

RHETORICAL LESSONS IN ADVOCACY AND SHARED RESPONSIBILITY:
FAMILY METAPHORS AND DEFINITIONS OF CRISIS AND CARE IN UNPAID
FAMILY CAREGIVING ADVOCACY RHETORIC

by

Rachel D. Davidson

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ABSTRACT

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Under the Supervision of Professor Kathryn Olson

In this rhetorical analysis, I analyze pro-caregiving advocates, individuals and organizations who are attempting to energize policy change for unpaid family caregiving. I piece together an expansive text that includes online advocacy discourse, public policy statements, and hard copies of organizational promotional materials. Pro-caregiving advocates are attempting to expand shared responsibility for an issue that is traditionally assumed to be private--unpaid family caregiving.

Throughout this dissertation, I argue that pro-caregiving advocates are standing in the way of their own goals by rhetorically constructing inherent barriers to policy change.

Each analysis chapter analyzes a dominant frame that is commonplace in pro-caregiving advocacy rhetoric (i.e., family, crisis, and care) and reveals inherent barriers to shared responsibility. In addition to locating the inherent barriers, each analysis chapter offers suggestions for navigating the barriers using the practical tools of rhetoric. As such, this dissertation will have practical usefulness for other social advocates who are championing a cause assumed to be private.

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Dedicated to the Davidson family. John, Carolina, and Ivy, thank you for sharing this journey with me. You are my world.

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Joy does not come to us only at the moment of finding what we sought.
It comes also in the search itself. (Freire, 1998, p. 125)

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Chapter 1: Introduction

There are only four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers--Former First Lady Rosalynn Carter (Carter & Golant, 1994, p. 3)

In a proclamation about National Family Caregivers Month, President Obama (2009) began by stating, “The true strength of the American family finds its roots in an unwavering commitment to care for one another” (para. 1). Since the president expressed these words in 2009, stories about financial, health, and interpersonal strains facing unpaid family caregivers have been steadily increasing, and such narratives are expected to continue becoming more common as the caregiver to care-receiver ratio grows increasingly lop-sided. In fact, writers, thinkers, and advocates exploring issues relevant to unpaid family caregiving have progressively begun to use the term a “caregiving crisis” to describe various negative material conditions impacting individuals who care for aging or disabled loved ones.

This increased attention and rhetorical labeling of a “caregiving crisis” can be attributed, in part, to unpaid family caregiving being more frequently associated with alarming health risks for caregivers. In January 2012, the American Psychological Association identified caregivers as a high-risk group for developing chronic illness due to extremely high levels of stress associated with caregiving (Rieder, 2012, para. 7). Depression can be a common outgrowth of chronic illness and, as reported on LVB.com, “An estimated 20 percent of caregivers suffer from depression—a rate double that of the general population” (“The Crisis in Caregiving,” 2013, para. 7). Although “caregiving” encompasses many different types of dependency relationships, the hardships facing unpaid family caregivers of aging or disabled family members, in particular, are expected

to grow in the coming years as “the number of potential caregivers aged 45-64 for each person aged 80 and older is predicted to decline from a ratio of 7 to 1 in 2010 to 4 to 1 by 2030, and 3 to 1 by 2050” (McSweeney-Feld, 2013, para. 2).

In addition to the declining ratio, caring for older loved ones presents some unique challenges even within the larger field of family caregiving. For instance, while stressful in its own right, mothering growing children also includes the rewarding experience of watching one’s charges develop growing independence and reach new milestones; caring for aging or declining loved ones often involves witnessing increasing dependence and declining health. One connection to stress is likely due to what is being called “caregiver stress syndrome.” In her research on caregiver stress syndrome, author Sandra Tunajek (2010) observes,

The stress is not only related to the daunting work of caregiving, but also the grief associated with the decline in the health of their loved ones. Often their stress is associated with physical strains, financial constraints, emotional effects, and social isolation. (p. 22)

In an article about a caregiving crisis in New York, Eisenstadt (2014) reports, “They [caregivers] should be aware that they are at a higher risk for depression and suicide” (para. 2). The American Psychological Association urges that Americans “pay particular attention to the impact of these responsibilities on caregivers, who report higher levels of stress, poorer health and a greater tendency to engage in unhealthy behaviors to alleviate their stress than the general public” (Reider, 2012, para. 5). Glenn (2010) confirms the negative health impact when she reports, “Numerous studies have shown that caregivers experience higher rates of heart disease, high blood pressure, diabetes, and depression”

(p. 3). The public conversation surrounding unpaid family caregiving is offering much evidence to suggest that material conditions of unpaid family caregivers are deteriorating. In fact, Bill Courturie, producer/director of *Caregivers*, a film documenting the perils of the increasingly common situation of long-term caring for another, laments, “It’s not uncommon for the caregiver to die before the patient” (Courturie, 2011). It seems the president’s comments about finding strength in the American family is not only timely but necessary in order to address the situation of our nation’s unpaid family caregivers, those caring for an aging or disabled loved one.

In addition to the negative individual consequences to the caregiver, there are also social costs, or costs to a larger community beyond the family, associated with unpaid family caregiving. For example, when care-receivers out-live their unpaid family caregiver or the unpaid family caregiver’s health worsens to the point that they can no longer care, care-receivers must find an alternative source of care. One report reveals, “Fifty percent of nursing home admissions occur due to a change in the caregiver’s health” (“Why it is important to know if you are a family caregiver,” 2014, para. 6). To pay for the nursing home, care-receivers either draw from their own personal savings or apply for Medicaid. Because Medicaid is funded, in part, by payroll taxes, when the program is used by recipients to help pay for nursing home expenses, taxpayers are financially contributing to the care for patients.

Another social cost is that businesses can be impacted by the unpredictability that is commonly associated with unpaid family caregiving. For example, The National Partnership for Women and Families insists that “unpredictable scheduling harms workers and businesses” because it “leads to lower worker productivity and higher

employee absenteeism and turnover” (“Not enough family friendly policies,” 2014, p. 3). Anderson (2012) confirms that the American economy is also impacted by unpaid family caregiving when he argues, “MetLife found that American businesses lose an estimated \$34 billion each year due to employees’ need to care for aging loved ones” (para. 7). In a recent American Association of Retired Persons (AARP) update on the costs of family caregiving, Feinberg, Reinhard, Houser, & Choula (2011) contend, “If family caregivers were no longer available, the economic cost to the U.S. health care and long-term services and supports (LTSS) systems would increase astronomically” (p. 1). They further report, “Caregiving has economic consequences not only for the caregiver but also for employers, especially in lost productivity and higher health care costs” (p. 7). AARP estimates that “U.S. businesses lose up to \$33.6 billion per year in lost productivity from full-time caregiving employees” (Feinberg, 2012, para. 35). AARP also points to higher health care costs in addition to the lost productivity. For instance, “Recent research shows a link between employed family caregivers of older relatives and their health care costs. In this study, employers were found to be paying about 8 percent more for the health care of employees with eldercare responsibilities compared to noncaregiving employees, potentially costing U.S. businesses an additional estimated \$13.4 billion per year” (Feinberg et al., 2011, p. 7). Taxpayers and businesses, then, represent at least two aspects of the social costs associated with unpaid family caregiving.

Emerging from the growing concern for our nation’s caregivers are groups and organizations advocating for unpaid family caregivers. Some recent advocacy attempts include Diane Schuster’s Caregiver Corps Proposal (Schuster, 2013), National Domestic Workers Alliance’s Caring Across Generations (“Caring Across Generations,” 2012), the

Neighbor Works program Aging in Place (“Aging in Place,” 2011), and the Caring Economy Campaign (2014). The Rosalyn Carter Institute for Caregiving is an organization that works in the areas of advocacy, education, research, and service to support both unpaid family caregivers and paid caregivers. In these advocacy efforts, the organizations sometimes advocate for policy change (e.g., The Caregiver Corps) and other times advocates look for ways to ameliorate the detrimental conditions facing caregivers (e.g., providing social support for unpaid family caregivers or encouraging non-caregivers to take on a caregiving role to relieve day-to-day stressors facing unpaid family caregivers). Such different types of approaches to advocacy for unpaid family caregiving muddy the view on whether caregiving is primarily an individual/social support issue or a social matter that requires systemic public policy changes.

Regardless of the advocacy approach, aims, or effectiveness, it is clear that we are witnessing inaugural debates about policy attention for unpaid family caregivers. Public advocacy for unpaid family caregiving represents a complex narrative because, despite increased rhetorical attention and efforts by many advocates, recurring stories about the financial, health, and interpersonal struggles of caregivers are also on the rise; however, public policy for our nation’s caregivers continues to go unrecognized as a pressing social issue, or even as a shared social responsibility. For example, there is currently only one federal policy in place that “addresses the need to take time off from work to care for family members” (Feinberg, 2013, pp. 1-2): the Family and Medical Leave Act (FMLA). However, FMLA is *unpaid* federal aid, and it “covers [only] 59.2 percent of the workforce, leaving about 60 million workers with no such protection under federal law” (Feinberg, 2013, para. 2-4). Furthermore, “[l]ow-income workers covered by the FMLA

are especially vulnerable [because] they cannot afford to take time off” (para. 6). In fact, as Kittay (1999) argues, “These family and medical leave policies have been aimed not at impoverished women, but at women situated well enough to contribute financially to the family income” (p. 134). Another problematic aspect of FMLA includes its outdated and non-inclusive definition of family (Kittay, 1995; Glenn, 2010). In her critique of FMLA, Kittay (1995) argues, “The term ‘spouse’ is restricted to husband or wife, leaving out nonmarried adults who are cohabitating, gay and lesbian families, and so forth” (p. 16). Given these considerations, this dissertation begins with the question of why unpaid family caregiving advocates are not getting a desired public response, like structural policy change for unpaid family caregivers, even though they are providing cogent evidence to suggest that negative material conditions will only worsen for this population and that unpaid family caregiving has social costs that often go unnoticed.

I suggest that one possible explanation is that social actors attempting to energize public policy change (hereafter referred to as pro-caregiving advocates¹) are encountering a consequential rhetorical problem that relates to public advocates who are championing an issue that is assumed to be private and does not typically command social and shared responsibility. Stated another way, this essay suggests that there is a communication barrier in the public arguments of pro-caregiving advocates that might explain the lack of structural change in policy attention for unpaid family caregiving issues.

¹ Pro-caregiving advocates are those individuals and organizations who have set as their instrumental goal to support and/or advance public policy change for unpaid family caregivers. Some examples of pro-caregiving advocates include The Rosalyn Carter Institute on Caregiving, AARP, Family Caregiver Alliance, and National Alliance for Caregiving.

This chapter argues that pro-caregiving advocates are at a unique moment when their change rhetoric might help address potential future effects in unpaid family caregiving. 2015 is a pivotal moment to understand unpaid family caregiving as a potentially public issue while other contexts in public discourse simultaneously debate about definitions of family and responsibilities regarding healthcare. In light of these contexts, unpaid family caregiving stands a chance of being rhetorically recast as a social issue, as opposed to one traditionally reserved for families. Examining such rhetoric offers promise in understanding unpaid family caregiving, in particular, as well as other advocacy efforts where an issue assumed to be “private” must navigate discursive complexities to promote shared responsibility. In the pages that follow, this chapter demonstrates why unpaid family caregiving is indicative of a larger rhetorical problem, why a rhetorical perspective is needed to understand the possibilities and challenges in advocacy for unpaid family caregiving, and a justification for why unpaid family caregiving stands at the intersection of a unique moment in history that makes this a advantageous time to analyze pro-caregiving advocacy arguments. This chapter will conclude by offering the research questions for this dissertation and situate them within scholarship on care theory.

Why Is This Indicative of a Larger Rhetorical Problem?

This contemporary case of unpaid family caregiving represents a larger rhetorical problem about the necessity of public advocates carefully negotiating discursive complexities of a cause in order to achieve policy gains. For example, pro-caregiving advocates are championing a cause where a key term, “caregiving,” invokes largely positive and emotional associations while it is simultaneously discounted as a social

concern. By way of illustration, current and accepted indicators of the strength of a nation are typically measured in economic terms that point to markers of consumer and government spending (i.e., Gross Domestic Product). Some pro-caregiving rhetors point out that such indicators do not take into account relational and unremunerated aspects such as the extent to which a nation's citizens help and/or are connected to one another. The Caring Economy Campaign argues that the GDP "does not show the real condition of our people or our economy and leads to imbalanced and unsuccessful policies" ("What is the CEC?" 2011, para. 7). Such economic emphases produce conditions where caregiving costs and gains are invisible and, as outlined by Gornick, Howes, and Braslow (2012), "[c]are policy" becomes a rarity "in American social policy research" (p. 112). In contrast to public policy, which is typically evaluated by economic standards and is tied to the public market, unpaid family caregiving is traditionally understood in terms of its deep-rooted associations to gender and the domestic sphere and is seen as a voluntary role. Caregiving has traditionally and historically been associated with the private sphere as "women's work" and has not been recognized as a shared social responsibility (Tronto, 1993; Wood, 1994). As such, pro-caregiving advocates confront this complex negotiation between two disparate entities—unpaid family caregiving and public policy. The complex negotiation contributes to the rhetorical problem facing pro-caregiving advocates wherein championing a cause that carries strong assumptions to the private complicates arguments for policy attention for unpaid family caregiving.

The rhetorical problem of addressing what is assumed to be a private issue as a public problem is not limited to unpaid family caregiving but occurs in different forms. A more familiar and better-studied example of this rhetorical problem is encountered in

discourses of mothering. Mothering is similarly treated as a private issue because it is gendered and always connected to the domestic sphere. Glenn (2010) suggests, “The paradigmatic care relationship is that between mother and child, which often serves as the template for thinking about caring” (p. 187), but “in this model, caring (mothering) is viewed as natural and instinctive and as women’s natural vocation” (p. 187). Many feminist scholars argue that this “natural mothering instinct” is rooted in a separate sphere ideology where the public and private spheres historically associate gender in the public sphere as male-dominated, which is socially and culturally valued, whereas the private sphere is traditionally female-centered and under-valued (Benhabib, 1994; Foss & Foss, 1991; Fraser, 1994; Ryan, 1994). Theories on the separation of the public and private spheres was a common line of thought in the nineteenth century, and American educator Catherine Beecher exemplifies this ideology in her written work. Beecher writes about and endorses the public and private sphere gendered separation when she articulates, “Women’s place was the home and... women’s influence on the world should be moral rather than political” (Warner, 2002, p. 22). Gibson (2007) points out,

Separate spheres ideology flourished after the Industrial Revolution when a distinction between the space of work and the space of the family emerged along with the belief that men were properly suited for the public sphere of paid labor and political activity while women were properly suited to the private sphere of child-rearing and homemaking. (p. 162)

Glenn (2010) connects the “social structure and ideology” of caregiving to “ideologies of home [and] motherhood” to suggest that these pervasive structures not only “kept them [women] out of the public realm of politics” but also constrained them to the private

sphere of the family by “exalt[ing] their role as caregivers” (p. 185). In other words, a separate spheres ideology not only dictates gendered assumptions about mothers but also keeps a firm grasp on those roles by exalting or rewarding mothers for fulfilling their duties in the domestic sphere. Though undermined elsewhere, this theoretical separation between public and private is still manifested in the implicit separateness between most public policy, understood in social and economic terms, and caregiving, understood as women’s work in the domestic sphere such as caregiving for a dependent family member.

I draw on many other scholars in this dissertation who utilize the language of “spheres” with differing perspectives and emphases regarding the kind of arguments and norms that are considered relevant for “public” or “private.” In these instances, use of “public” and “private” is not meant to imply that these spheres materially exist but rather to point to the terms’ usefulness in understanding the constitutive struggle over individual and public, or shared, responsibility in unpaid family caregiving. As a point of reference, Warner (2005) notes several thinkers’ “attempts to frame public and private as a sharp distinction” but argues that such attempts “have invariably come to grief, while attempts to collapse or do without them have proven equally unsatisfying” (p. 29). Scholars have contributed to this contentious discussion by offering different perspectives for interpreting the relationship between “public” and “private.” For example, Warner (2005) offers a theory of counterpublics in order to “recognize in newer and deeper ways how privacy is publicly constructed” (p. 620). In a similar vein, Berlant (2005) advances a theory of infantile citizenship as a way to imagine the relationship between “public” and “private” in that the “political public sphere has become an intimate public sphere” that, for example, “fuses private fortune with that of the nation” (p. 4).

Other scholars use “public” and “private” to illuminate the intersection of deliberation and location of arguments. For instance, Goodnight’s (1982) focus is on the revitalization of deliberative rhetoric in the public sphere, and he offers a vocabulary and approach to the language of spheres. Goodnight (1982) suggests that we communicate through “coherent superstructures” that can be interpreted as “the personal, the technical, and the public spheres” (p. 216). He describes argument suited to a personal sphere as “ephemeral” with “no preparation” where “the subject matter and range of claims are decided by the disputants” (p. 218). If, however, the arguments are “preserved” and an interlocutor “brings together a considerable degree of expertise with the formal expectations of scholarly argument (footnotes, titles, organization, documentation, and so forth)” (p. 219), such arguments can be understood within an interpretive frame of a technical sphere. A public sphere is invoked when “neither informal disagreement nor theoretical contention is sufficient to contain the arguments involved” and then “the dispute becomes a matter of public debate” (p. 219). Goodnight (1982) argues, “the interests of the public realm—whether represented in an appropriate way or not—extend the stakes of argument beyond private needs and the needs of special communities to the interests of the entire community” (pp. 219-220). Involving an argument climate and norms that concern the interests of the entire community is what marks the public approach. His notion of “sphere” is related to “activity” or “the grounds upon which arguments are built and the authorities to which arguers appeal” (p. 216). There are arguments being deployed by pro-caregiving advocates that are occurring in what Goodnight (1982) might interpret as a “public sphere,” but my primary concern in this dissertation is that a caregiving crisis is not yet widely accepted as affecting the interests

of or require responsibilities by the entire community. Stated another way, my focus in this dissertation relates to the rhetorical aspects of pro-caregiving advocacy that shape arguments whose concerns matter and what should be done concerning issues relating to unpaid family caregiving. Although there exists slippage between each of these interpretations of “public” and “private,” in this dissertation, the varied usages are difficult to avoid, so it is necessary to qualify here.

In this dissertation, I utilize the terms “public” and “private” in ways that require explanation. First, I sometimes refer to “public” and/or “social” as a way to describe society at large or issues that affect the interests of the entire community, as opposed to only those individuals or families in the home. When I mention greater shared responsibility, I mean to suggest that unpaid family caregiving has the potential to be an issue widely treated as a societal concern as opposed to how it is generally considered how as an issue only relevant to the individual caregiver and/or the family in which the caregiving is occurring. Second, I refer to “private” as a way to describe the domestic home or the family and signal that caregiving in all its forms is generally an issue that has strong associations with and assumptions about women and what many would call the “private” sphere. While I acknowledge the public and private spheres as matters of emphasis has been challenged and the spheres do not represent fixed notions, for the purpose of this dissertation, I argue that Goodnight’s public/private distinction as an interpretive frame, or coherent sets of different argument norms, is a useful way to look at how pro-caregiving advocates might be uncritically reproducing or encouraging understanding family caregiving as private even as they attempt to invoke shared responsibility and call for public policy change. In other words, I do not wish to test the

validity of a public/private matter of emphasis or offer a new theory of public/private but rather demonstrate that even the advocacy rhetoric animating this case of unpaid family caregiving seems to shuttle between the public and private interpretative frames, to the detriment of its purported goals.

The complex historical relationship of motherhood to public advocacy provides a window through which to understand this larger rhetorical problem of negotiating prevailing assumptions about “private” issue and “public” responsibility as it might apply to the current state of unpaid family caregiving as well as to suggest potential successful advocacy resources. Prior research suggests that mother-advocates, in particular, have faced considerable rhetorical obstacles due to assumptions that motherhood is “private.” (Buchanan, 2013; Tonn, 1996). Buchanan (2013) offers a rhetorical analysis of the public advocates Margaret Sanger and Diane Nash that illuminates two different situations and outcomes where maternal appeals were central to the public advocacy efforts. Buchanan argues that Margaret Sanger’s movement from “wild woman writer” to “mother of two” reveals a situation in which an advocate deployed maternal appeals to help her achieve her social advocacy aims for birth control in the United States. In this analysis, Buchanan conceptualizes motherhood as a rhetorical resource that Sanger strategically deployed in public discourse. By constructing a powerful maternal ethos, Sanger united mothers for a social cause. Although Buchanan argues that Sanger’s universal appeal to mothers “excluded significant numbers of women” (p. 59) who were not white, married, or middle-class, her case study offers an example of the constraints faced by a mother-rhetor that necessitated and suggested negotiations between and innovation involving an issue

assumed to be more relevant to the private sphere—birth control—recast as a public policy matter.

In contrast to the Sanger example, Buchanan’s rhetorical analysis of Diane Nash, a civil rights activist who was arrested in 1962 for teaching nonviolent protest strategies with the Student Nonviolent Coordinating Committee, is instructive because it demonstrates a situation in which the advocate encountered motherhood as a rhetorical barrier because, although Nash invoked motherhood as did Sanger, she did not exploit “the available means of persuasion afforded by her pregnancy” (p. 64). Instead of posting bail, she decided to serve a two-year prison term while pregnant to protest “southern segregation” and send “a message to the broader civil-rights community” (Buchanan, p. 63). In order to “ensure that her perspective and purpose were clear to others, she detailed the problem with current practices as well as her proposed solution in a two-paragraph press release and three-page letter to civil-rights workers” (p. 63). In Nash’s press release, she devoted one full paragraph to her pregnancy, “employing a “variety of maternal appeals to justify activating her sentence while pregnant” (p. 64). Although Nash “incorporated motherhood brilliantly” Buchanan argues she “missed a rhetorical opportunity” (p. 64) to deploy maternal appeals that might have helped her to be better remembered as a “strategist or leader” as opposed to a mother (p. 65). More specifically, Buchanan argues that Nash deployed maternal appeals “into the single paragraph devoted to the topic” but she “did not otherwise use maternal appeals in either the press release or letter” (p. 64). Buchanan suggests that Nash’s pregnancy caused her to be “pushed . . . into the background of movement history” because of the way she was re-appropriated by historians as a “courageous, committed, pregnant activist” (p. 64). Buchanan’s

presentation of Nash's rhetorical obstacles and use of resources illustrates the rich complexity of intermingling maternity with public advocacy and reveals "motherhood's paradoxical capacity to generate rhetorical resources but reduce women to gendered stereotypes" (p. 85).

There exist other examples of imaginatively integrating motherhood in social advocacy efforts to overcome or elude what otherwise might be barriers to social change. Buchanan (2013) cites an analysis conducted by Hayden of the Million Mom March:

While acknowledging that motherhood can "reinforce problematic gender norms" and "be strategically ineffective" in certain situations, Hayden reaches a different conclusion regarding its rhetorical value in "Family Metaphors and the Nation: Promoting a Politics of Care through the Million Mom March." She argues that MMM participants consistently stressed maternal priorities and experiences in order to promote "alternative modes of political reasoning" that privilege "caring, empathy, and nurturance" (203, 198). Motherhood, thus provided women with ethical grounds and rhetorical means for reshaping the existing order; what is more, in advocating publicly for social change, marchers redefined conventional motherhood, "unmooring" it from "essentialist foundations" and transforming it into a source of civic strength and political power (209). (pp. 13-4)

This example illuminates potential rhetorical opportunities for advocates to simultaneously draw upon and reshape notions assumed to be private that underpin the caregiving role for the purpose of social change. Similar to Hayden's example, Tonn (1996) argues that Mother Jones was able to motivate her audience by crafting a militant motherhood persona. In both examples, mother-rhetors deployed, exploited, and re-

envisioned various aspects of motherhood in order to energize public advocacy efforts. The common thread that runs throughout each of these examples is the careful and necessary rhetorical negotiation of understandings of the subject of “motherhood” tied to public advocacy efforts. Similar to mother-advocates, pro-caregiving advocates must negotiate the positive emotional associations that are assumed when the term “caregiving,” and its corresponding connotations, intersect with public policy efforts without allowing the stereotype that often accompanies the subject to delegitimize issues as social concerns and problems.

The similarities between the rhetorical presentations of motherhood and caregiving run deep in that both have been assumed to be part of a woman’s domain and concerns of the private sphere alone. Many contemporary researchers suggest that gendered connotations accumulate in a way that generate ideological implications and argue that caregiving falls primarily on women’s shoulders, impacting their material conditions particularly. Harrington Meyer, Herd, and Michel (2000) find that,

Individual choices regarding care work are highly restricted by a persistent ideology about the gendered nature of care work, conflicting demands and expectations regarding paid and unpaid labor, the paucity of affordable market-based options, and the instability of social supports implemented via welfare states. (p. 2)

Similarly, Glenn (2010) argues, “The burden of care (including both the responsibility for it and the actual labor) is differentially distributed according to gender, class, race, and citizenship” (p. 184). And, further, the “pattern of women taking disproportionate responsibility for care is so well established that it is largely taken for granted, often not

noticed, and when noticed, seen as natural” (Glenn, 2010, p. 184). That these connotations often are unseen and generally accepted as “natural” highlights potential inherent barriers for pro-caregiving advocates to secure policy changes and represent a rich opportunity for rhetorical scholars to better understand and seek to assist with the re-situation as a public concern involving the interests of an entire community of an issue assumed to be and often argued as private.

The gendered aspect of caregiving for older adults appears frequently in much contemporary public discourse that identifies caregiving as generating a long-term problem that disproportionately impacts the female population. Currently women provide “over 75% of caregiving support in the United States” (“Caregiving: Introduction,” 2011, para. 2). Pillemer and Sutor (2006) explore the relationship status between parent and adult child and find that daughters and daughter-in-laws are “are equally likely to consider themselves the primary caregiver” (p. 484). They suggest, “Research that examines gender differences in elder care consistently shows that daughters are more likely than sons to be primary caregivers and to provide hands on care” (p. 484). Their research points out that elder mothers, who are in need of care, expect and prefer their daughters rather than their sons to care for them, thus suggesting a gendered expectation and preference for female caregivers. Essex and Hong (2005) indicate similar findings and report, “Gender similarity is likely to play a strong role in the selection of the most likely child caregiver, given that older mothers are aware of the potentially intimate nature of caregiving” (p. 440). Folbre and Olin Wright (2012) point out, “Family members are not always equally willing to care for a child or adult with a disability, and daughters often feel more responsibility than sons for [the] care of frail elderly parents”

(p. 16). Bianchi, Folbre, and Wolf (2012) report, “Women provide the majority of care,” and they cite a 1999 NLTCS study that estimates “71 percent of all ‘primary caregivers’—a category that includes in-laws, other relatives, friends, and neighbors—are female, including 59 percent of the caregivers who are spouses and 77 percent of those who are children of the care recipients” (p. 47). Such statistics indicate that, like mothering, unpaid family caregiving is viewed in the context of private familial relationships and occurs along gender lines.

Many times, unpaid family caregiving, other than caregiving for dependent minors, is compared to motherhood because mothering is typically the benchmark of all dependency relationships. Though related to motherhood, unpaid family caregiving, other than mothering underage children, may be more difficult to manage. Bianchi, Folbre, and Wolf (2012) suggest, “Care for adults with disabilities or chronic illness is often viewed as more onerous than care of children” and state, “The need for this type of care often represents an exogenous shock, one that is unexpected, difficult to anticipate, and perhaps related to sudden illness or recognition of a trajectory of increased dependency, such as when a spouse or parent is diagnosed with dementia or Alzheimer’s disease” (p. 45). I suggest, then, that the type of caregiving that occurs within unpaid family caregiving and advocacy concerning it should be studied on their own terms, as opposed to assuming that the motherhood model sufficiently explains it. Unpaid family caregiving is a unique and coherent issue with social possibilities at this moment, and, as such, unpaid family caregiving cannot be simply dismissed as a variation on or subset of motherhood-advocacy.

The focus of this dissertation is on pro-caregiving advocate arguments that are arguing for greater social responsibility for a particular form of caregiving, unpaid family caregiving. There exist many subsets of such caregiving, however, this dissertation will primarily address advocacy for the “fastest-growing” subset “engendered by elder care responsibilities” (Glenn, 2010, p. 2), which are assumed by unpaid family caregivers². In this dissertation, I define unpaid family caregiving as a type of caregiving where adult individuals take care of an aging and/or disabled loved one without remuneration. Although there exist different ways to conceptualize unpaid caregiving (e.g., informal caregiving), I have chosen to use the term “unpaid family caregiving” as opposed to informal caregiving because the label “informal” suggests irregular caregiving, and it is my contention that unpaid family caregiving is a regular and formal part of the caregiver’s life. By using the label of unpaid family caregiving, I wish to bring attention to two main aspects of this role (i.e., unpaid and family) that help keep this type of caregiving designated as a domestic sphere issue and one that remains unseen as a women’s problem.

This dissertation begins with the assumption that unpaid family caregiving does not have to be understood as “women’s work in the private sphere” and that how we talk about caregiving matters in arguments about shared responsibility for unpaid family caregiving. Such talk is currently too often organized “around spatial and conceptual separation between public and private realms” with “the public sphere of the market

² Chapters four and five on definitions of care and family metaphors, respectively, observe content and visual images on Operation Family Caregiver, a program within the Rosalyn Carter Institute for Caregiving, a pro-caregiving organization that supports caregivers of veterans and newly returning service members. Unpaid family caregiving, as defined by this organization includes advocacy for caregivers of both elderly people and disabled veterans or newly returning service members.

(economy and politics) and the private sphere of family and household...imagined to be discrete arenas that serve different purposes, perform different functions, and operate according to different principles” (Glenn, 2010, pp. 183-4). However, once one understands public and private as sets of argument norms and practices, I contend that pro-caregiving advocates, similar to some mother-advocates, have opportunities to better negotiate what should be a matter of social concern and shared responsibility supported by public policy to make caregiving “a community and collective (public) responsibility rather than...purely a family (private) responsibility” (Glenn, 2010, p. 189).

Why Study Unpaid Family Caregiving from a Rhetorical Perspective?

The issue of unpaid family caregiving can be productively framed as a rhetorical problem because one explanation for public inaction lies in how we talk about caregiving and its meanings. As the previous section indicated, there are many similarities between mothering and unpaid family caregiving—both represent largely positive (though I am not suggesting these are productive) connotations to gender and the domestic sphere. The aforementioned works by Tonn (1996) and Buchanan (2013) focus on mother-advocates and ethos building but also point to the complexity of a subject with firm associations to gender and the domestic sphere that now requires public policy attention.

