

It Takes Another Kind of Village: How Older Husbands in Rural Spanish Communities Experience Caregiving

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Abstract

This article explores how older husbands' caregiving experiences are interwoven with the social representation of 'the village,' understood herein as an intimate, local community that actively contributes to long-term care on a daily basis. The concepts of belonging and doing kinship form the analytical basis for illuminating this interaction between care from husbands and daily community care. I use the social representation of the imagined community both as the axis for articulating the singular experiences of care, and the construct of a village that values its collective history, local rituals, natural environment, and ordinary routines. Study data are based on ethnographic observations of the daily long-term care trajectories of five married couples in two villages and one small town in the rural Spanish Mediterranean.

Keywords: Husband caregiving; Community care; Belonging; Ageing; Rural communities; Spain

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It Takes Another Kind of Village: How Older Husbands in Rural Spanish Communities Experience Caregiving

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Introduction

For the local collaborators in my ethnography, the notions of 'village' and 'care' share a close relationship. As I discuss in this article, certain places constitute and determine social dimensions in the long-term care processes entangled with ageing. Depending on where care is practiced, it is generally determined by social and cultural realities that influence how it is received. In other words, it is not the same to care for someone at home in a village as it is to care for them in a large city. Access to formal care services is an essential determinant when these spaces are studied, especially in the context of rural ageing (Benedict 2019; Merwin, Snyder, and Katz 2006). Other determinants include symbolic dimensions and the construction of belonging that is woven around an imagined community (Anderson 1991) and doing kinship (Comas-d'Argemir and Soronellas 2019) within a close group.

When a person grows old in a village, a relationship is created with one's neighbors and environment over a long period. This generates an identity and a set of emotions associated with that environment (full of material and symbolic stimuli such as heritage, rituals, and the natural environment), and an intense social bond (Pasveer, Synnes, and Moser 2020). To understand care, places must be understood in the same way – in all their complexity. As with any social action, care occurs at a particular time and place. And since care is often relational, temporal, and spatial (Pauli and Bedorf 2018; Pasveer, Synnes, and Moser 2020), life within the village is closely intertwined with experiences of long-term care.

In this article, I investigate the intrinsic relationship between care and the village in the context of ageing in two villages and one small town in the rural Spanish Mediterranean. I argue that localized places such as 'the village' have been fundamental in the daily experiences of older husbands caring for their wives, thanks to the long history they have with their immediate environment; it is in the village that identity, belonging, and familiarization are interwoven. This article also explores some of the social conflicts that can alter the idyllic image of small communities. Although a community's cultural construction can lie in its social cohesion, this construction may also be shaped by the social inequalities and power relationships that structure daily care in these local environments.

The data presented here are from an in-depth ethnographic study conducted between 2015 and 2021 as part of four large research projects based at the Rovira i Virgili University in Tarragona, Spain. Centered on the theme of daily long-term care in situations of dependency, these projects each aimed to explore the challenges and transformations in models of the social organization of care in Spain.³ These projects, which are being developed continuously (2015–2024), are the inspiration for the analysis contained in this article.

Ethnographic interest in studying older husbands as carers in Spain stems from a wish to explore how these men experience long-term care in a crisis-of-care context in which models of gender, ageing, and marital commitment converge with changes in the intergenerational care contract (Soronellas, Comas-d'Argemir, and

Alonso 2021). In Spain, long-term care still relies mainly on women, who must deal with certain moral imperatives that negatively affect their work and social trajectories (Carrasco, Borderías, and Torns 2011). Exploring how older men reflect upon and become actively involved in long-term care is therefore essential for contributing to changes in the gender model and the democratization of care (Comas-d'Argemir 2016).

The field work for this study was conducted over 12 months between 2018 and 2019 in two villages and one small town (Cabanes, Segorbe, and Onda, respectively) in the autonomous region of Valencia. Here, I collaborated with five husband carers between the ages of 61 and 74 (a 'younger-old' group of men), whose wives required daily care due to cognitive and physical disabilities resulting from acquired brain damage (stroke, traffic accidents) or dementia such as Alzheimer's disease. Four couples lived by themselves in their own residences, while the fifth couple shared a home with two of their adult children. Participant observation was prioritized as the primary research method to enable immersion into the daily life experiences of these couples (Emerson, Fretz, and Shaw 2011). Thus, I observed and participated in the care trajectories of the husbands caring for their wives (e.g., by observing them daily at home as well as accompanying them to day centers, bars, restaurants, markets, and pharmacies. I use the term 'care trajectories' in this article as a methodological technique that allows me to reconstruct daily habits and networks of care in local environments based on my interaction with the care providers. From this, I gained insight into the couples' care routines, explored their meanings, and observed the couples' interaction with other social actors involved in the caregiving, including members of their extended family, neighbors, healthcare workers, and social workers. I also recruited collaborators in day centers for older people and family carers' associations for those with somatic illnesses and disabilities, such as Alzheimer's disease and acquired brain damage.

