff and Pine 2011; Parreñas 2001) in the context of increased employability in care jobs for migrant domestic workers around the world (Shutes and Chiatti 2012; Stilwell *et al.* 2004; Yeates 2009).

This article discusses the double meaning of care by analyzing three case studies. The case studies are representative of the overall motivations and practices related to extended care work of *badanti* in Italy. Camelia, the protagonist of the first case study, had been a former state employee, and a single mother of two. Domnica, in the second case study, had been a day agricultural worker and mother of four. Vali, in the third case study, had been an indebted entrepreneur and mother of one. Despite the differences in their economic and social backgrounds, the three *badanti* shared a similar level of hardship in their personal lives and a determination to adapt themselves to the needs of their patients and of their employers – namely the relatives of the elder patients they took care of. This article is written in a style that emphasizes the role of long-term ethnography, where health issues are intersected with personal biography (Biehl 2012; Das 2007; Fassin *et al.* 2008; Steedman 1987). This style of writing facilitates opening complex questions in medical anthropology situated at the junction between geopolitics and global care, trans-national economics, and gendered migration.

Methodology

This article draws on the ethnographic research I conducted between July 2013 and August 2014 on live-in migrant care work for the elderly in the southernmost part of the region of Puglia, Italy. During the research, I lived in a middle-sized town I will call Grano, a pseudonym to protect the anonymity of the people I worked with. Most of my research took place in Grano and in the villages and cities around it. I rented a flat from one Italian family who proved to be instrumental in starting my research. They introduced me to the first two Romanian *badante* I interviewed and they gave me prime access to health care institutions in the area. The research followed the recommendations for Good Research Practice and the ethical guidelines and procedures formulated by the Association of Social Anthropologists of the UK and the Commonwealth (ASA 1999). All respondents were over the age of 18. The research was limited to

the categories mentioned above and did not involve communication with and or direct interactions with people with cognitive impairment (dementia). I kept the names of places and people anonymous throughout the research and when writing.

The research involved conventional ethnographic methods, such as participant observation, semi-structured interviews with care workers, members of the Italian families, and relevant members of the community. I conducted a total of 58 interviews with 34 *badanti* and with 24 Italian employers. The 34 *badanti* I interviewed were comprised as follows: 28 Romanian women, two Indian men, one Polish woman, one Bulgarian woman, one Ukrainian woman and one Italian woman. All my respondents were people I met while living in Grano. About two thirds of the *badanti* who participated in the research I initially met in public squares. I was introduced to the remaining one third of *badanti* by Italian people I knew in the region. In most cases, the initial conversations were followed by one-on-one interviews. Out of the Romanian *badanti*, 19 had emigrated from rural areas in Romania and nine had emigrated from urban settings. All women from eastern Europe were Orthodox Christian, the Italian woman was Catholic, and the Indian men were Hindu. In all cases, I received permission to take notes. I did not audio or video record conversations due to confidentiality.

The interviews were carried out in either Italian or Romanian, as I am fluent in both these languages. I am native Romanian. I have learned Italian for eight years in school and I have spent a total of 12 months in Italy as a student and temporary au pair during my undergraduate studies. A typical interview with *badanti* started with basic background questions, such as when did they arrive in Italy, what were the reasons and social relations that determined them to work as *badanti*, and what were their previous professional occupations. I then asked how many patients they worked for (and in how many families), for how long, their daily routines of care, freedoms and limitations in terms of work and personal life, as well as how they would compare their different experiences they had as *badanti* in terms of the issues discussed.

In the more in depth parts of the interviews I focused on four major aspects. First, I formulated questions around *badanti* relationships with the members of Italian families they worked for and their kin, as well as with doctors and nurses in different health institutions who monitored the elderly on a regular basis or in case of emergency. Secondly, I asked questions to caregivers concerning the medication for their patients, daily care practices (including caring for their bodies, such as washing, combing, dressing, moving them around the household or outside the house when possible), and physical exercises. Then, discussion turned naturally to the third in depth aspect: communication. I was interested in the ways and methods to communicate with the elderly, especially in the context in which I thought Italian language could represent a barrier for many. I explored these questions in the specific context of care work and affects exchanged with their patients. Finally, I focused on the economic aspects of the *badanti* work. I asked about the levels and patterns of remittances and material goods *badanti* used to send in their home countries, the main and occasional beneficiaries of this help, including details about the different projects they supported, such as providing good education for their children, care for their own kin, or renovating a house. I usually ended the interviews with a discussion on their plans for future work and personal life.

