



Constellations of Family Care as an Analytical Tool for Social Care Studies

RESEARCH

CARLOS CHIRINOS 

MONTERRAT SORONELLAS 

DOLORS COMAS-D'ARGEMIR 

*Author affiliations can be found in the back matter of this article



ABSTRACT

Context: The challenges of the care crisis govern the social organisation and configuration of families. Increased longevity, the declining birth rate, the persistence of gender and kinship as cultural categories that distribute care responsibilities inherent to the different stages of life, or the existence of reconciliation policies determine the predisposition or availability of families regarding the provision of care.

Objective: This article proposes the notion of 'constellations of family care' as a valuable qualitative analysis tool. It draws on case studies of long-term care in Spain to analyse the relational complexity and dynamics of the agents, spaces, routines and materialities involved in care.

Methods: The research took a qualitative approach. Specifically, we apply the notion of 'constellations of family care' as an analytical tool that allows us to observe any social care situation, considering the issues indicated from a processual perspective that reconstructs the itineraries of care and its resignifications.

Limitations: This analytical approach focused on care for one group of older people. Although it can be transferred to other care across the life course, it is not intended to represent all care realities accurately.

Findings: Using 'constellations of family care' as a tool for analysis makes it possible to explore the macro-social effects of care from a situated perspective, i.e., to analyse the various social actors involved, their relationships and the exogenous forces that influence how the family provides care.

Implications: 'Constellations of family care' bring understanding to the complexity of caregiving situations and, consequently, are a valuable methodology for adjusting the design of public care policies to the needs of carers and cared-for persons.

CORRESPONDING AUTHOR:

Carlos Chirinos

Rovira i Virgili University, ES
carlosalonso.chirinos@gmail.com

KEYWORDS:

Constellation of care; ageing; family care; long-term care; analytical tool

TO CITE THIS ARTICLE:

Chirinos, C, Soronellas, M and Comas-d'Argemir, D. 2024. Constellations of Family Care as an Analytical Tool for Social Care Studies. *Journal of Long-Term Care*, (2024), pp. 263–276. DOI: <https://doi.org/10.31389/jltc.252>

INTRODUCTION

Care has become highly relevant for academia and policy and is seen as one of the main challenges of the 21st century. We refer to caring for people who lack autonomy (Daly and Lewis, 2000). Increased longevity and the remarkable survival of people with chronic illnesses and disabilities are generating greater demand for care, which will rise in the coming decades. Moreover, although the birth rate is falling, demands on the quality of child nutrition, health, education, socialisation, and direct care are increasing.

The current model of care, mainly based on the family and, above all, on the efforts of women, poses severe difficulties and is beginning to clash with far-reaching changes in social structure, expectations, and behaviour. Major demographic processes, along with profound social and cultural changes, are leading us to rethink the conditions in which the sexual division of labour and intergenerational solidarity operate, as well as the role of public policies in the provision of care services and benefits. The academic literature has identified this as the 'care crisis' (Pérez-Orozco, 2006a; Benería, 2008), reflecting the tension between capital, employment, human reproduction, and care. It is a crisis of international projection that is generating large migratory processes of care from the Global South to the Global North, in which Spain is also immersed.

Home care pivots around continuous family changes, the supply of public services, the presence of the market in its formal and informal modalities, and the role of the community sphere (Razavi, 2007). The articulation of these four actors forms a diverse and changing landscape, the complexity of which must be addressed in this analysis. Gender, social class, family configuration, territorial distribution of care services, and the strength or weakness of public policies influence how care provision is resolved in the home.

In this paper, we propose a qualitative methodological approach that allows us to analyse the different actors and strategies used for care at home through the concept of 'constellation of family care'. We complement our methodological proposal with three dimensions: family care routines, spaces and material elements of care, and the 'mosaic of care resources' (Soronellas et al., 2021). The impact of these three dimensions on the constellation of family care is conditioned by the dynamic and variable nature of care, whether childcare, or long-term care for older and disabled people.

This methodological proposal is framed by the importance we attach to the qualitative approach to care and, therefore, to the observation of the situations of care and interaction of the various agents, care scenarios, their materialities and resources and, very importantly, the cultural, economic, social, and political reasons that

the cared-for persons and their families combine to create their particular constellations of family care.

The identification of family constellations of care is not only crucial for academic analysis but also responds to the need for in-depth knowledge of how care is organised in households at a time when European public policies are changing and moving towards the deinstitutionalisation of care (European Commission, 2022). Ageing at home and in one's environment is the current response to insufficient and unsatisfactory models of care for dependency, which the pandemic has revealed in all its harshness. Many deaths in care homes have also highlighted the failure of the traditional model of care homes for the ageing. Therefore, instruments to enrich academic knowledge and guide public policies are needed. Care for children, on the other hand, is confronted with the problems of reconciling work and family life, with the need for co-responsibility, both regarding gender and in social and political terms.

To present the potential of the proposed methodology, we will first reflect on recent family and social changes that affect family care. We will then present the concept of the constellation of family care and the three dimensions that concur with it (routines, spaces and material elements, and the mosaic of resources). Finally, we will focus on a case study to exemplify the analytical potential of this methodology. The empirical data are drawn from a qualitative study conducted in a municipality of the Spanish Mediterranean in which we analyse the different agents involved in caring for an older person at home, their relationships, and interactions. We also consider the times and spaces of care and how the constellations of family care changed significantly with the arrival of the pandemic. Although the example we will use in this text is about care in old age, the constellation of family care can be applied to any life-course, cultural and social care situation.

SOCIAL TRANSFORMATIONS IN CARE

In several Western countries, gender and kinship are significant variables in the attribution of care responsibilities. The academic literature highlights the role of gender and has extensively shown women's responsibility for care and the effects on gender inequalities, as well as the variability of women's responses, negotiation, and agency that occur in the context of generational changes and socio-economic conditions as they intersect with age, social class, or ethnicity. However, care is also kinship. Women who give care do so not only because they are women but also because they are mothers, wives, daughters, or even in-laws (mothers-in-law, daughters-in-law, sisters-in-law). Families organise their members in a hierarchical structure based on gender, genealogical position, and

generation, to distribute care responsibilities among their members. These relationships give rise to affection, obligations, and solidarity, but also conflicts, tensions, and exploitation (Soronellas et al., 2020).

The circulation of care, which has relied mainly on families and women, is undergoing profound changes (Comas-d'Argemir, 2017) due to demographic and historical and cultural transformations. Increasing longevity and declining birth rates have been a constant global trend in recent decades (United Nations, 2019), causing a substantial change in demographic and social dynamics with strong repercussions on the social organisation of care.

Despite achievements in increasing longevity worldwide, society has not resolved a series of political, economic, social, and cultural issues associated with ageing and long-term care (Gee and Gutman, 2000), the consequences of which have an impact on the family and the people receiving care. Dependency situations are becoming progressively more acute, and demand long-term care associated with frailty, vulnerability, and disability. Furthermore, although medicine has succeeded in raising life expectancy by reducing life-threatening illness, in the social field, the care crisis is expressed in ways of understanding intergenerational reciprocities, family overload, insufficient care services, and demands for public policies that guarantee care for dependency (Carrasco et al., 2011; Durán, 2018; Williams, 2010).

The decline in the birth rate is global and, though due to specific policies in some countries, low birth rates are an expression of the care crisis and the severe difficulties of reconciling motherhood with social, work, and political activities (Esteve et al., 2016). As Alva Myrdal, winner of the Nobel Peace Prize, pointed out, 'What must be protected is not so much the right of married women to work as the right of working women to marry and have children' (1941), appealing to a logic of reconciliation between family and personal life that is not well resolved and does not resolve these issues (Torns, 2005).