Villages and Care in the Context of Ageing

Although humanity has achieved success in prolonging life expectancy, the discourse on demographic ageing is typically set in apocalyptic tones due to the political challenges involved (Gee 2000). Like other European countries, Spain is an ageing society. Declining fertility and increasing life expectancy have led to a larger proportion of older adults in the population (Burholt and Dobbs 2012; Tinker 2002). Indeed, by the year 2050, estimates suggest that Spain will be one of the oldest countries in the world (United Nations 2019). As a result, there may be a greater demand for public funds and services associated with care for those who are unable to care for themselves. Meanwhile, the social norms and values of long-term care are also undergoing transformation (Soronellas, Comas-d'Argemir, and Roigé 2020). A cultural shift in the gender division of labor, a more significant presence of dual-income households (Comas-d'Argemir 2016), and a fracture in the intergenerational contract (Häberlein 2018; Shenk 2001) have contributed to demographic changes; as such, Spain is in the midst of a process of social change in relation to care. However, an air of uncertainty has been observed in care responsibilities in the context of dependency and transformations in family long-term care models during old age and frailty (Lynch and Danely 2013).

In this context of change and continuity in relation to care, villages are an important area to study. Although research highlights a significant decrease in the European rural population, the proportion of older people in these areas will continue to be greater than in urban areas due to the emigration of young villagers and the immigration of retired people (Hart, Larson, and Lishner 2005; Klijn et al. 2005). This makes villages significant environments for investigating how long-term care is experienced in contexts of dependency and frailty due to ageing.

When addressing the notion of a 'village,' there may be a tendency to conceptually lapse into generality; however, most villages are highly heterogeneous. A village can be defined by its type of locality – i.e., by its socio-spatial characteristics such as population size, density, and distance from large urban centers (Hart, Larson, and Lishner 2005; Keating and Phillips 2008). Relevant aspects here include isolation and possible social exclusion (Cattan 2002; Suzuki 2019). However, a village can also be defined by social representations associated with values, beliefs, and traditions that are rooted in the idea of land and community (Keating and Phillips Anthropology & Aging

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2008). In fact, there is no universal definition of a village, and any attempt to do so is likely conditioned by social and cultural aspects based on how the inhabitants understand and articulate their experiences with this environment throughout the course of their lives (Daly and Grant, 2008; William and Cutchin 2002).

Spain is comprised of a diverse array of villages and rural areas. However, this heterogeneity is not necessarily defined by the political-administrative nature of these places but by their environment and the identity that shapes their forms of belonging. There are villages with 5,000 inhabitants as well as smaller localities, such as hamlets or *pedanías*, which have been disappearing due to depopulation (Collantes and Pinilla 2019). Cabanes and Segorbe, two of the villages examined in this study, have fewer than 3,000 and 9,000 inhabitants, respectively (Instituto Nacional de Estadística [INE] 2019). The small town examined in this study, Onda, whose demographics are determined by its tile industry, has roughly 24,000 inhabitants (INE 2019). Notably, in these three locations, the proportion of older people made up 22% of the population in 2022 (Argos 2023). This index suggests that the ageing process may be a significant social problem in these three local communities. At the same time, it is essential to mention that these are socially dynamic populations. Thus, although these places are prone to depopulation and ageing, there is a parallel international migration process. In the case of Cabanes, international migrants represented up to 21% of its total population in 2022, while it was 12% in Onda and Segorbe (Argos 2023). This data is relevant because part of the migrant population in Spain is employed in long-term care, especially foreign women, reinforcing a cultural model of care based on gender inequality and social injustice (Bofill-Poch and Gregorio Gil 2021).

In this study, these local communities are not defined by their population density but by their social construction and the symbolic value their inhabitants attribute to their environment and local culture. Although Onda's population is greater, this small town retains its rural character because of its proximity to orange groves and the surrounding natural park (*Serra d'Espadàn*). The same is true of both Cabanes, due to its orchards and its proximity to the Mediterranean, and of Segorbe, due to its location between two natural parks (*Serra Calderona* and *Serra d'Espadàn*). Landscape is essential to the concept of 'village,' even in the case of localities that transit between urbanity and rurality. Villages are also not external to the intense social ramifications constructed between neighbors or to their close and rhythmic coexistence (Chapman and Peace 2008; Shenk 2001).

In other words, if care is to occur, it should be practiced in interaction with and with respect for temporality and spatiality (Chirinos 2021a). Regarding its relational dimensions, this means that care cannot be understood without social interaction and interdependence among the family and other care agents, such as the community. This framing retains the processual character of care as analysed by Tatjana Thelen (2015) in her analysis of care as a social organization, by considering care as open-ended process, drawing our attention to the connections between people, various care agents, organizations and ideologies. In relation to its processual dimensions, care takes place in space-time (Chirinos 2021a), which creates the construction of habits and routines in local environments as well as variability in dependency and changes in care demands.