I observed a total of ten *badanti* during their workday in live-in care environments. Typically, observation sessions took place while feeding, sitting and talking to the elderly, or putting the elderly to sleep, and lasted between 30 minutes and three hours. On one occasion, I spent four hours with a *badante* while she was doing gardening work. The number of observation sessions varied significantly, between two and three sessions in most cases to 10-15 sessions in three cases. This summed up to a total of more than 400 hours of observation of both indoor and outdoor activities. Then, I interviewed other 20 *badanti*

with minimal observation (one or two observation sessions for each) and other four *badanti* without observing their relation with patients. Due to the complexity of the issues discussed in interviews and the specific needs for constant care for their patients, interviews with *bandanti* were rarely completed in just one session. Rather, interviews were conducted during few visits at their work place and sometimes continued in different settings, such as when accompanying their patients outside the house or in their own free time. Thus, many interviews spanned over few months and in each occasion new elements, such as recent work events, brought new elements to the on-going discussion.

In contrast, interviews with Italian employers were very different. I interviewed a total of 24 Italian people, usually children or children in law of elder patients. Most of these interviews took place in public places, such as city squares, cafes and restaurants. Interviews lasted between 45 minutes and 1.5 hours. I focused on three main aspects: the medical conditions of the elderly and their specific needs, the issues around domestic care, including personal responsibilities and comparison with institutionalized care, and the relationship with the current *badante*, including the contractual and financial aspects. In seven cases, the interviews were conducted over several sessions.

After each interview and observation session, I filled in and elaborated field notes. Observation sessions occurred during scheduled program activities, meal times, and when participants engaged in unscheduled activities, such as going to the main square or watching television. All these activities provided a field of experiential possibilities to observe and explore the ways in which migrant care workers interact with individuals with Alzheimer's disease. The application of observation methods was conducted in both Romanian and Italian, to facilitate communication with both caregivers and the family members of the elderly patients. The patients spoke only Italian or the dialect in the region.

The Context of Eldercare and Romanian Migrant Domestic Workers in Southeast Italy

The life expectancy of Italian people is currently among the highest in Europe: 83 years, although disparities exist across regions and socioeconomic groups (OECD 2017). Italy's growing aging population is mostly cared for using a family-based care model (Bettio, Simonazzi and Villa 2006; Marchetti and Venturini 2014), where migrant labor is preferred for 24/24 hours shifts seven days a week and low costs of employment.

During my research, public or private retirement homes were not very popular among the Italians in southeast Italy. Interviews confirmed that members of the family had to visit and feed their relatives as much as three times a day if they wanted to keep the costs to a minimum. Italians saw this as a major inconvenience and so they regarded institutionalized care as a temporary solution only. These findings support arguments that institutionalized care in Italy is limited and expensive (Degiuli 2010; Hugman and Campling 1994).

Social scientist Francesca Degiuli (2010) recounts how traditional work of care for the Italian elderly provided by their own kin were dominated by strong affection and dedication. My own ethnographic material, in line with more historical and sociological accounts in the region, suggests that especially among peasant families, care for the elderly has been a mixture of nurture and disregard (for a similar understanding of care see also Biehl 2012). For example, at the start of the 20th century, peasant women were considered responsible with domestic care work for the elderly. But this responsibility was conceived along other duties like agricultural work for the landowners, agricultural work for the family plot, cooking, cleaning, sewing, and for those who had children, taking care of the children. According to social scientist Ernesto De Martino (2013[1961]), in the region, peasant women expressed the importance of their hard

work and of their many responsibilities in performative and ritualistic ways. Up to the late 1960s, around the day of Saint Peter and Paul in July, adult peasant women from the region would fall into trance to express the tensions accumulated over the year, or over a couple of years. While being in trance, laying on the floors of their homes or in public squares, musicians would come and sing to them to allow them to release the tensions, rest for a bit and cure while listening to the rhythmed tarantella music. At the end of the ritualistic healing, women themselves would pay the musicians. Middle class families were few, and they did employ servants to care for children and elderly. Authors have showed how especially in the aftermath of the Second World War, domestic care for the elderly was severely transformed due to strong industrialization and new employment opportunities (Crafts and Magnani 2011). Domestic care for the elderly performed by migrant workers was also a sign of social mobility among Italian employers (Catanzaro and Colombo 2004). This took a particular form in southeast Italy which saw massive emigration for work in north Italy, Switzerland, and in Central Europe across all social classes, with the exception of higher classes (Romero 2002; Zacchino 2007). As males mainly left the region, women who remained home had supplementary duties to manage relatively large households.