A rhetorical perspective is relevant because pro-caregiving advocates are encountering and often reproducing by how they argue--a situation where the subject of caregiving represents largely positive, though not necessarily productive, connotations to gender and the domestic sphere, and these connotations are reinforced symbolically through language. Yet, the studies show that “caregiving” is taking shape as a phenomenon that will only continue to grow and negatively impact a more encompassing

number of individuals and public resources, if unaddressed. Pro-caregiving advocates are subject to many of the same essentialist assumptions as mothers, which help keep the key subjects in both activities, mothering and caregiving, respectively, deeply entrenched within the domestic sphere and implicitly coded as “women’s work.” The implicitness is a key aspect here because it is in this respect that mothering and caregiving become “naturalized” and taken for granted as gendered and always associated with the domestic sphere. A rhetorical perspective, featuring close textual analysis, helps make such implicitness explicit and available for critique.

One reason that mothering and caregiving continue to be assumed to be issues only relevant to women is what Glenn (2010) refers to as “status obligations” (pp. 6-7). She contends,

Status obligations are duties assigned to all those in a given status, for example, wife, mother, daughter...I will argue that status categories such as race and gender continue to shape both market and kin relations. Consequently, women are charged with triple status duty to care, on the basis of (1) kinship (wife, daughter, mother), (2) gender (as women), and (3) sometimes race/class (as members of a subordinate group). (pp. 6-7)

The notion of status obligation reveals “prevalent patterns in social structure and ideology [that] are pervasive and deep-seated and are not easily reformed” (Glenn, 2010, p. 185). Here, Glenn (2010) identifies an important and often overlooked aspect of caregiving—that status obligations are not a given part of a woman’s natural disposition, but rather are rhetorically constructed and thus can be seen in and potentially changed or reinforced through the ways in which we talk publicly about caregiving and motherhood. Glenn

(2010) is concerned with the ways in which caregiving rhetorics are associated with women. My focus is related but diverges from Glenn's (2010) perspective in that I am interested in the ways that pro-caregiving advocates are creating arguments that associate caregiving rhetorics with women and the domestic sphere even as they attempt to challenge those associations. In this dissertation, I contend that the gendering and domesticating of public discussions about unpaid family caregiving function as inherent barriers for pro-caregiver advocates that create conditions where unpaid family caregiving is a subject de-emphasized as a shared.

Rhetorical scholars have long been interested in the applied aspect of rhetoric and the exciting potential the discipline brings for citizen advocates. In fact, Olson (2008) argues that "with its centuries-long history of investment in public problems and practical tools for effectively identifying and organizing meanings of complex situations, rhetorical training is an excellent resource for citizens who must engage in policy advocacy" (p. 221). Extrapolating the practical tools that could be beneficial to public policy advocates necessitates uncovering the inherent barriers that allow an ill to persist. I argue that one possibility for the cause of the lack of public action and shared responsibility on caregiving concerns lies in attitudinal and philosophical inherency. Olson (2008) asserts a practical aspect of conducting inherency analysis for public advocates because "it establishes some reasonable chain of causality showing how the present system perpetuates, intentionally or unintentionally, a significant problem" pushing "one to look beyond the symptoms of a problem to the causes so that relatively more effective solutions can emerge" (p. 225). Attitudinal inherency, as described by Jasinski (2001), is resistance to change "attributed to values, beliefs, or attitudes held by a

significant majority of the society's members" (p. 534). Olson (2008) describes philosophical inherency as resistance to change due to beliefs that "the present system should not adopt the proposed policy reform if it is to be true to its more important values or priorities" (p. 227). I believe that pro-caregiving advocates are encountering both attitudinal and philosophical barriers to the enactment of more wide-ranging and responsible public policy on caregiving in that the key term of "caregiving" invokes associations to gender and the domestic that are lower priorities in public policy and perceptions of social responsibility.

The previous section pointed to the complexities that arise when advocates intermix maternal appeals with public policy platforms. Although the outcomes are varied, scholars suggest that advocates who invoke mothering caregivers are rhetorically bound to and must negotiate the "naturalness" of mothering as women's work in the domestic sphere (e.g., Buchanan, 2013). This dissertation highlights one way in which unpaid family caregiving also goes publicly unnoticed, is expected of women, and is perpetuated as "natural" by analyzing how pro-caregiving advocates themselves talk about unpaid family caregiving in a way that may lead to reifying assumptions that caregiving is assumed to be private instead of what could be a shared, social responsibility. My work in this dissertation is meant to (1) uncover and make visible those inherent barriers, which are not easily reformed and which I suggest are limiting social responsibility for unpaid family caregiving, and (2) offer practical suggestions about how scholars and practitioners can change the conversation and expand the possibilities of public discussions about caregiving beyond its essentialist underpinnings in order to win some policy gains.

A rhetorical perspective also allows critics to understand this specific case of pro-caregiving advocacy as an issue related to audience and how a rhetorically constructed pro-caregiving audience might also enhance justification for looking at unpaid family caregiving from a rhetorical perspective. Charland (1987) argues that audiences become constituted through rhetoric. Just as a text and context do not pre-exist, audiences are also constructed through rhetoric. In this way, rhetoric is just as much about audiences as it is about language use.

Pro-caregiving advocacy constructs a *pro*-caregiving audience, which implies an *anti*-caregiving position. Based on a survey of “caregiving” in *USA Today*, *CQ Researcher*, and *LexisNexis*, there is little evidence to suggest there exists a strong oppositional position to pro-caregiving advocacy³. As such, a pro-caregiving audience

³ Because this dissertation is concerned with rhetoric, and pro-caregiving arguments, I conducted a general search of “caregiving” on *USA Today*, *CQ Researcher*, and *LexisNexis* in an attempt to find resistance rhetorics to unpaid family caregiving advocacy. In *USA Today*, 297 articles resulted from a search of “caregiving.” Some of the articles were related to other types of caregiving including paid caregiving and mothering. Of those 297 articles, the only anti-caregiving discourse was related to government mishandling of caregiver funds in Michigan. In this article, Erb (2014) describes allocating “at least \$33 million in services...to individuals that did not qualify for them” (para. 12), including 3,786 workers with “felony convictions” (para. 13). I also conducted a search of “caregiving” on *CQ Researcher* and 15 articles that resulted ranged from Alzheimer’s to homelessness to mothering. Of those 15 articles, one report suggested that “[w]ith more and more Americans living longer, policymakers worry that Social Security and Medicare costs will drain money from health and education programs for the young” (Baker, 2011, para. 1). In another article about aging issues, Greenblatt (2011) indicates the “flood of elderly Americans is putting severe financial stress on programs that benefit older citizens” and “congressional proposals for constraining Medicare spending have encountered stiff resistance” (para. 1). Each of these articles represent either specific events (i.e., mishandling of caregiver funds in Michigan) or speculation about funding to care for elderly taking funding away from other social programs which does not directly address funding for unpaid family caregivers. These examples are isolated and do not represent a larger body of clear resistance to pro-caregiving advocacy.

gets already constituted in pro-caregiver advocacy rhetoric because pro-caregiving advocates' arguments create the logical possibility of an opposing position⁴. Dow (2003) suggests the news media construct oppositional rhetoric even when an opposing side does not exist. In her analysis of the "media's evolutionary narrative about Miss America," (p. 145), Dow argues that there is a "tendency toward dualistic thinking characteristic of media discourse; that is, not only are there two sides to every story, but there are usually *only two*" (p. 144, emphasis original). Pro-caregiving advocacy is rhetorically constructing a pro-position on unpaid family caregiving, which creates the logical possibility of an anti-position. What this means for the current study is that pro-caregiving advocates are building a case where the arguments stand a chance of being successful; however, the lack of active resistance, or opposition, further indicates that pro-caregiving advocates may be contributing to their own inherent barriers by creating social inaction as opposed to energizing shared responsibility. Whether or not opposition takes the anti-form or resists in less direct ways, it is important to examine the arguments being created by pro-caregiving advocates that might contain built-in resistances in themselves, providing more justification that rhetorical perspectives are needed to better understand this complex narrative.

In sum, I suggest that because the current context of unpaid family caregiving both shapes and can be shaped by pro-caregiver advocacy rhetoric, a rhetorical perspective is needed to understand how the discursive constructions of unpaid family

⁴ I acknowledge that there are other possible opposing positions including, but not limited to, responses of apathy, other needs being higher priority, or the impracticality or cost of a shared solution; however, even with these other oppositional possibilities, I contend it is important to examine pro-caregiving arguments for how they might facilitate a lack of change even without a strong "anti" version of opposition.

caregiving inform and shape the public efforts created by and for caregivers and how rhetoric might more desirably contribute to altering those material conditions. As such, this dissertation takes an applied rhetorical perspective in that it offers both scholars and practitioners a method for analyzing the inherent barriers facing pro-caregiving advocates and offers suggestions utilizing the practical tools of rhetoric to better frame the public discussion surrounding unpaid family caregiving. This project's findings have promise for informing advocacy concerning related situations (e.g., advocacy regarding better public policies and shared responsibility for mothering caregiving). Furthermore, this particular situation exists at a unique moment in history when its arguments have a better-than-usual chance of being entertained and that make this rhetorical study an heuristic undertaking.

A Unique Moment in History for Unpaid Family Caregiving

Unpaid family caregiving represents one subset of caregiving discourse that has similarities to another widespread case that also requires further, more effective advocacy to be adequately supported by public policy and accepted as a shared, not individual, responsibility: mothering. Advances in rhetorical approaches, revealed by this case, whose rhetorical moment currently seems ascendant, may be beneficial to those advocating on behalf of mothering in the long term. Unlike mothering, pro-caregiving advocates are encountering a moment in history when this type of caregiving stands a chance to be realized as a social issue. There are three contemporary aspects that provide insight into why unpaid caregiving advocates, in particular, are part of a unique moment in time when a case for broader acceptance and shared responsibility has a timely opportunity to be heard: (1) there is a critical mass of citizens directly affected due to

growing lop-sidedness in the caregiver to care-receiver ratio; (2) accumulating evidence supports that unpaid family caregiving could become a public policy issue partly because of its mounting public costs; and, (3) there are concurrent intersecting public conversations related to definitions of family and the proper location of health care responsibilities.

First, unpaid family caregiving is moving through a unique moment in history in the United States where the baby boomer population needs care but there are fewer children to care for them. “As the baby boomer generation ages,” according to Steven Zarit (2014), “caregiving will continue to be a crucial issue among Americans” (para. 2). He offers, “Looking specifically at older people, the amount of care has increased because people are living longer and reach ages where disabilities are common” and “smaller family size also means there are fewer offspring for providing care to a parent” (para. 6). In addition to the lop-sidedness, unpaid family caregiving is widespread as “about 25.8 million family caregivers provide personal assistance to individuals 18 years or older who have a disability or chronic illness” and “nearly one out of every four households (22.4 million households) is involved in giving care to persons aged 50 or older” (Day, 2014, para. 2). Folbre and Olin Wright (2012) indicate that “84 percent of all 21.5 billion hours of non-institutional personal assistance—was provided in the home by unpaid family and friend caregivers” (p. 13) and that

despite their documented need, only 33 percent of older adults, 18 percent of adults with disabilities between the ages of eighteen and sixty-four, and 68 percent of adults with intellectual and developmental disabilities (ID/DD) received paid help in any venue. (p. 13)

As such, the lop-sidedness in the caregiver to care-receiver ratio and the prevalence of this type of caregiving is reaching a tipping point where conditions will only continue to worsen and more individuals will personally feel the effects if pro-caregiving advocates do not generate more shared responsibility.

Second, there is emerging recognition of unpaid family caregiving as a potential public policy issue. For example, on September 17, 2014, the Caregiver Corps Act of 2014 was introduced and assigned to the Senate Committee on Health, Education, Labor, and Pensions (govtrack.us, 2014). Similarly, AARP reports on several federal and state initiatives that they indicate are signs that family caregiving is “now recognized as a central part of health care” (Feinberg et al., 2011, p. 12). On the federal level, AARP reports that the Affordable Care Act “explicitly mentions the term ‘caregiver’ 46 times and ‘family caregiver’ 11 times” (p. 13). On the state level, AARP points out California’s “first paid family leave program” that “provides up to six weeks of partial pay for eligible employees who need time off from work to bond with a new child or to care for a seriously ill family member” (p. 13). AARP suggests, “These initiatives are promising but modest” (p. 14), and, for the purpose of this study, indicate that a moment of public policy change could be materializing.

Finally, today’s unpaid family caregiving discussions intersect in time and relevance with a number of controversial public conversations, including same-sex marriage and health care, that could provide potential allies or pools of rhetorical resources to draw from in terms of the associations to changing definitions of family (same-sex marriage) and proper location of health care responsibility (health care reform). For example, same sex marriage has been a highly debated topic in politics since

the early 2000s. As of October 2014, 32 states have legalized same-sex marriage beginning with Massachusetts in May 2004 to the most recent in October 2014 including Indiana, Oklahoma, Utah, Virginia, Wisconsin, Colorado, West Virginia, North Carolina, Idaho, Alaska, Arizona, and Wyoming. In June 2015, the Supreme Court ruled that the “Constitution guarantees a right to same-sex marriage” (Liptak, 2015, para. 1). The arguments, including the scope and responsibilities of family and government, on both sides are complex and far-reaching. Another highly contested and polarizing issue in contemporary politics is health care reform. Health care reform has been debated in the political sphere for decades, and in March 2010 the Patient Protection and Affordable Care Act (PPACA) was passed. Even after the passage of PPACA, health care reform continues to be controversial and centered on loci of responsibility for care and the scope of care to which citizens should be entitled. The 1000+ page document has introduced specific provisions for “caregivers,” giving Americans reasons for expanding the focus of health care discussions from patients to include family caregivers. For instance, Feinberg et al. (2011) reports, “The new health care law of 2010, the Affordable Care Act (P.L. 111-148), promotes the central importance of person- and family-centered care in the design and delivery of new models of care to improve the quality and efficiency of health care, including assessment of the family caregiver’s experience of care” (p. 13). In June 2015, the “Supreme Court ruled 6-3 in the King v. Burwell case to uphold the Affordable Care Act’s subsidy provision” (Workers World staff, 2015, para. 1). This recent Supreme Court ruling indicates health care reform and responsibility are still contested and a focus of public discussion. These controversial issues point to public conversations circulating about definitions of family and emphases on caregivers as patients. Despite the recent

state legislation and the high court's rulings, the issues of same-sex marriage and health care reform are still hotly debated and polarizing. As such, I argue this is a potentially pivotal moment in time where pro-caregiving advocates have prospective entry points into public discussions about advocacy for unpaid family caregiving with probable built-in allies such as AARP. These three larger, intersecting conversations offer insight into potentialities that might expand and open up more rhetorical possibilities for pro-caregiving advocates, in particular.

My intention in focusing on one type of caregiving is not meant to ignore other, very important types of caregiving, but rather to illustrate the ways in which issues that are assumed to be private can potentially create rhetorical problems of advocacy, as demonstrated in the example of unpaid family caregiving. As such, this study will be useful for other advocacy situations where advocates must negotiate a subject with built-in barriers that may hinder efforts to make the issue a shared responsibility including, but not limited to, other rhetorics of caregiving. The way we define caregiving matters because it sets up boundaries for how we understand, and thus engage in a public conversation about, caregiving. I propose that a rhetorical perspective is needed to generate rhetorical alternatives that might open up more possibilities to garner shared responsibility for unpaid family caregivers.

Research Questions and Background

In this study, I analyze the ways that family, crisis, and care, three key terms that are pervasive in the discourse surrounding unpaid family caregiving, are invoked in a public conversation where the social stakes are high but shared responsibility is low. It is

my contention that pro-caregiving advocates are encountering and inadvertently perpetuating rhetorical problems related to family metaphors and definitions of crisis and care in ways that are impeding public policy improvements to meet shared needs. This study identifies a complex social problem that hinges on making caregiving a shared responsibility and offers ideas for better promoting a more productive conversation about unpaid family caregiving. More specifically, my study identifies the obstacles to pro-caregiving rhetoric in making a positive material difference and also generates rhetorical alternatives to the obstacles. My study will be useful for other disadvantaged populations who negotiate a subject assumed to be a private matter, while attempting to appeal to social responsibility.

The research questions guiding this inquiry are: How might the ways pro-caregiving advocates talk about their subject contribute to the lack of effective public action, even if they produce a plethora of uncontested discourse? What alternative rhetorical strategies might better serve pro-caregiving advocate goals in increasing public concern about and shared responsibility for policy action on unpaid caregiver challenges? As such, this dissertation promises to accomplish two goals: (1) through a close textual analysis of pro-caregiving advocacy discourse, this dissertation explores three dominant frames that work to limit understandings of unpaid family caregiving as a shared responsibility; and (2) each analysis chapter offers teachable lessons for maneuvering or resisting the inherent barriers to shared responsibility. I argue that by changing the angle of the rhetorical approach, the dominant frames can be utilized to promote unpaid family caregiving as a public, social responsibility as opposed to a private, biological family responsibility. I am not suggesting that, if implemented, these discursive changes are

sufficient to resolve the material problems facing contemporary unpaid family caregivers. However, I do suggest that some modifications in the conversation are necessary in order to provoke or make more possible social change. As long as the conversation continues to invoke the same dominant frames uncritically, pro-caregiving advocates will continue to sabotage their own efforts to make unpaid family caregiving matter to the entire nation.

The research questions for this study are informed by the lessons offered by care theorists⁵. In order to situate my research questions within a context of theories of care, it is necessary to review some fundamental literature advanced by Gilligan, Kittay, Noddings, and Ruddick—four pioneering scholars of care theory. It is essential to map out the academic conversation about what is known as theories of care in order to (1) distinguish my work and goals from previous scholarship as well as (2) illuminate how my efforts in this dissertation will work to provide suggestions for more scholarly work and considerations for scholarship on care theory. This larger conversation in theories of care reveals two main frameworks that will elucidate work that has already been completed and is useful for this dissertation. First, I will explain why the distinction between an ethic of care and an ethic of justice matters for this dissertation. Second, I will offer a theoretical framework about caring for the caregiver and demonstrate how that framework will be a useful guiding point throughout the dissertation. The rest of this section will be spent outlining the major theorists' contributions in care theory and then conclude with how the work in this dissertation will draw from and provide considerations for this academic conversation. It is important to note here that I am using

⁵ I refer to care theorists as those scholars who take a notion of “care” as their subject of analysis. I do not wish to enter into a discussion on definitions of care yet, but rather to point out that there are scholars whose primary focus is on the subject of care with varying points of focus.

similar language in this dissertation to that of care theorists. However, care theorists talk about “care” in terms of the general idea that we, as members of a common society, should consider ourselves in relation to one another and their use of “caregiver” is not limited to the unpaid family caregiver, but rather anyone caring for another in a dependency relationship.

First, most care theorists distinguish between what are called ethics of care and ethics of justice as two types of languages that inform human reasoning. These languages illuminate orientations about the extent to which we understand ourselves in relation to others. Care theorists’ discussions on ethics of care and ethics of justice serve as a useful starting point for this dissertation because there have been debates about the extent to which these two languages are compatible with or better/worse in framing public policy.

As summarized by Kuhse (1997), Carol Gilligan was one of the first feminist scholars to map a “feminist approach to ethics” by asserting “two different moral ‘languages’—a language of impartiality or ‘justice’ and a relational language of ‘care’” (p. 99). In her work, *In a Different Voice*, Gilligan (1982) posited these two orientations, suggesting both are equally valid, but just different ways of reasoning. Gilligan “posited that men and women often speak different languages that they think are the same, and she sought to correct the tendency to take the male perspective as the prototype for humanity in moral reasoning” (Sander-Staudt, n.d., para. 4). The use of ethics of care and ethics of justice invite specific terminology associations that reveal the underpinnings of each type of reasoning. For example, in Tonn’s (1996) essay on Mary Harris “Mother” Jones, she draws from Sara Ruddick’s conceptualization of maternal thinking as she describes an ethic of care as privileging “connection, empathy, and contingent reasoning from

concrete experiences over abstract, impersonal, absolute, and linear approaches to problem-solving” (p. 4). Although Tonn (1996) uses this description to argue that militant protective love “broadens the maternal ‘ethic of care’” (p. 5), her associational language is useful for the current discussion about characteristics of the languages of care and justice. Here, Tonn (1996) associates an ethic of care with concreteness and an ethic of justice with abstractness. Similarly, Kuhse (1997) draws from Sara Ruddick’s explanation of abstraction and suggests that it “‘refers to a cluster of interrelated dispositions to simplify, dissociate, generalize and sharply define’. Its opposite, which she calls ‘concreteness’, ‘respects complexity, connection, particularity and ambiguity’” (p. 120). In sum, this paragraph provides some early definitional work on ethics of care and ethics of justice in order to now introduce the ways in which these different languages have been raised in academic conversations about their use in public policy.

After Gilligan posited these two moral languages, other scholars entered into the discussion and debated the extent to which one language might be better than the other as a method of reasoning. For example, Nel Noddings (1984) wrote *Caring: A Feminine Approach to Ethics and Moral Education* where she considered both perspectives valid approaches to reasoning; however, in this work, Noddings gives preference to the language of care because she suggests that the ethical ideal or the “vision of best self” (p. 80) was based on a caring relation rather than on universal moral principles. She states, “Principles that seem universifiable...tell us, theoretically, what to do, ‘all other things being equal.’ But other things are rarely if ever equal” (p. 85). Additionally, she argues that moral judgments are context dependent so we must consider the unique concrete aspects to make a well-reasoned evaluation. Noddings (1984) does not suggest that an

ethic of caring as a feminine ethic implies “a claim to speak for all women nor to exclude men” though “there is reason to believe that women are somewhat better equipped for caring than men are. This is partly a result of the construction of psychological deep structures in the mother-child relationship” (p. 97). Although Noddings (1984) indicates the usefulness of both types of languages, her early work sparked a discussion amongst care theorists about the extent to which one language might be better or worse than the other.

Sara Ruddick is also a leading care theorist who contributes to theories of care by positing a “maternal thinking” paradigm that asserts a compatibility between an ethic of care and an ethic of justice as well as how this paradigm, or way of thinking, might be a productive approach to inform a public consciousness. First, Ruddick (1989) asserts in *Maternal Thinking: Toward a Politics of Peace* that mothering does not just refer to a biological mother and that mothering is not strictly a female activity but rather can be applied to anyone who commits “oneself to protecting, nurturing, and training particular children” (p. 51). Ruddick (1997) argues that mothering, in this broad sense, is both powerless and powerful. It is powerless in that “women are less able than men to determine the conditions in which their children grow” (p. 585), yet can be powerful because “for a child, a mother is the primary, uncontrollable source of the world’s goods; a witness and judge whose will must be placated, whose approval must be secured” (p. 585). She concludes by suggesting that mothering shapes our thinking and offers what she calls “maternal thinking” where “intellectual activities are distinguishable, but not separable, from disciplines of feeling. There is a unity of reflection, judgment, and emotion. It is this unity I call ‘maternal thinking’” (p. 588). Ruddick provides an

important aspect to theories of care by relating maternal thinking's relevance to public consciousness and policy. Ruddick argues, "We must work to bring a transformed maternal thought into the public realm, to make the preservation and growth of all children a work of public conscience and legislation" (p. 598). She suggests, "All feminists must join in articulating a theory of justice shaped by and incorporating maternal thinking" (p. 598). Ruddick's perspective invites us to see a maternal thinking paradigm that demonstrates the potential compatibility between an ethic of care and an ethic of justice.

The discussion about the extent to which an ethic of care and an ethic of justice are compatible serves as one useful framework for understanding this dissertation's goals. It is important to note that care theorists have explored the necessity of making "care" compatible with a public consciousness and policy. Although Ruddick argues that a maternal ethic can be productive in a social sense, I argue that the associations embraced by "maternal thinking" as currently used by many pro-caregiving advocates can discourage shared responsibility as opposed to motivating it. As such, I acknowledge that other scholars have addressed the necessity of introducing some kind of "ethic of care" into public consciousness, but they have disagreed on what that model looks like. In this dissertation, I will draw from these previous discussions and present considerations to this line of thought by introducing the rhetorical complexities of making caregiving matter socially as well as offer suggestions about how this academic discussion can advance rhetorical leadership in practice.

In addition to a focus on languages of care in contrast to justice, care theorists also provide a lens and justification for looking at the caregiver, in various capacities, which is

a useful framework for this dissertation. For example, Noddings (1984) made significant contributions to advancing theories of care by introducing “caring for the caregiver” into the academic conversation. She explains her preferred terminology of describing a “caregiver” as “one-caring”: “I do not sacrifice myself when I move toward the other as one-caring” (p. 99). This is an important addition to care theory because it suggests that “if caring is to be maintained, clearly, the one-caring must be maintained” (p. 100).

More recently, Eva Feder Kittay (1995, 1999) extended theories of care by revisiting what was introduced by Noddings (1984)—that within a caring ethic, there needs to exist a notion of care for our caregivers. Kittay offers a look at how the social role of caregiver is assumed to be privatized and gendered and further offers insight into how caregivers are constituted in social structures such as the Family and Medical Leave Act (FMLA). Kittay argues in *Taking Dependency Seriously* (1995), “The gendered and privatized nature of dependency work has meant, first, that men have rarely shared these responsibilities...and second, that the equitable distribution of dependency work, both among genders and among classes, has rarely been considered in the discussions of political and social justice” (p. 2). Kittay (1995) provides an informed critique of the FMLA and argues that it adheres to a liberal model that construes “society as an association of equals, conceived as individuals with equal powers, equally situated in the competition for the benefits of social cooperation” thereby disregarding “the inevitable dependencies of the human condition” (p. 4). She argues that this social structure “creates a secondary dependence in those who care for dependents” in that “they [caregivers] remain outside the society of equals insofar as they cannot function as the independent and autonomous agents of liberal theory” (p. 4). She argues that this becomes

problematic for dependency workers, in general, and women in particular because “when the fact of dependency and its social dimensions within the political conception of society is omitted, the secondary dependence of the dependency worker and the contribution of even the most dependent to the fabric of human relations is missed” (p. 5). Further, “that women historically and customarily assume the role of dependency worker means that such an account of equality leaves out many women who retain their role and status as dependency workers” (p. 5). Kittay’s (1995) analysis offers insight into why an ethic of justice might be inadequate in public policy advocacy situations for unpaid family caregivers.

In addition, Kittay (1999) offers a useful theoretical framework for understanding the necessity of focusing attention toward the caregiver. For example, in *Love’s Labor*, Kittay (1999) focuses on ways that we might care for caregivers in a “nested set of social relationships” (p. 68) characterized by “reciprocity-in-connection” (p. 67). She argues, “The dependency worker is entitled not to a reciprocity from the charge herself, but to a relationship that sustains her as she sustains her charge” (p. 68). She asserts a doulia metaphor, “A term that improvises on the name of a postpartum caregiver (a doula) who assists the new mother as the mother cares for the infant” because, in this model, “the direction of the obligation in connection-based reciprocity goes from those in position to discharge the obligations to those to whom they are relevantly connected” (p. 68). Kittay’s (1999) doulia metaphor offers a framework for decentralizing caregiving as women’s work because it models a new concept of social cooperation. The doulia is a “concept by which service is rendered to those who become needy by virtue of attending to those in need, so that all can be well cared for” (p. 11). The doulia metaphor focuses

on the idea that we not only need to care for care-receivers (e.g., the elderly, disabled, veterans) but that caregiving should be a part of our social responsibility where we should extend our focus to our caregivers.

I see the doulia metaphor as a productive framework to understand the aims of this dissertation in that it encourages shared responsibility for caregiving and thus may provide a useful resource for pro-caregiving advocates. Kittay (1999) explains, “By extending the notion of service (rendered to the postpartum mother by the doula so that the mother can care for her child and yet be cared for herself) and by shifting from the private circumstance of postpartum care to a public conception of care, we think of the circles of reciprocity moving outward to the larger social structures of which we are a part and upon which we depend” (p. 133). Important to point out here is the movement or shifting from activities assumed to be private to public, or community, responsibility. The doulia metaphor emphasizes caregiving as a shared social responsibility in caring for the caregiver.

To summarize and place in the context of this dissertation, Ruddick (1989), Noddings (1984), and Kittay (1995, 1999) address the necessity of devoting attention to caregivers in addition to care-receivers (e.g., children, elderly, disabled individuals). However, these care theorists deviate from each other in the extent to which they agree on how to make “care” a public responsibility. Kittay (1995, 1999) critiques societal structures that privatize dependency work and Ruddick (1989) argues that society can be empowered by moving a maternal ethic into public consciousness. I agree that we should be moving toward a society characterized by shared responsibility of caregiving but I disagree, based on the upcoming rhetorical analysis, that Ruddick’s (1989) maternal ethic

integrated in the public realm offers a clear resolution toward shared responsibility in unpaid family caregiving. In this dissertation, I argue that by talking about unpaid family caregiving as an issue assumed to be “private,” pro-caregiving advocates are only re-entrenching and solidifying that caregiving is primarily a biological family concern. As such, I argue that inherent barriers are being perpetuated in pro-caregiving discourse, which work to retain unpaid family caregiving as a domestic concern, as opposed to a shared, public concern. I suggest that, in order to move toward a society characterized by shared responsibility in unpaid family caregiving, we need to take concrete steps to analyze and change the way we talk about unpaid family caregiving.

Advancements in theories of care have grown stagnant since Ruddick (1989) and Kittay (1999). Although Noddings’s (2012) most recent work advances a theory of care, she is primarily concerned with an educational context. My scholarly efforts in this dissertation provide considerations for this body of scholarship by theorizing how both scholars and practitioners can use the practical tools of rhetoric to analyze and expand possibilities in how we discuss how to handle unpaid family caregiving. Given this, my contribution functions as a critique of Ruddick’s (1989) maternal thinking in public policy in that I will argue that “maternal thinking” cannot be simply transferred to the public sphere without accounting for the resulting inherent barriers in unpaid family caregiving discourse. I will demonstrate that by revealing the inherent barriers in pro-caregiver discourse scholars and practitioners can alter the language toward a more productive end. Kittay (1995, 1999) outlines the ways in which social structures perpetuate care as privatized activities, and I intend to show through the case study of pro-caregiving advocacy how the language used to describe unpaid family caregiving

mutually reinforces Kittay's findings, thereby making it difficult to advocate successfully for shared responsibility. Because "theories of care provide a much-needed account of the morality associated with relationships in the private sphere" (Thompson, 1998, p. 525), these perspectives are needed to better evaluate the ways in which pro-caregiving advocates themselves contribute to inherent barriers that may impede them from encouraging shared responsibility beyond the confines of a "private" sense.