These demographic changes have been accompanied by substantial changes in families, especially in Western societies, resulting in a lowering of their care potential: each generation has fewer children than the previous, households have become smaller, and the extended family has shrunk considerably. An important dimension is the active role that women have been acquiring in society through their widespread entry into the labour market, postponement of motherhood, and a reduced birth rate (Comas-d'Argemir, 1995). Paid work is part of women's lives, and dual-income families have replaced the traditional model of the head of household and homemaker (Moreno-Colom 2017). These changes have meant that women are less available to care, while men, for their part, have been timidly incorporated into caring for children and, to a lesser extent, for older people and dependents (Bogino et al., 2021; Comas-d'Argemir and

Soronellas, 2019). All of this contradicts the fact that we find a young generation with less and less time to care and an ageing generation with increasing care demands (Häberlein, 2015; Soronellas et al., 2020). Moreover, today's western families are characterised by significant heterogeneity, complexity, and constant transformation: small families, single people, families recomposed after divorce, unmarried couples, and same-sex couples (Roigé and Soronellas, 2018). A scenario that reflects the continuous resignification of care, kinship ties, and their exchanges, not unrelated to the Spanish context.

The forms of intergenerational family solidarity have also changed substantially due to longevity and the desire for economic and personal autonomy of both older and younger people (Conlon et al., 2014; Soronellas et al., 2020). The intergenerational contract that established that younger generations (daughters and daughters-in-law) should care for older generations as part of this reciprocation of care has been disrupted, giving rise to a series of conflicts and resignified relationships in family care during ageing (Bofill-Poch, 2018; Lynch and Danely, 2013). The old circular system (from parents to children and vice versa) has moved towards a linear one (from parents to children), so that the older generation must provide for their old age by saving for their own autonomy (Gotman, 2010; Soronellas et al., 2021).

The resignification of care and changes in its reciprocation are also subject to a class dimension. In the middle and upper classes, women have gained access to more education, accompanied by a change in value systems about how care should circulate in the family (often encouraged by mothers seeking to break with the model of a life dedicated to care). However, in the lower classes, with lower levels of education and fewer job opportunities, a familist ethic persists around women and their obligation to care for their own children and to return care to their parents (Conlon et al., 2014; Soronellas et al., 2020). In this context, older middle- and upper-class women do not feel obliged to care for their grandchildren and want to exercise their autonomy. These are not total transformations but processual changes that describe a complex scenario. Despite this, there remains a cultural insistence on an obsolete care model based on women's reproductive work as the social paradigm (Soronellas et al., 2020).

Care is still gendered in many parts of the world, and the distribution between men and women continues to be unequal (Barnes, 2006; Comas-d'Argemir and Soronellas, 2019; Pérez-Orozco, 2006b). In recent years, men have become involved in childcare, but women are primarily responsible for child-rearing tasks, as has been found in numerous studies (Esquivel et al., 2012; Faur, 2014; Julià and Escapa, 2014; Wainerman, 2007). Arlie R. Hochschild (1989) called the increasing number of women working double shifts (work and domestic) but not accompanied by an equivalent increase in men's participation in the

domestic sphere a stagnant revolution. Men have also had to become involved in caring for their parents or spouses (Campbell, 2010; Kramer, 2000). There is evidence of a previously absent population of older men caring for their ill or disabled wives due to the reduced availability of a younger generation of women (Chirinos, 2021a; Ribeiro et al., 2007; Russell, 2007). Also, rather than through cohabitation or continuous accompaniment, some sons manage care indirectly or by paying female carers (Comas-d'Argemir and Chirinos, 2017). It is a model in transition that, despite changes in the circulation of care, continues to operate in a familist sense, not without guilt and moral dilemmas about the meaning of care.

Domestic care is a moral obligation constructed on the basis of gender and kinship, which determines women's lives in particular and is underpinned by interpersonal and intergenerational ties. This is the base of the ethics of care, which implies the recognition of human vulnerability and dependence (Gilligan, 1982). Other contributions in this sense highlight the value of interdependence and the intersection between the ethics of care, feminist theory and political science (Molinier, 2013; Glenn, 2000; Tronto, 2013).

Care enters the political agenda when it goes beyond the family framework in which it has traditionally been couched. In Europe, the earliest policies concern childcare, whether through maternity leave, thereby freeing time for care (work-life balance), or through early childhood education services or economic benefits. Policies addressing situations of dependency were introduced later than other social policies, generated fewer rights, and were based on the precariousness of employment and tolerance of undeclared work. The first long-term care law was passed in Austria in 1993. Through benefits and services, these policies complement what is considered a family responsibility (Rodríguez-Cabrero, 2011).

Public policies currently have an impact on how families provide care. As Chiara Saraceno (2010) shows, intergenerational solidarity is more necessary where public policies are less generous in providing care services, while the market is presented as the primary provider of services, especially for families who can afford them. In Mediterranean countries such as Spain, this has led to the hiring of domestic workers, many of whom are foreign, whose low wages and lack of rights make them a viable option. (Martínez-Buján, 2011). Therefore, there has been a transition from the 'family' model of care to one 'provided by immigrant women for the family' (Bettio et al., 2006), in the context of the global feminisation of migration and a new international division of reproductive labour (Parreñas, 2012; Sassen, 2003). The precariousness of public policies and their inability to resolve the challenges of the care crisis also leads to the fragmentation of care into small forms of

assistance and a diversity of agents to which families must learn to adapt over time (Soronellas et al., 2021).

Given this complex and dynamic scenario, the constellation of family care is a valuable tool for analysing care from the perspective of the agents involved and from two related logics: the processual and relational principles. This theoretical and methodological proposal seeks to understand and capture the dynamism and heterogeneity of care, paying attention to its historicity, context, the actors involved, and their ways of interrelating from the situated and particular experience. This proposal goes beyond the Spanish context, whether urban or rural. It aims to be a valuable tool for any care situation, regardless of the life-course, cultural and social contexts.

THE CONCEPT OF THE CONSTELLATION OF FAMILY CARE

The constellation of family care is an allegory that attempts to analytically explain the provision and management of care in the family, based on a combination of various agents and resources, taking as premises the notions of relationship, change, and process. The representations and meanings woven into care situations are rebuilt from the interaction between persons, spaces, and routines established throughout the care process. Family trajectories in care describe links that can be traced according to the position of each family member in terms of kinship, gender, and life course. Their relationships change over time, as does their position in space. Throughout the family history of care, diverse agents organise themselves differently and continuously rebuild a value system with varying meanings and representations (Chirinos, 2021b; Coe, 2016; Hareven, 1984). The metaphor of constellations of care seeks to rescue this principle of movement, transformation, and organisation.

To explain how to apply the constellation of family care methodology, we will focus on long-term care for older people at home, which we will then exemplify. Families are usually the first to detect signs of a lack of autonomy in older persons, to which they respond by increasing attention and progressively incorporating resources and agents that allow them to provide care at home. Constellations of care make it possible to record variations in family care caused by the physical and cognitive deterioration of the cared-for person and by social, economic, political, and cultural factors. As a person ages and becomes more vulnerable, family care is reorganised: new actors appear, and social ties are reconditioned. Even the people hired to provide care, depending on the time and the bond, experience a kinship effect and come to be considered family members (Sacchi and Viazzo, 2018). This is how constellations experience an expansion or collectivisation of care.

At other times, the kinship of family members can be undone when they progressively disengage from care (Dossa and Coe, 2017; Papadaki, 2017). Family involvement in care is not static; it can intensify or lessen. The position of each family member can also change as they can distance themselves from or move closer to others in a physical (migration, change of residence) and affective sense (ceasing to communicate or weaving new emotional ties). The opposite to collectivisation then occurs: a shrinking of the constellation. Over time family care mutates and the figure changes, although this may be imperceptible. The friendship networks of carers and cared-for persons are also affected, with some social withdrawal and perceptions of loneliness (Willis et al., 2020). At the same time, new social actors and spaces previously not contemplated may appear, such as day centres, residential homes, and hospitals, which condition the scenario of constellations of care.