At the same time, these processes occur in different places. Care is not experienced in the same way at home as it is in a day center or nursing home or in a village as it is in the city. As I explain later, I interpret care by attending to the multiple spaces in which it is given. This emphasizes the complexity and richness of care settings, while also highlighting the implications of these places on the well-being of cared recipients and their carers (Milligan 2014). Dependency care and rural ageing are configured under these dimensions. For instance, the husbands in this study who are caring for their disabled wives do so not only in their home environments but also in more collectivize spaces such as bars, supermarkets, and festivals. This way of understanding 'care' and 'the village' engenders new insights into the role of locations in the long-term care of ageing individuals.

Weaving Care into the Village: The Social Construction of Belonging and Community Care

In focusing on the interactions between older husbands and their cared-for wives, I learned that these couples care for each other in spaces that cross borders from the home and the family to community relationships in the village based on routine exchanges and subtle traditions of community coexistence (Bodoque and Sanz 2022). Care trajectories are essential for reconstructing and making visible this more collective and traditional village interaction. Although the villages do not have the same responsibility to care as husbands, it configures social practice as essential in the experiences of daily care for ageing individuals. Care between a couple does not necessarily mean caring in isolation but rather within a care network that includes relationships and social agents that intervene – from the family to the market and the community to the state (Razavi 2007). Family care is a collective phenomenon.

In the following sections, I develop three forms of analysis to explain how villages and small towns – through their heritage and historical memory, their subtle daily routines, and their natural environment and climate – are configured as active care agents for ageing individuals. My aim is to understand how a local community can be transformed into a social agent of care for older husband caregivers.

The Village as an Imagined Community

Villages create belonging. The first time I visited Toni⁴ in Segorbe, he asked me, "And what do you want to do?", to which I replied, "I want to know what your day-to-day life is like when you provide care." "Well, let's go and I'll show you," he said. "You're going to get tired." Toni is a carer with a great deal of vitality and energy. Not only does he take care of his wife at home but, when she is not there (she spends eight hours daily at a day center), he walks the streets of his village each morning. Toni is the founder and an active member of a care association for people with acquired brain damage, and he spends his mornings visiting relatives, making bureaucratic arrangements for financial support, or going to the association's offices. Without previous experience, he founded the association after his wife's stroke, which affected her motor function and cognition. Toni became actively involved in her care, moving beyond the home to collectivize and institutionalize care in the community (Chirinos 2021b). However, on that and subsequent mornings, something unusual occurred as we were touring the village: Toni narrated his experiences of caring, interrupting his own stories with comments about the village's heritage and history.

Walking around the streets of Segorbe, he proudly told me how in recent years they had discovered a medieval wall that surrounded the village. He showed me the cathedral facade, telling me stories about its architecture and clerics. He guided me through the narrow streets of the historic center, showing me the picturesque palace of the Dukes of Medinaceli (now the Town Hall) and the site of the old Republican Party with its tricolor flag raised on the facade. He also mentioned less illustrious heritage sites such as the former *Plaza del Arroz* (Rice Square), *Plaza de los Cerdos* (Pigs Square) and *Plaza de las Gallinas* (Hens Square), where merchants came to sell their products (hence the names of the squares). "I still got to see that," he told me nostalgically. He also showed me his childhood home in the highest part of the historic center, which had been demolished in the bombing raids of the Civil War (1936–39) and rebuilt later in the post-war period (1932–52).

The days I spent with Toni were thus spent reminiscing about the village's collective and historical past. For Toni, daily care of his wife also involved maintaining historical memory. This was true for many collaborators in my study. For example, Vicente interrupted stories of caregiving for his wife by reminiscing about the center of Onda, with its abandoned factories and showing a vestige of pride in its manufactured tiles that this small town carries as a form of local identity, as well as its famous castle, called Three Hundred Towers because of its many towers of which only one remains. I found that the practice of remembrance by Vicente and Toni formed a collective space in which caregiving was intertwined with a firm belonging to a certain location through heritage and traditions.

When I visited Miguel in the village of Cabanes one afternoon in January, we noticed several older neighbors sitting on a porch and went to greet them. Standing in front of those houses dispersed among orange orchards, they told me excitedly how, several weeks earlier, they had celebrated the saint day of Anthony the Great, the patron of animals. They constantly interrupted each other to tell me enthusiastically about the blessing of the horses, sheep, and goats, and about the huge bonfire that was lit to commemorate the anniversary of this Catholic saint. Some of the older men thought back to their youth, remembering how many years ago they had arranged to prepare food and set up tables in the middle of the street, and recalled the huge dance that had taken place at night. For three days, the neighborhood was transformed into a collective space in which tumult, celebration, and exaltation were constantly exchanged. All of the neighbors recognized each other. Everyone shared. Despite her significant mobility problems, on that day in January, Miguel's wife Concha went out to join the festivities.