In order to open up more possibilities for shared responsibility in unpaid family caregiving, we first need to understand the inherent barriers that are keeping caregiving limited to a domestic concern. I am building on previous work conducted by care theorists, in particular Kittay (1995, 1999), not by directly focusing on the social structures that perpetuate caregiving as women's work, as Kittay does, but rather by interrogating the language utilized by pro-caregiving advocates themselves. Additionally, Kittay's (1999) *doulia* model offers a productive framework for encouraging shared responsibility that I believe is applicable to the case of unpaid family caregiving.

Rhetorical perspectives are needed to study and carry on the work of care theorists because, although scholars have previously focused their efforts on the gendering of caregiving, little scholarly work has been focused on the rhetoric surrounding or advocating regarding unpaid family caregiving specifically or the ways that a more productive framing of this rhetoric could be enacted using the practical tools offered by the rhetorical discipline. I am interested in the practical aspects of rhetoric because of my commitment to build a more effective and ethical citizenry by advancing applied communication scholarship that will be useful for both scholars and practitioners. I envision this project as encompassing more than just ways that pro-caregiving

advocates can open up possibilities in their advocacy efforts; I wish to offer all social advocates who negotiate an issue assumed to be “private” while trying to garner shared responsibility a means for understanding how shifting the perspective, through rhetoric, can reveal productive advocacy opportunities toward establishing a society characterized by shared responsibility.

It is my contention that a change in rhetoric is necessary but not sufficient in pro-caregiving advocacy because of many contextual issues and material limitations. For instance, I acknowledge that changing the gendered aspects of this rhetoric is an onerous task regardless of the effort on the part of advocates who may be skilled at reconstructing arguments. Although this case presents an uphill climb, I believe that understanding the rhetorical choices is a first step for the arguments to work toward achieving the advocates’ goals. As such, this dissertation functions to extend and expand rhetorical possibilities for more effective arguments as opposed to claiming that my proposed solutions will directly change the material conditions of unpaid family caregivers. This dissertation offers scholars and practitioners a case study to extend applied rhetorical knowledge about public advocacy for issues usually assumed to be “private.

Chapter 2: Theory and Method

Theories and methods of rhetorical criticisms are often blurred because a theory is a method of experiencing rhetoric in the real world. (Brummett, 1984, p. 105)

In rhetorical theory and criticism, theory and method are deeply intertwined. In fact, Brummett (1984) argues that in rhetorical criticism “the method is merged with and subordinated to the theory” (p. 99). What this means is that when conducting research, the rhetorical critic’s tools for analyzing a text include the theory (or theories) that help(s) interpret the discourse as well as provide the method of analysis, which might be based on the major components of a theory. Because I adopt this line of thought, I utilize the terminology of “critical lens” comprised of both the theories that help me to interpret the texts and the methods for analyzing the texts. As such, the theory and method in this section are not separated, as they both inform my critical lens and work together to help me advance my argument and answer my study’s research questions.

This chapter is organized around answering the what, why, where, when, and how to answer the two research questions for this dissertation. My first research question, how might the ways that pro-caregiving advocates talk about their subject contribute to the lack of public action, even if they produce a plethora of uncontested discourse, can be answered by close textual analysis and argumentation theory. My second research question, what alternative rhetorical strategies might better serve pro-caregiving advocate goals in increasing public concern about and shared responsibility for policy action on unpaid caregiver challenges, can be answered by the rhetorical issue of solvency developed through concepts such as metaphor and redefinition. In order to identify the ontological questions of what to look for and why, I will first outline and justify why I am focusing on one subset of pro-caregiving rhetors (i.e., pro-caregiving advocates) to

analyze for this dissertation. The methodological questions of when and where to look will be answered by outlining where I found and how I selected the texts and contexts surrounding pro-caregiving advocates from among the available choices. How I will look at the selected texts will be discussed near the end of the chapter by focusing on metaphors, definitions, values, value hierarchies, and loci, specifically. Finally, I will conclude this chapter with a synopsis of the rest of the chapters in this dissertation.

What to Look for and Why

I suspect that inherent barriers to framing caregiving as a socially shared responsibility are built in to the discourse surrounding unpaid family caregiving, and in particular, even perpetuated by pro-caregiving advocates themselves. In order to answer my first research question, then, I need to conduct a close textual analysis of the texts produced by pro-caregiving advocates who are attempting to energize public policy change. When I began looking for texts that would allow me to answer my research questions, I started by exploring pro-caregiving voices within a rhetorically constructed context of a caregiving crisis. I define pro-caregiving *voices* as those individuals who are advancing a public conversation about contemporary unpaid family caregiving, including, but not limited to, caregivers, caregiver advocates, and researchers. I found that these pro-caregiving voices draw on similar rhetorical frames when contributing to a public discussion about greater support for an appreciation of unpaid family caregiving. Although I acknowledge that there are many different voices in this rhetoric (i.e., one advocating for caregivers might not necessarily be a caregiver), I suggest that pro-caregiving rhetors are all advancing a public conversation sympathetic to unpaid family caregiving; sometimes this is related to public policy advocacy, and other times it is

limited to social support. These voices provide a contextual backdrop for understanding the texts I analyze in this dissertation because it is within this discursive context that a rhetorically constructed unpaid family caregiver living in a rhetorically constructed caregiving crisis is being advanced by pro-caregiving rhetors.

Since many pro-caregiving rhetors are wavering between individual and social responsibility, for the purpose of this dissertation I chose to focus only on texts that ask that unpaid family caregiving be a social responsibility—pro-caregiving *advocates*. By focusing only on pro-caregiving advocate voices, I wish to isolate the public efforts to improve the material conditions facing unpaid family caregivers through policy change, though it should be noted here that some policy proposals include individual social support for unpaid family caregivers. By doing so, I am able to identify, through close textual analysis, the ways in which policy appeals get deployed and what potential inherent barriers are being perpetuated by pro-caregiving advocates themselves. As such, inherency analysis will help illuminate the inherent barriers within unpaid family caregiver discourse, and point the way to more effective rhetorical approaches.

Because I suspect that pro-caregiving advocates' use of discourse is limiting the necessary concept of understanding caregiving as a shared responsibility, I have reason to believe that unpaid family caregiving could be a social responsibility if inherent barriers are identified and resisted or replaced by more helpful rhetoric. At the outset, then, rhetorical leadership undergirds the critical lens that I develop in this dissertation. Rhetorical leadership brings together public advocacy and building a more effective and ethical citizenry because leadership is for everybody and “effective leaders...use language in ways that allow us to see leadership not only as big decisions but as a series

of moments in which images build upon each other to help us construct a reality to which we must then respond” (Fairhurst and Sarr, 1996, p. 1). It is my contention that all pro-caregiving advocates are rhetorical leaders who have opportunities to modify their rhetorical approach to encourage a shared interpretation of unpaid family caregiving as a social responsibility. Because my larger scholarly goals in this dissertation include providing practical takeaways for scholars and practitioners, rhetorical leadership, as a scholarly perspective, encouragingly provides a framework that focuses on ways to advance teachable rhetorical lessons by analyzing and learning from public advocacy efforts (see Olson, 2007).

Close textual analysis of pro-caregiving advocacy is necessary to reveal the inherent barriers that I suspect are creating rhetorical obstacles to productive policy change in pro-caregiving advocacy discourse. Close textual analysis is a method of criticism in which the scholar unpacks meanings of rhetorical strategies utilized by a rhetor within a public artifact. In close textual analysis, there are numerous ways a critic can read a rhetorical artifact. In this dissertation, I utilize close textual analysis by analyzing both the intrinsic characteristics of the texts as well as the extrinsic factors that shape the texts.

Stock issues in policy debate. Because I believe that shared responsibility is possible but may be made difficult by the symbolic choices of pro-caregiving advocates, identifying the inherent barriers reinforced in pro-caregiving advocacy discourse, through close textual analysis, is necessary. The set of five stock issues in policy debate (jurisdiction, significance, inherency, solvency, and consequences) offer scholars and practitioners a “hunting ground for arguments” because they “provide general phrasing of

potential issues that correspond to the inherent obligations of the advocate of change” (Ziegelmueller & Kay, 1997, p. 172). Policy advocates should develop arguments around the five stock issues “not because some rhetorical scholar declared it so but because they [stock issues] encapsulate what real policymakers expect real advocates to demonstrate before they give assent” (Olson, 2008, p. 223). Together, these five stock issues represent a set of “possible proofs” to justify policy change (Jasinski, 2001, p. 532). More specifically, the advocate should “provide proposals consistent with the terminology (scope) of the proposition” (Ziegelmueller & Kay, 1997, p. 172) (jurisdiction); the advocate should show that the change is needed by demonstrating the existence of “significant harms or ills or needs within the present system” (Ziegelmueller & Kay, 1997, p. 173) (significance or ill); the advocate must explore inherency, or blame, that perpetuates the ill and demonstrate that a “policy approach is warranted...if it can be shown that by its very nature the present system cannot (structure), will not (attitude), or should not (philosophy) overcome the problems or achieve the goals” (Ziegelmueller & Kay, 1997, p. 174); the advocate must offer a workable solution (solvency or cure); and the advocate must demonstrate that “disadvantages of the proposed change are not so great as to outweigh any benefits” (Ziegelmueller & Kay, 1997, p. 177). Although these five issues are addressed separately, they are not mutually exclusive in that they interlock and work together to justify policy change. As suggested by Ziegelmueller and Kay (1997), “Each of these categories constitutes a vital area of concern—an area in which the advocate of change may lose his or her case” (p. 172). As such, the five stock issues in policy debate offer an initial framework for understanding and finding arguments as

well as potential areas to strengthen the justification for the policy platform of pro-caregiving advocates.

Inherency analysis. One of the stock issues, inherency, can be used as a practical tool for citizen advocates to diagnose the perpetuation of the ill, or the material suffering of unpaid family caregivers, that persists in spite of efforts for policy change. Rhetorical leaders have opportunities to examine what plagues the discourse that is preventing public policy change with the use of inherency analysis. I suggest that inherency analysis is crucial in the contemporary situation of unpaid family caregiving because a public case is being constructed by pro-caregiving advocates with little public policy action and inherency analysis might reveal underlying causes that are limiting social change.

I argue that one explanation of this lack of public attention lies in attitudinal and philosophical inherency where the reasons that might explain public inaction could be revealed in the way pro-caregiving advocates themselves talk about their subject. For example, I will suggest that the ways in which pro-caregiving advocates rhetorically construct “care” and “family” reveal and unintentionally reinforce inherent attitudinal barriers, which is a “form of inherency [that] admits that the present system has the capability to solve the ills, but claims that the system will not do so because of a deeply rooted attitude” (Ziegelmueller & Kay, 1997, p. 174), by adopting language that implies unpaid family caregiving is primarily women’s work in the domestic sphere and not a matter of public concern. Furthermore, the rhetorical construction of the situation of “crisis” reveals a philosophical inherent barrier, a form of inherency that “admits that the ills could be solved, but claims that the ills should not be solved because greater ills would result” (p. 175). While pro-caregiving advocates are advancing persuasive ills

facing society, care-receivers, and caregivers, the solutions do not demonstrate how caregiver ills will be lessened; as such, a solution that does not match all aspects of the ills claimed reveals that caregivers are ordered as less important than other crisis sufferers (e.g., care-recipients and taxpayers).

This dissertation will demonstrate the usefulness of inherency analysis for both scholars and practitioners in that I use inherency analysis to illuminate one possible way that pro-caregiving advocates can identify inherent barriers that plague their own discourse in their efforts to advance shared responsibility about unpaid family caregiving. Inherency analysis is accessible to advocates themselves, both at the organizational and individual level, as well as to critics utilizing this as method for analyzing public policy efforts. Beyond accessibility and application, Olson (2008) argues for the practicality of inherency analysis for public advocates because it offers a versatile, efficient, flexible, and teachable standard that can “prepare effective citizen leaders with practical and generative tools for influencing and testing public policy decisions outside the classroom or competition arena” (p. 236). This practical tool, in addition to demonstrating a lesson in rhetorical leadership, will help me answer research question one: how might the ways pro-caregiving advocates talk about their subject contribute to the lack of public action, even if they produce a plethora of uncontested discourse. Although inherency analysis will not resolve the negative material conditions plaguing unpaid family caregivers, inherency analysis has the capacity to equip pro-caregiving advocates with tools to analyze the potentially detrimental ways in which they are communicating about the material conditions.

Solvency. The rhetorical issue of solvency will be equally as important to this study as inherency analysis. Solvency, or “whether the cure really solves the problem” (Jasinski, 2001, p. 535) is a key element in this dissertation because each analysis chapter will offer potential changes in the way that a dominant frame is deployed in pro-caregiver discourse that avoid or overcome the inherent barriers identified. Because “inherency often complicates the affirmative’s need to establish solvency” (Jasinski, 2001, p. 534), inherency analysis will reveal opportunities to conceptualize both solvency and workability of potential “cures” to solve the significant ill. Providing the correct “cure” for pro-caregiving advocates is not the goal of this dissertation, but rather one goal in this study is to propose “a necessary first step that will make it possible to solve the problem fully somewhere down the road” (Jasinski, 2001, p. 535). As such, research question two, what alternative rhetorical strategies might better serve pro-caregiving advocate goals in increasing public concern about and shared responsibility for policy action on unpaid family caregiver challenges, will be answered guided by the rhetorical issue of solvency.

The set of five stock issues serve as a practical tool for citizen advocates as well as for leaders in formal positions of authority to use in policy advocacy efforts because “advocates [can] use these stock issues...in strategic planning...[and are] useful in the process of rhetorical invention” (Jasinski, 2011, p. 536). Olson (2008) argues that public policy advocacy can be an exercise in leadership and not just for those in “positions of formal authority” but can include individual rhetors “who serve as leaders on public issues with shared stakes” (p. 221). Pro-caregiving advocates include both organizations (e.g., The Rosalyn Carter Institute for Caregiving) and individual rhetorical leaders (e.g., Diane Schuster’s Caregiver Corps Proposal). Pro-caregiving advocates are working to

“shape and interpret situations to guide organizational members into a common interpretation of reality” (Smircich & Morgan, 1982, p. 261). In the case of unpaid family caregiving, pro-caregiving advocates attempt to propose policy change that appeals to policy makers and the American public, answer the call for advocates to provide a “topical” proposal (Ziegelmeuller & Kay, 1997, p. 173) (jurisdiction); construct a situation that demonstrates the ills that plague unpaid family caregiving because material conditions are worsening for unpaid family caregivers (significance or ill); propose feasible solutions that offer ways to resolve the ill (solvency/cure) as well as elaborate on any additional benefits for enacting change beyond solving the ill and defend against new problems that the solution might create (on-balance costs). Despite efforts to provide reasonable proofs to enact policy change for unpaid family caregiving, policy change is left unrealized. I propose that pro-caregiving advocates look to inherency, or reasons why “an array of potential solutions has been offered or even enacted, yet the significant ill(s) persists” (Olson, 2008, p. 224) to understand and correct that state. Pro-caregiving advocates have opportunities to build a stronger, more solvent case for policy change by identifying and addressing the inherent barriers, or blame, in their own discourse that may be impeding the advocacy efforts. Inherency analysis, then, will reveal inherent barriers in the advocacy efforts as well as reveal opportunities to resist or replace frames through the use of more strategic language.

When and Where to Look

2015 is a pivotal moment to look at unpaid family caregiving as a potentially public issue with shared stakes while other contexts in public discourse debate about definitions of family and individual and public responsibilities regarding health care. In

light of these swirling contexts, unpaid family caregiving, an issue that is separate from motherhood, stands a chance to be a public issue. Examining such discourse offers promise in better understanding unpaid family caregiving, in particular, as well as other advocacy efforts where an issue assumed to be “private” must navigate discursive complexities to promote shared responsibility for a problem and its solutions.

Unpaid family caregiving rhetoric is made up of many different pro-caregiving voices, including, but not limited to, caregivers themselves, caregiving advocates, writers, and thinkers who are together advancing a sympathetic conversation directed at unpaid family caregiving. For this dissertation I am focusing only on pro-caregiving advocacy efforts and those individuals or organizations who are advancing or supporting public policy change for unpaid family caregivers. This sub-set of pro-caregiving rhetors also contribute to discourse sympathetic to unpaid family caregivers in ways that will likely use frames that are positive to describe and advocate for this population. I am interested in how advocates themselves may be perpetuating and contributing to their own lack of success in garnering shared responsibility in unpaid family caregiving. Because humans “seek for vocabularies that will be faithful reflections of reality” (Burke, 1969a, p. 59), I wish to interrogate the public vocabulary of pro-caregiving advocates who are developing change rhetoric in hopes of achieving public policy attention. I argue that the texts for this study represent vocabularies in unpaid family caregiving advocacy and, as such, embody the necessary scope to capture the complexities of promoting shared responsibility for a subject that has strong connotations with the “private” sphere. As argued in chapter one, the current cultural context being invented and shaped by pro-caregiving advocates provides a unique and important time to explore the discourse of

pro-caregiving advocacy efforts to illuminate and promote new ways that language functions in public advocacy.

How Did I Choose Texts to Analyze?

When conducting a critical textual analysis, all rhetorical critics assemble a text. This aspect of critical analysis is unavoidable as “we create the ‘text’ that serves our purposes” (Dow, 2001, p. 341). For the purpose of this dissertation, I piece together a text that includes a wide range of advocacy voices with much variation in rhetorical goals and aims in order to uncover the larger themes emerging from public discourse aimed at situating policy goals within the context of contemporary unpaid family caregiving. My intent in doing so was not to “validate some pre-existing text” but to “authorize the *creation* of one” (Dow, 2001, p. 341, emphasis original). The current study creates a new interpretation of contemporary unpaid family caregiving that could only be illuminated by the unique and disparate voices that make up pro-caregiving advocacy.

In order to gather evidence for establishing the inherent barriers in pro-caregiving advocacy discourse, I construct and argue that what McCarver (2011) describes as a conversational text is an effective means for piecing together a text for this project. In McCarver’s (2011) analysis of the discourse surrounding Sarah Palin’s bid for the vice presidency, she pieces together a “conversational text” and analyzes online discourse including comments, Web sites, and blog posts and suggests that she is “not solely interested in interpreting the text in and of itself but...with exploring the larger cultural practices that engage in and interact with the text and how the text operates as only one component of a larger cultural conversation” (p. 23). In this dissertation, I similarly piece together a conversational text that operates as a “larger cultural conversation” about

contemporary unpaid family caregiving by exploring advocacy discourse situated in rhetorics surrounding the negative material conditions facing contemporary unpaid family caregivers. My conversational text is comprised of rhetoric from pro-caregiving advocates, both organizations and individual rhetors, who are attempting to energize public policy change and support for unpaid family caregivers. For instance, some of the texts I analyze include, but are not limited to, pro-caregiving websites, policy statements, press releases, images on the advocacy websites, and promotional materials that I requested from organizations like The Rosalyn Carter Institute on Caregiving and Family Caregiver Alliance.

Constructing a conversational text is useful in this specific study because I gather insights from disparate voices, all contributing to ways that unpaid family caregiving might be understood as a social responsibility. These disparate voices do not necessarily speak to each other but draw on similar frames about family, crisis, and care when situating their policy appeals within a context of negative material conditions facing unpaid family caregivers. With this approach, I have flexibility to explore how fragments of the larger cultural conversation create a coherent conversation about unpaid family caregiving. More specifically, rather than addressing only the material conditions that many are labeling a caregiving crisis, I interrogate the discourse surrounding pro-caregiving advocacy that constructs unpaid family caregivers as always already exhibiting a set of rhetorical characteristics.

Because many pro-caregiving rhetors utilize the terminology of “caregiving crisis,” for this project I developed two Google alerts titled “caregiving crisis” and “caregiver crisis.” A quick Google search of both terms reveals over 5.5 million results,

and the articles generated from the alerts have produced over 150 hits since May 2012. The alerts produced a wide variety of results ranging from documenting “a caregiving crisis” in specific geographical areas (see “Report,” 2013) to suggestions for caregivers to manage stress (see Caprino, 2013). I have also created a Google alert titled “caregiving advocacy,” and this alert has produced over 15 hits since March 2015. In addition to the Google alerts, I gathered textual evidence from several caregiving advocacy websites and looked for publications (both online and in print) whose content focuses on issues relevant to caregivers and/or care receivers (e.g., AARP). Articles that describe a caregiving crisis focus on ideas including, but not limited to, economic issues facing the nation, individual issues facing caregivers, and/or issues facing the care-receiver. Not all of the discourse explicitly uses the terminology “caregiving crisis” though each fragment acknowledges detrimental conditions facing real-life unpaid family caregivers. What is apparent in this variation of focus is that the caregiving crisis is still developing, and individuals, groups, and advocates are attempting to contribute to a larger conversation about contemporary unpaid family caregiving, and in doing so, illuminate a larger cultural conversation about the status of unpaid family caregiving.

Because pro-caregiving rhetors are producing discourse that is sometimes about individual responsibility and other times about social responsibility, I chose to analyze only those texts that position unpaid family caregiving as a social responsibility. For instance, those organizations that focus their efforts only on social support for unpaid family caregivers were not included as part of this dissertation because caregiver social support implies caregiving is a personal responsibility to manage as opposed to a societal issue to solve. In this project, I wish to focus on public policy advocacy efforts because

these voices have set an instrumental goal to advance change through policy efforts as opposed to individual caregivers engaging in social support with each other. Pro-caregiving advocates include organizations such as, but not limited to, AARP, Family Caregiver Alliance, and The Rosalyn Carter Institute on Family Caregiving and are advancing clear efforts to push for public policy change for unpaid family caregivers. By piecing together these texts of websites, articles, and promotional materials, it is my intention to create a reading of unpaid family caregiver advocacy rhetoric that makes us “think about our world in new ways” (Dow, 2001, p. 347). In doing so, I aim to illuminate aspects of pro-caregiving advocacy discourse that exposes limitations and opens up possibilities of social relevance, regardless of associations to “public” or “private.”

The conversational text I have pieced together for the purpose of this dissertation is a representative anecdote of pro-caregiving advocacy discourse. Were I to focus on just one advocacy organization, I would lose sight of the multiple types of advocacy voices contributing to the rhetoric surrounding unpaid family caregiving. In *A Grammar of Motives*, Burke (1969a) asserts,

The “most representative” character thus has a dual function: one we might call “adjectival” and the other “substantial”. The character is “adjectival,” as embodying one of the qualifications necessary to the total definition, but is “substantial” as embodying the conclusions of the development as a whole. (p. 516)

The conversational text I have constructed for this analysis embodies both the adjectival character and the substantial character in that each pro-caregiving advocacy effort

individually represents the efforts to establish unpaid family caregiving as an issue with social stakes and together represent a vessel carrying clues that reveal a larger grammar of unpaid family caregiving as well as implicit assumptions that justify what counts (and does not count) as social responsibility. Treated as a whole conversational text, pro-caregiving advocacy discourse guides us to who we are and what we value because the text includes substance “designed to serve as motives for shaping or transforming behavior” (Burke, 1969a, p. 342). Because “rhetorical language is inducement to action (or to attitude, attitude being an incipient act)” (Burke, 1969b, p. 42), exploring pro-caregiving advocacy rhetoric will reveal clues to how such advocates are inviting symbolic action through their language.

How am I Looking at the Selected Texts?

Broadly, close textual analysis guides the methodology in this dissertation. Within that broad category I am guided by the notion that the way we use language matters and that words use us as much as we use words (Burke, 1966). In other words, language is not just a tool we use to communicate but it is also a tool that uses us because it involves symbolic action. Symbolic action embraces the idea that “even if any given terminology is a reflection of reality, by its very nature as a terminology it must be a selection of reality; and to this extent it must function also as a deflection of reality” (Burke, 1966, p. 45). Because word choice reveals “citable” and “observable realities” (Burke, 1969a, p. 57) and these citable and observable realities have “real demonstrable relationships, and demonstrably affecting relationships” (pp. 57-58), close textual analysis offers a necessary peek into understanding the complexities of language that limit and expand possibilities for shared responsibility in pro-caregiver advocacy discourse.

Language can be understood as the “strategic naming of a situation” (Burke, 1973, p. 300). Because “language” reveals “the ‘critical moment’ at which human motives take form” (Burke, 1969a, p. 318), the critic can look at a text’s establishment of a grammar that can “guide the analysis of that text” (Birdsell, 1987, p. 277). Texts use this vocabulary to size up a situation and ask others to act accordingly, because “in this foretelling category we might also include the recipes for wise living, sometimes moral, sometimes technical” (Burke, 1973, p. 295). In sum, critics can explore a text’s language as a strategic way of organizing a path to symbolic action. In this way, language can be understood as “equipment for living” in which we are sizing up situations, adopting an attitude toward them, and revealing how we should act in similar situations in the future.

Just as we cannot avoid constructing a text, we also cannot avoid that our texts will always be partial reflections of reality. As critics, though, we need to have a slice of a text where we can see the whole. “Thus the anecdote,” argues Burke (1969a), “is in a sense a summation, containing implicitly what the system that is developed from it contains explicitly” (p. 60). Close textual analysis allows a critic ways to understand how a rhetor might strategically size up situations, even if that is a more or less partial, and better or worse account. Even when these are partial accounts, they can represent reality because “in reality, we are capable of but partial acts, acts that but partially represent us and that produce but partial transformations” (Burke, 1969a, p. 19). Although I cannot capture what every pro-caregiving advocate is saying about unpaid family caregiving, I argue that the texts I have chosen for this dissertation represent the necessary scope of what happens within the case of pro-caregiving advocacy rhetoric.

In this dissertation, I demonstrate that the terms family, crisis, and care are deployed in ways that can reveal inherent barriers in pro-caregiving advocacy rhetoric. I suspect that part of the reason behind public inaction is a result of unproductive family metaphors and definitions of crisis and care. In order to analyze this possibility and offer suggestions for resisting and/or reframing, I contend that there are several important rhetorical concepts that are instructive in looking at family, crisis, and care from a rhetorical perspective. In this section, I now introduce the concepts of metaphors, arguments by definition, values, value hierarchies, and loci, revealing these as important rhetorical dimensions that will help unpack the layers of meaning within pro-caregiving advocacy rhetoric. Additionally, these rhetorical concepts are useful rhetorical strategies for rhetorical leaders as they can be employed as tools to perhaps provoke a more productive conversation in rhetoric surrounding unpaid family caregiving.

Metaphors. Metaphors are powerful rhetorical strategies, or rhetorical tropes, that allow rhetors to change the meaning of words or concepts. At the most basic level, metaphor can be defined, according to Jasinski (2001), as “talking about one thing in terms of another” (p. 550). Kittay (1987) offers a distinction to understand the first- and second-order meanings of metaphor. The first-order meaning refers to “what we have in mind when we ask about ‘the meaning’ of the word,” whereas the second-order meaning “is obtained when features of the utterance and its context indicate to the hearer or reader that the first-order meaning of the expression is either unavailable or inappropriate” (Kittay, 1987, p. 42). In other words, the first-order meaning derives its understanding from the sentence itself, and the second-order meaning draws from a speaker’s application of the metaphor (Kittay, 1987, p. 44). Kittay’s (1987) conceptualization of

first- and second-order meaning points to an important rhetorical consideration in that metaphor is not a simplistic literary device, but rather a complex tool with layers of meaning.

Other scholars offer a conceptualization of metaphor that point to the complexity of this rhetorical device. For example, when elaborating on his early work with metaphor, Osborn (2009) explains that he “reconceived metaphor not as a literary device but as an event that occurs in the minds of listeners, often with important consequences for attitude and action” (p. 80). Osborn’s (2009) focus on the experience of metaphor is an important indicator of its usefulness and utility for pro-caregiving advocates and critical scholars analyzing advocacy rhetoric. Although in Osborn’s (1967) earlier work, he suggested that archetypal metaphors appear to be “immune to changes wrought by time” (p. 116), he later (decades later) revised that tenet of being resistant to change to say that “applications and functions [of metaphor] can transform and even expand across time” (Osborn, 2009, p. 83). Osborn’s (2009) evolution in thinking about metaphor is important for our purposes because, although some metaphors may be stable and resistant to change, they are, as Osborn (2009) suggests, “certainly...not impervious to it” (p. 83). As such, metaphors are rhetorically useful tools for rhetors to offer a persuasive experience that invites action. Burke (1969a) explains metaphor as one of the four master tropes, and he is concerned about their “role in the discovery and description of ‘the truth’” (p. 503). Burke (1969a) substitutes this trope for “perspective” and suggests:

If we employ the word “character” as a general term for whatever can be thought of as distinct (any thing, pattern, situation, structure, nature, person, object, act, role, process, event, etc.) then we could say that metaphor tells us something

about one character as considered from the point of view of another character.
(pp. 503-504)

Given Burke's insights, interrogating family metaphors deployed in pro-caregiving advocacy rhetoric can help us discover something about the namer of the family metaphor because, "to consider A from the point of view of B is, of course, to use B as a perspective upon A" (Burke, 1969a, p. 504).

Other scholars have similarly related metaphor to experience. For example, Lakoff and Johnson (1980) argue, "Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature" (p. 3). Here, the authors suggest that metaphor is a complex phenomenon beyond a literary device that can be used at the disposal of rhetors. In fact, they assert, "If we are right in suggesting that our conceptual system is largely metaphorical, then the way we think what we experience, and what we do every day is very much a matter of metaphor" (p. 3). Lakoff and Johnson (1980) offer metaphor as a way of understanding our everyday experience, and, as such, provide a conceptual lens for interpreting pro-caregiving advocates' use of metaphor for comprehending family and its relation to unpaid family caregiving.

In chapter five, I argue that opportunities exist for pro-caregiving advocates to modify current usages of family metaphors. I am not suggesting that utilizing alternative metaphors will permanently change the rhetoric around unpaid family caregiving because "regardless of how compelling any metaphor may be...its limitations eventually are encountered in its application" (Ivie, 1987, p. 179). However, without effort to push the conversation forward, pro-caregiving advocates will continue to invoke the same frames

in similar ways that will result in the continued barriers that are limiting shared responsibility.