In southeast Italy, starting with the 1960s and 1970s women started to work in the local textile and tobacco industries. The women who were employed during the ‘golden age of post-war Italian growth’ (Crafts and Magnani 2011) represented to a large extent the ‘golden generation’ of Italian light industry. Women started to gain constant money, which represented an unprecedented financial security for their households. This security was extended through recent times in the form of pensions and state benefits. At the same time, anthropologists have shown that in the region, the local population understood and expressed a clear discontinuity from the past (e.g., Galt 1991). This sense of modern life also meant that many women preferred to pay for domestic care work rather than performing it themselves. Even housewives preferred to externalize this work to migrant women. In this context, migrant domestic workers took on a central role in the household, even if they were often perceived as ‘outsiders’ or ‘aliens’ (Sassen 1999). In the region, lower paid jobs are performed by migrant workers, following a general trend in Italian emigration (Luciano 2013).

In Italy, the National Social Security Institute (Istituto Nazionale Previdenza Sociale INPS) oversees family allowances and provides benefits to families that have elderly with disabilities. Bettio, Simonazzi and Villa (2006) show that even low-income families in Italy can receive €900 a month from state subsidies, which is enough to cover the costs of residential care work, pay taxes for that contract and support some of the living costs for the elderly and the live-in care worker. The same authors argue that a migrant care worker earns only 66% of the median costs that Italian families receive from the Italian pension schemes combined with other state benefits. Italian families tend to use the rest of the money within their own households, such as to support un-employed members of the family, as the last case study presented in this article indicates. Social scientists argue that the externalization of domestic care work needs to be called “migrant in the family” model of care (Fedyuk 2012; Lyberaki 2008). Family heritage and property are instrumental in examining care work and care relations among generations. The economic reasoning behind this care model has gained huge popularity not only in Italy, but also in other Mediterranean countries in Europe (Bettio, Simonazzi and Villa 2006; Lyberaki 2008).

In 2007, Romania became part of the European Union and Romanian citizens gained full access to the Italian labor market. In just a few years, Romanians became the largest community of migrant workers in the field of care in Italy (Ban 2012). Since the early 2000s, Romanians have become the largest community of immigrants in Italy in general. This was related to the relative geographical proximity between Italy and Romania, the similarity of the Romanian and Italian languages, and by comparable patriarchal social organization in rural areas of the two countries. The severe economic crisis of 2008-2009 was especially felt

in rural and in small and medium sized urban areas in Romania and added to the massive unemployment and hardship generated by the fall of the communist regimes in Central and Eastern Europe (O'Beachain, Sheridan and Stan 2012; Stan 2010). This gave yet another impulse to the remittances sent by Romanian *badante* in Italy. At present, almost one million of Romanian immigrants are women working in person-centered home care for the elderly (INS Raport 2014).

Out of 28 Romanian caregivers I worked with, only one was a professional nurse. All others had no formal medical training. Nevertheless, during the years they worked in Italy, many learned how to prepare meals, feed the elders, bath, walk, dress, assist with personal hygiene, change diapers, or clean the houses of their patients. Those who kept their jobs for more than three months developed culturally intuitive sensitivities as well as developed their para-professional medical skills, including dispensing medicine, treating severe infections, connecting the patient to a dialysis machine, and feeding patients with feeding tubes. The strong bonding existing between patients and their caregivers would be manifested through body language, routinized practices of care, and the time and energy invested into improving the medical conditions of their patients.

My research shows that all migrant women working as caregivers in Italy supported their families by sending money and different goods to their respective home countries. The two Indian men would save money to build or renovate houses in India. The monthly salary of a Romanian migrant caregiver was on average €600 and was paid by the Italian employers. Similar wages were reported as being affordable even for lower middle class families in Italy (e.g., Glucksmann and Lyon 2006; Marchetti 2004) and in other countries in south Europe (Lyberaki 2008). In few cases (six out of 34), the salaries of the migrant domestic workers were of €750, €800 and €1,100. Although all Italian employers used to pay these higher wages in order to distinguish themselves from the rest of Italian local employers, not all the wages were declared officially. The families who afforded to pay these wages were of the higher middle class. Members of these families were doctors, owners of designer shops or local supermarkets, or senior members of the police. Only 20% of the migrant care-workers interviewed had formal contracts. The contracts allow employees to claim for their contribution to the Italian state, receive unemployment benefits, and apply for state pensions. In the absence of contracts, many of *badanti* felt that the surest way to keep their jobs safe was to keep their patients alive and in good health. The determinacy to keep jobs, even without or especially because of lack of proper contracts, is paradigmatic for the intertwined needs of care *badanti* had to respond to both in Italy and in their home countries.