The same constellation of family care may describe changes according to the life events of its members throughout their family history (Johnson-Hanks, 2002). Thus, for example, a significant change in the constellation of family care occurs when an older woman—mother, wife, and grandmother—becomes ill with Alzheimer's disease, after caring for her home and raising her children for over fifty years. This woman has shaped a series of constellations of care throughout her life while dealing with domestic tasks and tending to her children, parents, and husband. However, as she becomes increasingly vulnerable due to Alzheimer's and ageing, another new constellation of care emerges in which she becomes the care receiver. This is what we seek to convey with this methodology: the dynamic changes in family histories, and their impact on care constellations.

Finally, care constellations are not simply social networks. Based on Tim Ingold's (2011, 2016) concept of 'meshwork', care constellations are distinguished by their intricate and complex entanglement. Care links are not meeting points but knots that are spun and intertwined according to the uniqueness of the relationships and the social environment. In contrast, social networks describe brief and linear encounters of quick links based on the analysis of structural ties (Berkman et al., 2012; Huerta and Dandi, 2014; Song et al., 2023). Constellations of care, like meshwork, arise from a long interaction process that describes sinuous and imperfect knots woven into daily (dis)encounters of care.

A PARADIGMATIC CASE OF CONSTELLATION OF FAMILY CARE: VICENTE AND LOLA

Vicente and Lola can be considered a conventional marriage. They married at 20 and their children were born soon after. Lola left her job to care for her family,

while Vicente worked as a labourer in the tile industry. Up to this point, it is easy to show the constellation of family care according to the social norms of what was understood to be a family in 1970s Spain: a husband who was the provider and owner of the public space, and a wife who maintained family cohesion and owned the private space. Gender dualities lie in the concepts of breadwinners and kin keepers (Chapman, 2004; Dossa and Coe, 2017). As a space of intense bonding, the local community also guaranteed this social control of what was morally understood as family.

Eventually, the children left school, got married, had their own children, and moved to nearby houses in the same village. At this point, the constellation of family care was transformed. The family grew with the arrival of daughters- and sons-in-law, and grandchildren. A new role was added to Vicente and Lola's: that of grandparents. They took charge of ferrying their granddaughters to school, picking them up after sports, and looking after them while their parents were at work. Their home remained at the epicentre of care provision and family get-togethers.

At weekends, the family would gather at Lola and Vicente's house for Sunday paella. By preparing this traditional dish, Lola continued to work on family cohesion, reproducing a memory and reinforcing roles and obligations dictated by kinship (Dossa and Coe, 2017). For his part, Vicente had moved on to another stage in his life course: retirement. He and Lola planned trips to enjoy their time together and gradually disengage from caring for their grandchildren. Both sought to give another meaning to the ageing process by transforming the intergenerational contract—changes in the circulation of care stemmed from older and newer generations alike (Conlon et al., 2014).

However, life situations alter, and Lola fell ill. In 2013, she was diagnosed with Alzheimer's, and the constellation of family care was transformed in terms of care, gender, and kinship. Vicente took on the responsibility of his wife's care, gradually becoming involved in preparing breakfast and dinner, grooming and dressing her, doing the laundry, and cleaning the house. The burden of domestic and care work fell on him, crossing gender boundaries (Calasanti and Bowen, 2006). His eldest daughter was also involved, preparing her mother's meals, bathing her, and dealing with social services. The son dedicated the least time and responsibility, mainly caring for the emotional needs of both his parents. At this point, new spaces and social actors of care appeared. The most important was the day centre, where Lola went every morning.

Vicente's daily life was spent doing his household shopping, going to the bakery, the market, or the pharmacy, and sometimes to the bar for a coffee with his daughter or a beer with the neighbours. The bar became the epicentre of his self-care, where he strengthened the bonds of friendship. However, his social network shrank

because of the demands of care and the emotional burden it entailed (Willis et al., 2020). In parallel to caring for Lola, Vicente continued looking after their grandchildren. He accompanied the granddaughters to sports lessons and ferried his youngest grandson to and from school before stopping by his daughter’s house for lunch. Intergenerational care exchanges between daughter and father were frequent and constant.

Lola’s illness worsened, and Vicente’s daughter saw the need to hire a cleaner for her parents’ house, as she considered her father no longer had time for that. Thus, another figure was added to the constellation of family care from the private market, in this case, informally. Likewise, Lola’s care routines intensified due to her illness, and Vicente paid more attention to her activities, leading to greater vulnerability and interdependence in daily care (Danely, 2022).

Each person, each space, each routine, and each transformation shown by this constellation of care during the couple’s ageing process was progressive and a product of the family’s social and economic capital. If we consider the month of March 2019, according to this brief description, the constellation of care could have taken the form shown in Figure 1.

This layout highlights the people involved, the spaces, institutions, and social actors, as well as the types of interaction in this long-term care situation and the interwoven social knots that shaped this meshwork. However, this figure only reflects a specific moment of the consolidated and collectivised care of a family well practised at meeting care demands precisely because of the prolonged and sustained nature of that care, which generated a routinisation of roles and responsibilities. However, despite this sustainability and habituation, as we have pointed out, constellations of care are dynamic ecosystems that experience transgressions, which change their ways of relating to each other and the social actors on the scene.

For example, one member may have an accident and require new care in parallel, creating an overload in day-to-day care and redistributing roles. Alternatively, one of the usual family carers may return to work.

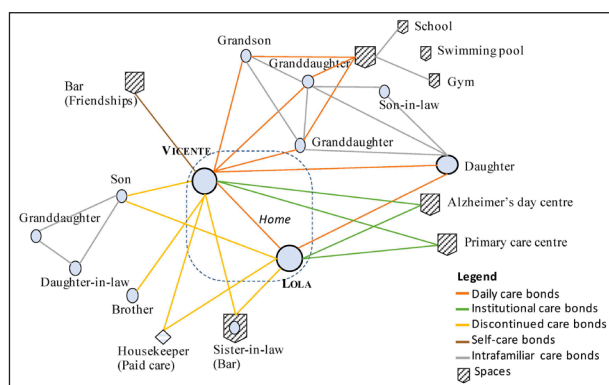


Figure 1 Constellation of family care, before the pandemic: Vicente and Lola (2019).

The links in these cases tend to vanish and mutate temporarily or permanently. Accordingly, other actors are incorporated to cover care time: a person is hired, or the responsibility is assigned to another family member, thereby generating a greater burden and vulnerability for the carer.

In an opposite scenario, for external reasons such as an economic crisis, one of the adult children may become unemployed and subsequently involved in care. Care links and intergenerational and gender exchanges are therefore reconfigured. Another possibility is the impact of external conditioning factors, which significantly alter the constellation of care and fragment links with other carers. This is precisely what happened in the case of Vicente and Lola in March 2020, after the arrival of Covid-19 (see Figure 2).

During lockdown in the first stage of the pandemic (March 2020), relationships between the carers and the various social actors that made up Vicente and Lola’s constellation of care were fractured. An exogenous force affected the continuum of relationships in this constellation. Lockdown resulted in Vicente and Lola’s constellation withdrawing unexpectedly and radically. Links with the community and the day centre, the basic social knots of care, were broken. Daily routines also contracted and changed completely, and frequent trips to the pharmacy and supermarket were no longer possible. Vulnerability and fear of contagion broke down direct contact with relatives (daughters, grandchildren, siblings) and a wider circle of friends, reducing the affectivity and corporeality of social encounters (Soronellas and Jabbaz, 2022). Relationships with grandchildren ceased and care returned to being home-based to its most simplified and concentric point. Vicente was now the sole carer. Occasionally, his daughter would flout restrictions to support her mother’s personal hygiene. This contraction in services and care routine worsened Lola’s illness and accelerated Vicente’s ageing and frailty, which had not been apparent before.