Arguments by definition. Observing the definitional work of pro-caregiving advocates can also assist in revealing inherent barriers within the dominant frames utilized in unpaid family caregiving discourse. Arguments by definition might also help stimulate alternative ways to frame the way pro-caregiving advocates define the dominant frames of crisis and care. Definitions, like metaphors, can serve as a practical resource for rhetors because “the meanings of key concepts are subject to the pressures of discursive force set loose by rhetorical advocates” (Jasinski, 2001, p. 152). Critics can observe definitional arguments in public discourse and identify a “definitional struggle” (p. 152) over the terms care and crisis. For the purpose of this dissertation, I am interested in “charting the shifting definitions” (p. 153) of crisis and care as well as the discursive possibilities of scholars and practitioners to theorize about “strategies of definition and redefinition—by which the meanings of words are remade” (p. 153). My efforts in two of the analysis chapters, thus, are two-fold in that I first use principles of definition to analyze how pro-caregiving advocates are defining care and crisis, and second, I will use principles of definition to theorize about alternative definitions that may change or resist the ways that care and crisis are invoked in the discussion about unpaid family caregiving toward an alternative end.

Definitions, like metaphors, have the opportunity to establish rhetorical control because “the person who is able to control the power of definition has a crucial linguistic resource at his or her disposal” (Jasinski, 2001, p. 152). Jasinski (2001) points out, “Although dictionaries create an illusion of definitional stability and permanence, one

need only look at dictionaries from earlier periods of history to see how the definitions of terms change over time” (p. 152). Some rhetors practicing definitional work might focus on situational definitions, where the rhetoric seeks to “establish the perspective through which we, and others, will look at something” (p. 155). In fact, Zarefsky (1997) argues that an effective frame can make a definition of a situation persuasive. He suggests, “To define a condition as a problem is to invoke a frame of reference within which the severity of the condition is assessed, causality and blame are determined, and solutions are considered” (p. 6). As such, interrogating definitions of crisis and care have the potential to reveal inherent barriers to shared responsibility in pro-caregiving advocacy discourse.

There are several ways that rhetors might participate in definitional work. For example, transcendence is one of the primary forms of redefinition and is a rhetorical strategy where the rhetor sets an issue in a larger context within which the audience is not currently viewing it. Olson (1989) points out, “Transcendence merges what is inside and outside the boundaries” where “the material on opposite sides of the boundary is not reversed, but blended” (p. 133). Zarefsky (1997) indicates at least four more ways that a rhetor can invoke definitional arguments. First, arguments by association occur when the rhetor might link one term or idea with another. One approach to definition through association involves “persuasive definitions.” A persuasive definition is “one in which favorable or unfavorable connotations of a given term remain constant but are applied to a different denotation” (Zarefsky, 1997, p. 7). Second, a rhetor might use argument by dissociation where he or she “utilizes linkages between concepts but it works by breaking rather than creating the links” (p. 7). Third, Zarefsky posits that one could also argue that

a text is defining a situation based on ambiguities or using symbols to define an ambiguous situation. And finally, Zarefsky offers frame-shifting as a definitional tactic and describes it as occurring when a subject “is defined from a certain perspective [and] a different frame of reference is postulated” (p. 8). “The effect,” according to Zarefsky (1997), “is that people see the thing ‘in a different light’ and their attitudes about it therefore change” (p. 8). These are just a few options but demonstrate some specific strategies for a critic or rhetor to identify definitional arguments being deployed as well as strategies for employing alternative definitional arguments in public discourse.

Values, Value Hierarchy, and Loci. Values, constructed by symbol use, are always embedded in our language choices. Values coach us and give us clues as to what society prefers and conversely what society does not prefer. Important for this dissertation, values serve an important function in public policy decision-making and demonstrate one of the many practical tools that the rhetorical discipline offers to scholars and practitioners. Scholars and practitioners can look at the rhetorical dimension of value in texts to uncover how those texts are constructing values to make persuasive discourse. We can look to public values embedded in our language choices for inherent barriers that might explain why public policy is lacking in an area where social cooperation is needed.

Values exist in individuals and in cultures. Rokeach and Ball-Rokeach (1989) point out, “The concepts of value and value systems are among the very few social psychological concepts that have been successfully employed across all social science disciplines” where researchers from various disciplines “speak meaningfully about values and value systems at different levels—cultural values, societal and institutional values,

organizational and corporate values, and individual values” (p. 775). Relatedly, Inlow (1972) argues that values are “inherent...in a given culture” (p. 2) and that values exist in culture in “written documents as well as in the intangibles of social mores and expectancies” (p. 2). What is most important to take away at this point is to suggest that values are important as individual and cultural markers of the preferred, or as indicated by Perelman and Olbrechts-Tyteca (1969), “agreement with regard to a value means an admission that an object, a being, or an ideal must have a specific influence on action and on disposition toward action” (p. 74). Inlow (1972) writes about the reflexive nature between individuals and cultures in that values exist in individuals but they “flow into and help to shape the culture” (p. 2). Here, Inlow (1972) is pointing to the rhetorical aspect of values in being purported by, but also shaped by, the discourse that invokes the values. Importantly, values are rhetorically constructed and thus can be rhetorically deconstructed for alternative aims.

Values are markers of the preferred in public discourse, and these markers are identifiable by locating value hierarchies and “loci of the preferable” (Perelman & Olbrechts-Tyteca, 1969, p. 74). Value hierarchies are not pre-given and natural but rather are rhetorically constructed in discourse and thus can be rhetorically re-ordered with persuasive rhetoric. Perelman and Olbrechts-Tyteca (1969) posit, “When a speaker wants to establish values or hierarchies or to intensify the adherence they gain, he may consolidate them by connecting them with other values or hierarchies’, but he may also resort to premises of a very general nature which we shall term loci” (p. 83).

Loci are described as commonplaces or *topoi*, or the location of arguments. Like value hierarchies, loci are many times naturalized and/or may be implicit in discourse and

work to establish value hierarchies. As Perelman and Olbrechts-Tyteca (1969) explain, “loci form the most general premises, actually often merely implied, that play a part in the justification of most of the choices we make” (p. 84). Loci refer to a concept related to values and value hierarchies in that they might be understood as the interpretation or justification of the values. In situations where values compete, loci might reveal value hierarchies. In such situations, we might see loci as helping “a speaker’s inventive efforts” involving “the grouping of relevant material, so that it can be easily found again when required” (Perelman and Olbrechts-Tyteca, 1969, p. 83). Perelman and Olbrechts-Tyteca (1969) identify several loci that are common in Western culture. Those loci include quantity, quality, the existent, essence, and the person. For example, when a rhetor chooses to employ locus of quality, he or she is attempting to order a value hierarchy according to the quality of something rather than privileging quantity. Regarding locus of unique, Perelman and Olbrechts-Tyteca (1969) indicate, “The unique is linked to a concrete value: what we consider as a concrete value seems to us unique, but it is what appears unique that becomes precious to us” (p. 89). In other words, “A sure way of setting value on a thing is to put it forward as something difficult or rare” (Perelman and Olbrechts-Tyteca, 1969, p. 91). In addition to locating the preferred, Jasinski (2001) suggests that “loci also work to subvert existing hierarchies or evaluations” (p. 598). Given this, loci are instructive in revealing value hierarchies in place (e.g., quality over quantity) but also offer a tool for reordering an existing hierarchy.

Values, value hierarchies, and loci inform our behavior and communication and can be instructive in our decision-making processes. In fact, Inlow (1972) defines values

as “the determiners...that influence...choices in life and that thus decide...behavior” (p. 2). Rhetors utilize values “in order to induce the hearer to make certain choices rather than others and, most of all, to justify those choices so that they may be accepted and approved by others” (Perelman & Olbrechts-Tyteca, 1969, p. 75). Such preferred values, revealed by loci that illuminate a value or a value hierarchy (or hierarchies), offer an inroad to unpacking meaning in discourse and offer viable tools to reassemble discourse toward alternative ends.

Preview of Chapters

Chapter one introduced the premise of this dissertation project demonstrating the significance of exploring the advocacy rhetoric surrounding unpaid family caregiving and its relevance to rhetorical studies. In an initial thematic analysis of pro-caregiving discourse, I found that the dominant frames constructed through the use of the words “family,” “crisis,” and “care” are prevalent throughout pro-caregiving rhetoric. By identifying these three dominant frames, I do not wish to simplify the rhetorical issues facing pro-caregiving advocates but rather I see the complexities that undergird each word that need necessary attention to better understand how the words are sizing up a situation and asking us to act accordingly. Burke (1969a) argues:

In any term we can posit a world, in the sense that we can treat the world in terms of it, seeing all as emanations, near or far, of its light. Such reduction to a simplicity being technically reduction to a summarizing title or “God term,” when we confront a simplicity we must forthwith ask ourselves what complexities are subsumed beneath it. For a simplicity of motive being a perfection or purity of

motive, the paradox of the absolute would admonish us that it cannot prevail in the “imperfect world” of everyday experience. It can exist not actually, but only “in principle,” “substantially.” (p. 105)

I argue that each of these dominant frames provides an entry point for better understanding inherent barriers for pro-caregiving advocates. Chapter two outlined the research design for this dissertation including the elements of the critical lens and the piecing together of the rhetorical texts for this dissertation.

In each analysis chapter (chapters three, four, and five), I will first lay out a rhetorical issue facing pro-caregiving advocates. After establishing the ways in which crisis, care, and family pose a unique rhetorical aspect that reveals inherent barriers for unpaid family caregiver advocates, I will propose potential suggestions for managing the public conversation toward new ends. The final chapter of my dissertation will bring together the three rhetorical issues revealed through a rhetorical analysis of family, crisis, and care and make conclusions that include limitations of some of my proposed suggestions as well as offer transferable skills for other social advocates who are championing an issue that requires maneuvering with respect to attitudinal and philosophical barriers. Additionally, chapter six will illuminate potential future areas of study related to the findings in this dissertation. Below is a brief description of the argument I will make in each of the analysis chapters.

Chapter 3: Definition of the Situation of Crisis in Pro-Caregiving Advocacy Policy Statements

The notion of “crisis” is deployed throughout contemporary pro-caregiving rhetoric. Pro-caregiving advocates’ use of “crisis” directs our attention to attempts at

establishing shared responsibility because the term foregrounds an understanding of the current conditions facing unpaid family caregivers as reaching a critical turning point. In chapter three, I explore definitions of the situation of crisis that are used in pro-caregiving advocacy policy statements⁶ situated within a discursive context of “crisis.” In the deployment of crisis, I argue that pro-caregiving advocates are attempting to motivate shared responsibility by developing urgency in acting on the public and private ills as well as offering solutions to resolve the public and private ills. I argue that pro-caregiving advocates are persuasively defining the situation of crisis around the public and private ills; however, the solutions do not directly channel citizen participation and, furthermore, do not clearly identify the ways in which the solution would resolve the material issues facing caregivers, in particular. I conclude the chapter with suggestions for re-thinking the way that crisis language is deployed and rhetorically constructs a role for public auditors in pro-caregiving advocacy policy statements.

Chapter 4: A Dominant Definition of “Complex” Care in Pro-Caregiving Advocacy Rhetoric

The word “care” is consequential and widespread in pro-caregiving advocacy. In chapter four, I take a focused look at definitions of “care” in pro-caregiver advocacy rhetoric and argue that advocates are advancing a complex definition of care that problematically suggests *caring about* someone directly leads to *caring for* that person.

Additionally, I argue that pro-caregiving advocates are actively masking choice through a

⁶ Chapter three analyzes three formal policy statements offered by pro-caregiving organizations (The Rosalyn Carter Institute for Caregiving, AARP, and Family Caregiver Alliance). These three policy statements are not inclusive of all of the texts studied in this dissertation; however, I will make an argument in chapter three that these three texts function as representative anecdotes of the definition of the situation of crisis in pro-caregiving advocacy.

caregiving-as-personal-journey metaphor that emphasizes an individual journey as opposed to a social one. Together, these two rhetorical flaws in relation to choice and care reveal that shared responsibility is absent from pro-caregiving advocates' dominant definition of "complex" care. I argue that pro-caregiving advocates need to develop shared responsibility in the dominant definition of care by leveraging the evidence that suggests unpaid family caregivers are personally suffering from private ills and by emphasizing a shared journey, not a personal journey.

Chapter 5: Family Metaphors in Pro-Caregiving Advocacy Rhetoric and Suggestions for Resisting a Rhetoric of Domestic Responsibility

Family is a dominant frame in the rhetoric surrounding unpaid family caregiving in that much of the rhetoric implies that caregiving as primarily a family concern. I suggest that family is invoked both explicitly and implicitly in the rhetoric surrounding unpaid family caregiving. Although pro-caregiving advocates might deploy such terminology to assign positive value to the rhetorically constructed caregiver, I argue that this positive frame complicates the rhetoric because it is taken up uncritically to imply biological family and a domestic sphere. In chapter five, I argue that a family-as-biological metaphor and a family-as-national metaphor subtly reveal assumptions about the appropriate and long-term place of caregiving and the rhetorically constructed unpaid family caregiver as a biological family member. In doing so, I argue the two family metaphors conceal the gendered aspects that subtly keep the burden of responsibility in the domestic home and not clearly a matter of public responsibility.

Chapter 6: Conclusions

The main objective in chapter six is to review the key arguments in the analysis

chapters and to demonstrate the applied and theoretical implications for rhetorical leadership and care theory. The goal of my work is to demonstrate that we need to “take language seriously” and “recognize that vocabularies are situated within cultural and historical contexts, [and] that words do things” (Vicaro, 2011, p. 419). Taking such discourse seriously stresses the complementary aspects of applied rhetoric and feminist scholarship on care and will provide positive lessons for pro-caregiving advocates as well as other social advocates attempting to negotiate the discursive complexities when advocating for an issue assumed to be “private” to be understood as “public.”

Chapter 3:

Definition of the Situation of Crisis in Pro-Caregiving Advocacy Policy Statements

The twenty-first century has brought many crises that range from financial events such as the housing bubble and student loan debt, to health concerns such as the Ebola outbreak of 2014 and the measles outbreak of 2015. Another contemporary situation that brings together both finance- and health-related implications is labeled by many social advocates as a “caregiving crisis.” Although much crisis scholarship is concerned with coaching organizations’ responses to such events, this chapter’s focus is on how public advocates rhetorically construct and make present a crisis situation through their change or advocacy rhetoric.

In recent years, pro-caregiving advocates have deployed the terminology of a “caregiving crisis” in public policy platforms for unpaid family caregiver issues. The phrase “caregiving crisis” is utilized to describe many different aspects of unpaid family caregiving; however, four main topics typically surface in this discourse: a dramatic aging of the baby boomer population, a trend toward smaller family sizes, a growing number of caregivers developing chronic illness, and mostly women taking on the caregiving role. Although crisis rhetoric is prolific in pro-caregiving advocacy rhetoric, there is little evidence to suggest that these attempts are energizing shared responsibility about unpaid family caregiving. For example, the Patient Protection and Affordable Care Act (PPACA), more colloquially known as Obamacare or shortened to ACA, included the CLASS Act (Community Living Assistance Services and Supports) that would have provided “a basic lifetime benefit of at least \$50 a day (indexed to inflation) in the event of prolonged physical illness, disability, or severe cognitive impairment” (“The Demise

of the CLASS Act,” 2012, para. 4). This bill represented an attempt to relieve some burdens, at least financial, and potentially in respite care for unpaid family caregivers. However, despite its inclusion in the ACA, the CLASS Act was not passed, and furthermore, “the issue was downplayed in Washington, D.C., and discussed minimally in the media” (“The Demise of the CLASS Act,” 2012, para. 1). This uneven push for policy change with little material payoff highlights a lack of urgency in shared support for unpaid family caregiver issues. In this chapter, I suggest one possible reason for this imbalance is due to perpetuated barriers in pro-caregiving advocacy rhetoric, specifically in terms of effectively fomenting a sense of a shared crisis and appropriate response.

Within public policy statements in particular, pro-caregiving advocates are attempting to make unpaid family caregiving issues socially shared as well as to motivate an urgent response by public auditors. The crisis rhetoric within policy statements provides a glimpse into how pro-caregiving advocates are attempting to garner a shared and urgent response. Language, both in substance and style, gives us access to a definition of a situation of crisis being rhetorically constructed by pro-caregiving advocates. Berger and Luckman (1966) argue, “Language, which may be defined here as a system of vocal signs, is the most important sign system of human society” (p. 35). Furthermore, they suggest, “An understanding of language is thus essential for any understanding of the reality of everyday life” (p. 35). Important for this chapter, language is also connected to experience, or “typifies experiences” as suggested by Berger and Luckman (1966), allowing auditors to “subsume them under broad categories in terms of which they have meaning not only to myself but also to... fellowmen” (p. 37).

Like everyday experiences, rhetors construct crisis situations through definition and framing. Rhetors can provoke a sense of urgency to act motivated by their depiction of a crisis situation where urgency has been lacking. In Zarefsky's (1997) keynote address on argument by definition, he argues that an effective frame can make a definition of a situation persuasive and that "to define a condition as a problem is to invoke a frame of reference within which the severity of the condition is assessed, causality and blame are determined, and solutions are considered" (p. 6). "Naming a situation," according to Zarefsky (2004), "provides the basis for understanding it and determining the appropriate response" (p. 611). In this sense, the advocacy language used to communicate a situation of crisis can invite a shared and urgent understanding of that situation. In this chapter, I suggest that pro-caregiving advocates are defining a situation of crisis around unpaid family caregiving, attempting to provoke urgency in a situation where urgency is, arguably, lacking. In particular, this chapter explores how pro-caregiving advocates' construction of crisis and response within their formal policy statements hampers their ability solve the crisis.

In this chapter, I argue that pro-caregiving advocates are marshaling an urgent and shared crisis perspective in their rhetoric by rhetorically constructing persuasive public ills and private ills; however, I will also demonstrate that pro-caregiving advocates are undermining their persuasive shared and urgent crisis argument. More specifically, I argue that pro-caregiving advocates are perpetuating two inherent barriers in their rhetoric obstructing the solution to their rhetorically constructed crisis by (1) offering ambiguous, and thus, ineffective public steps that do not clearly channel citizen participation and (2) offering a partial solution to the well established public and private

ills. In doing so, I suggest that, in their solution to the public and private ills, pro-caregiving advocates minimize urgency in shared citizen participation and, by foregrounding the location of preferred caregiving, advocates background how the solution will help resolve the private ills related to unpaid family caregivers. Taken together, these two rhetorical barriers reveal the subtle rhetorical undoing of the shared and urgent responsibility that is being effectively marshaled in the public and private ills as constructed by pro-caregiving advocates in their policy statements.

This chapter explores how pro-caregiving advocates manifest a crisis perspective in public policy statements about unpaid family caregiving. These formal policy statements are part of the larger set of texts studied in this dissertation that comprise pro-caregiving advocacy efforts. This chapter is particularly interested in the policy statements as rhetorical resources for pro-caregiving advocates to establish shared and urgent responsibility for the ills of unpaid family caregiving issues. Though the literal terminology of crisis is important in these formal policy statements, this chapter is more broadly interested in how the words used by pro-caregiving advocates construct symbolic reality and coach a coherent attitude about urgency for a shared response to help resolve unpaid family caregiving issues. For this chapter's analysis, I looked for pro-caregiving advocacy efforts that are explicitly situating policy platforms within a context of what is being labeled as a "caregiving crisis." I observe the policy statements of three different advocacy organizations--Family Caregiver Alliance (FCA), American Association of Retired Persons (AARP)⁷, and Rosalyn Carter Institute for Caregiving (RCI), because each of these organizations situate their formal policy statements within a notion of a

⁷ Policy statement sponsored by AARP New York, the Council of Senior Centers and Services of New York City, Inc., and the NYS Caregiving and Respite Coalition.

caregiving crisis: a crisis that is constructed and characterized by the rhetoric of the statement itself. In each document, a rhetorically constructed caregiving crisis is being advanced as well as a larger grammar that reveals how the situation is being framed and coaches attitudes to respond accordingly to that framing.

Together these texts function as a representative anecdote in that it represents a “summation” that contains “implicitly what the system that it is developed from contains explicitly” (Burke, 1969a, p. 60). In the case of pro-caregiving advocacy, the policy platforms situated within a framing of crisis contain the logic behind the usage of a notion of crisis in interpreting the policy needs and shared responsibility for unpaid family caregivers. By focusing on the policy statements within each of these pro-caregiving advocacy texts, I am interested in how the advocates themselves are talking about a caregiving crisis in ways that might interfere with effecting their policy platform goals, specifically regarding their symbolic construction of unpaid family caregiving as a crisis. Ling (1970), informed by Burke, suggests that when “man speaks he indicates how he perceives the world around him” (p. 81). The notion of crisis is instructive in these policy statements because rhetorical analysis offers a glimpse into how pro-caregiving advocates perceive the conditions around the issue in which they are advocating. This chapter is specifically concerned with the extent to which pro-caregiving advocates’ rhetorical choices might effectively move others, including public auditors, toward that crisis perspective in these policy statements and why.

In what follows, I first outline the overall rhetorical construction of the public and private ills within the definition of “crisis,” demonstrating how pro-caregiving advocates make the public and private ills present by relying on loci of duration, urgency,

proximity, and magnitude, among other effective rhetorical strategies. Second, I demonstrate how pro-caregiving advocates create ambiguous public steps that do not effectively channel citizen participation. And, finally, I show that pro-caregiving advocates insist on location of caregiving within their public solution, which pulls public auditors away from focusing on the solution of the private ills facing unpaid family caregivers. Taken together, I argue that the persuasively constructed public and private aspects of the ills get thwarted by an ambiguous and partial solution for unpaid family caregiving. I conclude the chapter with takeaway lessons for navigating and resisting these inherent barriers that suggest pro-caregiving advocates should focus on making a clear solution that effectively channels citizen participation and one that focuses on solving the private ills for unpaid family caregivers, in addition to solving the public ills that address taxpayers and businesses and the private ills for care-receivers.

Making the “Public” Ills Present and Urgent

Although pro-caregiving advocates are deploying the term “crisis,” they are using it in different ways. For example, crisis is used to describe the “nation’s long-term care crisis,” “caregivers in crisis,” and “the caregiving crisis.” Although there is variation in the usage of the term “crisis,” there is consistency in how crisis is rhetorically constructed across these policy efforts for unpaid family caregivers. Pro-caregiving advocates rhetorically construct crisis as a situation that will occur in the future when caregivers can no longer care for care-receivers and care-receivers get pushed into institutional care, all overburdening the U.S. healthcare system. In other words, when caregiver health and caregiver production fails, there is an economic cost to taxpayers and businesses. Within

this definition of the situation of crisis are two well-developed ills, or a “felt difficulty” with the present system (Ziegelmueller & Kay, 1997, p. 173). Pro-caregiving advocates are attempting to construct public ills and private ills in making a caregiving crisis one that is shared and urgent among all individual citizens, not just families and unpaid family caregivers themselves. This section argues that pro-caregiving advocates successfully make publicly shared and urgent ills by deploying an investment metaphor, utilizing economic-based statistics that rely heavily on logos, framing action as a moral choice, and emphasizing the timeliness of shared responsibility.

Within the pro-caregiver definition of the situation of crisis, an investment metaphor is utilized in all three texts as a way to define a public ill as shared. The investment metaphor offers an economic model for supporting unpaid family caregivers, which further supports the “future” aspect of the crisis as the metaphor suggests that investing in care, or support, for our unpaid family caregivers now, will avert a crisis that includes negative consequences for the economy in the future. For example, FCA explains, “A *federal investment* in family caregiver support is *needed now more than ever*” (“National Policy Statement,” 2015, para. 2, emphasis added). In this statement, FCA is pointing to the public aspects of the issue of unpaid family caregiving by suggesting that federal investment is necessary at this moment in time. Furthermore, the emphasis on “now more than ever” suggests that the public’s participation is needed now, implying that it was not needed prior to this moment in time. AARP also utilizes an investment metaphor to motivate support for unpaid family caregiving. AARP states, “Little discussion has occurred on how to slow the growth of Medicaid by *investing* in nonmedical community-based programs, particularly those assisting caregivers”

(“Report,” 2013, p. 4). In both of these examples, investment metaphors are used to foreground the public framing of a caregiving crisis.

The notion of investment itself raises powerful associations with the public market and the economy, and these common associations help pro-caregiving advocates establish a caregiver crisis as one that is shared as opposed to one that is only relevant within the private family. For instance, AARP concludes its introduction with the following statement: “AARP New York, the Council of Senior Centers and Services of New York City, Inc., and the New York State Caregiving and Respite Coalition stand ready to work with the Governor and Legislature to develop and implement sound policies to help those caregivers in need” (“Report,” 2013, p. 2). In this example, the economic terminology of “sound policies” is associated with support for caregivers to resolve a caregiving crisis. When the “conventional view of wealth is money, possessions, and property” (“Real Wealth Is...” 2011, para. 1) and “we are not accustomed to seeing economy and caring in the same sentence” (“The Caring Economy Campaign,” 2011, para. 1), then the rhetorical choice to frame unpaid family caregiving issues with investment terminology is important in that it suggests pro-caregiving advocates are attempting to substantiate the public and shared aspects of this issue that is assumed to be private.

In addition to the deployment of an investment metaphor and an economic framing of a caregiving crisis, pro-caregiving advocates construct a shared public ill by emphasizing economic-based statistics that rely heavily on the proof of logos. AARP states, “A 2006 MetLife study found businesses lose as much as \$33.6 billion annually in worker productivity because of employees’ caregiving obligations” (“Report,” 2013, p.

1). In this example, pro-caregiving advocates attempt to quantify an aspect of a public ill. Additionally, the stylistic word choices of “productivity” and “obligations” invoke an economic tone implying a public framing of an ill relevant to businesses, not just to families. Pro-caregiving advocates also quantify caregiver contributions. For example, FCA reports, “In 2007, the estimated economic value of caregivers’ unpaid contributions was approximately \$375 billion,” and “lost productivity due to informal caregiving costs businesses \$17.1 billion annually” (“National Policy Statement,” 2015, para. 17). In this example, FCA quantifies unpaid contributions of caregivers and points to a public aspect of the crisis by quantifying monetary loss experienced by businesses and even how a caregiving crisis might be relevant to taxpayers who are also caregivers. RCI similarly addresses several sizable costs that should be public which are communicated by reliance on logos:

Experts have estimated that the economic value of services provided by family caregivers is in excess of \$375 billion annually. This figure is (1) as much as the total expenditures for the Medicare program (\$342 billion in 2005); (2) more than total spending for Medicaid, including both federal and state contributions for medical and long-term care (\$300 billion in 2005); (3) far more than the total spending (public and private funds) for nursing home and home healthcare in the U.S. (\$206.6 billion in 2005); and (4) more than four times the total amount spent on formal (paid) home care services (\$76.8 billion in 2005). (“Averting the Caregiving Crisis,” 2010, p. 5)

The beginning of this paragraph suggests that “experts” are those individuals who are producing the numbers being reported. These rhetorically constructed “experts” help to

communicate the value of unpaid family caregiving, a practice that benefits the public not just the care-recipient already. In all of the examples, it is apparent that pro-caregiving advocates are attempting to make a caregiving crisis shared by emphasizing the unremunerated public value with statistics and terminology that associates an economic tone with unpaid family caregiving issues.

Pro-caregiving advocates establish shared aspects of a caregiving crisis, beyond the economic value, by emphasizing the locus of proximity, indicating that a caregiving crisis impacts those individuals outside a family and threatens the value currently being provided for the public though with little recognition or reciprocal support. Jasinski (2001) asserts that proximity is the ability of the advocate to “establish that the effects of the problem will ‘hit close to home’ or touch the lives of people who members of the audience know” (p. 457). AARP mentions other individuals, outside family members, who care for elders in the following passage: “[T]he number of New York families and *neighbors* providing help to frail individuals has been growing. The current percentage of New Yorkers providing such support is now 32%, up from around 25% throughout the 1990s” (“Report,” 2013, p. 3, emphasis added). FCA frames its section on “Who are Informal Caregivers?” with the statement, “Most Americans have provided care to an ill or disabled loved one or know someone who has” (“National Policy Statement,” 2015, para. 15). In this example, unpaid family caregivers include “most Americans,” and importantly it implies that unpaid family caregiving experience has touched the lives of most Americans, directly or indirectly. In such statements, pro-caregiving advocates work to establish unpaid family caregiving as a shared crisis by relying on locus of proximity outside of the family.

Beyond making unpaid family caregiving and its fragility shared, pro-caregiving advocates invoke urgency by framing action as a moral choice. Urgency is a means by which rhetors can make an issue present. Jasinski (2001) describes locus of urgency as the extent to which “the advocate [can] show that the problem or exigence will have an immediate impact on the audience” (p. 457). By labeling an issue as “moral,” pro-caregiving advocates are implying there is an inherently right, and, by implication also wrong, position to take regarding unpaid family caregiving. The right, or morally correct, position is to act urgently in support of the policy platform. For example, RCI suggests, “It is imperative that we recognize that the confluence of our overburdened healthcare system with an aging population has created both a *moral* and economic *imperative* to fix the broken pipeline between caregiving research and practice in this country” (“Averting,” 2010, p. 6, emphasis added). Later, in the same report, RCI repeats and expands on the same appeal: “It is *imperative* that we recognize that the confluence of our overburdened healthcare system with an aging population has created both a *moral* and economic *imperative* to translate caregiving research into effective community programming in our country. Should we fail to act now, the consequences will be multi-fold for care recipients, family caregivers, and our nation’s formal healthcare system” (“Averting,” 2010, p. 13, emphasis added). The stylistic choice of repetition, only seven pages separated from each other, reinforces the emphasis on the moral framing of unpaid family caregiving issues. The substantive and stylistic choices communicating a public ill become a rhetorical means for pro-caregiving advocates to command shared and urgent support through a morally justified framing, which reminds the public auditor of the urgency of participation.