Like the other older residents, Concha and Miguel engaged in a village ritual that reinforced their social ties as neighbors in a long process of ageing together. In these villages, patron-saint festivities are rituals of belonging that reaffirm the notion of a close and immediate community year after year (Place 2022). Such festivities are shared by older neighbors and relatives who, in the cases I studied, had been coexisting for more than 20 years. A long, collective history often generates an extended construct of family (Sacchi and Viazzo 2018) and a form of reciprocity on which care is sustained and circulates (Esteban 2017). Not surprisingly, after one of my visits to Onda, Juan told me how one of his neighbors had taken care of his four small children when he and his wife were away due to work. Reciprocity is typical of such extended kinship. "She took care of them as if they were her own," Juan told me. In the villages and small town that I studied, daily care is not a spontaneous practice but emerges from a long social process that is continually reaffirmed in festivities such as the saint-day celebrations.

In my field work, I found that a form of imagined community is intermingled with the social construction of collective and kinship care. The concept of 'imagined community' developed by political scientist and historian Benedict Anderson (1991) can be applied to these local spaces that have deep historical traditions. The ideas of 'village' and 'imagined community' are created through doing kinship (Comas-d'Argemir and Soronellas 2019), even with strangers in the village, by sharing rituals and a cultural heritage that creates a male-only brotherhood. As Anderson explains in relation to larger geographical areas, people living in villages also spread and rebuild their belonging through local newspapers, magazines, and even small local museums. They revel in their historical past and heritage, generating a collective history that creates the idea of familiarity even among strangers – hence the 'imagined.' However, this joyful recreation is not only community-generated but also blends with a closer and more local idea of care. As Toni told me, "At a village festival, if you fall, they will pick you up, even if they don't know who you are." He continued:

It's because, at a festival, even if they don't know your name, they know your nickname, and if they don't know your nickname, they know whose son you are, or whose grandson, or they know that you work in such a place. Even if you're not from the village, you will be friends with someone who comes to the festival. Someone will know you no matter how much of an outsider you are. *Here*, people will care for you – they won't leave you stranded.

As well as not leaving someone "stranded," the closest neighbors also know who is sick and who is suffering from a severe unknown illness. They know about deaths and accidents that have occurred, and which families were involved. They even know families' care routines. They know when a carer wakes up and makes breakfast for his wife. They know the days and times of their walks, and which other relatives visit the couple regularly. They offer community care connected to the husband as a carer. When regular routines are disrupted, the neighbors are alerted. If the neighbors do not knock on his door, then the husband carer knocks on theirs. For example, when Espe's stroke left her disabled, it was her husband Juan who urgently knocked on their

neighbor's door to ask for help. Caring in the villages forms the basis of belonging: neighbors share daily life and histories that connect them.

However, as I observed, people in villages do not only provide care to the carers, but carers also provide care to local communities. Toni is an excellent example of how doing kinship is a reciprocal process in which the husband carers are involved in and take responsibility for local care. Due to the lack of a public care institution in his village, Toni received support from experienced associations to establish a family care association that cares for people affected by stroke. Now, Toni goes to the care center every day and talks with the people receiving care from his village as well as the social worker, the physiotherapists, and the volunteers. He answers calls from family carers and interacts with them daily when he meets them on the street, solving problems or listening to their afflictions. Toni demonstrates that care in a village is a dialectical process.

In terms of ageing, the care constructed in a village is partly based on collective history, identity, and belonging to the same space. Heritage, collective memory, and the performance of rituals reaffirm social ties and kinship (Comas-d'Argemir and Soronellas 2019). A family extension (Sacchi and Viazzo 2018) is thus created, based not on consanguinity but on stories shared in the ageing processes among neighbors; this is a social construction on which the collective care of the people in these cases depends. Thus, as village environments provide care for older husband carers, older carers also provide local care, making the belonging and extended kinship process a two-way street.

Subtle Forms of Care in the Village

During my field work, I also found that the social ties on which community care rests are consolidated – not only in great rituals but also in small, daily gestures such as simple greetings. The care trajectories of these older husbands reveal a subtle but essential path in their forms of providing care and interacting with the village; the husbands' daily routines go beyond the home, typically understood as the locus of family care (Carsten 2005; Chapman 2004), to reside in a network of interactions in their relationship with their community.