At the end of the lockdown, the family decided to place Lola in a care home because her deteriorating health demanded far more care (see Figure 3). This situation created a very different constellation from when Lola initially became dependent.

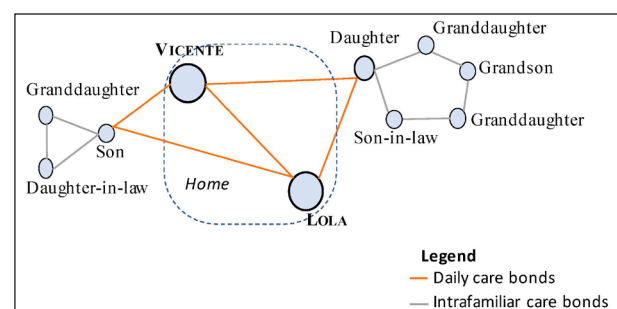


Figure 2 Constellation of family care during the pandemic and lockdown: Vicente and Lola (2020).

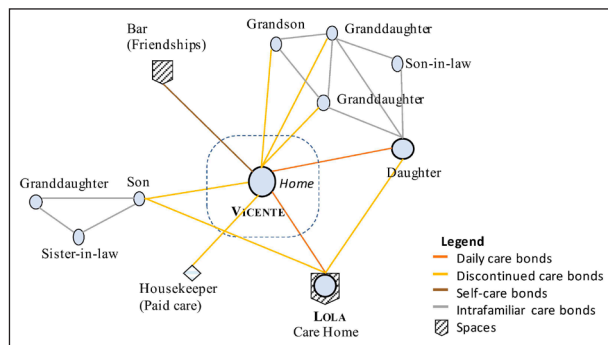


Figure 3 Constellation of family care. Care home context and post lockdown: Vicente and Lola (2021).

For the first time, care spaces shifted from the home to an institutionalised setting. Despite that, family care persisted (Milligan, 2005). Although care responsibilities were outsourced and delegated to a group of healthcare professionals, Vicente continued to visit the care home daily, creating a new care routine centred on emotions, identity, and belonging (Dossa, 2017). He would check Lola's appearance, clothes and make-up, and chat with her. They would walk around the surrounding area, even though she no longer recognised him because of her illness.

Despite the static visual effect of Figures 1–3, with Vicente and Lola's case, we have sought to show that constellations of family care are vibrant ecosystems. By comparing the three figures continuously (like moving stills), we can rescue the remarkable dynamism of these care trajectories. The figures also reflect changes in the intensity of the links between the care actors and how they mutate over time, according to the social situation and the confluence of the spaces they experience.

RELATIONSHIPS AND TIMES OF CARE

The methodological relevance of the constellation of family care lies in two fields of analysis: the relational and the temporal, which we present below.

The relational allows us to distinguish between two types of analytical approaches: one broad, the other specific. If we analyse care as a broad relational practice, the methodological approach focuses on the various social actors involved, the types of interwoven links, the how and why of these relationships, and the intensities they describe. This macroscopic approach enables us to examine the types of social or socio-health services involved in caring for older people (home care services, day centres, care homes), as well as the role played by the market (hired carers, private care homes), and the links established with the community. In some ways, this reflects the representation of the care diamond discussed by Shahra Razavi (2007). On the other hand, if we analyse

care as a concrete relational practice, with the subject of study being the family members responsible for long-term care, the methodological approach will delve more deeply into the micro-relationships established in the everyday life of care. This is its most microscopic, phenomenological, and situated sense.

Whichever the analysis approach chosen, examining care through constellations means that the diversity and complexity of care situations can be considered, regardless of whether the aim is to delve into the micro- or macro-social perspective. It is relevant because it does not blur the role played by the various actors and social environments participating in the social organisation of care and its relationship with ageing. For qualitative studies, the constellations approach should begin with the most situated and experiential involvement, while maintaining the macroscopic perspective.

The temporal analysis of constellations of care allows us to go beyond synchronic representations, which offer a static snapshot of a given moment. Instead, a diachronic analysis can situate care within family time (Hareven, 1984). This is a more historical and time-spanning approach to the life course, which can be arrived at through systematic records of the past or, longitudinally, through subsequent studies of the same case over specific periods. In this past temporality, it is possible to show how constellations of family care are transformed through ageing, vulnerability, and fragility, as we have sought to demonstrate in the case of Vicente and Lola at three different phases marked by the pandemic.

The purpose of tracing the past in these care histories is analytical and political. Analytical, because dealing with the past makes it possible to visualise changes and dynamics that explain present care while gauging the researcher's interpretative view of how these interactions are built (Behar, 2022; Clifford, 1986; Geertz, 1993). Political, because tracing the past displays the high social value of women in care work. Visualising and remembering them highlights women's presence as producers, social reproducers, and maintainers of life, while avoiding bias in analysis and cultural interpretation.

Thus, the relational and temporal perspective of this analytical approach to constellations of family care during ageing allows for a broad, situated, and processual—diachronic and synchronic—approach to care activities, bringing us closer to the dynamic changes that occur in the daily life of care and its historicity. It also makes it possible to record the changes and transformations in care from the perspective of the life course of the various family members, as well as the social and economic factors (economic crisis, care crisis, ageing population, social care policies, pandemics) that influence care trajectories, reconfiguring the social organisation of care and its implications for ageing.

ANALYTICAL CATEGORIES IN THE CONSTELLATION OF FAMILY CARE

Analysing long-term care during ageing through constellations of family care analysis entails considering three analytical categories to thoroughly capture the dynamic and variable effect of family care. Below we set out their applicability.

ROUTINES OF FAMILY CARE

From a situated perspective and a micro-social approach, constellations of care make it possible to rebuild the various care routines woven into everyday life: spaces, times, and relationships. It is, therefore, a matter of understanding the sinuousness of the knots and the complex interrelationships that shape the meshwork of care. From a methodological perspective, including this category makes it possible to rethink care trajectories in private and public spheres by linking the home, the reference space for family care, with the community, from the various interconnected spaces: bars, pharmacies, supermarkets, primary care centres and day centres. Rebuilding constellations brings to light the itinerancies of daily care, the schedules, the environments frequented, and the meaning of these spaces and the relationship built with the individuals that inhabit them: shopkeepers, family members, neighbours, health workers, and social workers. Likewise, analysis of routines allows us to understand the habits of care, how they are experienced and incorporated, in terms of gender and kinship, (Comas-d'Argemir and Soronellas, 2019) and how they change according to the circumstances of illness and ageing. These circumstances affect how carers understand the care situation and how cared-for people create a life of care in routines marked by interdependence and autonomy (Banens and Marcellini, 2015; Galčanová and Kafková, 2018; Hayes et al., 2009).

It is important to note that care routines have a clear relationship with spatial proximity or distance. For example, Vicente and Lola's routines (Figures 1–3) were closely related to residential proximities. Vicente created a care routine based on the spaces closest to his home in the village, namely, the bar, the day centre, and the care home. Vicente's daughter lives in the same village, which facilitated a more fluid, intense, and, more importantly, face-to-face and bodily routine (Heady, 2012). That would not have been the case if Vicente and Lola's children had lived far away. In such circumstances, the forms, frequencies, and intensities of care would be experienced in other ways, shifting the space of encounters to contact by telephone or virtual communication (Baldassar, 2017). In the same way, Vicente and Lola sharing the same care space generated a daily dynamic of interdependence framed by this nearness, which was then transformed when Lola was admitted to a care home.

SPACES AND MATERIAL CULTURE IN CARE

Environments are another dimension to be considered in the study of constellations of family care. Space and material culture in care are crucial to understanding how constellations of care and their trajectories are delineated. Thus, in terms of domestic care, the home is the epicentre during ageing. It is the space where care times tend to be longer and where carers have created a family memory full of meaning (Dossa, 2017; Wackers, 2020). It is the space where kinship and gender systems are strongly associated with care, as well as the cultural and moral values around the ideas of marriage and family and gendering that shape long-term care (Carsten, 2004; Chirinos, 2021b). Thus, for example, in the case of Vicente and Lola, understanding why an older man cares for his wife is to understand the significance of the home as a space that reinforces the commitments and reciprocities associated with care.