Approximatively 70% of migrant caregivers' salaries would be sent every month, or every several months to home countries to pay for daily needs, education of children or building and renovating houses. According to MMJS (2017, 12) in 2017 there were 6,267 families with children in Romania where both parents (or the only single parent) worked abroad and 13,484 families where at least one of the two parents worked abroad. My research material indicates that many more young children were left alone than the data provided by the MMJS (2017). While their parents work abroad, children in Romania are raised by relatives, or by their own brothers and sisters. Scenes from the documentary film *Waiting for August* (2014) show one such case: a fifteen year old girl takes care of six of her siblings while her mother works as a *badante* in Italy. The following three stories are illustrative of how migrant care workers balance the care for the elderly in Italy and the care for the people they left at home.

Time Dedicated Only to Care: Camelia and Pepi

When Camelia first arrived in Italy she was in her early fifties. Like many other migrant domestic workers who had no experience of care work she learned everything from scratch with determination and

desire not to fail. When telling me her story, she laughed and looked amazed by her own courage and credulity. Her former colleagues in the factory she left used to characterize her as an energetic person, one that would never have the patience to serve others and adapt to their many needs. Still, three days after she considered emigrating to work in Italy, she took the bus to southeast Italy. Five days later, she was in an Italian home, starting to take care of an old person who lived with his own kin.

Camelia often said that her first employment as a care-worker was traumatic, but she never mentioned the reasons. She only implied that the patient, as well as his kin, had serious mental problems. After four months, Camelia was helped by another Romanian *badante* to literally escape from that house. The next job she found was with a very good and respected family from another nearby town. She worked there for two years until her patient died. Her employers recommended her to the family where she was working when we met.

Initially, no one from Pepi's relatives believed that Pepi would live more than one or two years. Camelia started to treat Pepi with affection, and soon her health condition improved significantly. Pepi's appetite grew, she was having fewer and less strong health crises and she would be more engaged in conversations. Always cheerful, Camelia used to talk to Pepi loudly and gratify her for everything she would do good. "Look how beautiful she is!" she told me once with an arm lifted in the air and a white handkerchief ready to lift any drop of saliva that would fall from Pepi's mouth.

Waking up at 6:00 am in the morning, Camelia's schedule was structured around Pepi's daily routine. She would prepare breakfast and say morning prayers in the *salone* where she used to sleep, before waking up Pepi, change her diaper, and then give her breakfast. Then, whenever Pepi took a short nap, Camelia rushed for about ten minutes to get some quick shopping done. She cleaned the house every other day. When she did not clean, she cooked for both Pepi and herself. When doctors or nurses came to visit Pepi, Camelia always asked questions in her rough Italian to learn how to adapt her treatment to Pepi's needs. At lunch, Camelia used to watch Romanian television and Pepi did the same, from her medical bed offered by the INPS. Lunch followed the TV watching. In the afternoons Camelia used to phone her two children and other relatives in Romania and Italy. The main event in the afternoon was the daily visit of one of Pepi's relatives, which usually took less than ten minutes. While most *badanti* looked forward to go to the city and spend time by themselves, Camelia preferred to remain in the house. She did not like the company of other Romanian *badante*. As she put it, "Those who spend all their time on the bench in the main square only talk and laugh over vulgar jokes." She never felt comfortable in their presence. Camelia would go to bed around 9:00 pm, in a quite austere and less comfortable bed than Pepi had.

Camelia's reclusion used to intensify during winter holidays, especially in the days before Christmas when the entire city was particularly lively decorated with Christmas lights. In some years, she refused to go out the house for as long as few weeks in a row, fearing that the Christmas spirit would make her nostalgic and make her want to be close to her children, at her own home in Romania.