When Toni took his morning walks, someone on the street always acknowledged him with some short, informal greeting – not necessarily a 'hello' but a slight movement of the head or hand which signified a greeting. Whenever I had coffee in the morning with Vicente, there was usually a passerby who greeted him without stopping. When these greetings occurred, both Vicente and Toni changed their forms of expression. They became happy; they seemed contented by the recognition displayed in the spontaneous greeting. Sometimes, the greeting was a pretext for them to tell me another anecdote: "I've known him since he was a boy," one said; "She's a gossip; I prefer not to tell her anything," said the other. Sometimes, the greetings were less superficial: a conversation between people who knew each other that was punctuated with jokes and smiles. And sometimes, there was a gentler rapport that revealed a closer and more palpable relationship: "And how is Lola? How is she doing?"; "How's Reme? Send her my regards." Sometimes, the greeting expressed acknowledgement of the care given: "Here is the best man in the village!" one neighbor said to Vicente after briefly discussing his wife's health, thus reaffirming, in a public setting, the visibility of Vicente's work as a husband carer (Ribeiro, Paúl, and Nogueira 2007).

Greetings such as these serve not only to transmit a message but are a tradition, one that is strongly integrated and bonded in collective relationships and community care. In the villages I visited, greetings were necessary social actions between local people (especially older people) that represent closeness, belonging, and emotional care in an increasingly ageing village. For the husband carers, unexpected greetings were both a tradition that identifies them as members of a community as well as an essential social practice in the course of their lives. Old age and frailty are often accompanied by a deterioration in social networks due to peers who are dying, thus undermining ties in the community (Garung, Taylor, and Sheeman 2003). In other words, because many daily community-care support networks are diminishing, I found that gentle and spontaneous greetings are a fundamental resource for facing the processes of ageing and long-term care.

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In long-term care for people with degenerative disease, social ties are often retracted when the demands of an illness isolate both the carer and the cared-for (Aartsen et al. 2004). Subtle, unexpected greetings in these contexts of care and ageing are therefore a significant practice for these husband carers. "I have to go out. I can't stay in," Miguel told me. "[Otherwise,] the house absorbs you." So, while his wife was in the day center, Miguel went to the village, greeted everyone unreservedly, and entertained himself by chatting sporadically, a practice that appeared to fill him with joy while helping him to forget the emotional burdens of care. However, he also added, "I don't like being with old people. My friends are all younger than me." And, he added with laughter, "Old people repeat things. [...] I like life," he stressed, "and younger people give that to me." Miguel led me to understand that he intended to grow old, not in a long-lived social network that would ensure his precipitous isolation, but rather in a younger one.

The care trajectories of these older husbands reveal a series of routines within the configuration of village, doing kinship, and community care. Toni routinely stopped by the baker's, the butcher's, and the supermarket. Javier visited the baker's and, on Thursdays, the market. Juan and Vicente frequented not only the market but also their favorite bars. In all of these spaces, the husband carers have created a strong relationship and an exchange of emotional care based on shared stories woven into everyday life. For example, when Toni shopped at the butcher's, the interaction was based on his and his wife's culinary preferences. The butcher looked after his customer but also took care of his customer's food, advising him how to cook it. When Toni went shopping at the supermarket, an employee taught him how to use certain cleaning products and also sent his regards to Toni's wife. When Toni visited Reme, the hairdresser who had cut his hair for over 30 years, Toni treated her as if she were his sister in a fictitious kinship (Weich 2015) that highlights the notion of a shared history based on proximity and familiarity.

In all of the cases I followed, village bars were essential spaces in the (self-)care routines of these older carers – at the bars, they see their family and friends, have coffee or an almuerzo,5 drink beer, or catch up on the health of other family members and friends. The bars are the epicenter of enjoyment and anecdotes. Vicente learned how to alternate these meetings with neighbors and relatives. For example, while enjoying a beer with a neighbor of over 30 years or when having coffee with his daughter, Marta, with whom he shared certain care tasks, he interspersed his conversations on caring (for himself and his wife) with anecdotes and gossip about locals. In such everyday community spaces, emotional care is not only shared through company and conversations but merges with doing kinship (Comas-d'Argemir and Soronellas 2019). Fictitious kinship ties are reaffirmed, and intergenerational relationships between parents and children – who are often also neighbors - are woven. In a community context, residential proximity between fathers and daughters defines certain continuities in the moral construction of care; here, daughters are still involved in providing physical and emotional care and, while fathers do not request it, neither do they reject it (Comas-d'Argemir, Alonso, and Deusdad 2018). From a gender perspective, these older men are crossing gender barriers by learning to care (Conlon et al. 2014). In this process, their masculine identity becomes intertwined with the feminized world of care, ageing, and retirement. They transition from a hegemonic male model to subordinate experiences of doing gender daily (West and Zimmerman 1987). The husbands' care routines in the villages and small town had to be learned over time, as well as their relationships with their wives, families, and community. They are older men and who learn to move in the world of care and find important support in their local communities in the face of new care challenges.