In attempts to establish presence for the public ill, pro-caregiving advocates call attention to the timeliness of shared responsibility, which helps to motivate urgency. For example, RCI reports, “A growing body of evidence strongly suggests that the *window of opportunity* to effectively address the emerging caregiving crisis in our nation is *closing quickly*. Therefore, business as usual is no longer a viable option” (“Averting,” 2010, p. 16, emphasis added). In this example, a *window of opportunity* suggests citizens have limited time to act and *closing quickly* invokes a sense of urgency. Accentuation in this passage is on the timeliness of action and risk if we fail to act now. In another example, AARP exclaims, “As described in the Council of Senior Centers & Services of NYC’s *No Time to Wait: The Case for Long-Term Care Reform*, with the state’s aging population growing rapidly and the proportional balance between older and younger populations shifting, it is apparent that a coherent strategy is needed to assist caregivers” (“Report,” 2013, p. 5). In this example, emphasis is on the timeliness of acting, urging public auditors that there is “no time to wait.” By positioning unpaid family caregiving as a timely situation that requires public intervention now, pro-caregiving advocates are making the urgency of the crisis present as an issue that requires action now, as opposed to invoking only acceptance from public auditors that unpaid family caregiving is a relevant issue beyond the family.

In sum, the declaration of the public ills in pro-caregiving advocacy rhetoric is emphasized using an investment metaphor that works to make the issue shared and public, relying on logos to communicate the economic framing of the public benefit and ill of that being at risk of collapsing, framing public action as moral which invites urgency, and emphasizing the timeliness of acting on this shared responsibility. As such,

it is clear that pro-caregiving advocates are declaring the existence of public ills in unpaid family caregiving relevant to taxpayers and businesses and that these ills are made shared and urgent as a public crisis. In the next section, I argue that pro-caregiving advocates similarly declare the existence of private ills and persuasively make the crisis present as both shared and urgent.

Making the “Private” Ills Present and Urgent

Pro-caregiving advocates provide cogent arguments regarding the negative material conditions facing unpaid family caregivers and care-receivers, and, in doing so, pro-caregiving advocates illuminate rhetorical strategies deployed to make private ills rhetorically present or “vivid, tangible, and...proximate to an audience” (Jasinski, 2001, p. 456). This section argues that, within pro-caregiving policy statements, pro-caregiving advocates construct persuasive private ills by relying on loci of duration, magnitude, and severity. The declaration of the private ills, then, helps to motivate an urgent response to a caregiving crisis that is relevant to both families and a general public.

Pro-caregiving advocates rely on locus of duration when they point to statistics that indicate caregiving is frequently a long-term role and that this long-term role often leads to negative financial consequences for unpaid family caregivers. One part of establishing presence for an issue is demonstrating duration. Duration, according to Jasinski (2001), refers to the extent to which the advocate shows “the problem and/or its effects will persist for a long period of time” (p. 457). In each pro-caregiving policy statement, the organization relies on locus of duration in its discussions about individual costs facing unpaid family caregivers and their care-receivers. RCI quantifies the typical

tenure of a family caregiver by directly stating, “Today’s care is of *longer duration*, often lasting five or more years” (“Averting,” 2010, p. 12, emphasis added). Pro-caregiving advocates also indicate that the extended role can lead to negative financial consequences for unpaid family caregivers. For instance, FCA reports, “The *long-term* effects of caregiving on women’s economic well-being are profound: One study found that caregiving for a parent substantially increased women’s risks of living in poverty and receiving public assistance later in life” (“National Policy Statement,” 2015, para. 16, emphasis added). In these examples, pro-caregiving advocates emphasize the duration of the role for caregivers and serious consequences of such duration.

The phrase “long-term” is frequently associated with unpaid family caregivers in all three policy statements and works to establish the duration of the private ill. That unpaid family caregiving is often associated with “long-term” suggests that pro-caregiving advocates are relying on locus of duration to emphasize how long the nature of the crisis will persist for unpaid family caregivers. FCA reports, “We strongly encourage the new Obama Administration and Congress to initiate and support policies that take family caregivers into account and *sustain them in their role as the primary providers of long-term care in this country*” (“National Policy Statement,” 2015, para. 2, emphasis added). The unpaid family caregivers’ role is emphasized by FCA when they push for “a national caregiving policy agenda [that] would contribute to a more coordinated, systematic effort to recognize and strengthen the *central role of families within the context of long-term care reform*” (“National Policy Statement,” 2015, para. 21, emphasis added). In another example, RCI explains that we need to “recognize the invaluable contributions of *family caregivers as the true backbone of our nation’s long-*

term care system” (“Averting,” 2010, p. 21, emphasis added). The association of unpaid family caregiving with “long-term” in these examples functions as a rhetorical strategy by pro-caregiving advocates demonstrating the ways in which a private ill will endure for a *long-term* period of time for unpaid family caregivers. By associating families with the long-term, pro-caregiving advocates are tying private aspects of an ill to the public benefit of long-term care. In doing so, pro-caregiving advocates assign a “long-term” label to their role as family caregiver that is “central” and “primary” thus emphasizing the presence of a private ill for unpaid family caregivers.

Duration is not only constructed as duration of caregiver in the caregiving role but also can be seen in the number of caregivers who, collectively, will not offer enough services to serve the growing number of care-receivers who will need assistance. AARP reports on the growing lop-sidedness that will worsen in coming years:

Already, the number of caregivers in New York has grown to 32% from 25% in the 1990s. And a recent AARP report found that while there were 6.6 potential caregivers aged 45 to 64 for every person in the high-risk years of 80+ in New York in 2010, there will be only 4.8 in 2030 and 3.5 in 2050. (“Report,” 2013, pp. 1-2)

RCI also uses quantitative reporting to communicate the growing lop-sidedness of the caregiver to care-receiver ratio, which works to emphasize the duration of a private ill with public implications:

Not only are more Americans living longer but the proportion of older adults in the U.S. population (i.e., 65 years or older) is growing rapidly. There are 35 million older adults in the U.S. today. By 2030, when all of the baby boomers

have reached age 65, the projected number of older Americans is expected to reach 71 million, or roughly 20 percent (1 in 5) of the U.S. population.

Approximately 6,000,000 adults over age 65 need daily assistance to live and that number is expected to double by 2030. (“Averting,” 2010, p. 5)

In these examples, pro-caregiving advocates define a significant private ill by incorporating evidence that demonstrates the duration of the problem. In other words, pro-caregiving advocates make a caregiving crisis a problem that persists as a long-term role in the family, a problem that impacts a growing number of families and a crisis that is expected to persist in the coming years.

Similar to the rhetorical construction of the public ills, pro-caregiving advocates declare a private ill by emphasizing urgency through magnitude as a means for establishing presence for unpaid family caregiver issues. In addition to emphasizing locus of duration, pro-caregiving advocates communicate negative consequences facing caregivers and care-receivers, infused with pathos, which reveals reliance on a locus of magnitude. Jasinski (2001) explains that magnitude refers to the extent to which the advocate can “show that the effects of the exigence are, or will be, felt by a large number of people or that there has been, or will be, substantial property damage (or other quantifiable signs of the exigence’s impact)” (p. 457). Within the framework of magnitude as a means for establishing presence, the rhetor must work to demonstrate that the ill will have a substantial impact. The rhetorical construction of a private ill includes both health- and finance-related negative consequences. RCI indicates several health-related negative consequences for unpaid family caregivers:

Although we know that many caregivers experience no adverse health effects related to caregiving, 20% to 30% fare very poorly. These caregivers are often more prone to depression, grief, fatigue, and physical health problems, all of which may have roots in stress, exhaustion, and self-neglect. (“Averting,” 2010, p. 5)

In this example, RCI emphasizes the magnitude of the private ills by highlighting the negative health ramifications of being an unpaid family caregiver. FCA similarly reports several individual costs related to family caregiving, including:

...a range of health risks and serious illnesses themselves; family caregivers experience high rates of depression, stress and other mental health problems; elderly spousal caregivers experiencing mental or emotional strain have a 63% higher risk of dying than non-caregivers; the long-term effects of caregiving on women’s economic well-being are profound: one study found that caregiving for a parent substantially increased women’s risks of living in poverty and receiving public assistance in later life. (“National Policy Statement,” 2015, para. 17)

Negative health consequences are not limited to caregivers but are also associated with care-receivers. For example, RCI laments, “Should we fail to act now, the consequences for care recipients will include increased rates of institutionalization, higher risks of abuse and neglect, and decreased quality of life” (“Averting,” 2010, p. 6). In these examples, pro-caregiving advocates establish urgency of private ills by highlighting the magnitude of the negative health consequences for unpaid family caregivers and their care-receivers.

In addition to communicating the negative health consequences for caregivers and care-receivers, pro-caregiving advocates point to finance-related hardships that will impact both populations: “For family caregivers the consequences will involve declining health and quality of life as well as *reduced financial security*” (“Averting,” 2010, p. 6, emphasis added). In this example, unpaid family caregivers are not just suffering from physical ailments, but also financial hardships. Magnifying the financial considerations, FCA indicates, “Informal caregivers personally lose about \$659,139 over a lifetime: \$25,494 in Social Security benefits; \$67,202 in pension benefits; and \$566,443 in foregone wages” (“National Policy Statement,” 2015, para. 17). In detailing these consequences, pro-caregiving advocates are inviting a framing of negative consequences that suggest priority in understanding the negative aftermath as being substantial to a family. In these examples, the magnitude of a caregiving crisis is conveyed as one where quantifiable evidence is accumulating and telling a story of individual finance-related consequences for caregivers and care-receivers.

Pro-caregiving advocates also use shocking statistics to communicate hardships for caregivers and care-receivers, which works to emphasize the magnitude of impact on the family. For example, FCA quantitatively paints a picture of our nation’s “typical” informal caregiver. According to FCA, “70% of people with Alzheimer’s disease live at home, where families provide at least 75% of their care,” and “[i]nformal caregivers provide 37.1 billion hours of care each year in the United States” (“National Policy Statement,” 2015, para. 16). Pro-caregiving advocates rely on quantitative reporting to convey the magnitude of hardships embedded in the private ills for caregivers and care-receivers. Although these shocking numbers convey neutrality in “just reporting the

statistics,” the statistics are simultaneously infused with pathos because they highlight the extreme financial and health considerations of caregivers. The pathos-infused statistics encourage an urgent understanding of a private ill facing caregivers.

Pro-caregiving advocates establish the severity of a private ill for caregivers by privileging locus of quantity. For instance,

Family caregivers spend an average of \$5,531 a year on caregiving expenses, including household goods, food, transportation, medical co-payments, prescription drugs, and medical equipment and supplies. (“National Policy Statement,” 2015, para. 5)

Using such statistics emphasize that severity of a caregiving crisis negatively impacts caregivers and families, and this severity is quantifiable.

A final way that pro-caregiving advocates rhetorically construct a private ill is by emphasizing locus of severity in the idea that women are disproportionately impacted over other populations. Severity refers to the extent to which the advocate, according to Jasinski (2001), can “show that, even if the exigence is lacking in terms of magnitude, those affected by the problem have suffered great hardship or had their lives disrupted in an extreme way” (p. 457). RCI describes, “In general, women caregivers report more stress and suffer from greater morbidity as a result of caregiving than men caregivers” (“Averting,” 2010, p. 12). In this example, the family caregivers who are women report greater health problems than the male caregivers. RCI states that “although the majority of family caregivers are women (66%), the proportion of men serving as caregivers is growing” (“Averting,” 2010, p. 9). Although here RCI attempts to demonstrate that there

are different types of caregivers, not just female, the inclusion of the 66% indicates that the majority of unpaid family caregivers are female.

Other pro-caregiving advocates outline the ways in which women are disproportionately impacted by unpaid family caregiving. AARP reports that “the typical caregiver in the New York aging services system is a 64-year-old female who has either high school or some college education and spends more than 40 hours a week providing care to her mother” (“Report,” 2013, p. 1). FCA details the severity being experienced by women caregivers by identifying research studies that measure the “impact of caregiving on daily life”: “One study found that caregiving for a parent substantially increased women’s risks of living in poverty and receiving public assistance in later life” (“national Policy Statement,” 2015, para. 17). Later in the report, FCA points to financial considerations and states that providing “working ‘credits’ in the Social Security system...would also strengthen caregivers’ future retirement benefits and keep them out of poverty later in life—a common risk for middle-aged caregivers, *particularly women*, who take time out of the workforce to care for a parent” (“National Policy Statement,” 2015, para. 14, emphasis added). These passages layer in multiple levels of severity based on gender (being female), family (being a daughter), and education (having limited education). By citing such circumstances, pro-caregiving advocates invite an understanding of a caregiving crisis that is most severe for female family caregivers.

In sum, the declaration of the private ills with indirect public costs in pro-caregiving public policy statements is made present by emphasizing the duration of the long-term role that leads to personal financial hardships for caregivers, constructing magnitude of the caregiving crisis within the family, and emphasizing severity of

hardships for female caregivers in particular. In doing so, pro-caregiving advocates recognize crisis-level private ills for caregivers and care-receivers.

Although I argue that that pro-caregiving advocates are effectively making the caregiver ills urgent, the way in which severity is stressed reveals a complication in securing sufficient and prompt policy change for women in particular. Stressing the severity that women caregivers experience in unpaid family caregiving is necessary in pro-caregiving advocacy; however, one part of making unpaid family caregiving matter socially involves emphasizing that this is a larger issue and expands beyond the confines of the home and women. Because the social ills must get promoted, pro-caregiving advocates, perhaps unintentionally, trivialize the caregiver ills and lessen the opportunity to create swift policy action for female caregivers. This double-edge sword has gendered implications because it reveals that the gender of those who are disproportionately impacted (i.e., women) might work against securing effective and prompt policy change for that population.

The previous two sections reveal that pro-caregiving advocates are rhetorically constructing public and private ills that constitute a crisis by relying on rhetorical strategies infused with urgency, duration, magnitude, and severity. Although I will argue later that some parts of the analysis reveal disproportionate effects depending on the associations with the public ills or the private ills, pro-caregiving advocates are successful in making a caregiving crisis present both publicly and privately. In other words, I argue that the above rhetorical strategies reveal that pro-caregiving advocates are providing persuasive claims in establishing a crisis that the public should care about and react by responding to unpaid family caregiving issues. However, in spite of, and private

ills salient, pro-caregiving advocates, as I will argue in the next section, construct an ambiguous and partial solution to solve these public and private ills.

In spite of the persuasive construction of crisis, pro-caregiving advocates have not yielded widespread participation or a satisfactory public response to a solution. The next half of this chapter will offer one possible explanation as to why there has not been a satisfactory public response to a caregiving crisis. First, I argue that pro-caregiving advocates invite ambiguous public action for a shared crisis that quietly deters acting on a persuasive construction of crisis. Second, I argue that pro-caregiving advocates present only a partial solution to resolve a caregiving crisis by presenting solutions that would benefit the public and care-receivers, but do not address all of the private ills facing caregivers. I argue that these two deficiencies lessen the persuasiveness of a definition of the situation of a caregiving crisis. This chapter now moves to demonstrate how pro-caregiving advocates are attempting to channel effective solutions to solve the public and private ills within their policy statements. The next section will argue that pro-caregiving advocates are enacting ambiguousness in their public solution intended to solve the public and private ills.

A Weak Solution: Ineffective Spur to Action

Although pro-caregiving advocates are constructing two persuasive ills that the economy and healthcare system are being negatively impacted and that unpaid family caregivers and care-receivers are experiencing many negative consequences due to their role in the family, I argue pro-caregiving advocates present ambiguous action steps that do not effectively channel citizen any aroused impulse toward participation. Each

advocacy organization presents a particular policy platform including recommendations, or solutions, for resolving the public and private ills. For example, RCI proposes a National Caregiving Initiative, FCA proposes a national agenda that includes a National Resource Center on Caregiving, and AARP advocates several policy recommendations including public funding to provide training and skills-building for caregivers. Within these policy recommendations, there are no clear action steps for public action of any consequence or equal to the crisis other than the implication that they can encourage policymakers to vote for these policy changes. In what follows, I outline the specific policy recommendations or solutions proposed to resolve a caregiving crisis in each of the organization's policy platforms. I then compare the public action steps in the policy statements with those offered on the organizations' websites and to the contours of the larger crisis that they have persuasively declared to show their persuasive inadequacies in motivating a public response to the significant ills. In doing so, I highlight the missed opportunities in the policy statements for making the solutions to the ills shared and urgent to the public.

FCA does not offer public action steps in its policy statement or on its website, which limits a shared understanding of its solution. FCA outlines a federal investment in unpaid family caregiving that would give unpaid family caregivers more resources to support their long-term role as family caregiver. FCA's national policy statement calls for a "federal investment in family caregiver support" ("National Policy Statement," 2015, para. 2) without specifying the nature or level of such an investment, particularly if it is to be adequate to the needs of the ills. They call on the Obama Administration and Congress "to initiate and support policies that take family caregivers into account and sustain them

in their role as the primary providers of long-term care in this country” (“National Policy Statement,” 2015, para. 2). More specifically, FCA requests that policymakers “authorize and fund a national resource center on caregiving,” “modernize Medicare and Medicaid,” “commission an Institute of Medicine (IOM) study on family caregiving,” “provide adequate funding for programs that assist family caregivers,” “expand the Family and Medical Leave ACT (FMLA) and other paid leave policies,” and “strengthen social security by recognizing the work of family caregivers.” For FCA, policy support for unpaid family caregivers includes federal funding that would work to decrease the likelihood of overburdening the healthcare system. On its website, similar to its policy statement, FCA does not offer action steps for actualizing these policy suggestions or “how to get involved steps” for potential citizen participants. For example, FCA highlights its own advocacy efforts and resources for caregivers to assist them in their role, but there is no evidence of getting citizens to participate in effective advocacy for broader policies adequate to alleviate the crisis of unpaid family caregiving.

RCI offers some solutions to a caregiving crisis, though, similar to FCA, it does not effectively channel citizen participation. RCI advocates for a National Caregiving Initiative to “avert the caregiving crisis” and spark a “national dialogue” (“Averting,” 2010, p. 4). The National Caregiving Initiative includes suggestions for research and development, system design, and public and tax policy. Essentially, these appeals are aimed toward policymakers to request funding for the National Caregiving Initiative thus offering only an indirect answer to a caregiving crisis that runs through an intermediary. Additionally, the proposals only ameliorate the negative effects of, rather than solve the basis of the proposed crisis. The National Caregiving Initiative includes efforts to train

caregivers, keeping them in the home as long-term care providers, thus preventing the overburdening of the healthcare system. On RCI's website, there are no action steps for citizens to get involved in advocacy; however, RCI does have an easily accessible "support RCI" tab where citizens can deposit a monetary donation. In short, RCI misses an opportunity to effectively channel direct citizen participation in a broader shared solution.

AARP also offers several solutions to a caregiving crisis that its policy recommendations are meant to resolve yet, similar to RCI and FCA, fails to effectively channel citizen participation for a systemic solution. AARP outlines eight policy recommendations "based on the testimonies of caregivers from the 12 listening sessions and the online surveys" ("Report," 2013, p. 2). AARP's policy recommendations include a request for funding "that will help caregivers keep seniors living at home" and "provide training and skill-building for caregivers" ("Report," 2013, p. 2). In AARP's policy recommendations, it advocates for "provid[ing] adequate funding to SOFA [New York State Office for the Aging] for non-Medicaid-funded caregiver assistance programs that will help caregivers keep seniors living at home, thereby reducing Medicaid expenditures on institutional care" ("Report," 2013, p. 2). Unlike FCA or RCI, AARP offers on its website, not on its policy statement, a clear step to become an "AARP Activist." The invitation encourages the public auditor to "Sign up below to become an AARP Activist, and you'll receive the AARP Advocate, a free monthly e-newsletter; e-mail action alerts on the issues you care about; and the latest news on Congress and the White House" ("AARP Action," para. 2). Unlike FCA and RCI, AARP's website offers a clearer channel to citizen participation via becoming an AARP Activist. It is important to point

out here, however, that this does not appear in the policy statement and that the policy suggestion only remedies part of the problem. As such, AARP misses an opportunity to invite participation in effecting a comprehensive solution to a caregiving crisis, one equal to its severity and scope.

I suggest pro-caregiving policy statements represent rhetorical opportunities to broaden shared responsibility by expanding solutions to more fully address both the public and private aspects of unpaid family caregiver issues as well as to invite citizen participation in effecting a comprehensive solution, not just appreciating the ills. I suggest that, within these policy statements, citizen power needs to be harnessed more efficiently and the solution drawn more broadly to match the whole of the ills advanced. I am not suggesting that if citizens were given clear action steps, they would unequivocally participate in advocacy; however, offering opportunities for citizen participation is certainly more inviting to public auditors than not having an invitation to participate and is necessary, though not sufficient, to comprehensively solve the systemic problems elaborated in the ill statements.

In these policy statements, pro-caregiving advocates rhetorically build ambiguous and partial solutions, or cures, to the broader, public crisis level ill that they show should command shared responsibility outside the family. In other words, I argue that motivating the public audience toward shared responsibility gets partially undone in these solutions because, although it is clear what policymakers can do to resolve the public and private ills, it is unclear what public citizens can do to resolve the public and private ills and even the actions suggested for policymakers are limited and sometimes reactive rather than equal to the crisis as elaborated. It is important to note that the texts I am analyzing for

this chapter are self-identified by the organizations as policy statements with the likely intent to appeal to policymakers. However, the policy statements are readily available on the website of each organization offering the general public an understanding of the policy goals situated within their rhetorically constructed context of a caregiving crisis. Given that public citizens who want to support unpaid family caregiving not only read but may potentially support each of the policy platforms, these texts offer a crucial understanding of the rhetorically constructed caregiving crisis, as that is the clearest invitation for understanding the constructed ill and what solutions are being offered by pro-caregiving advocates to potentially solve the public and private ills.

In the case of policy attention for unpaid family caregiver issues there are direct (e.g., policymakers) and indirect (e.g., individual citizens) stakeholders, and these various stakeholders can participate in different capacities. I suggest, as Olson (2009) does, that internal and external stakeholders (e.g., customers, employees, shareholders, neighbors, watchdog agencies) often do not participate directly or extensively in deciding that course of action, whether it is to pursue or to resist major change, yet their cooperation, buy in, and coordinated activity are vital to its ultimate success. (pp. 29-30)

It is my contention that pro-caregiving advocates are missing an opportunity to broaden shared responsibility by not offering a clear channel for an army of citizens to support and push their policymakers to adopt an adequately ambitious policy platform. Bardach (2000) asserts that policy solutions, or what he describes as “designing policy alternatives” (pp. 16-19), should be designed to persuade “[i]nterested stakeholders, and perhaps the general public, who have previously been unaware of the design work going

on” (p. 18). In these policy statements, pro-caregiving advocates suggest what the solution would do in resolving the public and private ills, but they do not provide clear action steps for interested stakeholders to achieve those goals, and the proposed solutions seem far short of the extent and nature of the crisis these same documents define. There are potential citizen appeals within the policy statements such as “re-envisioning support for family caregivers” (“Averting,” 2010, p. 6) and “providing support for family caregivers through publicly-funded programs” (“National Policy Statement,” 2015, para. 18), but these appeals reinforce an ambiguous framework for citizen participation in solving the bulk of the crisis of unpaid family caregiving.

Therefore, I argue that within these policy statements there should be efforts to clearly channel citizen participation for sufficiently broad solutions to the crisis as defined and that these need to be easily found within these documents in particular. Pro-caregiving advocates do a nice job of rhetorically constructing the public ills and the private ills, thus making the ills shared and urgent; however, there are missed opportunities in proposing an adequately comprehensive solution that matches the described crisis and there are no clearly channeled action steps for public individuals to support the policy plan that is intended to alleviate both the public ills and the private ills. Additionally, I argue that if no action steps are present for public auditors, there exists an assumption that no citizen participation is *needed* to resolve the public and private ills that make up the rhetorically constructed caregiving crisis. As such, the shared aspects, severity, and urgency of a caregiving crisis get partially undone in a solution that is not adequate or accessible.

Delaying, Not Solving, the Crisis through the Advancement of a Partial Solution

In defining the situation of crisis, pro-caregiving advocates rhetorically imply two types of caring situations that work to generate support for their solution. In their attempts to merge public and private ills by revealing both individual and social costs to convey the definition of the situation of crisis, pro-caregiving advocates present public auditors with only two types of caregiving situations and reject one of those out-of-hand: a preferred caregiving location that is central to the solution of a caregiving crisis and an undesirable caregiving location that will further perpetuate a caregiving crisis. In revealing a preferred place for caregiving (the home) and an undesirable place for caregiving (any public institution), pro-caregiving advocates make place, or location of care, a central aspect to the solution. Yet, this constraint severely limits the possibilities for creative publicly supported solutions to the complex crisis. In making care location central to the solution, pro-caregiving advocates produce a partial solution to the persuasive public and private ills and delay the impact of, but do not solve, a caregiving crisis.

In each of the policy statements, it is clear that a home location for caregiving is preferred and vital to motivating support for the solution to the public ills and the private care-receiver ills. The public solutions are in place to (1) decrease the likelihood of overburdening our healthcare system and (2) prepare unpaid family caregivers to maintain their role in the home as one that is long-term. To accept that the public solutions will address the public and private ills, the public auditor is asked to assume that home caregiving is the preferred place and that there is no place for public, institutional care.

Through the emphasis on location of care, pro-caregiving advocates begin to reveal the partiality of the solution toward shared responsibility in solving the public and private ills. The rhetorically constructed preferred care location is in the home and is the desirable place where caregivers will be more confident, where care-receivers need to be, where caregivers desire care-receivers to be, and is a safe place for care-receivers to be, even if that limits what the auditor convinced of a crisis can do to help solve a crisis. Pro-caregiving advocates rhetorically emphasize location by asserting the home is where caregivers will be more confident. AARP concludes its report by reinforcing the preferred scene by supporting the policy plan: “As a result of these supports, *caregivers become more confident* and are able to provide care for a longer period of time, delaying or preventing institutionalization of a loved one” (“Report,” 2013, p. 13, emphasis added). In this example, caregivers are firmly situated within the confines of the domestic, and it is implied that this is where they will be more confident in their ability to give care. In this appeal, AARP implies the idea that not only will the public benefit (i.e., saving taxpayer money), but caregivers will also benefit because they will be more confident in their role within the domestic sphere; in this scenario, unpaid family caregivers have no real “role” once institutionalization happens. RCI offers a variation on the benefit of increased confidence and asks public auditors to understand that, with the skills and training that are part of their policy platform, unpaid family caregivers will have a better attitude and ability to endure hardship. For example,

When caregivers become skilled in their responsibilities, they are able to acknowledge and accept the changes in their lives and transform their attitudes and experiences into something more positive, even if they do not necessarily like

those changes. Although skilled caregivers are still often stressed, they are also able to better balance their personal, family, and caregiving responsibilities. (RCI, p. 14)

In this extended example, RCI frames caregivers as having a better attitude and being better equipped to handle stress but within their long-term private sphere role. In each of these examples, pro-caregiving advocates emphasize that location of preferred care is in the home and that the solution would maintain that preferred, long-term place. This evidence points to part of the partiality mismatch of the solution in that the crisis-establishing rhetoric never mentions lack of caregiver confidence as a linchpin, so the logical train of thought is broken when higher caregiver confidence is part of the solution. Furthermore, this training that is said to increase caregiver confidence does not prevent the early death or financial impact on caregivers but rather only makes caregivers better able to accept their role and remain in the preferred home care longer, thus benefitting the person receiving care and the taxpayer more than the caregiver.

Pro-caregiving advocates construct the preferred location of caregiving as a place that is where care-recipients need to be and where caregivers desire care-receivers to be. For example, AARP offers a policy plan that “provides older New Yorkers *what they need* and *what their families want*—to live independently in their *communities*—and that saves taxpayers money on expenditures for institutional care is well worth pursuing” (“Report,” 2013, p. 5, emphasis added). In this example, AARP assumes that care-receivers and unpaid family caregivers agree about home care as being best for the care-receiver and most desirable for the caregiver, not only for the taxpayer. This rhetorical construction of desire is also less directly implied in FCA’s policy statement when it

contends, “Family caregiving is typically at the core of what sustains frail elders and adults with disabilities, yet caregivers often make major sacrifices to help loved ones remain in their homes” (“National Policy Statement,” 2015, para. 1). In this example, it is implied that care-receivers desire to be in the home, and unpaid family caregivers are highlighted as making “major sacrifices” so that they can help fulfill that desire. In such instances, partiality is again revealed as caregiver sacrifices made in the home will continue to perpetuate negative health- and finance-related issues for unpaid family caregivers, though with appropriate training, caregivers could theoretically be better equipped to endure these sacrifices for longer, thus, delaying a crisis for taxpayers, businesses, and even care-receivers, but not resolving the negative impacts on caregivers.

Pro-caregiving advocates construct the preferred place for caregiving to be in the home and reinforce it as a *safe* place for care-receivers. For example, AARP suggests that it wants to “find ways to help family caregivers working to keep older adults living independently and *safely* in their homes and communities” (“Report,” 2013, p. 1). In this example, not only does the location of home help keep care-receivers independent, but also safe. RCI suggests that if public auditors fail to support the policy platform, “the consequences for care recipients will include increased rates of institutionalization, higher risks of abuse and neglect, and decreased quality of life” (“Averting,” 2010, p. 6). Although in this example, the terminology of “safe” is not utilized, RCI is making a rhetorical connection between institutional care and “higher risks of abuse,” which would compromise the care recipients’ safety. Thus, partiality is again present when the suggested solutions would delay a crisis in care for care-receivers and negative financial ramifications for taxpayers and businesses. What is absent is how unpaid family

caregiver ills, such as personal health and finances, get resolved by the location-dependent, albeit safe, home care.

In contrast to the preferred home care situation, institutional (public) care is rhetorically constructed as an undesirable caregiving situation. First, institutional care is established as public and always contrasted with preferred home care. AARP states, “[M]any caregivers reported that without the services of state programs supporting family caregivers, they would be *forced* to place their loved ones in institutional settings like nursing homes that are funded largely by taxpayers through the Medicaid program” (“Report,” 2013, p. 1, emphasis added). In this example, “institutional” is defined as “nursing home care” that is funded by Medicaid. Additionally, the use of “forced” implies that this is not the preferred situation for caregiving or is a last resort option. In another example, AARP indicates its policy recommendations are meant to keep “loved ones at home rather than in institutional settings” (“Report,” 2013, p. 2). And, later, it states “without the support of these unpaid caregivers, over 50% of older residents would likely be placed in institutional settings, like nursing homes, that are funded largely by taxpayers through the Medicaid program” (“Report,” 2013, p. 3). On most occasions, pro-caregiving advocates emphasize the preferred location as being in the home by indicating that such a situation is better compared to “institutional care settings such as nursing homes” (“Report,” 2013, p. 4). In doing so, they position the location of home care as non-negotiable in the outcome of the solutions. Doing so further reveals inability of the solution to resolve the private ills facing caregivers who are the individuals who will be expected to maintain this home care.