Camelia usually took her annual leave in summer. After the first year of employment for Pepi, the Italian employers felt that they could not take the responsibility of caring for Pepi for a whole month. Very often, the kin of nonagenarian patients are in their sixties or seventies and they find it difficult to lift the elderly so they can wash and change them properly or put them in wheelchairs or the usually high beds. The solution employers found in this case was to put Pepi in a hospice during Camelia's month off. On her return, Camelia found Pepi in a very bad condition. In consequence, the next summer Camelia decided to not take annual leave, but to ask her children to come and visit. Some *badanti* feared that the health condition of their patients would deteriorate if they left for holidays. They knew that at their patient's age

any slight deterioration of their patient's health could have major consequences and make their own care work more difficult. This was the reason why some *badanti* prefer not take holidays at all. In the following years, Camelia found another Romanian *badante* to replace her during holidays, but for shorter periods of time, usually for two to three weeks. In one year, her employers found an Italian care worker to replace Camelia during her annual leave.

Camelia's story is representative for those migrant care workers in Italy who dedicate all of their time and energy into caring for their patients. As the following two stories confirm, migrant care workers strategically choose to work for patients that they perceive as good investments of care. *Badanti* prefer to settle in families where patients are in relatively stable health conditions— that would allow them to live for relatively long periods of time—and where they can have a certain autonomy in the care decisions they make. When asked how long she would remain in Italy to work, Camelia replied that she wanted to remain for few more years until both her children would finish their undergraduate degrees. She was not sure if Pepi would live long enough for this dream to become true.

Discussions surrounding money were not very important to Camelia. For a few years, her employers used to transfer the money she earned, initially €550 and later €600 a month, into Camelia's children's bank account in Romania, on a monthly basis. Employers also paid the bills for the house where Pepi and Camelia lived, the food, and other domestic products. After a few years, Camelia asked to be paid in hand, and she would use some of the money to buy clothes and other products, like meat and cigarettes. She decided to invest her time in improving Pepi's health condition, in addition to purchasing food that she considered 'nurturing' and 'tasty.' Cooking meat that she bought with her own money was also a way to prove her affection for Pepi. Camelia said, "How could I cook something that smells good and not give to her too?" Deep affection and constant humor were central in her relation with Pepi.

My ethnographic material, such as my work with Camelia and Pepi, intersects with Miller's (2007) understanding of dialectics between ideals and realities in family relations. His argument is that the actual relationships are driven by ideal imagination of the respective relationships. In my research, *badanti* feel an important gap between imagination and reality. Italian families consider that spending time with and nurturing their elderly represents a form of maximum respect. They employ *badanti* to pay this kind of respect as an ideal. As any ideal, it is not always realized given the reality.

In 2016, three years after our initial conversation, Camelia was still taking care of Pepi. After eight continuous years of employment with this family, Camelia received some criticism from Pepi's relatives. Camelia felt that her Italian employers were critical with what they called 'her exaggerated care for Pepi.' At the age of 93, Pepi was still alive and her health condition was stable. In this context, after continuous pressures from her employers, Camelia decided to quit the job and return to Romania. While writing this article, I found out that two weeks after Camelia left her job, Pepi passed away. Pepi's family declared that this was tragic, but they were expecting it.

"Making Live": Dominica and Signora Carucci

Domnica did not speak Italian and had never had any formal employment when starting to take care for Signora Carucci, an octogenarian suffering from dementia. In her early 50s, Domnica found this first job in Italy as really demanding, but uplifting. Signora Carucci used to have severe health crises that involved shouting and body convulsions. Every couple of days, she was visited by her only child who lived and worked as a dentist in Grano. As in the previous case, the visits were brief and lasted less than ten minutes.

All her adult life in Romania, Domnica worked in agriculture and was paid by the day. She raised four children and took care of her grandparents and other elder relatives who lived in the same village. Domnica decided to emigrate for work in Italy when her husband was made redundant (he was laid off) from a stable and relatively well-paid state job. Domnica felt that Italy was a viable option, as many of her relatives and other people from the village were already working there for several years. She thought that earning €600 a month as a *badante* would be ideal to secure the money her family needed. This was around three times more money than what she was earning as an agricultural day worker.

However, things got complicated. After few months into her new job in Italy, one of her children experienced a sexual assault in Romania. Domnica had to go back and be close to her family. Four months later, Domnica came back to Italy because she felt that the money she earned would allow her family to also gain respect in their village. On her return in Italy, Domnica realized that her work was important and valued when she found out that a dozen other *badanti* had previously attempted to care take of Signora Carucci, but could not last more than a couple of weeks in the job. She asked Carucci family to pay her informally in order to increase her income from €600 to €750 a month. Domnica called this new deal 'freedom.' In her terms, it was freedom to move and change jobs with short notice. Domnica, did not consider the consequences, such as losing the right to unemployment benefits and to qualify for the Italian pension scheme.