We found other relevant spaces for analysis within care trajectories, such as day centres or other community services, where older people build close links with social and healthcare staff and other workers. These spaces are not only arranged for therapeutic exercises but also for meeting and interacting with peers. They are local services with an age-friendly label (Stafford, 2019) and involving the bodily interdependence that arises from intimate, everyday encounters between the people who share them (Danelly, 2022). The pandemic led to the closure of these centres, which highlighted their essential role in treating frailty and supporting the lives of older people. Lola's case is a clear example of the importance of these spaces. With the closure of the day centre she attended, her dementia worsened, thereby accelerating the process of total institutionalisation of care.

Analysis of the material culture of the home enables a rebuilding of family memory that changes over time, according to the various events in the course of care (Carsten, 2004; Synnes and Frank, 2020). The intrusion of illness or disability associated with old age can lead to changes in the materiality of the house: the acquisition of new items (tripods, canes, wheelchairs, articulated beds) and a whole range of associated materials (nappies, blood pressure monitors, and pill dispensers). A materiality that transcends objects and transforms the home environment into a medicalised space (Gusman, 2018; Wackers, 2020).

In the institutional care environment, the material culture also shapes the meanings of space. The wide, obstacle-free corridors of day centres are designed to facilitate the free movement of older persons. Information posters and casual photographs of the people who come to these centres recreate the symbolism of an environment that seeks to provide care through therapy and friendly service. Care homes, however, depict another setting and another material

culture. In the case of macro care homes, the material culture is generally associated with depersonalisation. A limited presence of the objects and belongings of the older person reflects a symbolism associated with decadence, loneliness, and death, and the stigmatisation of care homes that was revived during the pandemic (Comas-d'Argemir, et al., 2022).

Other crucial care spaces must also be included in our analysis: community, village, or neighbourhood. These places foster strong social bonds built in everyday life and are related to a sense of belonging and extended kinship (Chirinos, 2021a; Sacchi and Viazzo, 2018). Through this category, we aim to trace trajectories in more traditional spaces of care, and in broader settings, where the meaning of care is equally relevant. One example is participation in significant community celebrations like patron saint festivities. In this socially active space, ties and roles between neighbours are often reaffirmed on specific dates and in a continually changing community environment.

Paying attention to other environments where bonds are built from interaction with non-humans is equally important (Ingold, 2011; Spinney, 2006; Tilley, 1994). Care spaces are woven in a web of relationships between people and the natural environment and landscape, whether rural or urban. The presence of animals, gardens, orchards, and mountains, or streets, grocery shops, and parks portrays a sensory content that influences the subjectivities of care and self-care that must be explored, to understand the complexity of everyday experiences and their links in care settings. This idea of understanding care is linked to posthumanist theoretical approaches that are critical of the idea of conceiving human experience in anthropocentric and binary terms (Braidotti, 2013; Kirksey and Helmreich, 2010; Taylor, 2017). Within their ontology, relationality plays a leading role, as they understand that entities or elementary categories do not precede relations, but are constituted from relations in a constant flow (Marti and Enguix, 2022). The idea of constellations of care that we propose is consistent with this epistemological stance, which seeks to understand the experiences of care in a continuum with everything that surrounds us. In a constant interrelation between the organic and the inorganic.

A MOSAIC OF CARE RESOURCES

The last analytical category we consider relevant for analysing constellations of family care refers to the interplay of resources and how families care for older persons. Faced with weak social policies in Mediterranean countries, families have had to assume long-term care during ageing by devising care resources involving the private sector, the family, public policies, and the community (Soronellas et al., 2021). The analytical category of mosaics of care resources is designed precisely because of the need to register the diversity

of strategies and resources adopted by families, which affects how constellations are determined. In some cases, care is collectivised, while in others it shrinks and is reverted to the family in full.

We define a mosaic of care resources as the set of support and services used to care for older people: informal support from kinship and community networks, recruitment of domestic workers, day centres, home care services, or telecare. Opting for a care home entails institutionalising the person being cared for and is the final step in the care trajectory, based on the assumption that one's own home is the preferred and ideal space for ageing (Soronellas et al., 2021). Within this delicate network of resources, families (especially women) must learn to fit in if care needs are to be met. These degrees of responsibility and burden place women at the heart of the social organisation of care.

This analytical category provides two essential elements of analysis. First, social mapping of the intervening agents in long-term care: who they are, their capacity and availability for care, the cost, what they do, and how they take responsibility for the support. And second, a recording of the transitions, variations, and continuities in how these agents are linked to the recipient of care, and how they are collectivised and withdrawn.

Therefore, in this delicate network of links and resources, the intersectionality of specific cultural dimensions cannot escape analysis; one such dimension is the intersection between gender and kinship. Families reorganise themselves in different ways in the face of transformations in gender roles and intergenerational relations, thereby affecting the circulation of care. The dimension of social class must be included in the analytical framework, given that families' abilities to mobilise resources and obtain support are largely based on their economic possibilities and the associated social and cultural capital. Finally, time dimension must be included, because it is a resource. It allows us to question how care is distributed (variations in participation), who it is exchanged with (social agents involved), and how (affective or managed care, domestic work, subjective and bodily interdependencies). Caring involves costs but, above all, time.

Mosaics of care are not a homogeneous and balanced structure. They are fragmented and made up of apparently unconnected pieces that are put together in an improvised manner, in the face of scant care services and resources. Hence the idea of a collage or puzzle conjured by these mosaics when we explore the availability of resources and strategies that families seek in long-term care. The mosaics, therefore, are heterogeneous in their format and content. But they are mainly concealed behind a vast, complex design framed by the inequalities and social injustice of how care is distributed during ageing. The most vulnerable families face the most significant

overload. To confront their economic incapacity and inability to access market services, they turn to their family network to create their mosaic of resources (Soronnellas et al., 2021). How we explore these mosaics and their heterogeneity according to communities will enable us to define how constellations are rebuilt in long-term care trajectories during ageing.

CONCLUSIONS

Despite the context of the care crisis, families and women continue to be the leading agents in providing and managing care. This paper responds to the need for analytical tools to understand the economic, social, and cultural sense of long-term care, in order to also address politically the necessary social redistribution of care work and responsibilities. Our methodological proposal is based on the concept of constellations of family care, with which we seek to contribute analytically to social care studies. To account for the complex nature of the reasons behind care situations, we have approached care constellations by examining the following: 1) the articulation of the different agents involved in the provision of care, 2) the spaces and materialities of care, and 3) the links that are created, destroyed, and rebuilt in the care process. Our methodological contribution is based on a qualitative approach centred on the relational and dynamic observation of care situations, to understand the factors involved in organising care in the home and its transformation over time.

Constellations of family care allow us to analyse the representations and meanings woven into care situations based on interaction between persons, spaces, and the routines established throughout the care process. In general, using constellations of care as an analytical tool makes it possible to explore the macro-social effects of care, that is, to analyse the various social actors involved and the exogenous forces that influence how the family provides care. The pandemic has been a clear example of this exogenous effect, along with the precariousness of public policies and their impacts on family care. This methodology also allows us to delve into more localised relationships through a micro-social approach. This concept seeks the analytical depth of the situated relations of care, focusing on family care, but without losing the broad social and economic perspective in which it is performative and of which it is part.