Another way that pro-caregiving advocates emphasize care location is by eliminating institutional care as a viable solution to either the public or private ill. According to pro-caregiving advocates, institutional caregiving negatively impacts everyone involved (caregivers, care receivers, and the economy). RCI proclaims, “The stresses and demands of caregiving can adversely affect the caregiver’s health and lead to nursing home placement for the care recipient” (“Averting,” 2010, p. 14). Here, RCI creates a cause-effect relationship suggesting that something negative, the stresses of caregiving, lead to loved ones’ nursing home placement. The language of “nursing home placement” suggests a lack of agency for care-receivers and invites a negative judgment. Furthermore, institutional care is often discussed as something that needs to be delayed or even prevented. For instance, revisiting an AARP quotation from above, “As a result of these supports, caregivers become more confident and are able to *provide care for a longer period of time*, delaying or preventing institutionalization of a loved one” (“Report,” 2013, p. 13, emphasis added). In a similar example, FCA suggests, “As long as caregivers are able to provide care, they are often able to delay costly nursing home placements and reduce reliance on programs like Medicaid” (“National Policy Statement,” 2015, para. 3). Avoiding institutional care, according to pro-caregiving advocates, helps care-receivers and the American public evade catastrophic financial and health-related hardships. Unpaid family caregivers are asked to accept and hold on to their role longer as part of that solution. Constructing institutional care as undesirable is to mark institutional care as not a viable crisis solution. The preferred care is the viable solution to a rhetorically constructed caregiving crisis; however, pro-caregiving advocates leave a supporting public role unclear as to how public auditors can help the

caregivers (other than support a training program that makes unpaid family caregivers usable for longer) rather than solving the bulk of their health and financial burdens.

Important for this chapter's argument is that institutional care is artificially constructed as an *undesirable* place for care-receivers. For example, RCI asserts, "The inability to successfully support family caregivers will likely have disastrous consequences. The consequences for care recipients will be increased rates of institutionalization, higher risks of abuse and neglect, and decreased quality of life" ("Averting," 2010, p. 13). Although in other places institutional care is marked as more expensive and thus less desirable, here RCI spikes out institutional care as a desirable alternative, and in fact, even names it as a threatening place for the health and well-being of care-receivers. The term "institutionalization" conjures up negative images of care-receivers unable to have a voice in their own care and implies care-receivers might be placed in undesirable institutional care against their will. Even more damning than being placed in this undesirable situation, is the suggestion that doing so will lead to "abuse and neglect" for care-receivers. The converse of this statement also reinforces the preferred location of care in the home because it implies that the location of care in the home will not lead to abuse and neglect for care-receivers. Institutional care is constructed as negative for care-recipients and taxpayers, but not shown to give relief to caregivers. Thus, only some of the persuasive ills are addressed by this location-dependent solution.

I argue that efforts to resolve the crisis made persuasively shared get hampered by insisting on a home location of preferred care for the care-receiver and taxpayer as central to the solution. Although this location (the home) carries positive associations within pro-caregiving advocacy efforts, and it is central to the taxpayer and care-receiver solution, it

deflects how the solutions will resolve some of the private ills of caregiving, including the negative health and financial impacts facing unpaid family caregivers. Symbolic tension is illuminated when pro-caregiving advocates point out ills in the private (health- and finance-related consequences for caregivers and care-receivers), but then simultaneously present that space as preferred and central to the solution without addressing how maintaining that preferred space, long-term, will resolve the caregivers' problems. As such, the partiality of the solution reveals a philosophical barrier in pro-caregiving advocacy rhetoric that suggests a solution that would directly benefit the caregiver experience is ordered as less important as the other stakeholders. This implicit hierarchy points to one way that pro-caregiving rhetoric problematically genders unpaid family caregiving, by implying in their solutions that there are higher- and lower-order priorities, and unpaid family caregivers are ordered lowest.

Part of the advocate's obligation in creating a cure in a stock policy case, according to Ziegelmeuller and Kay (1997), is to "demonstrate how it will solve the problem of the ill" (p. 172). By foregrounding the preferred location in the solution, I suggest pro-caregiving advocates are creating an obstacle to how the proposed solutions will solve the private ills of caregivers, even if it forestalls ills for care-recipients and taxpayers. Bardach (2000) describes a common pitfall in defining the problem in policy analysis as "defining the solution into the 'problem'" (p. 5). In other words, the "problem definition should not include an implicit solution introduced by semantic carelessness" (p. 5). I argue that pro-caregiving advocates are building location into their solution in problematic ways. Pro-caregiving advocates are preventing a new ill rather than solving some of the crisis ills. If home is preferred for care-receivers as it is safer and in the

community and is ideal for taxpayers, as it is not their money funding the preferred home care, the only aspect changing is training for unpaid family caregivers so that they can tolerate the situation longer, even as they lose money and continue to be stressed with balancing the unexpectedness and work/life balance issues in unpaid family caregiving. Unpaid family caregiver stress *may* be delayed with further training, but emphasizing home, as the preferred location of care, does not directly solve their most pressing ills.

Maneuvering Disproportionate Effects, Ambiguity, and Partiality in Solution

Pro-caregiving advocates are constructing a stock policy issue case and, in doing so, successfully construct ills relevant to both the public (economic) and the private (individual financial and personal health-related for care-receivers and caregivers). However, when proposing their solutions, pro-caregiving advocates partially undo the likelihood of public action to effectively address those persuasive ills by creating ambiguity in channeling a public solution that will solve both the public and private crises. Further solidifying this barrier is the emphasis on the home location of proper care. Most of the solutions offered by pro-caregiving advocates make present the location of the care, which backgrounds the ways in which the solutions will solve the caregivers' ills (personal finance and health-related). As such, given the root of the private ill and the solution of the private ill are dependent on the location of preferred home care, I maintain that emphasis on shared understandings of a caregiving crisis for all parties, including caregivers, should be both present in the ills as well as the solutions. This section offers a few practical steps in maneuvering disproportionate effects, ambiguity in public action steps, and resisting dependence on the home as a requirement in the preferred solution.

Eliminate disproportionate effects in public/private ills. This analysis reveals that, although pro-caregiving advocates are constructing persuasive public and private ills, some disproportionate effects exist that tip the magnitude and severity of the private ills as more severe than the public ills. Stated more directly, pro-caregiving advocates are constructing a caregiving crisis as more severe to the private participants (care-recipients and caregivers) than to the public parties (taxpayers and businesses). For example, within the rhetorical construction of the private caregiving crisis, logos and pathos were used in making the ills urgent for unpaid family caregivers. In contrast, within the rhetorical construction of the public ills, pro-caregiving advocates rely mostly only on logos and not as much on pathos. I first suggest, then, that pro-caregiving advocates even out the proportion of effects felt within both the publicly constructed ills and the privately constructed ills. Doing so might invite more appreciation for public ills as this type of emotional appreciation is invited in communicating the private ills.

One way to accomplish deeper appreciation for the public ills would be to infuse the publicly constructed ills with pathos. For instance, instead of only using neutral statistics to convey the publicly constructed ills, pro-caregiving advocates could include more emotion-filled language to complement the reporting of the statistics. Similarly, in addition to quantifying the public ills including the economic aspects of a caregiving crisis, pro-caregiving advocates could provide more concrete understandings of what that economic impact feels like to individual citizens. Doing so would add more magnitude and severity felt in the public ills. I am not suggesting that, as public citizens, we should love our money or economy as much as our family members; however, I do believe there

are rhetorical opportunities to make the public aspects more vivid, and so felt, by individual citizens.

Introducing clear action steps for citizens. This chapter reveals that careful attention must be paid to the rhetorical construction of how to achieve solvency, or participation in effecting the solution offered to resolve the rhetorically constructed caregiving crisis. Because pro-caregiving advocates are doing a very good job of rhetorically constructing shared and urgent public ills and private ills within their definition of the situation of crisis, I suggest that the same kind of careful attention be paid to rhetorical strategies regarding the proposed cure(s). Bardach (2000) offers suggestions for proposing policy solutions, or what Bardach calls “alternatives.” In Bardach’s (2000) suggestions for practitioners of public policy development, he suggests that the advocate “conceptualize and simplify alternatives” and that “the key to conceptualization is to try to sum up the basic strategic thrust of an alternative in a simple sentence or even a phrase” (p. 16). RCI, in particular, is accomplishing this conceptual simplification by summarizing its policy solutions under the broad heading of advancing its National Caregiving Initiative that includes the specific lists of alternatives. FCA and AARP, and other pro-caregiving advocates, could follow suit in conceptually summarizing their lists of policy alternatives. More important than this organizational strategy, I suggest, that pro-caregiving advocates conceptualize alternatives, or solutions, in ways that are more clear and accessible to public auditors.

This analysis argued that ambiguity exists in the solution for motivating public citizens to take action. I suggest that, within the policy statements in particular, improved efforts must be made to direct public auditors to steps for advancing effective policy

support for unpaid family caregivers. Ziegelmeuller and Kay (1997) point out that the advocate has an “obligation to outline a specific plan of action and to demonstrate how the plan will solve the specific ills and deal with the specific causal factors under consideration” (p. 176). The specificity of the plan, according to Ziegelmeuller and Kay (1997), is dependent on “the forum in which the proposition is being debated” (p. 176). Given this consideration, I suggest that, within the formal policy platforms that have broad reach beyond just policymakers, these platforms include not just an outline of the policy platforms but also a recognition that a broader audience exists than just policymakers. This assertion is supported in practitioner sources for developing public policy. Bardach (2000) explains that the advocate should seek approval from multiple audiences. He explains:

Next, think about the larger political environment. Who do you think will “use” the analysis and for what purpose(s)? Will anyone pick up your results for use in an advocacy context? Would you regard this use of your results as desirable? Desirable if certain advocates use your work and undesirable if others do so? Do you want to do anything to “segregate” your policy advice by the type of audience you might want it to reach—or not reach? Are you, perhaps inadvertently, using scare words that will alienate certain audiences? (p. 42)

In this passage, Bardach is encouraging practitioners to carefully consider the various stakeholders within the context of the proposal. My contention is that pro-caregiving advocates need to show public citizens that they are already built in to the solution of the definition of the situation of crisis. Doing so will avoid “alienation” of this audience as well as motivate “buy in” by both direct and indirect stakeholders. Building in public

citizens to the solution will also address the issue that pro-caregiving advocates are making the “at home” solution difficult for citizens to see how they can help and advocate for a governmental policy to alleviate the caregiver ills.

Pro-caregiving advocates could accomplish approval from multiple audiences by creating clear action steps for citizen supporters. For example, instead of outlining the specifics of the policy plans which contain code words, or jargon, pro-caregiving advocates could create simplistic steps, such as (1) who to contact to support such a policy and/or (2) what steps public citizens could take to participate in policy advocacy for unpaid family caregivers, including the name and number of a bill if one has been introduced to use when contacting legislators. Additionally, I pointed out earlier that AARP offers an easily accessible “Become an AARP Activist” on its website. Inclusion of the “AARP Activist” appeal would also invite shared understandings within the solution of the caregiving crisis. RCI offers a tip on being a caregiver advocate in its tip sheet that was made available to me upon formal request. The tip sheet states, “Group efforts, such as support groups, can be a strong voice for caregiver needs in the community, the state, and the nation. Reach out to your community leaders and legislators to keep them informed about your concerns” (“10 Tips for Caregivers,” n.d., p. 20). Although this concrete step does not encourage caregivers to voice their preferences on solution or policy answers to those ills that one is concerned about, it is a good model for a concrete step in advocacy that could also be utilized in its policy statement.

Make solution dependent on solving caregiver private crisis rather than on location of care. As pro-caregiving advocates are demonstrating, policy attention for unpaid family caregivers is a wide and far-reaching issue, both publicly and privately. By

making *location* of caregiving key in the solution to the public and private ills, pro-caregiving advocates are watering down their ability to demonstrate how their solution will solve all parties' problems in the caregiving crisis, especially the caregiver private ills. Ziegelmeuller and Kay (1997) point out about solvency,

Even if it can be demonstrated that a significant ill exists and is causally related to inherent features of the existing policies, a course of action that fails to guarantee a solution to the problem is not likely to be adopted. (p. 176)

My contention is that one inherent barrier within the definition of the situation of crisis is that in their insistence on making location of care key within the solutions to the ills, pro-caregiving advocates are taking away a clearer connection to how their solutions will solve the caregiver private ills rather than just prolong their labor in forestalling crisis for the other two featured parties (care-receivers and taxpayers). Pro-caregiving advocates are perpetuating crisis for unpaid family caregivers very well because they experience much financial, physical, and emotional hardship when care is relegated exclusively to the home. I suggest that pro-caregiving advocates either (1) directly address the tension that is created when the location that is the source of the ills is also expected to be maintained and resolve the ills for care-receivers and taxpayers or (2) look for alternative ways to frame the solution that does not idealize the home nor create other care locations as lesser and their use of a reason for caregivers' concern, guilt, and shame. Doing so would make the solutions more complete at solving the ills for all parties at risk of crisis as opposed to maintaining a dominant and preferred place of care. Additionally, pro-caregiving advocates might avoid gendering unpaid family caregiving by resisting the

philosophical barrier that implies solving caregiver ills is ordered as a lower priority to care-receiver and taxpayer ills.

I have argued elsewhere in this dissertation that my proposed suggestions are necessary, but not sufficient for changing the material conditions facing contemporary unpaid family caregivers, and this chapter is consistent with that proposition. My suggestions for changes or additions in no way imply that doing so will solve the material conditions that make up a caregiving crisis. However, I contend that without the proposed changes this conversation will be left unchanged and efforts to make a crisis shared and urgent will come undone within the solutions designed to resolve the public and private ills.

Chapter 4: A Dominant Definition of “Complex” Care in Pro-Caregiving Advocacy Rhetoric

Academic scholars have theorized about definitions of care including the practices and attitudes of those who perform care (Tronto, 1993; Rummery & Fine, 2012). Some scholars conceptualize care as either a disposition or a practice (Tronto, 1993), and others offer an understanding of care as either *caring about* or *caring for* (Rummery & Fine, 2012). Most important for this chapter is the notion of agency or choice that is revealed through each of these definitions and how that contributes to a lack of shared responsibility. Both Tronto (1993) and Rummery and Fine (2012) argue that a lack of choice, or agency, in deciding whether or not to practice caregiving is what perpetuates the gender disparity in care that aligns women with caring as a disposition, or *caring about*, instead of with the practices of caring, or *caring for* care-recipients. This chapter is concerned with how the dominant definition of care in pro-caregiving advocacy reveals a rhetorically constructed notion that inhibits choice in unpaid family caregiving and thus perpetuates a gendered disparity in care. The dominant definition of care in pro-caregiving advocacy is instructive for this dissertation because it provides an in-road into understanding how pro-caregiving advocates themselves are rhetorically constructing choice in relation to their change rhetoric for unpaid family caregivers and how that rhetorical construction encourages public auditors to understand unpaid family caregiving as either a shared responsibility or a family and woman’s obligation.

Pro-caregiving advocates are rhetorically constructing a dominant definition of the care being given by unpaid family caregivers to care-receivers, including both the activities of care and the preferred attitudes about care. In this chapter, I reveal the ways

in which pro-caregiving advocates are defining care as both a disposition and a practice. By doing so, pro-caregiving advocates are advancing a dominant definition of “complex care” and perpetuating two rhetorical flaws related to choice that de-emphasize unpaid family caregiving as a shared responsibility. First, pro-caregiving advocates talk about complex care in a way that assumes *caring about* leads to *caring for*. Second, pro-caregiving advocates actively mask choice by deploying and encouraging a caregiving-as-personal-journey metaphor. The caregiving-as-personal-journey metaphor embedded in the definition of the situation of complex care emphasizes personal journey and reward for unpaid family caregivers which reinforces that one might voluntarily choose this path for self-gain and reveals a second barrier to shared responsibility. Together, these two rhetorical flaws in relation to choice and care reveal that shared responsibility is absent from pro-caregiving advocates’ dominant definition of complex care.

Potential citizen advocates may be less motivated to understand unpaid family caregiving as a shared responsibility because unpaid family caregivers are being discursively constructed as having *willingly* chosen this path and furthermore as being personally rewarded for their hard work. A problematic relationship between *caring about* and *caring for* and an active masking of choice, as revealed through the pro-caregiving advocates’ own dominant definition of care, undermines pro-caregiving advocacy efforts to invite shared responsibility for unpaid family caregiving. In doing so, I argue that public auditors may be less motivated to understand unpaid family caregiving as a shared responsibility because the dominant definition of complex care de-emphasizes the necessity for public auditors to intervene in the unpaid family caregivers’ choice.

This chapter begins with the question of how pro-caregiving advocates discursively construct a dominant definition of care in change rhetoric about unpaid family caregiving. The dominant definition is important because, as suggested by scholars, the notion of agency, or choice, undergirds such definitional work and potentially maintains what Tronto might call a public/private boundary and what Rummery and Fine (2012) might describe as maintaining “care as the unrecognized and unpaid domestic duties imposed on women as a result of the sexual division of household and familial labour” (p. 322). “To think of care solely in dispositional terms,” according to Tronto (1993), “allows us to think of care as the possession and province of an individual” and “makes any individual’s ideals of care fit into the world view that the individual already possesses” (p. 118). Tronto (1993) asserts:

as a disposition or an emotion, care is easy to sentimentalize and to privatize.

When we retreat to the traditional gendered division, we support the ideological construction that women are more emotional than men, and men are more rational women. Since women are more emotional than men, then, women are more caring. (pp. 118-119)

The dominant definition of care, then, depending on its association with a disposition or a practice, can undermine individual agency because embedded in that definition is an assumption that some individuals (i.e., women) are intuitively equipped with this capacity and others are not.

Tronto’s (1993) definition of care as a disposition points to the ways in which choice can get undermined because it reinforces that women are obligated to *care about* and *care for* their care recipients. In this conceptualization, *caring about* seems to

predispose people to conform behavior to *caring for*. Rummery and Fine's (2012) conceptualization of *caring about* similarly reveals how choice, or agency, gets discursively constructed within a definition of care. Informed by British feminists, Rummery and Fine (2012) suggest that *caring about* "denotes the disposition towards the dependent" while *caring for* "is concerned with the physical work of caregiving" (p. 324). Important for this chapter, the authors suggest these notions of care reveal undergirding notions of choice and/or obligation. Given that pro-caregiving advocates are attempting to expand shared responsibility for unpaid family caregiving, it is imperative for advocates to define a notion of care that is not limiting shared responsibility due to assumptions about caregiver agency (or lack thereof).

In what follows, I will first outline the "complex" care notion that is revealed by comingling *caring about* and *caring for* and argue that pro-caregiving advocates are actively masking choice by implying that *caring about* and *caring for* must go together. Following this, I chart the caring metaphors in this dominant definition that are used to convey caregiving-as-personal-journey which suggests that unpaid family caregiving is a personal problem, not a social issue, and caregiving-as-gift, which implies that caregivers will be rewarded for their choice to participate in this personal journey. Finally, I argue that public auditors are less likely to see their participation as essential because, through the dominant definition of complex care, it is revealed that *caring for* flows directly from *caring about*. Additionally, I argue that public auditors become less inclined to understand unpaid family caregiving as a shared responsibility because the persuasive metaphors insist that caregiving is a personal journey. I will conclude the chapter with practical lessons in advocacy strategies used to define an issue assumed to be private.

A Dominant Definition of “Complex” Care: Revealing an Assumption that *Caring*

About Leads to Caring For

This section argues that pro-caregiving advocates define the situation of care as complex by rhetorically constructing the work being done by unpaid family caregivers. Complex care is rhetorically constructed as both *caring for*, including the practices of caregiving for an aging or disabled family member, and *caring about*, including the preferred attitude toward the care recipient and care work. *Caring for* includes medical, domestic, and managerial tasks, and together these practices of care make caregiving a complex challenge for unpaid family caregivers. *Caring about* gets rhetorically constructed by emphasizing the caregivers’ good attitude that will result from caregiver training and education and will lead to positive results for caregivers and care-receivers. Although pro-caregiving advocates are talking about two different aspects within the dominant definition of care that Tronto (1993), for example, indicates are traditionally rhetorically separated by a public/private boundary, I argue that pro-caregiving advocates create a problematic relationship that genders care by implying that *caring for* must flow from *caring about* in the complex care being done by unpaid family caregivers.

Caring for reveals challenges and implications for those caring about. This section will demonstrate the ways in which pro-caregiving advocates define *caring for*, or the practices of caregiving, and argues that pro-caregiving advocates create implications for those *caring about* by identifying complex care as challenging, yet inevitable for unpaid family caregivers. In doing so, pro-caregiving advocates are creating an illusion that there is choice in unpaid family caregiving (by focusing on the practices of care), even though

unpaid family caregivers are frequently obligated to care out of necessity and a lack of alternatives.

Pro-caregiving advocates rhetorically construct the care being done by unpaid family caregivers as complex by highlighting the practices of caregiving that include many different types of tasks including medical, domestic, and managerial tasks. Through the varied associations with *caring for*, pro-caregiving advocates highlight the challenging and multi-faceted practices of unpaid family caregivers that often are done out of necessity. This gets accomplished by first utilizing the terminology of “complex” to describe the work being done by unpaid family caregivers. For example, Family Caregiver Alliance (FCA) claims, “Family caregivers are being asked to shoulder greater burdens for longer periods of time. In addition to more *complex* care, conflicting demands of jobs and family, increasing economic pressure, and the physical and emotional demands of long-term caregiving can result in major health impacts on caregivers” (“Caregiving: Introduction,” 2014, para. 27, emphasis added). In this example, the complexity of care involves various aspects of caregiving including the physical activities of the job and the emotional demands and burdens expected of unpaid family caregivers.

The term “complex” is not always present when defining care, though caregiving gets associated with complex ideas. For example, *caring for* includes efficiency, productiveness, and requires training and skill. AARP suggests, “Better-informed caregivers will allow for better and more efficient care, reduced hospital admissions and, ultimately, a more productive caregiver” (“CARE Act,” 2014, para. 14). In this example, caregiver training is linked to efficiency and productiveness, and these associations are

framed in a positive light for both caregivers and care recipients. Similarly, in a story profiled on AARP, a family indicates how the lack of training had a negative impact on the care-receiver. AARP explains:

As a family caregiver for her father, Alphus, Kristin Mitchem—and her mother, Cheryl—perform *complicated* medical/nursing *tasks* to help him remain at home. They have no training for these tasks, such as medication management and cleaning his feeding tube. Sadly, this has led to setbacks in Alphus’ health, causing him to be readmitted to the hospital on at least one occasion. (“Kristen Mitchem,” 2014, para. 72, emphasis added)

In this situation, *caring for* requires complicated competence including medical skills, and, further, if caregivers are improperly trained for these complicated tasks, can result in hospitalization for the care recipient. In these two examples, *caring for* is activity-based and encompasses the practices of caregiving and encourages an understanding that caregiving is associated with the practices of caregiving as opposed to the disposition of the caregiver. However, because there are not good alternatives for care for loved ones, complex *caring for* appears to flow from *caring about*.

Unpaid family caregiving is revealed to be complex care that includes caregiving practices that encompasses both medical care (e.g., nursing skills) and domestic care (e.g., housework, emotional support). AARP asserts that part of its policy plan includes providing high-quality care in the home. It suggests, “Workforce challenges, including how to best ensure the skills needed to provide high-quality care, abound and need to be addressed for New York State to meet the growing need for high-quality care” (“Report,” 2013, p. 12). In this context, high-quality care is referring to affordable direct care

workers to relieve unpaid family caregivers. Here, although those who are doing the care are paid care workers, high-quality care, according to AARP, includes a skill-set. Ryan (2014) laments, “For many, family caregiving is more than help with household chores or providing transportation” because “it includes complex care responsibilities that were once provided only by medical professionals” (para. 2). In this example, care is complex because of the medical aspects of caregiving. This example indicates a lack of choice in the dominant definition of care because the complex care is done out of necessity of the current material conditions that make medical care necessary in the home. RCI also defines care practices by making associations with health care:

Caregiving is more technically and physically demanding, requiring performance of tasks that only skilled nurses performed just a decade ago. Care recipients are often released from hospitals “quicker and sicker”, resulting in family members being responsible for skilled nursing care with minimal preparation or training.

Thus, the “home hospital” has become a reality. (“Averting,” 2013, p. 12)

In this example, RCI emphasizes the practices of caregiving are complex because of the necessity of being trained in nursing skills. The emphasis here on necessity reinforces the assumption that *caring about* leads directly to *caring for*.

Complex care also gets described by pro-caregiving advocates as the medical skills mentioned earlier in combination with domestic-related tasks. RCI insists, “Family caregivers often need to perform *complex medical tasks* such as wound care and coordinate patient care, make decisions and solve problems while they prepare meals, provide assistance with toileting and bathing, and run the household” (“Averting,” 2010, p. 13, emphasis added). Here, RCI points to the various types of care, including both

medical and domestic tasks that comprise complex care. FCA similarly points out that complex care includes both medical and domestic tasks when they elaborate that caregivers assist care-receivers with daily activities such as “bathing, managing medications or preparing meals” (“National Policy Statement,” 2015, para. 16). In Diane Schuster’s Caregiver Corps proposal, she points to the various types of complex skills being done by unpaid family caregivers in her appeal to potential volunteers. She elaborates: “[T]hey [volunteers] could also learn the kinds of skills required to care for an older adult and his or her family...they could acquire *medical and nursing skills*—the kind of skills family caregivers use routinely in their daily routine” (Schuster, 2013, para. 12, emphasis added). In this example, Schuster emphasizes that unpaid family caregiving is associated with a skill set and not the caregiver. In all of these examples, it is clear that pro-caregiving advocates are inviting complex understandings of care that include medical and domestic care. Such associations encourage public auditors to begin seeing the relationship between *caring about* and *caring for*—that family caregivers who already *care about* will eventually *care for*, even though this is sometimes out of necessity.

In addition to medical tasks, *caring for* also includes the special skill of maintaining another’s finances and being prepared to handle legal issues. For example, FCA points out about the legal issues related to caregiving, “Typical concerns include who will manage the confused person’s money, who will make important health care decisions and how to plan for long-term care” (“Caregiving: Introduction,” 2014, p. 2). In this example, FCA emphasizes that unpaid family caregiving includes the task of managing another’s personal finances indicating that complex care also includes this

aspect. AARP suggests that caregivers “have become de facto case managers for their older relatives, making certain that services are available and dependable, organizing and managing aides, and arranging for transportation to medical appointments” (“Report,” 2013, p. 8). Similarly, RCI’s Tip #9 tells caregivers to “plan ahead” and to “consult a local attorney or available legal aid to explain your legal options” so that “you understand your rights and those of your loved one” (p. 19). In this tip, part of *caring for* includes unpaid family caregivers being educated on the legal and financial issues facing their care receiver. Because personal finance and legal issues are typically managed by a person within the family, such emphases on unpaid family caregivers being informed of these managerial tasks indicates that *caring about* leads to *caring for* in this particular way.

Relatedly, many pro-caregiving advocates push for policy change to fund training and education for unpaid family caregivers, and this aspect of the policy platforms gets rhetorically constructed as a vehicle to the complexity of *caring for*. Many pro-caregiving advocates assert that caregivers will have many benefits from such training and education, including a better attitude. RCI offers in Tip #2 to “Be informed, get educated” that includes suggestions such as

...knowledge is power. Seek out information on your loved one’s condition. Ask questions of doctors and other health care providers that will help you understand the illness and what to expect. Be ready for these appointments with a written list of your top three or four most important questions. Take a notepad so you can write down important information that is shared with you. Accurate information can help you be a better caregiver. (p. 4)

In this extended example, RCI points out various ways for caregivers to become educated about their care-receiver's medical needs, and most importantly, states that being equipped with this information will lead to being a "better caregiver." Being an informed caregiver who *cares about* the care receiver includes *caring for* the loved one in this way.

In sum, care is complex because it draws from many different practices including medical tasks, domestic chores, and managing finances. By emphasizing the practices of care, pro-caregiving advocates present the many challenges of unpaid family caregiving. For example, AARP asserts the challenging aspects of medical skills when it describes, "Once home and frequently alone with their relatives, caregivers are often overwhelmed when required to give injection[s], change catheters, or perform other medical tasks" ("Report," 2013, p. 8). As pro-caregiving advocates allude, this complexity in the practices of care make caregiving a challenge. It is not only that the pro-caregiving advocates' dominant definition of care is constructed as complex, but that it is assumed that family members will do this complex care. In other words, pro-caregiving advocates acknowledge that the work is challenging and complex, but it is also unquestioned that it is the caregiver's responsibility to do this complex care. As such, there is no shared responsibility built into the dominant definition of care because there is an implicit assumption that *caring about* someone will directly lead to *caring for* that person. The next section will argue that shared responsibility is further deflected by assuming that the way to manage the challenging practices of complex care is the caregiver's responsibility via having a good attitude.

Complex care includes *caring about* (with a positive attitude). *Caring about* is revealed within the dominant definition of complex care by rhetorically constructing a

preferred attitude for unpaid family caregivers. Pro-caregiving advocates suggest that unpaid family caregivers have a good attitude about the care being given to the care recipient in spite of the many personal challenges revealed when describing the practices of caregiving. Furthermore, having a good attitude is a future result of caregiver training and education and is assumed to lead to positive outcomes for both the caregiver and the care-receiver. *Caring about* reveals that the appropriate attitude is a positive one that can combat the challenging aspects of care work and masks the lack of realistic choice in unpaid family caregiving.

Pro-caregiving advocates suggest that a good attitude toward caregiving can help combat the stressors experienced by unpaid family caregivers. For example, on the RCI tip sheet that addresses “taking care of yourself,” RCI suggests that caregivers,

Get enough sleep and eat a healthy, nutritious diet. Engage in activities that help you get rid of stress. The time you take out of your busy day to exercise, garden, or to take a long, hot bath may make you feel better and improve your overall *attitude*. (p. 3)

In this example, pro-caregiving advocates imply that caregiving is challenging but reinforces that unpaid family caregivers have the time, agency, and responsibility to take care of themselves so that they can have a good attitude in their care for their loved ones. This quotation highlights that caregiving is busy and hard work as well as implies that caregiving is the individual caregiver’s burden. The caregiver is implied to have chosen this way of life, but more importantly, that they have decided to carry on this burden alone. To suggest that caregivers recharge, the quotation implies that the unpaid family caregiver go and do activities that are more individual and private. In this quotation also

lies the assumption that *caring about* will lead to *caring for* because the better attitude is needed to meet the challenges of *caring for* the loved one.