The precariousness and fragility of this condition make many *badanti* dependant, and paradoxically, dependable care givers. In this sense, the Foucauldian phrase "making live and letting die" (2008, 32) is verified and challenged at the same time. In the case just presented, "making live" means coping with Signora Carucci's serious health condition and "letting die" means neglecting their families, as illustrated in the case of Domnica daughter's sexual assault. At the same time, most *badanti* I worked with felt that their current jobs were improving the quality of lives of their families in Romania.

The INPS in Italy oversees family allowances and provides benefits to families who have elderly with disabilities. However, it is the family who decides the care solution and who receives the money. This mechanism allows many Italian families to manage complex transnational arrangements and agree that the 'migrant in the family' model is the most efficient one. This model indirectly pays for the welfare of children and for other projects in poorer regions around the world. This kind of "biopolitics" could be summed-up as "the economic reason within governmental reason" (Biehl 2011, 279). Therefore, I suggest a concept of biopolitics that is bound to the requirements of global capital. It is this economic reasoning that implies a permanent juxtaposition between proximity and distance.

The numerous deprivations in Domnica's life made her practice care work with a sort of detachment. This contrasts the findings that the act of caring for the elderly can be described as 'compassion fatigue' (Danely 2015) or bearing the 'stress, strain, and weariness of caring for others who are suffering' (Schulz *et al.* 2007, 6). Compared to her compounded problems in Romania, Domnica felt that she should be detached from Signora Carrucci's shouting and stubborn attitude. Domnica focused extensively on the repetitive actions of care. Domnica would bath Signora Carucci only in the morning, when the patient was more relaxed and quieter. Domnica would cook and clean the house only when Signora was asleep. She would let Signora scream and give orders to an absent servant, while Domnica had phone conversations with her children and chatted in front of the house with neighbors and friends who came to visit her. Her replies to Signora's repetitive questions and orders used to be short and repetitive as well. Domnica found out that this was the most efficient way to communicate with her patient.

The relation between Domnica and Signora Carucci are in line with Aulino's (2016) definition of care as repetitive practice. Aulino urges scientists to recognize care as "a much-needed space for ambivalence and ambiguity in the analysis of caregiver experience" (2016, 93). She suggests ways to expand our understanding of caregivers, by considering their individual needs, desires, thoughts and capabilities acquisitioned or instilled not only by proximity of elderly patients and the specific context of care, but also by their personal needs and desires. In this view, Domnica's detachment in her care work for Signora Carucci does not make her a worse care worker than Camelia. It only shows that there is an adaptation that takes place between patients and their caregivers, which represents a permanent juxtaposition between the everyday practice of 'care for' and the 'care about' at a distance.

Anthropologists Mol, Moser and Pols famously define care as tinkering and adaptation. They suggest,

Care practices move us away from rationalist versions of the human being. For rather than insisting on cognitive operations, they involve embodied practices. Rather than requiring impartial judgements and firm decisions, they demand attuned attentiveness and adaptive tinkering. Crucially, in care practices what it is to be human has more to do with being fragile than with mastering the world (2010, 15).

In addition to these arguments, the two case studies presented so far indicate that in the context of migrant care work, adaptation to work conditions with the elderly is even more rapid and determined than in non-migrant cases. Domnica had to replace her limited knowledge of Italian with innovative and familiar techniques and bodily skills she learned during her previous experiences of care in Romania. Anthropologists working with patients suffering from dementia have observed that communication dwells in corporeality and, more specifically, in the body's capacity to gesture (Kontos 2005; 2006, 207; Hendriks 2012). This form of communication, resembles what anthropologist Janelle Taylor describes in the conversations she had with her own mother who was suffering from dementia: "There is, in short, much more to conversation than speech, and much more to speech than the transmittal of information" (2010, 42). In the case of migrant care work, tinkering and adaptation is less reliant on language and depends even more on embodied and repetitive practices of care.