The routines that older carers describe in their daily lives create bonds of care. Interacting with a butcher, a hairdresser, or a neighbor with whom they have shared a long life turns these people into regular carers as part of their daily routines. These bonds are the gifts – affective and emotional in nature – on which community life is based. In a village, where networks of family and friends are interwoven, the older carers go from one place to another, doing kinship among family, friends, and other people they know. Advice, anecdotes, and stories of affliction are shared, thereby creating spaces for reciprocity and mutuality of being (Sahlins 2013). All of these

places contain a rich history of exchange based on emotions constructed through collective history and family extension. I found that these elements – however subtle and naturalized they may be – are typical of these imagined communities and are valued by the older husband carers.

The Natural Environment in Long-term Care

Physical environments are not usually a central analytical category in long-term care but rather are understood as the material culture that surrounds, shapes, and redefines experiences in these spaces (Synnes and Frank 2020; Wackers 2020). In recent years, the analysis of urban environments in what some authors call "caring cities" has increased (Gabauer 2022; Rico and Segovia 2017) while, at the microsocial level, the home and the processes that medicalize/pre-institutionalize it are perhaps the most studied family-care environment (Gusman 2018; Milligan 2005; Pasveer, Synnes, and Moser 2020). However, the collaborators in my ethnography suggested that other categories are also essential within their care trajectories in the villages; these categories underlie the interrelationship between their daily care and the natural landscape that surrounds them.

The natural landscape is fundamental in rural ageing processes because of the long history shared between ageing villagers and an environment that redefines their experiences of fragility, vulnerability, and care (Wenger and Keating 2008). Meadows, animals, orchards, forests, and the sea are dynamic and changing elements that form part of the cultural ecosystem of care – care in which, as political scientist Joan Tronto (1993) asserts, "our bodies, our selves and our environment are interwoven to maintain, conserve and repair our worlds" (103). Complex worlds interact with a dynamic, diverse, and hybrid environment comprised of social relations and a natural environment that redefines long-term care experiences.

Miguel was relaxed and cheerful whenever we met in his orange orchard. The arguments he used to have at home with his wife made the orchard his place of refuge. This small plot of land that he owned, with its wild tomatoes and a chicken coop, was where he would go from time to time to ask his hens, in a friendly and cheerful manner, when they were going to lay their eggs. However, Miguel's greatest affection was evoked by his dog, Manolete. The gruff and melancholy nature that Miguel displayed in our visits evaporated whenever Manolete appeared, his tail wagging. On seeing him, Miguel would pamper him and speak to him tenderly. Taking the dog's front legs in his hands and pulling him in close, Miguel would ask, "What do you want, Manolete?" and gently caress the dog's head. Manolete would grow calm in Miguel's presence, wagging his tail constantly. Miguel clearly enjoyed the time he spent in this orchard, which he had constructed and curated himself over the years, taking part in an interspecies relationship of coexistence and emotional exchange (Haraway 2008). The emotional dissonances of care (Danely 2022) that Miguel experienced at home had increased over time. Once, his wife Concha confessed to me, "[Since my disability,] my character has changed a lot; now I flare up more often" in reference to her relationship with Miguel at home.

On more than one occasion, Toni told me, with great disappointment, that he could not find time to go to the *monte*⁶ owing to his responsibilities with the family carers' association. But his mood changed a few weeks later when he and his older brother went to harvest olives. Toni explained in detail where his *tierra*⁷ was, recounted the history of the irrigation channel, and described the mountains that surrounded it, the greenness of the place, and the length of time these *tierras* had belonged to his family. His enthusiasm was palpable. "I really like the countryside," he told me. Shortly after his wife Reme became disabled, Toni bought a van and a small tractor. He thought contact with the natural environment would be essential for her recovery. "We were both there, spending the day, and I made her walk" before adding, "it's just that [she] likes the countryside a lot too."

It is not only the animals, orchards, and land that have an entangled relationship with care experiences; the climate, the sun, and sunsets do as well (Ingold 2011; Tilley 1994). For example, one autumn afternoon, I found Juan staring at the mountains near his village just as the sun was setting behind them. On a small corner of his street – the only one where the sun was still shining – the brilliant light covered his face and half of his frail body. He did not stop watching this sunset until the sun had almost disappeared behind the mountains. "Some Anthropology & Aging

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afternoons, I come here at this hour to see the sun going down," he told me. "I leave Espe with my son, and I come down here for a while." Introspective experiences such as Juan's suggest how the rhythms of the natural environment can influence ageing and care processes (Keating 2008). The landscape is contemplated not simply for what it offers outwardly but also for its embodied effect (Spinney 2006) within the daily care experiences of these older husbands.