In the definition of complex care, pro-caregiving advocates reinforce the challenging aspects of *caring about* care receivers. More specifically, caregiving as a challenge is based on personal challenges facing unpaid family caregivers. For example, FCA explains, “Having to juggle competing caregiving demands with the demands of your own life on an ongoing basis can be quite a challenge” (“Caregiving: Introduction,” 2014, para. 6). In this example, caregiving is challenging because of meeting the demands of others in addition to the caregiver personal needs. AARP says about family caregivers: they “have a huge responsibility—that gets even more difficult when their loved ones go into the hospital and the transition back home” (“CARE Act,” 2014, para. 1). These examples demonstrate how complex care involves *caring about* a care recipient and that assuming the challenges are obligatory in addition to the practices of caregiving. In the latter example, pro-caregiving advocates suggest that the “huge responsibility” is aligned with the caregivers’ emotional disposition toward the care-receiver. In doing so, pro-caregiving advocates are implying that the caring attitude is already part of unpaid family caregiving, thus indicating that unpaid family caregivers already *care about* their care recipient. These passages also suggest that if someone else cares for their loved one, caregivers should not trust them. Thus, the caregiver’s job is more difficult because they are coached to be afraid someone else will not *care for* the person in the right way. The rhetorical issue occurs when it is assumed that *caring about* must lead to *caring for*, which effectively masks a lack of choice for unpaid family caregivers.

In addition to the challenging aspects of *caring about*, pro-caregiving advocates emphasize that a positive attitude can result from the training provided by the advocacy organizations. For instance, Operation Family Caregiver offers evidence, in the form of testimony about direct caregiver experience that a positive attitude will lead to being a better caregiver. In the section titled “We Serve,” Operation Family Caregiver highlights a quotation from Crystal, a Navy Spouse,

Operation Family Caregiver provides me the tools to identify stress, create options for solutions, and provides support which allows me to solve problems. With the constant moves and frequent deployments that come with the military lifestyle, these tools allow me to maintain a *positive attitude* while caregiving. (2014, para. 4, emphasis added).

In this example, the unpaid family caregiver voice is cited as evidence that tools learned from the advocacy organization had a direct impact on the caregiver’s positive attitude about caregiving. Additionally, the above example assumes that the caregiver should be charged with solving the challenges of complex care and be cheery about it. In a similar example, Ryan (2015) describes the positive outcomes of being a caregiver who takes advantage of respite programs when she indicates, “These programs allow family caregivers to take some time off to recharge, so they have the strength, energy and spirit to carry on” (para. 5). In this example, although the terminology of “attitude” is not used, the “spirit to carry on” reinforces the idea that a positive attitude is the result of having the knowledge to overcome some caregiver challenges. The positive attitude becomes problematic in the definition of complex care because it does not challenge the notion that this is being reinforced as an appropriate expectation for caregivers and the private

problem/solution—that unpaid family caregivers will be charged with responsibility to *care for* if they *care about* their loved one, and will have a good attitude while doing that care work.

In addition to positioning a positive attitude as a result of caregiving advocacy efforts, pro-caregiving advocates rhetorically construct a positive attitude into *caring about* by offering suggestions for relieving caregiver tension. For example, RCI’s Tip #7 suggests to “believe that laughter is the best medicine” because

laughter eases tension and stress, allows you to get rid of negative emotions, and actually boosts your immune system. Humor and laughter can take negative feelings and turn them into positive feelings. Caregiving can be difficult, but learning to laugh can help ease the pressure. Seek out ways to improve your sense of humor. Laugh at unexpected mix-ups, read the comics, watch funny movies, tell jokes, send funny cards or emails. Allow yourself and your loved one to be silly! (p. 15)

In this passage, RCI acknowledges that caregiving is a challenge and “can be difficult” but asserts that a positive attitude, via laughter, can “help ease the pressure.” In doing so, a positive attitude is revealed to be the preferred attitude in the dominant definition of complex care. This reinforces the assumption that *caring about* leads to *caring for* because the challenges lie in *caring for* the loved one. Additionally, the onus of responsibility for managing those challenges lies individually with the caregiver.

Further compounding that complex care, which includes *caring about*, is that unpaid family caregivers are implied to create safety for care-recipients by enacting this complex care. For example, Ryan (2014) asserts, “By providing this care, family

caregivers play a critical role in helping to keep their loved ones from being readmitted to the hospital, out of costly institutions and safe at home” (para. 4). In a related example, Eskenazi (2015) suggests about the caregiver’s job, “Your job is to help the person you care for feel comfortable and safe, see that he or she gets good medical and health care, and try to provide emotional, social and physical support as much as you are able” (para. 15). In these examples, pro-caregiving advocates suggest that not only does complex care include the practices of caregiving but also a caring attitude for the care-recipient, thus reinforcing that *caring about* leads directly to *caring for* and furthermore that it is the individual caregiver’s responsibility to do both.

To summarize, pro-caregiving advocates emphasize both the practices of care and the attitudes toward care. The practices of care include medical and managerial tasks and, by emphasizing such practices, pro-caregiving advocates point to the challenging aspects of unpaid family caregiving. Pro-caregiving advocates also associate the definition of complex care with a caring attitude or *caring for* the care recipient. This is accomplished by advancing a preferred positive attitude as well as emphasizing the emotional aspects of *caring about* an aging or disabled loved one. Although pro-caregiving advocates are defining care as complex and all-encompassing of various practices as well as attitudes of care, I argue that they rhetorically construct *caring about* and *caring for* as intricately connected. For example, Area Agency on Aging, a non-profit organization that advocates for caregivers and care-receivers, reveals on their website that if you *care about* you must *care for*. The section titled “I care for someone” also reads “Are you caring for someone?” The former statement implies *caring about* but then the latter question posed

implies the practice of *caring for*. In another example, pro-caregiving advocates also connect complex care with “skilled” care workers. For example, RCI suggests,

When caregivers become *skilled* in their responsibilities, they are able to acknowledge and accept the changes in their lives and *transform their attitudes* and experiences into something more positive, even if they do not necessarily like those changes. Although skilled caregivers are still often stressed, they are also able to better balance their personal, family, and caregiving responsibilities.

(“Averting,” 2010, p. 14)

In this example, being “skilled” invokes an association with a trade. As such, in the definition of complex care, pro-caregiving advocates associate the definition of care with the practice of caregiving. However, by connecting that skill with the attitude about caregiving, pro-caregiving advocates imply that *caring about* leads to *caring for* in unpaid family caregiving.

The examples highlighted in this section exemplify the interweaving of *caring about* and *caring for* in such a way that pro-caregiving advocates’ rhetoric develops a problematic relationship between the two. What is implied in this relationship is that if you *care about* you will go forward to make home caregiving happen from necessity even if you lack the skills because there are no realistic alternatives, and the advocates do not present any larger choices than helping the unpaid family caregiver endure. The relationship reinforces the privacy of the problem and the locus of responsibility (that *caring for* someone is a family issue), even if not a choice. Although pro-caregiving advocates associate unpaid family caregiving with the practices of care, they make *caring about* part of the definition of care because the emotional aspects of complex care

demonstrate how the challenges of caregiving, revealed through *caring for*, can be overcome by *caring about*. In doing so, pro-caregiving advocates emphasize the idea that public auditors only need to support unpaid family caregivers' *already*-made choice, as opposed to supporting unpaid family caregivers' right to choose. As such, pro-caregiving advocates limit shared responsibility in unpaid family caregiving by creating a definition of complex care that reinforces the burden of *caring for* as directly flowing from *caring about*. The next section will argue that if caregivers are rewarded for the complex care in the home, they might willingly choose this role.

Caring Metaphors Actively Mask Choice by Implying Personal Journey, Sacrifice, and Reward

This section argues that the definition of complex care, which includes *caring for* and *caring about*, is framed within a caring metaphor that implies caregiving is a personal journey for unpaid family caregivers. The caregiving-as-personal journey metaphor suggests that caregiving is a challenge; however, caregivers will have a personal payoff for venturing on this challenging journey. More specifically, the caregiving-as-personal-journey metaphor rhetorically constructs caregivers as willingly self-sacrificing, which suggests that unpaid family caregivers have willingly chosen to be in this situation. Furthermore, a second metaphor, caregiving-as-gift-to-self, suggests that the individual challenges associated with the caregiving-as-personal-journey metaphor can be lessened because it implies that unpaid family caregivers will be individually rewarded for their willing sacrifices made on their personal journey. I argue that the personal journey metaphor de-emphasizes shared responsibility because public auditors

are encouraged to understand the caregiver journey as a personal and personally rewarding one and not a shared journey. Additionally, because the personal journey metaphor is associated with *willing* caregiver sacrifice, it is implied that unpaid family caregivers have willingly chosen to be on this journey. Public auditors, then, are less likely to be motivated to interfere with this personal journey, even if they are moved by the caregiver's situation.

First, pro-caregiving advocates use a caregiving-as-personal-journey metaphor that emphasizes the fulfillment of meeting the challenges of unpaid family caregiving. The terminology of "caregiving journey" is utilized throughout pro-caregiving advocacy efforts. The RCI tip sheet includes a headnote that states, "This booklet is a compilation of our best advice, and we hope it will be useful to you on your *caregiving journey*" (p. 1, n.d., emphasis added). Before the first tip, RCI asserts: "The *caregiving journey* is not a sprint, but a marathon!" (p. 2, n.d., emphasis added). In both of these statements, not only is the caregiving-as-personal-journey metaphor used, but it communicates a positive association, emphasized with an exclamation point!

In addition to utilizing the language of journey, pro-caregiving advocates associate the caregiving journey with challenges. For example, tip #8 asserts, "Unexpected problems and challenges are part of the *caregiving journey*" (p. 16, emphasis added). Here, the caregiving journey includes challenges and problems, and these difficult tasks should be expected as part of the journey. The caregiving-as-personal-journey metaphor is also employed to motivate caregivers themselves to be personal mentors for other caregivers. For example, tip #10 states, "When you become a caregiver for another, you quickly learn what is and what is not available in your local

community to help you. You can share with others on the *caregiving journey* who may have these same needs” (p. 20, n.d., emphasis added). In this example, the caregiving-as-personal-journey metaphor implies a personal journey and part of that journey is to share some of the challenges (e.g., lack of local resources), personal solutions, tips, and work-around directions to existing resources with other unpaid family caregivers.

The Alzheimer’s Care Resource Center, an organization that empowers “caregivers to relax, renew & reach out,” also employs a caregiving-as-personal-journey metaphor. For instance, in a section titled “When the Road Gets Rough,” it indicates that it “will help you create a new caregiving plan. One that will get you back on track, while helping you stay healthy and empowered, so you can continue to best navigate your *journey* as an Alzheimer’s caregiver” (“When the Road Gets Rough,” 2015, para. 3, emphasis added). Here, the caregiving-as-personal-journey metaphor is used to convey potential hardships or that things will inevitably “get rough” for unpaid family caregivers. National Alliance for Caregiving similarly points out the challenges in its introductory comments on *Care for the Family Caregiver: A Place to Start*: “Whatever the circumstances, the road ahead on your *caregiving journey* may seem long and uncertain” (EmblemHealth, 2010, p. 1, emphasis added). Such examples work to emphasize that part of the caregiver journey will be challenging, and furthermore, that these challenges are personal challenges, not social ones.

In addition to the caregiving-as-personal-journey metaphor conveying the challenges that unpaid family caregivers will face in this journey, the metaphor also reveals that pro-caregiving advocates place a high value on unpaid family caregivers’ sacrifice. For example, RCI rewards “outstanding family, paraprofessional and volunteer

caregivers of Georgia” by recognizing “the courage, dedication, and *sacrifice* of caregivers” (“Building Support,” n.d., p. 4, emphasis added). Here, RCI builds sacrifice as part of the caregiver experience and, furthermore, rewards outstanding caregivers for their sacrifice. In the RAND report on military caregivers, Ramchand et al. (2014) suggest, “Caring for a loved one is a demanding and difficult task, often doubly so for caregivers who are juggling care duties with family life and work. The result is often that caregivers pay a price for their devotion” (p. xviii). In this example from the RAND Report, “price” remains ambiguous, but it is apparent that the report is indicating some kind of sacrifice that unpaid family caregivers must undoubtedly make. In another example, Elaine Ryan (2015), Vice President of State Advocacy and Strategy Integration (SASI) for AARP, explains about her friend Audrey, who is an unpaid family caregiver: “What makes Audrey’s story remarkable to me is the number of times in her life that she has given of herself to care for others” (para. 2). Here, Audrey’s sacrifice is “remarkable.” Such examples reveal that personal sacrifice is highly valued and admired in pro-caregiving advocacy.⁸

Pro-caregiving advocates associate many forms of sacrifices with unpaid family caregiving. For instance, Zietlow (2014) explains, “In addition to making monetary *sacrifices*, caregivers can incur physical, emotional, and professional costs as well” (para. 3). Zietlow’s (2014) reflection suggests that the sacrifice is not always emotional, but can be financial and work-related. On the first page of the 2011 FCA year in review report is a quotation written by an anonymous unpaid family caregiver that states, “You will need the patience of a saint, the mind of a doctor, and the strength of Hercules to take

⁸ Chapter five will deal more directly with admiration for caregivers.

care of your loved one” (“Through the Eyes of the Caregiver,” 2012, p. 1). Here, sacrifice of the caregiver is highlighted as the caregiving journey will test patience and will call on both emotional and physical strength, which indicates that caregiving is internalized and does not signal to public auditors that others should help.

The notion of sacrifice is taken up in print documenting unpaid family caregiver stories. For example, in an *AARP Bulletin*, author and caregiver Amy Goyer (2013) wrote about her personal experience caring for her elderly parents and offered suggestions to other caregivers about managing similar work/life balance issues. She elaborates:

I’ve been a caregiver my entire adult life. First I helped support my grandparents. Then I helped with my mom, when she had a stroke at age 63, some 20 years ago, making frequent cross-country trips from Washington, D. C., to Arizona. But when Dad first showed signs of Alzheimer’s disease in 2008, that wasn’t enough. So I adapted my work, choosing jobs that let me telecommute, and began working from Arizona a week or two a month. Eventually, that wasn’t enough, and I moved into my parents’ home. (para. 2)

What is readily apparent in Goyer’s reflection is her unquestioned sacrifice for her parents. The subsequent effect is a privileging of the association between unpaid family caregivers and sacrifice. This example is in line with the other instances that reveal pro-caregiving advocates rhetorically constructing caregiver challenges as a personal sacrifice and this sacrifice as highly valued. Furthermore, that there are big sacrifices is made clear, but the way that this gets rhetorically constructed makes public auditors not want to interfere or treat unpaid family caregiving as a shared responsibility.

Pro-caregiving advocates, perhaps unintentionally, foreground choice with the caregiving-as-personal-journey metaphor by emphasizing that unpaid family caregivers *willingly* choose the journey in spite of the challenges that they know will be faced. For example, Zietlow (2014) tells a story of male caregiver Kyle who cared for his mother in the final year of her life. She explains, “A year after his mom’s death, Kyle admitted while that balancing all the cumulative, unexpected costs of caring for his mom was challenging, *he would make the choice all over again*” (para. 11). In this example, Kyle is not only talking about the challenging sacrifices he made in caring for his mother, but also that he was *willing* to do so and would willingly choose to do so again.

Within the emphasis on willing and chosen sacrifice is the notion of personal reward or payoff for participating in caregiving-as-personal-journey. The tone in pro-caregiving advocacy visual discourse is generally positive and suggests a rewarding experience for the caregiver as well as the care-receiver. For example, in RCI’s tip brochure there are several pictures of caregivers with their care recipients. In one image, a young female caregiver is pushing an elderly care-recipient in a wheelchair. They appear to be standing atop a small hill under a blooming tree overlooking a pond or a small body of water. It is daylight, the sun appears to be shining directly on the caregiver and care-receiver, and they are both smiling. In fact, in seven of thirteen photos within RCI’s tip brochure, caregivers and their care-receivers are smiling together and in some instances appear to be laughing together. In these images it is apparent that pro-caregiving advocates are sending the message that unpaid family caregiving is, in some ways, a gratifying experience. In these examples *caring about* gets naturalized into *caring for*. It is possible that a caregiver could do the former without necessarily the

latter; however, by constructing *caring for* as a personally rewarding experience, pro-caregiving advocates actively mask a lack of choice in unpaid family caregiving. FCA similarly constructs care as a personally rewarding experience. In an introduction to the caregiving section, FCA (2013) claims,

Caregiving takes many forms. Many of us help older, sick, or disabled family members and friends every day. We know we are helping, but we don't think of ourselves as caregivers. We are glad to do this and *feel rewarded by it*, but if the demands are heavy, over time we can also become exhausted and stressed.

(“National Policy Statement,” para. 1, emphasis added)

Two important things occur in this passage including care as something that is challenging yet is also something we do because we are *personally rewarded* for our efforts. In this way, the challenging aspects, or practices of *caring for*, and our *caring about* positive attitudes are rewarded. The rhetorical implication is that unpaid family caregiving involves personal challenges that will reap personal gains and, as such, justifies a lack of shared responsibility for unpaid family caregiver issues.

The caregiving-as-personal-journey metaphor also conveys notions of personal reward based on the sacrifice of unpaid family caregivers. In the “Messages to Live By” (2012) section on FCA, a theme of personal reward is highlighted:

We all have lessons to learn throughout our lifetimes. Life evolves and sometimes our *journey* takes us through turbulent waters and other times the waters remain still. These *journeys* become a part of us and make us who we are. We are here to learn from one another and through these lessons we can heal our relationships and sometimes ourselves. (para. 1)

This passage infers the sacrifice endured by caregivers will in some way strengthen the relationships with those being cared for or strengthen the caregiver's own state of mind. In other words, this statement implies that unpaid family caregivers should be gratified by their role because they are doing the "right" thing. Furthermore, unpaid family caregivers should take comfort in knowing that their self-sacrificing behavior will benefit them by either being cared for in the future or learning a life lesson that only caregiving can bring them. Additionally, the personal reward that is emphasized also discourages those who are not caregivers from seeing unpaid family caregiving as a shared responsibility.

Personal reward is also emphasized on AARP's initiative titled, I "Heart" Caregivers. In "Heart-ing" Family Caregivers, AARP encourages caregivers to share their stories, and different anecdotes are profiled on the webpage. Gwen's story is profiled on the main page, and she says, "When I hear her say... 'I love you' and 'Thank you for taking care of me,' it makes it all worth it. I'd do it a million times over" ("Everyday you give your heart," n.d., n. pag.). She later writes, "No one prepares you for this job but it is a job that some of us are required to do. The only *reward* is knowing that at the end of the day I have done everything I can to care for my mother and to make her remaining days as comfortable as possible" ("Gwen from DC," n.d., para. 5). In Gwen's reflections, she emphasizes and re-emphasizes that caregiving is a *willing* sacrifice and is also a personally rewarding experience. Personal reward is also emphasized in RCI's Operation Family Caregiver. Tina, a caregiver from Buffalo, NY, has a quotation highlighted on the website that states, "I honestly didn't realize after his wounds were healed that our lives would change. Neither of us knew the great joys, terrible sorrows and life lessons that were in our future together" ("They Served," 2014,

para. 7). Here, RCI frames caregiving as challenging, yet rewarding, and the reward comes in “life lessons.” Life lessons are a personal benefit, not a social benefit.

Another way that personal reward gets rhetorically constructed is by deploying a caregiving-as-gift metaphor. The caregiving-as-gift metaphor is not a gift to the care-receiver, but rather a gift that the caregiver is receiving. For instance, AARP suggests that “[i]n some ways, caregiving is a wonderful gift” because “it affords us the opportunity to: Give back to the ones who gave so much to us. Spend quality time with the people we love. Step back and put things in perspective” (LeaMond, 2014, para. 4-5). In this example, AARP suggests that unpaid family caregivers will reap a benefit in their caregiving efforts, and that benefit is implied to be in personal growth (e.g., having perspective). In a similar example on the last page of the 2011 FCA year-end report is a quotation provided by Ms. Crystal M., “What you give...will come back to you. It will be me one day” (“Through the eyes of the caregiver,” 2012, p. 103). On the same page, Flora Edwards states, “In helping others, we shall help ourselves, for whatever good we give out completes the circle and comes back to us” (“Through the eyes of the caregiver,” 2012, p. 103). In each of these examples, unpaid family caregiving is rhetorically constructed as a gift that unpaid family caregivers will receive. In these examples, the difficulty in caregiving is still signaled but backgrounded to the personal gift and is unhelpful in advocating for systemic change.

In summary, this section argued that the definition of care is framed with two persuasive metaphors: (1) a caregiving-as-personal-journey metaphor that associates unpaid family caregiving with individual challenges and individual sacrifice, which are necessary to a fulfilling journey, and (2) a caregiving-as-gift metaphor that suggests a

personal reward for meeting the demands of the challenge. I argue that these two metaphors indicate a lack of choice because together they infer that unpaid family caregivers have willingly chosen to be in this situation and, furthermore, that they will be rewarded for this willing and individual choice. As such, pro-caregiving advocates are actively masking choice by indicating that caregiving is a gift and suggesting that, although challenges are inevitable in the journey, there will be personal benefits along the way. I suggest, then, that public auditors are less likely to (1) interpret unpaid family caregiving as a shared responsibility because the persuasive metaphors suggest caregiving is an individual issue with individual reward, and (2) interfere with the rhetorically constructed choice since unpaid family caregivers have willingly chosen this role and will be personally rewarded.

Teachable Lessons

In the dominant definition of complex care, pro-caregiving advocates use arguments of association and caring metaphors that emphasize the practices of and attitudes that unpaid family caregivers should have about caregiving. Within this dominant definition of the situation of care, pro-caregiving advocates coningle *caring about* and *caring for*. Pro-caregiving advocates rhetorically construct care as both a disposition (*caring about*) and a practice (*caring for*). This can be seen through the definition of complex care being advanced by pro-caregiving advocates. By rhetorically defining the work unpaid family caregivers are doing as inclusive of both the practices and attitudes of care, pro-caregiving advocates are implying that these two aspects of care go together which has implications for public auditors understanding unpaid family

caregiving as shared responsibility and the extent to which they should interfere with the rhetorically constructed “choice” of unpaid family caregivers. In their rhetorical construction of care, pro-caregiving advocates stress that care is an individual responsibility and not a social one.

Given the findings of this chapter, I suggest that pro-caregiving advocates need to illuminate the social benefit(s) for engaging in unpaid family caregiving. In other words, pro-caregiving advocates need to develop shared responsibility in the dominant definition of care. This could be accomplished by (1) disrupting the obligatory rhetorics in unpaid family caregiving that imply *caring about* leads to *caring for*; (2) leveraging the evidence that suggests unpaid family caregivers are personally suffering from private ills (financial and health-related); and (3) emphasizing a shared journey, not a personal journey.

First, my analysis revealed that pro-caregiving advocates are backgrounding and actively masking a lack of choice in unpaid family caregiving, thus reinforcing an unstated rhetoric of obligation. Pro-caregiving advocates should look closely at the problematic relationship being inferred that *caring for* directly flows from *caring about*. If pro-caregiving advocates were to disrupt or confront the assumption that *caring about* leads to *caring for* (e.g., acknowledge that *caring about* is not a prerequisite for *caring for*), public auditors might also begin to question their own assumptions about who is (and is not) expected to *care for* and might be more inclined to see other possibilities in unpaid family caregiving. By doing so, pro-caregiving advocates have an opportunity to challenge instead of reinforce the gendered assumption that caregiving is women’s work in the private sphere.

Second, since choice (or a lack of choice) is assumed within a definition of care, pro-caregiving advocates could emphasize that shared responsibility is desperately needed by leveraging the evidence that highlights caregiver ills. As chapter three indicated, pro-caregiving advocates are adequately developing the private caregiver ills in policy statements, albeit not offering adequate solutions to those ills. That type of evidence would be useful in highlighting the personal challenges of caregivers that cast doubt on whether this involves a free choice or an unstated obligation. Additionally, by emphasizing the severity of the ills facing women in particular, pro-caregiving advocates have another rhetorical opportunity to call attention to the gendered assumptions in caregiving that limit shared responsibility as opposed to expanding it. Furthermore, chapter three established that pro-caregiving advocates are also developing persuasive public ills. If the dominant definition of care encompassed public challenges in addition to personal challenges, public auditors might be more inclined to see unpaid family caregiving as a social problem.

Third, and relatedly, a personal journey is emphasized throughout pro-caregiving advocacy efforts that reinforces to public auditors, who may even be sympathetic to caregiver concerns, that the problem to be solved is individual and that the benefits to be gained from caregiving are individual. I suggest that reworking the journey metaphor to encompass a shared journey as opposed to a personal one might demonstrate that the journey is shared and the benefits can be shared. One possible way that this might be accomplished is replacing the caregiving-as-personal-journey metaphor with a caregiving-as-pilgrimage metaphor. A shared journey metaphor, like a pilgrimage metaphor, might invite a shared understanding of unpaid family caregiving. For example,

McGee (2003) argued that AIDS activist Mary Fisher shifted from a family metaphor to a pilgrimage metaphor because the family metaphor lessened “the rhetorical possibilities for public action” (p. 206). The pilgrimage metaphor, in contrast, signified a “public event” where various participants, not just those personally impacted, “join the public march” (p. 205). This type of shift in metaphor might benefit pro-caregiving advocates in particular because it would encourage a framing of unpaid family caregiving as a “public” matter, as opposed to a personal issue.

There is much rhetorical power that lies in understanding the dominant definition of care being advanced by pro-caregiving advocates. Zarefsky (1997) insists, “[T]he power to persuade is, in large measure, the power to define” (p. 1). I suggest that pro-caregiving advocates have great rhetorical opportunities to harness a dominant definition of care that might invite more shared responsibility for unpaid family caregiving as well as challenge deeply rooted attitudinal barriers that suggest unpaid family caregiving is an issue most relevant to women in the private sphere. There are numerous ways that shared responsibility can be encouraged within the dominant definition of care, and the suggestions above might begin to stimulate this sort of change. However, such changes are not sufficient in making unpaid family caregiving a shared responsibility. Regardless, there are opportunities to make adjustments to resist and maneuver inherent barriers and, as revealed in this chapter, one necessary definitional adjustment is generating more shared responsibility within the dominant definition of care.

Chapter 5: Family Metaphors in Pro-Caregiving Advocacy Rhetoric and Suggestions for Resisting a Rhetoric of Domestic Responsibility

Historically, most societies have placed the burden of dependency squarely on the shoulders of families—and most notably the women within those families. (Harrington Meyer, Herd, & Michel, 2000, p. 1)

In the United States in particular, families were, and continue to be, seen as the primary source of care, regardless of the consequences for either the care provider or care receiver. (Harrington Meyer, Herd, & Michel, 2000, pp. 1-2)

The previous two chapters are about how pro-caregiving advocacy for policy might develop urgency for and solutions to a rhetorically constructed crisis in the practices of care and attitudes about care. The current chapter is concerned with pro-caregiving rhetoric about who does the caregiving and where that caregiving occurs. This chapter focuses on metaphors used to convey a rhetorical understanding of “family” in unpaid family caregiving. Tracing the family metaphors utilized in pro-caregiving advocacy reveals; (1) the discursively constructed place or location of caregiving asserted in the family metaphors and (2) the rhetorically constructed characters built into the family metaphors, including how pro-caregiving advocates encourage assumptions and attitudes that public auditors should adopt toward those characters. These two aspects, revealed through two different family metaphors in pro-caregiving advocacy efforts, illuminate subtle attitudinal barriers assuming that unpaid family caregiving is most appropriate and admired within the private sphere and often when done by biologically-related female family members, which makes successful public advocacy for shared responsibility of unpaid family caregiver issues difficult.

I argue in this chapter that pro-caregiving advocates coningle public and private understandings of family that rhetorically construct two family metaphors: family-as-

biological and family-as-national. I argue these two family metaphors subtly reveal assumptions about the appropriate and long-term place of caregiving and the rhetorically constructed unpaid family caregiver as a biological family member. Metaphors are a matter of rhetorical invention and can function as arguments that reveal and conceal (Jasinski, 2001, p. 486). In addition to revealing the appropriate and long-term place of caregiving, I argue that the two family metaphors conceal the gendered aspects that subtly keep the burden of responsibility in the domestic home and out of public hands. I will show that the family-as-biological metaphor reinforces the domestic home as the appropriate place of care and the biological family member as the ideal caregiver. In contrast, I will demonstrate how the family-as-national metaphor reveals that pro-caregiving advocates are deploying a public understanding of family because, in this metaphor, unpaid family caregivers are part of a national team; however, I argue that this metaphor invokes an attitude of admiration toward unpaid family caregivers that encourages public auditors to revere and salute without necessarily assisting unpaid family caregivers for the complex and challenging work they do in the home.

I suggest that together the metaphors interact to deter assuming *shared* responsibility for unpaid family caregiving because the former reinforces the appropriate place of caregiving as home and the latter foregrounds public admiration for caregivers, while backgrounding shared responsibility because unpaid family caregivers are charged with the sole responsibility to maintain the appropriate and long-term place of caregiving. Stated more directly, I will show that these family metaphors imply that the domestic home offers the ideal space for unpaid family caregiving and, although admirable, the characters within that place (biological family members) bear the sole responsibility for

maintaining that long-term place. In what follows I will outline the rhetorically constructed metaphors of family-as-biological and family-as-national. Each section will be divided as follows: metaphor reveals place and metaphor reveals character. These sections will be followed with a discussion about how the metaphors, then, conceal a rhetoric of domestic responsibility. I will conclude this chapter with suggestions about navigating the inherent gender barriers revealed through the analysis of the family metaphors in ways that might open up the possibility of more shared responsibility for unpaid family caregiving.