My ethnographic material also shows that very often migrant care-workers use 'positive person work' practices like recognition, negotiation, facilitation, collaboration and play, using body gestures and mimicry that increase the well-being of their patients. Psychologist Tom Kitwood (1997) affirmed that positive person work leads to the increase of self-esteem in elder patients, to improvement of their well-being, and recuperates forms of daily sociality. My research indicates that live-in migrant care workers cultivate positive person work practices because of loneliness, a desire to share affection, and sometimes because of personal interest. Through attitudes and daily practices that resemble 'positive person work,' *badanti* observed that the well-being of their patients eases their own work substantially and also extends the lives of their patients. The next story is an example of involuntary 'positive person work.'

Co-Adaptability: Vali and Signora Alberti

One summer afternoon in 2014, sitting on a shaded bench in the central square of Grano, Vali told me how she became a *badante*. Signora Alberti, the patient of Vali, sat on a nearby bench eating an ice-cream, resolute and quiet. Signora Alberti refused to stay home and watch TV when Vali went into the city. Vali described herself with a high dose of anger as "an independent woman who became a servant who wipes the bottoms of Italian elderly because Romanian politicians did not do anything to save small firms

from going bankrupt during the 2009 economic crisis.” A successful entrepreneur in Romania in her late forties, Vali decided to emigrate to Italy at the peak of the economic crisis, after her small enterprise went bankrupt. She followed a Radio advertisement in Romania paid for by an Italian work agency that operated in the region. She calculated that she would need to work as *badante* for at least eight years in order to pay her debts. Upon her arrival, the agency recommended Vali to work in a wealthy family mostly because Vali’s educational and entrepreneurial background would be a good fit for such a placement. Vali visited the recommended family, but she refused to take the job. She thought she could never work for a very ill patient.

The agency offered her a second job 12 days later. By that time, Vali spent most of her savings. She was happy to accept the new offer. The family driver left Vali in front of the house where she was to work. She entered the house and found her patient, Signora Alberti, sitting in a high chair with nobody else around. For two weeks, nobody showed her around, told her what to do, or how to take care of her patient and the house. Vali found out later that her employers thought that a *badante* would know what to do. Therefore, in the first couple of weeks, the only other Italian person Vali met was the keeper of a store where she used to buy cooking ingredients, like pasta and tomato sauce. Every time she had to go out of the house, Vali consulted the Romanian-Italian dictionary she brought with her from Romania.

When Vali ran out of her own money, the shopkeeper contacted Signora Alberti’s nephew and informed him of the situation. The next day, the nephew and his wife came to meet Vali. They paid her the monthly salary agreed with the agency and reimbursed all the money Vali had spent on food. Vali and Signora Alberti’s relatives liked each other instantly. They were older than she was and they made it clear that taking care of their aunt was not one of their priorities. The three developed a good relationship. Vali felt that she was included and respected in the family. In the second month as *badante*, Signora Alberti’s nephew and his wife decided to offer Vali €10,000, more than one year salary, to cover some of her debts in Romania. Vali saw this gesture as a blessing. It prevented the Romanian bank from enforcing the requisition of her property. Vali felt she could not thank the Italian family enough for their help.

However, anger and frustration towards the entire situation accompanied Vali’s gratitude. She felt that the unexpected help limited her freedom to move to another job and her essential rights, such as vacation days and annual leave. This situation could be described in terms of a moral neoliberal gift specific to the Italian context (Muehlebach 2012). The Italian employers trusted Vali would take good care of Signora Alberti in their total absence. Signora Alberti had no friends, and even her own relatives would not talk to her, but rather to Vali. When I first met Vali, she had been working non-stop day and night and without a holiday for four years. Two years later, she was in the same situation. She used to feel extenuated for long periods of time. Whenever Vali wanted to go out, Signora Alberti used to follow her. In public, Vali would speak to Signora Alberti using firm looks and directing her what to do. She often talked to her in Romanian. Vali’s harsh looks did not frighten Signora Alberti and sometimes Vali started to laugh of the entire situation.

Like in the previous two cases, the care relation between Vali and Signora Alberti is shaped by economic and psychological co-adaptation. This process is marked by creative and ludic ways to cope with the hardship of life and care work, which nevertheless have positive impacts on the well-being of patients. The similarities between *badanti* and patients is the result of strategic decisions and co-adaptability. Both Signora Alberti and Vali come from rather wealthy families in their respective contexts. The constraints Vali used to resent in her job were compensated by the many gifts she received from her employers and by the freedom to design her life inside and outside the house. For example, Vali brought her daughter to live with her in Italy for more than half a year.