The processual factor is a dimension that delineates the notion of care and its variability. Process implies time, and time in care is sacrosanct. We cannot assume that care is experienced and provided in the same way over a long period. We must therefore describe the essential stages and changes in its practice and meaning, including the changes and ambiguities in the life course of carers, the web of intergenerational relations and

changes in gender roles, or how care enters or leaves the market according to the economic volatility of the family, or the strength of public policies. Likewise, the relational value of care must be assumed, which implies interaction with diverse social actors, the material culture surrounding it, the spaces where it is practised, and the treatment of corporealities and emotions. It is a matter of understanding the ways of experiencing daily care between the cared-for and the carers, the relationship with social services, the public and private services available, the role played by the community in the framework of care routines, or their relationship with care spaces. In this case, our approach has been situated in the context of ageing and illness, but it is a methodology that can be applied to other life-course care contexts.

Constellations of care built around the home and the family provide essential information for understanding the factors that act as barriers to transforming the social organisation of care and detecting the factors that facilitate this transformation. Gender, socio-economic and class status, as well as national/ethnic origin, condition care in the home, often negatively affecting carers, especially women, as noted by the European Institute for Gender Equality (2020). Observing care situations through constellations provides the holistic and contextual perspective needed to understand how the factors outlined above act and achieve the democratisation of care.

FUNDING INFORMATION

This paper is part of the R&D project “The Model of Long-Term Care in Transition: The Impact of COVID-19 on the Organisation of Family Care” (PID2020-114887RB-C31), and “Challenges of Primary Health Care during the COVID-19 Pandemic. Community Health and Social Participation” (PID2021-122523OB-100), both funded by the Spanish Ministry of Science and Innovation; and the grant Margarita Salas postdoctoral fellowship (2021URV-MS-32) by the Spanish Ministry of Universities under the Recovery, Transformation and Resilience Plan and by the European Union’s NextGenerationEU.

COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR AFFILIATIONS

Carlos Chirinos  orcid.org/0000-0002-8656-3052
Rovira i Virgili University, ES

Montserrat Soronnellas  orcid.org/0000-0001-7816-6105
Rovira i Virgili University, ES

Dolors Comas-d’Argemir  orcid.org/0000-0002-0385-0436
Rovira i Virgili University, ES

REFERENCES

- Baldassar, L.** 2017. 'Transformations in Transnational Aging: A Century of Caring Among Italians in Australia'. In Dossa, P and Coe, C (eds.), *Transnational Aging and Reconfigurations of Kin Work*. London: Rutgers University Press, pp. 120–138. DOI: <https://doi.org/10.36019/9780813588100-007>
- Banens, M and Marcellini, A.** 2015. Ces Hommes qui Prennent Soins d'Autrui. Étude de Quelques Figures Masculines de l'Aide Intrafamiliale. *Alter*, 9(3): 195–206. DOI: <https://doi.org/10.1016/j.alter.2014.06.002>
- Barnes, M.** 2006. *Caring and Social Justice*. New York: Palgrave Macmillan. DOI: <https://doi.org/10.1007/978-1-137-05193-6>
- Behar, R.** 2022. *The Vulnerable Observer. Anthropology that Breaks your Heart*. Boston: Beacon Press.
- Benería, L.** 2008. The Crisis of Care, International Migration, and Public Policies. *Feminist Economics*, 14(3): 1–21. DOI: <https://doi.org/10.1080/13545700802081984>
- Berkman, LF, et al.** 2012. 'Social Networks, Family, and Care Giving Among Older Adults in India'. In Smith, JP and Majmundar, M (eds.), *Aging in Asia: Findings from New and Emerging Data Initiatives*. Washington, DC: The National Academies Press, pp. 261–278.
- Bettio, F, Simonazzi, A and Villa, P.** 2006. Change in Care Regimes and Female Migration: The 'Care Drain' in the Mediterranean. *Journal of European Social Policy*, 16(3): 271–285. DOI: <https://doi.org/10.1177/0958928706065598>
- Bofill-Poch, S.** 2018. Changing Moralities: Rethinking Elderly Care in Spain. *The Australian Journal of Anthropology*, 29(2): 133–149. DOI: <https://doi.org/10.1111/taja.12282>
- Bogino, V, et al.** 2021. ¿Cómo Interactúan la Orientación Personal, los Acuerdos de Pareja y la Cultura Organizacional en el Logro de Paternidades Cuidadoras? *Empiria: Revista de Metodología de Ciencias Sociales*, 51: 125–152. DOI: <https://doi.org/10.5944/empiria.51.2021.30810>
- Braidotti, R.** 2013. *The Posthuman*. Malden: Polity Press.
- Calasanti, T and Bowen, M.** 2006. Spousal Caregiving and Crossing Gender Boundaries: Maintaining Gendered Identities. *Journal of Aging Studies*, 20(3): 253–263. DOI: <https://doi.org/10.1016/j.jaging.2005.08.001>
- Campbell, LD.** 2010. Sons Who Care: Examining the Experience and Meaning of Filial Caregiving for Married and Never-Married Sons. *Canadian Journal of Aging*, 29: 73–84. DOI: <https://doi.org/10.1017/S071498080999033X>
- Carrasco, C, Borderías, C and Torns, T.** 2011. *El Trabajo de Cuidados. Historia, Teoría y Políticas*. Madrid: Catarata.
- Carsten, J.** 2004. *After Kinship*. Cambridge University Press. DOI: <https://doi.org/10.1017/CBO9780511800382>
- Chapman, T.** 2004. *Gender and Domestic Life. Changing Practices in Families and Households*. New York: Palgrave Macmillan.
- Chirinos, C.** 2021a. *Cuando los Hombres Cuidan... Cuando los Hombres Mayores Cuidan. Experiencias de Cuidado Conyugal en Contextos de Enfermedad y Discapacidad*. Ph.D diss., Rovira i Virgili University, Tarragona.
- Chirinos, C.** 2021b. 'Del Cuidado Familiar al Cuidado Comunitario. Reflexiones acerca de una Iniciativa Local de Cuidados en Contextos de Discapacidad y Envejecimiento'. In Comas-d'Argemir, D and Bofill-Poch, S (eds.), *El Cuidado de Mayores y Dependientes. Avanzando hacia la Igualdad de Género y Justicia Social*. Barcelona: Icaria, pp. 293–311.
- Clifford, J.** 1986. 'Introduction: Partial Truth'. In Clifford, J and Marcus, GE (eds.), *Writing Culture. The Poetics and Politics of Ethnography*. University of California Press, pp. 1–26. DOI: <https://doi.org/10.2307/jj.8441704.5>
- Coe, C.** 2016. Orchestrating Care in Time: Ghanaian Migrant Women, Family, and Reciprocity. *American Anthropologist*, 118(1): 37–48. DOI: <https://doi.org/10.1111/aman.12446>
- Comas-d'Argemir, D.** 1995. *Trabajo, género y cultura. La construcción de desigualdades entre hombres y mujeres*. Barcelona: Icaria.
- Comas-d'Argemir, D.** 2017. El Don y la Reciprocidad Tienen Género: Las Bases Morales de los Cuidados. *Quaderns-e de l'Institut Català d'Antropologia*, 22(2): 17–32.
- Comas-d'Argemir, D and Chirinos, C.** 2017. Cuidados no Pagados: Experiencias y Percepciones de los Hombres Cuidadores en Contextos Familiares. *Revista Murciana de Antropología*, 24: 65–86.
- Comas-d'Argemir, D and Soronellas, M.** 2019. Men as Carers in Long-Term Caring. Doing Gender and Doing Kinship. *Journal of Family Issues*, 40(3): 315–339. DOI: <https://doi.org/10.1177/0192513X18813185>
- Comas-d'Argemir, D, Legarreta, M and García Sainz, C.** 2022. 'Residencias, en el Epicentro de la Crisis Sanitaria'. In Comas-d'Argemir, D and Bofill-Poch, S (eds.), *Cuidar a mayores y dependientes en tiempos de la COVID-19*. Valencia: Tirant lo Blanch, pp. 257–312.
- Conlon, C, et al.** 2014. Women (Re)Negotiating Care Across Family Generations: Intersections of Gender and Socioeconomic Status. *Gender and Society*, 8: 729–751. DOI: <https://doi.org/10.1177/0891243214536466>
- Daly, M and Lewis, J.** 2000. The Concept of Social Care and the Analysis of Contemporary Welfare States. *The British Journal of Sociology*, 51(2): 281–298. DOI: <https://doi.org/10.1111/j.1468-4446.2000.00281.x>
- Danely, J.** 2022. *Fragile Resonance: Caring for Older Family Members in Japan and England*. New York: Cornell University Press. DOI: <https://doi.org/10.7591/cornell/9781501765643.001.0001>
- Dossa, P.** 2017. 'The Recognition and Denial of Kin Work in Palliative Care: Epitomizing Narratives of Canadian Ismaili Muslims'. In Dossa, P and Coe, C (eds.), *Transnational Aging and Reconfigurations of Kin Work*. Rutgers University Press, pp. 180–196. DOI: <https://doi.org/10.36019/9780813588100-010>