Environmental patterns have also shaped the daily care of these older people in an amalgam of doing kinship, exchange, and traditions. In northern countries where winters tend to be darker and cold, gathering in outdoor, public spaces is more difficult, conditioning ageing, health, and care in particular ways (Mills 2000). In Spain, on the other hand, hot summers create a social practice that Vicente, Toni, and Juan consider essential to their ways of doing care. *Tomar la fresca* is a Spanish tradition that takes advantage of the light breeze that runs through the streets on summer nights. One evening, Juan took a chair and, pushing Espe's wheelchair, approached a group of neighbors in front of his house. There, they kept each other company while sharing anecdotes and cooling down to escape the torrid heat. In the villages and small town of my research, summer invites people to come together, reaffirming social ties and collective care that takes the form of close contact, conversation, and exchange. Community cohesion can be central to preventing the isolation processes that can accompany care during ageing and frailty (Chapman and Peace 2008). In the care cases I followed, the environment became hybrid, mixing natural rhythms (such as the seasons) with the construction of belonging.

Whether it is the climate, the mountains, the orchard, or the animals, I found that each older husband considers their natural environment to be necessary for their caregiving process – a component of their daily routines in which belonging, environment, and self-care are intertwined. The moments when they engage with the natural environment around them enhances their well-being, both individually and together with their wives. For example, on autumn mornings, when the sun was still warm, Juan walked around the day center with Espe over and over again. "It's part of her therapy," he told me, "[and she] likes this sun." It is a phenomenology of the landscape (Tilley 1994) applied to long-term care in which natural spaces are much more than a resource for older people in care. These are hybrid environments in which the self merges with the location (Chapman and Peace 2008), and where the landscape and the significance of the land cannot be understood without considering the emotional components and identities they instill in the carers. Older husband carers care in their orchards, under the sun, on their land, and in their villages – and these environments provide care for them. The natural environment and care thus merge to create a sense of belonging in a community that is still constructed through time, place, and landscape.

The 'Idyll' of the Village and its Care

One day, as we were on the way to a well-known supermarket, Miguel laughed when he told me an anecdote. Whenever he went to the pharmacy to pick up medicines and diapers for his wife, he parked in the loading zone, leaving his dilapidated van unlocked and the key often in the ignition. On more than one occasion, the local police had to reprimand him – not only because of his unauthorized parking but also because of his lack of security for his van. Miguel could not stop laughing when he confessed to me that he had left his van unprotected due to an oversight rather than on purpose, adding, "Anyway, who's going to want to steal this van?" in his confident and folksy voice. Despite his self-confidence at that moment, however, he let me in on a secret. Once, after he had gone into the pharmacy, somebody stole the loaf of bread he left on the van's dashboard. I asked, "Do you think someone is so poor that they need to steal a loaf of bread from you?" He told me he had been annoyed, disbelieving what had happened: "We're not in the post-war period anymore." Immediately afterwards, he told me that he thought what had happened was impossible. Rather, he believed that someone who knew him had taken (not stolen) his loaf of bread to play a joke on him. Then he shook his head and laughed, as if to say 'I'll find out who it was.' Miguel's logic shifted from robbery to mischievous coexistence between acquaintances; what had been theft became a prank, and Miguel's instinct favored trust over suspicion. To paraphrase Miguel, in a village where you have lived much of your life, if a loaf of bread

disappears, it is not because a stranger has stolen it but because an acquaintance has played a trick on you. In other words, Miguel cannot imagine that there are thieves in his 'family' (Chirinos 2021a).

Although community forms endless kinship networks, both real and imagined (Anderson 1991), this can lead to an idealization of the village and its rural places. Miguel creates the community with values that reflect a perception of security, calm, and freedom from threats. This is done in close-knit communities that share values of support and good neighborliness (Salamon 2003). "Concha [Miguel's wife] goes into the streets, and she's not afraid. She couldn't do that in the city. She'd be locked up – there's a lot of noise, cars, and people you don't know," Miguel once told me. The village environment and its rhythms of life are culturally constructed as ideal spaces to experience long-term care during ageing and disability (Wenger and Keating 2008). However, while the village is constructed as an 'idyll' of care, in practice it may not care at all. These communities often contain multifaceted scenarios that recreate social hierarchies, prejudice, or racism (Horton 2005; Panelli and Welch 2005). Violence and trauma may also circulate in villages. There are threats, and there are thefts. There is gossip, and there are rumors. While gossip can be an essential mechanism for local socialization (Van Vleet 2003), it also shows nonconformity with what is shared and how it is shared, thereby stretching and sometimes breaking social ties. Although Vicente referred to his neighbors as "a family that helps one another," there is a long history of stories of conflict and quarrels between them. In such cases, subtle care vanishes when greetings and spontaneous encounters between neighbors are avoided.