The co-adaptation also means that many times *badanti* cannot plan their future properly and strategically. They sometimes value their work as ephemeral. Three months into her employment, Vali accepted to work with no contract. She presumed that another person from Signora Alberti's family was registered with INPS as the official care worker. Although by not having a contract Vali earned more money, after many years she realized that she would not be entitled to an Italian pension. When she first came to Italy, she never thought that she would actually work for ten years in order to be entitled to an Italian pension. Therefore, Vali decided to contribute to a Romanian pension scheme. Vali knew that she has to endure the tough work as *badanti* if she wanted to pay back the debts and recuperate her properties in Romania.

Social scientists have identified a causal relation between the economic and familial contexts of origin in the home countries and the live-in or live-out types of contracts of care that migrants opt for (Marchetti and Venturini 2014). In the context of a lack of contracts and lack of enforcement of regulations in the field of live-in care for the elderly, the relation between *badanti* and their patients is made durable by the mutual dependency. For Signora Alberti, Vali represents a breath of fresh air that allows her to navigate through her medical condition and restore faint traces of sociality. Through migrant residential care work for Signora Alberti, Vali is more confident she would finally pay all her debts and be free to return to Romania.

Keeping the Elderly Alive

The article shows that the live-in "migrant in the family" model of care assumes a mutual dependency between care givers and their patients. On the one hand, Italian elderly benefit of permanent care that leads, in most cases, to unplanned forms of sociality and sometimes solidarity. On the other hand, caregivers offer constant proof that they are needed and that they are entitled to relatively good economic remuneration for their hard work. Prolonging the lives of their patients is intrinsically related to the desire to prolong and improve the lives of their own families. There is a meeting place between endurance and vulnerability, and between the fragility of the elderly and the fragility of most of the women who work as migrant care workers.

The first case study focuses on the quality of the time, play, and humor dedicated exclusively to care work and the affective and economic bonds that are created. The second case suggests that the apparent detachment of some care workers can be explained as a response to even harder life conditions in their own families in their home countries. Finally, the third story shows that the particular co-adaptation between *badanti* and their elder patients contribute to new forms of sociality in the house as well as in different social circles in the region. For example, while Signora Alberti had no friends of her own, Vali brought her new forms of sociality. Some of the relatives of patients also enter into social relations with *badanti* and they rediscover benefits in spending time together with their relatives. All three case studies suggest that the ability to use body gestures and mimicry in care work for patients with dementia is at least as important as mastering the language and cultural norms.

Badanti do use kinship terminology quite often in their work, but my research shows that this is not at all a reflection of new forms of trans-national kinship in the field of care work, as some anthropologists suggest (e.g., Deneva 2012; Mazuz 2013a). Such claims are the consequence of the acclaimed finding that feeding, smelling food, commensality and living in the same house can lead to new forms of affinity (Carsten 1995). My research shows that *badanti* were using kinship terminology as a sign of affection embedded in the act of domestic and intimate care, which also had the effect to make their work

easier. However, *badanti* were very aware that their kin were actually in their home countries. At the same time, many Italian employers used to remind them of their place in the care relation.

Italian kin play a crucial role in the act of care, but indirectly, as mediators who set basic norms around essential tasks such as feeding, cleaning, medication for elder patients, and free time for *badanti*. In two of the three cases analyzed, elderly people with dementia felt more attached to the *badanti* than to their own kin. Pepi and Camelia, as well as Signora Alberti and Vali had good and long lasting relationships. Domnica and Signora Carucci also had a relatively long relationship, given the important challenges within it. When Italian kin do not live close to their elder relative who is being cared for, they leave all responsibilities to *badanti*. This gives *badanti* unprecedented autonomy in decisions and sometimes even in movement. Being habituated in this sense of autonomy, many *badanti* recognize they feel entrapped to remain and work in Italy as a form of self-care.

Migrant work for the elderly is crucial for a general understanding of social reproduction in Italy and possibly in many other global contexts. I show here that the economic needs in poorer regions of the world manifest in the commitment and determination to keep the elderly alive in Italy. Many *badanti* feel that through their work, they nurture their own families at home. At the same time, through their absence, some of them nurture for themselves. For example, the condition of “being away” allows *badanti* to negotiate difficult situations and conditions in their own families, such as situations of single motherhood or relations marked by domestic violence. In the same way in which Italian employers use *badanti* to show and pay an ideal kind of care to their elderly, *badanti* use remittances to show and pay similar kinds of ideals to their own families in their home countries. In this context, their jobs in Italy give them financial and personal autonomy, but also a social excuse for their absence.

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