- Dossa, P** and **Coe, C**. 2017. 'Introduction: Transnational Aging and Reconfigurations of Kin Work'. In Dossa, P and Coe, C (eds.), *Transnational Aging and Reconfigurations of Kin Work*. London: Rutgers University Press, pp. 1–24. DOI: <https://doi.org/10.36019/9780813588100-001>
- Durán, MA**. 2018. *La Riqueza Invisible del Cuidado*. Valencia: Universitat de València.
- Esquivel, V, Faur, E** and **Jelin, E**. 2012. *Las Lógicas del Cuidado Infantil. Entre las Familias, el Estado y el Mercado*. Buenos Aires: IDES.
- Esteve, A, Devolder, D** and **Domingo, A**. 2016. La Infecundidad en España: tic-tac, tic-tac, tic-tac!!!. *Perspectives*, 1: 1–4. DOI: <https://doi.org/10.46710/ced.pd.esp.1>
- European Commission**. 2022. *A European Care Strategy for Caregivers and Care Receivers* [Online]. Available: https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169 [Accessed 16 May 2023].
- European Institute for Gender Equality**. 2020. *Gender Equality and Long-term Care at Home*. Luxembourg: Publications Office of the European Union.
- Faur, E**. 2014. *El Cuidado Infantil en el Siglo XXI. Mujeres Malabaristas en una Sociedad Desigual*. Buenos Aires: Siglo XXI.
- Galčánová, L** and **Kafková, M**. 2018. Self-Perception during the Transition to the Fourth Age in the Czech Republic. *Ethnologie Française*, 171: 413–426. DOI: <https://doi.org/10.3917/ethn.183.0413>
- Gee, EM** and **Gutman, GM**. 2000. *The Overselling of Population Aging: Apocalyptic Demography, Intergenerational Challenges and Social Policy*. Oxford: Oxford University Press.
- Geertz, C**. 1993. *Local Knowledge: Further Essays in Interpretive Anthropology*. London: Fontana.
- Gilligan, C**. 1982. *In a Different Voice*. Cambridge: Harvard University Press.
- Glenn, EN**. 2000. Creating a Caring Society. *Contemporary Sociology*, 29(1): 84–94. DOI: <https://doi.org/10.2307/2654934>
- Gotman, A**. 2010. Vers la Fin de la Transmission? De l'usage du Logement Pour Assurer Ses Vieux Jours. Le Prêt a Hypothèque Inversée. *Sociologie*, 1(1): 141–159. DOI: <https://doi.org/10.3917/socio.001.0141>
- Gusman, A**. 2018. Mourir Chez Soi. Le Cas de la Médicalisation du Domicile en Italie. *Ethnologie Française*, 171: 503–514. DOI: <https://doi.org/10.3917/ethn.183.0503>
- Häberlein, T**. 2015. 'Intergenerational Entanglements. Insights into Perceptions of Care for the Elderly and Life-Courses in Northern Togo'. In Alber, E and Drotbohm, H (eds.), *Anthropological Perspective on Care, Work, Kinship, and the Life-Course*. New York: Palgrave Macmillan, pp. 159–179. DOI: https://doi.org/10.1057/9781137513441_8
- Hareven, T**. 1984. *Family Time and Industrial Time. The Relationship Between the Family and Work in a New England Industrial Community*. New York: Cambridge University Press.
- Hayes, J, Boylstein, C** and **Zimmerman, M**. 2009. Living and Loving with Dementia: Negotiating Spousal and Caregiver Identity through Narrative. *Journal of Aging Studies*, 23(1): 48–59. DOI: <https://doi.org/10.1016/j.jaging.2007.09.002>
- Heady, P**. 2012. European Kinship Today: Patterns, Prospects and Explanations. *Ethnologie Française*, 42(1): 93–104. DOI: <https://doi.org/10.3917/ethn.121.0093>
- Hochschild, AR**. 1989. *The Second Shift. Working Families and the Revolution at Home*. New York: Avon Books.
- Huerta, T** and **Dandi, R**. 2014. 'Social Network Analysis and the Integration of Care'. In Mick, SSF and Shay, PD (eds.), *Advances in Health Care Organization Theory*. San Francisco: Jossey-Bass, pp. 229–354.
- Ingold, T**. 2011. *Being Alive. Essays on Movement, Knowledge and Description*. Oxford: Routledge.
- Ingold, T**. 2016. *Lines: A Brief History*. Abingdon: Routledge. DOI: <https://doi.org/10.4324/9781315625324>
- Johnson-Hanks, J**. 2002. On the Limits of Life Stages in Ethnography: Toward a Theory of Vital Conjunctions. *American Anthropologist*, 104(3): 865–880. DOI: <https://doi.org/10.1525/aa.2002.104.3.865>
- Julià, A** and **Escapa, S**. 2014. Mares Sobrecarregades. Factors que Causen més Dedicació de les Mares en el Treball Domèstic. *Papers*, 99(2): 235–259. DOI: <https://doi.org/10.5565/rev/papers.612>
- Kirksey, SE** and **Helmreich, S**. 2010. The Emergence of Multispecies Ethnography. *Cultural Anthropology*, 25(4): 545–576. DOI: <https://doi.org/10.1111/j.1548-1360.2010.01069.x>
- Kramer, B**. 2000. Husbands Caring for Wives with Dementia: A Longitudinal Study of Continuity and Change. *Health & Social Work*, 25(2): 97–107. DOI: <https://doi.org/10.1093/hsw/25.2.97>
- Lynch, C** and **Danely, J**. 2013. 'Transitions and Transformations: Paradigms, Perspectives, and Possibilities'. In Lynch, C and Danely, J (eds.), *Transitions and Transformations. Cultural Perspective on Aging and the Life Course*. Oxford: Berghahn, pp. 3–20. DOI: <https://doi.org/10.1515/9780857457790-003>
- Martí, J** and **Enguix, B**. 2022. *Pensar la Antropología en Clave Posthumanista*. Madrid: CSIC.
- Martínez-Buján, R**. 2011. La Reorganización de los Cuidados Familiares en un Contexto de Migración Internacional. *Cuadernos de relaciones laborales*, 29(1): 93–123. DOI: https://doi.org/10.5209/rev_CRLA.2011.v29.n1.4
- Milligan, C**. 2005. From Home To 'Home': Situating Emotions within the Caregiving Experience. *Environment and Planning A*, 37: 2105–2120. DOI: <https://doi.org/10.1068/a37419>
- Molinier, P**. 2013. *Le Travail du Care*. Paris: La Dispute/Snédit.
- Moreno-Colom, S**. 2017. The Gendered Division of Housework Time: Analysis of Time Use by Type and Daily Frequency of Household Tasks. *Time & Society*, 26(1): 3–27. DOI: <https://doi.org/10.1177/0961463X15577269>
- Myrdal, A**. 1941. *Nation and Family. The Swedish Experiment in Democratic Family and Population Policy*. New York: Harper & Brothers.
- Papadaki, E**. 2017. 'Undoing Kinship. Producing Citizenship in a Public Maternity Hospital in Athens, Greece'. In