What perhaps contributes least to the 'idyll' of a village, however, are the barriers to accessing care services. Social care services (such as day centres, long-term care facilities, or professional assistance at home) are imperative in these villages. However, population dispersion or density do not usually allow them to be implemented, which generates exclusion and forces vulnerable people to migrate to urban centers (Dobbs and Strain 2008). Formal care services in these areas of Spain are often poorly structured (Pérez-Orozco 2006). Social policies do not usually fit the particulars of daily life in most rural places. Institutional forms of social care, such as day centers, are limited due to the lack of professionals specializing in the degenerative diseases typical of ageing. For this reason, the wives of Toni and Miguel went to specialist centers over 20 kilometers away from their village. Moreover, as home-care services are also insufficient, some families informally hire workers to perform both domestic and care activities, thereby reproducing the social injustices embedded in job insecurity and migration (Bofill-Poch and Márquez 2020).

In the context of ageing and frailty, I argue that people who live outside of urban centres are more vulnerable; not all older people can move out of or travel beyond the village due to financial or social resources. Often, the bulk of care responsibility falls on the families (especially the women), which can cause extreme stress. Similarly, I have found that, when a person's age advances, their social resources tend to become scarcer as the people in one's social networks move away, come to require care themselves, or die: adult daughters migrate, older husbands get sick, and friends die. The implementation of the well-known 'age-friendly' social and political model, which provides formal care services to ensure the comprehensive well-being of older people in their community environments (Stafford 2019), faces particular barriers in rural settings and villages.

The rural and community 'idyll' generates controversy by assuming that life in the village is exempt from social problems precisely because of how this imagined community is constructed (Wenger and Keating 2008). As I found, daily community care is not sufficient in these spaces. The support provided by social networks is also not universal, nor are the dissonances that put strain on the daily coexistence between neighbors. Nevertheless, the older husbands in this ethnography cannot conceive of a better place in which to care for their wives with dementia and disability than alongside 'their own' on the land on which they have grown up and grown older. In these cases, it may sometimes be better to live with certain risks than to give up one's identity (Keating 2008, 129).

Conclusion

In this article, I have highlighted the interwoven relationship between care provided by husbands and community care in relation to ageing. Specifically, I have examined this relationship in ordinary life in two villages and one small town in the rural Spanish Mediterranean. With the example of older husband carers, I have shown how their experiences of providing and receiving care are articulated by daily village life and based on the idea of imagined community and belonging. In this way, husbands performing care are participating in village life, and participating in village life is a form of care for the husbands. In these places, the trajectories of husband care in relation to ageing cannot be disassociated from the community care these localities offer. The care experiences of these older men cannot be separated from the community, which creates an intense social web based on local proximity. Collective history, doing kinship, the natural environment, and belonging are some of the most significant elements that further studies on long-term care in a local context should take into consideration.

Indeed, as I have described here, the village itself is woven from the materiality, memory, and belonging that form the basis for particular experiences in long-term care. Older husband carers and their cared-for wives have combined their life stories with their physical, social, and family environments throughout the course of their lives, creating daily interdependence with the village and its inhabitants – both practically and symbolically. In these local communities, daily care is also structured by rumors, conflicts, and social inequalities that alter the static and idyllic image of these small places.

In this framework, the natural environment of the village cannot be understood without the idea of community, which forms the basis of belonging. Long-term care during ageing therefore cannot be understood without considering the significance of these environments in the daily lives of their inhabitants. Natural landscapes and animals shape the inhabitants' care and identities, and prompt them to reflect on aspects of themselves and their care. The care experiences of these people should be understood through their relationship with the natural environment around them – without this, their care experiences would not be the same.

Growing old while caring and belonging to a village means living together in a local culture that transforms social time and space into a single ontological conception (Daly and Grant 2008). This conception of being a care recipient/carer/villager/older person/disabled person is not exempt from moral or emotional disagreements that delineate one's care experiences within a community care environment.

Notes

- 1. Margarita Salas, postdoctoral researcher. Funded by the Spanish Ministry of Universities under the Recovery, Transformation and Resilience Plan and by the European Union's NextGenerationEU.
- 2. Visiting Postdoctoral Fellow at Oxford Brookes University, United Kingdom.
- 3. Ongoing Research & Development Project: Care Model. The model of long-term care in transition: political, family and community strategies to face the consequences of the Covid-19 pandemic.
- 4. Pseudonyms are used to protect the anonymity of the couples who openly shared their caregiving experiences.
- 5. A copious meal between breakfast and lunch traditionally shared by local groups of farmers or workers who know each other. This widespread village tradition is still preserved by many inhabitants of the village, including the retired and older people.
- 6. Literally 'mountain,' but its popular use refers to the countryside or the natural environment with trees and wildlife. In this sense, one does not have to climb the mountain to be 'on the mountain.'
- 7. In these contexts, the term *tierra* refers to a plot of land used for agriculture, livestock, or another agricultural activity. But it also carries a significant symbolic load related to belonging, family identity, and the self as a local person.

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