- Thelen, T and Alber, E (eds.), *Reconnecting State and Kinship*. Philadelphia: University of Pennsylvania Press, pp. 178–199.
- Parreñas, RS.** 2012. The Reproductive Labour of Migrant Workers. *Global Networks*, 12(2): 269–275. DOI: <https://doi.org/10.1111/j.1471-0374.2012.00351.x>
- Pérez-Orozco, A.** 2006a. Amenaza Tormenta: La Crisis de los Cuidados y la Reorganización del Sistema Económico. *Revista de economía crítica*, 5: 8–37.
- Pérez-Orozco, A.** 2006b. *Perspectivas Feministas en Torno a la Economía: El Caso de los Cuidados*. Madrid: Consejo Económico y Social.
- Razavi, S.** 2007. *The Political and Social Economy of Care in a Development Context*. UNRISD Programme on Gender and Development. Geneva: UN Research Institute for Social Development.
- Ribeiro, O, Paúl, C and Nogueira, C.** 2007. Real Men, Real Husbands: Caregiving and Masculinities in Later Life. *Journal of Aging Studies*, 21(4): 302–313. DOI: <https://doi.org/10.1016/j.jaging.2007.05.005>
- Rodríguez-Cabrero, G.** 2011. Políticas Sociales de Atención a la Dependencia en los Regímenes de Bienestar de la Unión Europea. *Cuadernos de Relaciones Laborales*, 29(1): 13–42. DOI: https://doi.org/10.5209/rev_CRLA.2011.v29.n1.1
- Roigé, X and Soronellas, M.** 2018. Vieillesse, Divorce et Recomposition Familiale. Discours, Pratiques et Stratégies des Soins a Barcelone. *Ethnologie Française*, 171: 465–478. DOI: <https://doi.org/10.3917/ethn.183.0465>
- Russell, R.** 2007. The Work of Elderly Men Caregivers: From Public Careers to an Unseen World. *Men and Masculinities*, 9(3): 298–314. DOI: <https://doi.org/10.1177/1097184X05277712>
- Sacchi, P and Viazzo, P.** 2018. Families and the Elderly along the Shores of the Mediterranean: Old and New Forms of Relatedness. *Ethnologie Française*, 171: 427–438. DOI: <https://doi.org/10.3917/ethn.183.0427>
- Saraceno, C.** 2010. Social Inequalities in Facing Old-Age Dependency: A Bigenerational Perspective. *Journal of European Social Policy*, 20: 32–44. DOI: <https://doi.org/10.1177/0958928709352540>
- Sassen, S.** 2003. *Contra geografías de la Globalización. Género y Ciudadanía en los Circuitos Transfronterizos*. Madrid: Traficantes de Sueños.
- Song, MK,** et al. 2023. Informal Caregiving Networks of Older Adults with Dementia Superimposed on Multimorbidity: A Social Network Analysis Study. *Innovation in Aging* 7(4): 1–9. DOI: <https://doi.org/10.1093/geron/igad033>
- Soronellas, M and Jabbar, M.** 2022. ‘Cuidadoras Familiares frente al Shock Pandémico’. In Comas-d’Argemir, D and Bofill-Poch, S (eds.), *Cuidar a Mayores y Dependientes en Tiempos de la COVID-19*. Valencia: Tirant lo Blanch, pp. 93–146.
- Soronellas, M,** et al. 2021. ‘Hombres, Cuidados y Ancianidad: Un Bricolaje de Ayudas, un Mosaico de Recursos de Cuidados (Cataluña, España)’. In Castro, A, Contreras, RH and Contreras, J (eds.), *Ganarse la Vida. La Reproducción Social en el Mundo Contemporáneo*. Ciudad de México: UNAM, pp. 209–235.
- Soronellas, M, Comas-d’Argemir, D and Roigé, X.** 2020. ‘New Families, New Aging, New Care. Rethinking Kinship through the Involvement of Men in Family Care’. In Razy, E, Sarcinelli, A and Duysens, F (eds.), *Espaces pluriels de la parenté: Approches Ethnographiques des (Re)configurations Intimes et Publiques dans le Monde Contemporain*. Louvain-la-Neuve: Academia L’Harmattan, pp. 23–37.
- Spinney, J.** 2006. A Place of Sense: A Kinaesthetic Ethnography of Cyclists on Mont Ventoux. *Environment and Planning D: Society and Space*, 24: 709–732. DOI: <https://doi.org/10.1068/d66j>
- Stafford, P.** 2019. *The Global Age-Friendly Community Movement. A Critical Appraisal*. Oxford: Berghahn. DOI: <https://doi.org/10.2307/j.ctvw04ctc>
- Synnes, O and Frank, A.** 2020. ‘Home as Cultural Imaginary at the End of Life’. In Pasveer, B, Moser, I and Synnes, O (eds.), *Ways of Home Making in Care for Later Life*. Palgrave Macmillan, pp. 19–40. DOI: https://doi.org/10.1007/978-981-15-0406-8_2
- Taylor, A.** 2017. Beyond Stewardship: Common World Pedagogies for the Anthropocene. *Environmental Education Research*, 23(10): 1448–1461. DOI: <https://doi.org/10.1080/13504622.2017.1325452>
- Tilley, C.** 1994. *A Phenomenology of Landscape. Places, Paths and Monuments*. Oxford: Berg.
- Torns, T.** 2005. De la Imposible Conciliación a los Permanentes Malos Arreglos. *Cuadernos de Relaciones Laborales*, 23(1): 15–33.
- Tronto, J.** 2013. *Caring Democracy. Markets, Equality, and Justice*. New York: University Press.
- United Nations.** 2019. *World Population Ageing 2019: Highlights*. Department of Economic and Social Affairs, Population Division.
- Wackers, G.** 2020. ‘Making a Place for Dying at Home: Liminality, Territoriality and Care at the End of Life’. In Pasveer, B, Moser, I and Synnes, O (eds.), *Ways of Home Making in Care for Later Life*. Palgrave Macmillan, pp. 227–248. DOI: https://doi.org/10.1007/978-981-15-0406-8_11
- Wainerman, C.** 2007. ‘Conyugalidad y Paternidad ¿Una Revolución Estancada?’. In Gutiérrez, MA (ed.), *Género, Familias y Trabajo: Rupturas y Continuidades. Desafíos para la Investigación Política*. Buenos Aires: CLACSO, pp. 179–222.
- Williams, F.** 2010. *Claiming and Framing in the Making of Care Policies. The Recognition and Redistribution of Care*. UNRISD Programme on Gender and Development. Geneva: UN Research Institute for Social Development.
- Willis, P, Vickery, A and Symonds, J.** 2020. ‘You Have Got to Get Off Your Backside; Otherwise, You’ll Never Get Out’: Older Male Carers’ Experiences of Loneliness and Social Isolation”. *International Journal of Care and Caring*, 4(3): 311–330. DOI: <https://doi.org/10.1332/239788220X15912928956778>

TO CITE THIS ARTICLE:

Chirinos, C, Soronellas, M and Comas-d'Argemir, D. 2024. Constellations of Family Care as an Analytical Tool for Social Care Studies. *Journal of Long-Term Care*, (2024), pp. 263–276. DOI: <https://doi.org/10.31389/jltc.252>

Submitted: 15 September 2023 **Accepted:** 23 May 2024 **Published:** 20 June 2024

COPYRIGHT:

© 2024 The Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported International License (CC BY-NC-ND 3.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See <http://creativecommons.org/licenses/by-nc-nd/3.0/>.

Journal of Long-Term Care is a peer-reviewed open access journal published by LSE Press.