Family-as-Biological

Pro-caregiving advocates deploy a family-as-biological metaphor that conveys a private or domestic understanding of unpaid family caregiving. In this domestic understanding of family, pro-caregiving advocates locate the appropriate and long-term place for unpaid family caregiving in the domestic home. This association does not invite shared responsibility for unpaid family caregiving, but rather suggests that unpaid family caregiving is an issue where the burden of responsibility is confined to the domestic home. This section first demonstrates that the family-as-biological metaphor indicates the domestic home as the desired place for care-receivers and domestic home care gets associated with long-term care. I then argue that the private associations with family, revealed through the family-as-biological metaphor, get woven together to create one sensible perspective that reinforces unpaid family caregiving as an issue assumed to be private and not social.

Home as Appropriate Place for Unpaid Family Caregiving

In pro-caregiving advocacy, the scene in the family-as-biological metaphor is constructed with the domestic home as the appropriate place for unpaid family caregiving. According to Burke (1969a), scene is an instructive rhetorical element of drama because “the scene is a fit ‘container’ for the act, expressing in fixed properties the same quality that the action expresses in terms of development” (p. 3). In pro-caregiving advocacy, the scene is the domestic home, and this domestic home gets equipped with the element of suitability by emphasizing that this is where care is needed and where care-receivers desire to be. Additionally, the family-as-biological metaphor reveals that a primary character in this scene, the unpaid family caregiver, is an important aspect of maintaining the scenic backdrop. In other words, the unpaid family caregiver maintains the dominant scene by fulfilling her role as a primary, and long-term, caregiver to the care-receiver in the home.

Pro-caregiving advocates rhetorically construct caregiving as being needed in the home. This idea gets constructed in the advocacy rhetoric by first emphasizing the medical care that many unpaid family caregivers are being asked to do in the home. For example, Oregon House Bill 3378, or the AARP Care Act, states as part of the provision, “The hospital provides an explanation and live instruction of the medical tasks--such as medication management, injections, wound care, and transfers—that the family caregiver will perform at home” (“AARP: Survey,” 2015, para. 12). In this example, similar to my argument in chapter four, pro-caregiving advocates are constructing complex care, including medical and domestic tasks, as being practiced by unpaid family caregivers, out of necessity, in the home. Complex care, as described by pro-caregiving advocates, is

needed in the home. In another example, AARP discusses the CARE Act and indicates that “[t]he CARE Act’s focus on involving patients and their designated caregivers in discharge planning, and providing training for necessary after-care tasks such as managing medication, will help ensure that caregivers can help patients receive the care they *need* at home” (“What Caregiving Experts are Saying,” 2014, para. 5, emphasis added). Here, pro-caregiving advocates are suggesting that care-recipients receive healthcare at home, even if the care is necessary. In another example, Gray (2015) cites,

AARP proposed the Care Act because a growing number of in-home caregivers for the elderly do more than the traditional responsibilities like bathing or feeding. Bartholomew told the House Health Committee earlier this month that a study showed that three-quarters of caregivers assist with medication management, often administering injections and intravenous drugs. (para. 14)

In this example, the complex care is necessary and being constructed as needed in the home. The complexity of the medical care at home is emphasized with the inclusion of words such as “injections and intravenous drugs,” which convey a medical tone that previously was not typically associated with home caregiving. The AARP Care Act is being proposed to ensure that this complex care remains in the home and that unpaid family caregivers are properly trained to give this complex care.

The rhetorically constructed need for care in the home is also revealed when pro-caregiving advocates highlight individual caregiver voices. For example, Peggy Hernandez, who cares for her husband with Alzheimer’s, was quoted in an AARP press release when the CARE Act passed in New York. She asserts,

We are not medical professionals, yet we need to perform medical tasks. We need to be instructed and we need to be told and shown how to take care of wounds, administer medicines in the right dosages, combinations and times, and do all the things we need to do to make sure the person we love is well-cared for. (Kriss, 2015, para. 11)

In this example, the caregiver directly states that she desires the type of training that the pro-caregiving advocates are advocating for because this type of complex care is needed in the home. In Gail Gibson Hunt's blog *A Moment of Gratitude for Caregivers*, the President and CEO of the National Alliance for Caregiving discusses the necessity of home care and points out several tools that unpaid family caregivers rely on including Medicare Home Health Benefit and the Veterans Administration's Home-Based Primary Care. She suggests that "these are critical tools that help aging and medically complex patients live with dignity and independence in their homes" (LillyPad, 2014, para. 4). In this example, care-receivers are described as "medically complex patients" and are described as independent only if they can stay in the home. Furthermore, there is an implication here that if care-receivers, who are dependent on medical care, cannot remain in the home, they will lose their individual dignity. By associating medically complex care with care-receivers in the home and loss of home care as an assault on their dignity, pro-caregiving advocates are tying medical and home together in ways that imply complex care is required in the home.

In addition to rhetorically constructing care as needed in the home, pro-caregiving advocates indicate that this appropriate place will bring desired independence to care-receivers and is made possible through unpaid family caregiver assistance, yet without

mention of shared responsibility. In chapter three, I argued that the preferred location of care was located in the home by rhetorically constructing the idea in policy statements that this is where caregivers desire care-receivers to be. The desirability of home care carries past policy statements and into other pro-caregiving advocacy rhetoric. For example, AARP suggests that care-receivers prefer home care: “It’s [the issue of caregiving] one shared by more than 42 million Americans who are helping their older loved ones live independently at home, *where they want to be*” (LeaMond, 2014, para. 3, emphasis added). Not only does this statement situate appropriate care in the home, but it also suggests that this is the place where care-receivers will be independent and that this is where they desire to be. Furthermore, unpaid family caregivers are assisting care-receivers to be independent and to keep them in a desired place. In this way, the rhetorically constructed unpaid family caregiver is created to be the source of care-receiver independence, which rests on remaining in the home.

In an article reporting an AARP survey in Oregon, home as the desired place for caregiving is reinforced: “A recent AARP survey of Oregon registered voters[,] age 45 and older, found that 85 percent of Oregonians want to live independently, *at home as long as possible*, as long as they have the help of a family caregiver” (“AARP: Survey,” 2015, para. 1, emphasis added). In this example, pro-caregiving advocates cite individual voices, who likely anticipate being care-receivers in the future, if they are not already, via the AARP survey, claiming that home is where they want to be “as long as possible.” By adding the statement “as long as possible,” pro-caregiving advocates imply a sense of desirability in care-receivers or soon-to-be care-receivers wishing to stay in the home. Additionally, care in the home is also framed in this quotation as fostering independence

for the care-receivers. Part of the rhetorically constructed desirability, then, is that being home will allow care-receivers to feel independent, which is also desired. The rhetorically constructed caregiver, on whom the responsibility to provide such “independence” rests, is again called into existence in this example by including the phrase “as long as they have the help of a family caregiver”—suggesting that unpaid family caregivers have a primary role in fostering care-receiver independence by helping care-receivers stay in the home.

In some instances, a “family caregiving” label gets used even when referring to non-family caregivers which reinforces that the appropriate place of care is in the home. For example, in *Care for the Family Caregiver: A Place to Start*, the introduction begins by defining “family caregiver”:

The term “family caregiver” applies here to a person who cares for relatives and loved ones. The care recipient might be a member of the caregiver’s family of origin, or his or her family of choice, such as a special friend, neighbor, support group member or life partner. In either instance, the term “family caregiver” in this booklet refers to a non-professional who provides unpaid care for others in the home. (p. 1)

In this explicit framing of caregiving as “family caregiving,” the advocates imply that whether or not one is a biological relative, one is a “family” caregiver if the care occurs “non-professionally” in the home. “Family” and “non-professional” in this passage reaffirm that family caregiving should be associated with home and deflects a shared understanding of unpaid family caregiving.

To conclude this section, intentionally or not, pro-caregiving advocates are building a foundation for the family-as-biological metaphor by characterizing home as the appropriate place of care. Home as the appropriate place of care is illuminated by (1) emphasizing that caregiving is needed in the home and (2) highlighting the desire of care-receivers to remain in the home. Additionally, caregiving in the domestic home fosters independence in care-receivers, and this desired independence begins to reveal the rhetorically constructed caregiver role because, only the help of caregivers in the home can facilitate care-receiver independence. Caregiver agency in fostering care-receiver independence plants a seed about the role of the rhetorically constructed caregiver, and, as the next section will argue, the unpaid family caregiver gets further constructed as a biological family member responsible for the task of caregiving in the home.

Rhetorically Constructed Characters as Biological Family Members

Pro-caregiving advocates frame unpaid family caregiving explicitly as a family issue and, in doing so, rhetorically construct the characters in the family-as-biological metaphor as biological family members. In addition to explicitly using the label of “family,” pro-caregiving advocates rhetorically construct the idea of biological family visually and textually in pro-caregiving advocacy. In such efforts, pro-caregiving advocates invite a private understanding of unpaid family caregiving, in which the characters in the metaphor are biological family members, and many times are female family members.

Pro-caregiving advocates use “family” as a label to imply interpersonal biological family relationships. In the Caregiver Corps proposal, for example, Diane Schuster (2013) uses language to suggest that caregiving is a “family” responsibility as opposed to

a public responsibility. The first way she accomplishes this is by labeling “unpaid” caregivers explicitly as *family* caregivers, perhaps unintentionally. In the first sentence of her proposal she declares the proposal’s purpose as improving the “lives of the nation’s 60 million *family caregivers*” and further to “recruit new graduates to serve *family caregivers*” (para. 1, emphasis added). Although Schuster never labels the Caregiving Corps as a proposal to only assist unpaid family caregivers, she implies that unpaid caregivers are family members. In another example, AARP asserts regarding unpaid family caregiving, “This isn’t a Democratic issue. It’s not a Republican issue. It’s a family issue” (LeaMond, 2014, para. 3). In this example, AARP reveals that unpaid family caregiving is apart from politics and is an issue about family. By distinguishing Democrat/Republican from family, AARP suggests that biological family is the appropriate context as opposed to a public association of family with government. In both of these instances, the framing of unpaid family caregiving issues is explicitly as a family issue.

Biological family connectedness is another way that pro-caregiving advocates frame unpaid family caregiving as a biological family issue. Visual and textual discourse on pro-caregiving advocacy websites express a shared value of family connectedness. On FCA’s website appear diverse pictures of family members depicted in physical contact with each other. In one picture on the “Factsheets and Other Publications” section, photographed individuals are positioned generationally, adult children standing up in the back and an ambiguous elder person (i.e., could be a parent or grandparent) is seated in a wheelchair in the front. A second image on the section titled “Caregiver Connect” depicts a female caregiver whose face remains unseen to the viewer. This caregiver is shown

kissing the head of the person seated in front of her. The caregiver's arms are wrapped around the female care-receiver's body as if she is comforting her. The female patient's eyes are closed, and her head is positioned in the center of the picture, inviting the viewer to focus on her appreciative expression. In a third picture on the section titled "About FCA," another female caregiver is assisting an elder person by helping him take a drink from a cup. In each of these pictures, the caregivers and the care-receivers are in close contact with each other, and sometimes the caregiver is expressing affection toward the care-receiver. The rhetorical choice to include visual images of caregivers and care-receivers in close proximity and expressing affection is important in that the images imply that these are not just hired, paid caregivers, but *family members* caring for the care-receivers.

The visual images in pro-caregiving advocacy rhetoric also imply that the biological family member is most likely a female family member. Most images on pro-caregiving advocacy websites and other promotional materials depict the majority of caregivers as female. Male caregivers are not absent, however, they equally represented nor do they maintain a primary feature in the visual discourse. Consequently, the visual images work to feminize caregiving by relying heavily on images of female caregivers, many times in close proximity to and expressing affection toward their care-receiver.

Pro-caregiving advocates reinforce biological family connectedness by constructing nonverbal intimacy between caregiver and care-receiver in the visual discourse in pro-caregiving advocacy efforts. The intimacy is conveyed nonverbally through touch. In one image on the RCI tip sheet, a young, female caregiver is gently embracing a care-recipient from behind. She is standing behind her female care-receiver,

her right hand resting comfortably on the right shoulder of the care-recipient with the rest of the caregiver's right arm situated on top of the care-recipient's right arm. In addition to the arm touching, the caregiver and care-recipient's foreheads are touching each other, and they are both smiling. On the front cover of RCI's tip sheet is what appears to be a care-recipient sitting down surrounded by two young female caregivers. They are smiling; one caregiver has her arms wrapped around the care-recipient, and the care-recipient is embracing the upper bicep of this same caregiver. In this image, touching between caregivers and care-receivers is close and intimate. In the only image of a male caregiver on the RCI tip sheet, the caregiver and care-recipient look as though they are laughing together, and the male caregiver has his hand resting on the left shoulder of the care-recipient. One of the only images in the tip sheet where the caregiver and care-receivers are not smiling is a picture associated with the tip: "Let go of situations beyond your control" (p. 16). The image is of a caregiver and care-recipient who are embracing each other and both appear to have tears in their eyes. The caregiver is closing her eyes tightly and embracing the care-recipient around the chest.

In National Alliance for Caregiving's brochure, *Care for the Family Caregiver: A Place to Start*, the first two pictures that readers encounter are female caregivers with their care-recipients. In both pictures, different female caregivers and care-receivers are embracing each other. In the first picture, the pair is laughing, and the caregiver has her left cheek resting on the forehead of the care-recipient. The caregiver also has her right hand resting comfortably on the right shoulder of the care-recipient. The care-recipient appears to be accepting these nonverbal gestures as she has her head tucked into the left shoulder of the caregiver and is smiling. In the second image in the brochure, a female

caregiver is looking directly at the camera, and her head is resting comfortably on the care-recipient who is looking away from the camera, smiling into the sunlight. The caregiver's arms are also wrapped around the neck and shoulders of the care-recipient. Through all of these visual examples, pro-caregiving advocates rhetorically construct intimacy because the caregiver and care-recipients are engaged in intimate touching. The intimacy is conveyed nonverbally through the tactile channel and the touch occurs on heads, hands, and arms, which suggests a close familial relationship. Additionally, intimacy is conveyed through posture, expressing a sense of accepted nonverbal immediacy, or platonic attraction, between the mostly female caregivers and care-receivers.

Pro-caregiving advocates also present images of caregivers and care-receivers of the same apparent skin color, which, together with conveying nonverbal intimacy, leads the viewer to go to the idea that the caregiver and care-receiver are biologically related.⁹ For example, in the RCI tip sheet, viewers are presented with seven images that depict the caregiver with the care-receiver. In five of these seven images, the caregivers and the care-receivers appear to be of the same skin color, though there is diversity in the apparent ethnicities depicted in the brochure including four non-White caregiver and care-receiver relationships. In the images where the caregiver and care-receiver pair appear to be of the same ethnicity, three of the five are communicating nonverbal

⁹ I acknowledge that accepted interpersonal definitions of families indicate that “family members *may* share genetic material” (McCornack, 2013, p. 325, emphasis added), but not always. My inclusion of similar apparent skin color, based on the visual rhetoric portrayed by pro-caregiving advocates, is included to emphasize that pro-caregiving advocates make rhetorical choices to draw the viewer to the idea of a biological familial relationship between the caregiver and care-recipient. Additionally, my choice to use “apparent ethnicity” is based on the rhetorical choice to display caregivers and care-receivers of the same skin color, which suggests ethnicity.

intimacy with each other, and all five are nonverbally depicted as in close proximity of the other, even when not physically touching (e.g., one female caregiver is looking over her care-recipient's financial paperwork with a 3rd party financial consultant).

Some of the pictures are also shot in domestic locations with generational family members. For instance, one image in the RCI tip sheet displays what appears to be a mother and daughter, sharing the same apparent skin color, and the daughter is leaning in on someone who appears to be her mother as the mother is chopping food on a cutting board. The images represent condensation symbols, “which designate no clear referent but ‘condense’ a host of different meanings and connotations that otherwise might diverge” and are “particularly useful in defining an ambiguous situation because people can highlight different aspects of the symbol yet reach the same conclusion” (Zarefsky, 1997, p. 8). Similar skin color, alone, does not convey biological family; however, when similar skin color is combined with other compositional aspects of the images, such as the representation of different generations in a domestic setting, the images build a set of associations that, in the context of contemporary American culture, suggest biological family. No one single observation indicates biological relationship, but together the images build a set of associations that indicate to the viewer that the participants in the images are biological family members. Combined with the nonverbal intimacy, the rhetorical choice to make caregivers and care-receivers appear to be of the same ethnicity leads the viewer to uncritically label the pair as part of the same biological family.

In pro-caregiving advocacy, the family-as-biological metaphor gets further reinforced through images that suggest traditional biological family ties. For example, Operation Family Caregiver, accentuates its website with various pictures. On the “You

Serve” page, there is a large picture positioned prior to the content material on the section titled “You Serving.” The picture appears to be a biological family, including a husband who is dressed in a military camouflage uniform. He is holding a young daughter who has her arms wrapped around her father’s neck. The military father is looking down admiringly toward an infant baby who is being held by a mother. The mother is looking admiringly at her husband. Behind the family stands an older woman who is smiling approvingly toward the military father. In this visual image, Operation Family Caregiver is rhetorically building family in a traditional, nuclear family sense, which helps to construct the family-as-biological metaphor. It is not clear, based on this picture who is the caregiver and who is the care-receiver. However, based on the content of this page, the reader gets the sense that “You Serve” is referring to a caregiver caring for a returning military person. Since the only character in this image who is in military camouflage is the father, the reader is encouraged to understand that he is the care-recipient. Regardless, the nuclear family image helps to reinforce the family-as-biological metaphor and the primary character is a caregiver who is a biological family member, in this image either the soldier’s mother or wife.

The rhetorical construction of marriage and motherhood are also substantial aspects of conveying the family-as-biological metaphor in pro-caregiving advocacy efforts. The high value of traditional marriage becomes especially apparent when observing the visual images on pro-caregiving advocacy websites like Operation Family Caregiver. In one image within the “Find Support” section, visitors first encounter an image of a woman who appears to be comforting a military serviceman. He is wearing his camouflage uniform, and she is reaching out to him and has a hand resting on his

shoulder. What is most noticeable is her ring set on the traditional ring finger. It is a gold band accompanied by another ring with a diamond. On another section of the website, titled “They Served,” Operation Family Caregiver begins the section with a picture of a military man’s hands. The auditor knows this is a military person because of the camouflage uniform. The fact that this person is married is also revealed because of the gold band on the left hand ring finger of the service man, whose face remains unseen to viewers. Pro-caregiving advocates also make direct connections to motherhood. For example, Stettinius (2014) asserts, “Just as working mothers demanded affordable day care 40 years ago, family caregivers need to demand affordable caregiver support” (para. 23). In this direct comparison, pro-caregiving advocates uncritically present a biological family, connecting the family-as-biological metaphor to the trope of motherhood. Both marriage and motherhood are used in pro-caregiving advocacy efforts to signify an understanding of a biological family framing for unpaid family caregiver issues.

In sum, this section argues that a biological family framing illuminates family connectedness, intimacy between caregiver and care-receiver, and assumptions about family relationships and female family caregivers that begin to reveal the family-as-biological metaphor in pro-caregiving advocacy. In pro-caregiving advocacy efforts, advocates frame and, sometimes, explicitly label unpaid family caregiving as a biological family issue. In doing so, they reveal a persuasive biological family metaphor that is reinforced in the visual images on much pro-caregiving advocacy rhetoric. The biological-as-family metaphor also reveals, as the next section will argue, unpaid family caregivers as the long-term provider for caregiving in the home.

Unpaid Family Caregivers as Long-Term Caregivers

Pro-caregiving advocates build on notions of family connectedness and family obligation and further begin to associate unpaid family caregivers with responsibility for long-term caregiving. In other words, unpaid family caregivers are constructed as the expected answer for long-term care support for care-receivers. The unpaid family caregivers' long-term role is emphasized by Family Caregiver Alliance (FCA) when it pushes for "a national caregiving policy agenda [that] would contribute to a more coordinated, systematic effort to recognize and strengthen the *central role of families within the context of long-term care reform*" ("National Policy Statement," 2015, para. 21, emphasis added). In another example, RCI explains that we need to "recognize the invaluable contributions of *family caregivers as the true backbone of our nation's long-term care system*" ("Averting," 2010, p. 21, emphasis added). In these examples, it is apparent that the unpaid family caregivers' role is in the home and unpaid family caregivers are positioned as "the expected answer" to our nation's long-term care challenge.

The family-as-biological metaphor reveals that the family caregiver's role is a long-term one at home with the care-receiver. For example, RCI explains, "Simply put, the enormous and valuable contributions of family caregivers is unquestionably helping to sustain our nation's long-term care system" ("Averting," 2010, p. 10). FCA suggests, "These are tough economic times, but supporting family caregivers is one of the most cost-effective long-term care investments we can make" ("National Policy Statement," 2015, para. 3). In another example, AARP reports, "Unpaid caregivers provide the majority of all long-term care services to older adults and individuals with disabilities.

SOFA estimates that without the support of these unpaid caregivers, over 50% of older residents would likely be placed in institutional settings, like nursing homes, that are funded largely by taxpayers through the Medicaid program” (“Report,” 2013, p. 3). The strong associations between unpaid family caregiving and *long-term care* reinforce the idea that unpaid family caregiving is the only cost-effective long-term care alternative and is situated in the home with biological family members.

As I argued in chapter three, pro-caregiving advocates do their best to present solutions that would maintain the location of care in the home. The emphasis on home care is also present outside the policy statements and is further reinforced as the ideal long-term answer for unpaid family caregiving issues. For example, Stettinius (2014) suggests that “[a]ccording to studies, caregivers report needing 3 types of free or affordable community support: respite services, counseling about available resources and services, and help coordinating care” (para. 12). In this example, the three types of community support are meant to maintain the care-recipient at home implying that it is the appropriate and viable long-term scene. Additionally, the way these suggestions are framed indicates that family caregivers themselves wish to have services to help maintain their care-receiver within the home.

Many times, family caregiving is referred to as the main support system for our nation’s long-term care system. For example, FCA states, “Family caregiving is the backbone of the United States’ long term care system as well as the core of what sustains frail elders and adults with disabilities” (“Caregiving: Introduction,” 2014, p. 2). “Family caregivers,” according to Jon Bartholomew of AARP Oregon Director for Advocacy, “are the backbone of providing long-term supports and services in Oregon” (“AARP:

Survey,” 2015, para. 3). In both of these examples, unpaid family caregivers are unquestionably associated with long-term caregiving, which implies home is the expected long-term scene for supporting care recipients and biological family members are expected to maintain that scene.

In revealing the home as scene and biological family members as characters, pro-caregiving advocates conceal gender--that the family, and most likely women in the family, are charged with the responsibility to maintain the home scene. In the family-as-biological metaphor, the appropriate place for unpaid family caregiving is revealed to be intimate, mutually desired, and long-term. Within each of these associations, the family-as-biological metaphor reinforces home as the appropriate scene within which unpaid family caregiving occurs. In this metaphor, biological family members are charged with the long-term burden of maintaining this idyllic place. It is not just that “family” terminology is used in pro-caregiving advocacy but more so that family gets rhetorically constructed in certain ways that emphasize unpaid family caregiving as a private, biological family issue, as opposed to a social one. The associations between unpaid family caregiving and home reaffirm that the burden, or responsibility, of caregiving belongs in the home with women. The family-as-biological metaphor reveals a domestic scene that is intimate, mutually desired by caregivers, care-receivers, and the public, as well as long-term (not to mention cost-advantageous to society). The next section will argue that pro-caregiving advocates also rhetorically construct a public family metaphor simultaneously to advance a social understanding of unpaid family caregiving issues. However, as my analysis will demonstrate, while the family-as-national metaphor alters the framing of unpaid family caregiver issues, the appropriate place for unpaid family

caregiving does not change nor do the characters charged with maintaining the home as appropriate caregiving place.

Family-as-National Metaphor

Pro-caregiving advocates also employ a family-as-national metaphor in their advocacy efforts to garner a limited version of shared responsibility for unpaid family caregiver issues. Public understandings of unpaid family caregiving reveal the family-as-national metaphor. In the family-as-national metaphor, pro-caregiving advocates invite a framing of unpaid family caregiving issues as caregivers being part of a larger team. Sometimes unpaid family caregivers are part of a healthcare team and other times they are part of a military team. Although the family-as-national metaphor reveals pro-caregiving advocacy attempts to encourage assistance for unpaid family caregivers as a collective effort, the rhetorically constructed characters in this family metaphor are still biological family members charged with the primary burden to maintain the appropriate scene in the long-term. In fact, the primary aspect of the metaphor used in the family-as-national metaphor is to “serve.” For example, Operation Family Caregiver organizes its main website within the broader categories of “They Served”—referring to service people serving the country, “You Serve”—referring to family members serving military personnel who return from active duty, and “We Serve”—referring to the organization itself supporting families during the transition from active duty to home care. Although “serve” is used in different contexts, the notion of service in this example invokes a feeling of obligation to serve the family in the home. Additionally, the public auditor role in the family-as-national metaphor is to honor these unsung heroes, which I argue does

not invite shared action or responsibility, because, although admiration reveals a positive attitude toward unpaid family caregiving, this admiration suggests that public auditors are to endorse unpaid family caregivers' long-term role in the home as opposed to envisioning other possible scenes of care. In other words, I argue that although the metaphor changes to embrace a public understanding of family, the appropriate scene of and responsibility for providing caregiving in the domestic home remains unchanged; the only aspect in the metaphor that changes is the encouraged honorific attitude toward the work being done by unpaid family caregivers and the implication that the appropriate place or scene needs to be maintained in the long-term by unpaid family caregivers. The family-as-national metaphor might change how public auditors are encouraged to feel about unpaid family caregivers, but it does not change the dominant scene or the responsibility distribution. The resulting inherent gender barrier is that unpaid family caregiving is rendered an issue relevant to the private sphere, and the only role for the public is to admire caregiving but keep the issue relegated to the home.

Family-as-National Metaphor Reveals Domestic Home as Place of Caregiving

Pro-caregiving advocates use the family-as-national metaphor to again locate the appropriate place for caregiving as the home. The appropriate location does not change even as the understanding of unpaid family caregivers as part of a team has been picked up in advocacy frames such as personal testimonies in support of pro-caregiving legislation. For example, Janet Martines, “a Portland resident caring for her 93-year-old mother, said in a testimony Monday on Oregon House Bill 3378...As someone who has seen my fair share of caregiving for family, this legislation is a welcome proposal. It goes without saying that treating family caregivers as part of the *care team* is something all

hospitals should be doing” (“AARP: Survey,” 2015, para. 7, emphasis added). Gail Gibson Hunt suggests that policymakers understand caregivers as part of a healthcare team. Part of this is to “develop better technologies to support patient health *at home*” (Lillypad, 2014, para. 7, emphasis added). In this example, family members are part of a healthcare team, but the location of care is still in the home. Hunt goes on to say, “Teaching them [caregivers] how to use the tools and communicate with clinicians will be key to making telehealth programs more successful” (Lillypad, 2014, para. 7). In this example, caregivers are intricately part of the success of the healthcare team, yet their role is to be equipped with the tools to remotely maintain primary care in the home. In each of these examples, pro-caregiving advocates are attempting to create a framing of family that is collective and not biological. However, I argue that this team framing of family only reinforces as appropriate, albeit difficult, that unpaid family caregiving take place in the home. In other words, when unpaid family caregivers are constructed as part of a healthcare team, it is because pro-caregiving advocates are asserting that complex care is needed in the home and needs to be retained in the home. In this way, pro-caregiving advocates are advancing an understanding that unpaid family caregivers are the primary characters needed to maintain caregiving in the home, even if part of a larger team.

In pro-caregiving advocacy efforts, many pro-caregiving advocates deploy a military metaphor to describe the activities of family caregivers. These activities of family caregivers locate the scene, or place, within the family-as-national metaphor. This family-as-national metaphor is explicitly used in RCI’s Operation Family Caregiver, a program within RCI that “coaches the families of newly returning service members and

veterans to manage the difficulties they face when they come home” (“About Us,” para. 1). First, beginning the program name with term “operation” implies military action. Additionally, the difficulties caregivers face are explicitly labeled as occurring in the home. On the website, the program promotes the phrase, “they served, you serve, we serve.” By doing so, Operation Family Caregiver directly frames caregivers and care-receivers as service people, which confirms the military framing. Additionally, with the inclusion of “We Serve,” RCI is suggesting that their organizational support of both parties is an act of service to our nation. A military framing is sometimes explicitly used to associate caregiving with the family. For example, Operation Family Caregiver asserts, “The strength of our military is legendary, but at the heart of our military is a strong family structure” (“We Serve,” 2014, para. 1). Here, although a military framing is utilized, a “strong family structure” invites an association with the home. In this sense, the family-as-national metaphor is beginning to confirm the appropriate place for unpaid family caregiving is the same as the family-as-biological metaphor—the domestic home.

Family Caregivers as Members of a Larger Team

The family-as-national metaphor rhetorically constructs family caregivers as members of a larger team but still encourages public auditors to situate this metaphor within a domestic family scene. One way this gets accomplished is by associating unpaid family caregivers with service people. Pro-caregiving advocates use the language of “serve” and “service” when discussing the work being done by unpaid family caregivers. For example, The National Alliance for Caregiving explains, “More than 30% of U.S. households include at least one person who has *served* as an unpaid family caregiver within the last year” (“The National Alliance for Caregiving Supports the CARE ACT,”

n.d., para. 3, emphasis added). And in the National Alliance for Caregiving *Care for the Family Caregiver* brochure, the organization begins with, “This booklet *serves* family caregivers” (EmblemHealth, 2010, p. 1, emphasis added). In this example, although the context suggests the booklet serves family caregivers, using the terminology of “served” invites an association of unpaid family caregivers with service. Amy Zietlow (2014), writer for Family Studies, The Blog of the Institute for Family Studies, suggests, “On average, caregivers *serve* 20.4 hours per week, thus many must stop working or shift to part-time work, producing long-term effects on their Social Security payments and lifetime wage earnings, personal savings, professional advancement and earning potential” (para. 3). Ryan (2015) points to AARP’s motto when she describes the service of a family caregiver, “To serve, not to be served” (para. 8). “To serve” invites associations with service people serving in a military capacity. In another example, Zietlow (2014) begins her remarks with “having *served* for many years as a hospice chaplain and COO, I have seen first hand the power of home-based, family-centered caregiving” (para. 1). Although this example points to the author’s service in a public setting, in this instance, just as the other examples in this paragraph, “serving” implies service to the care-receiver. The Zietlow example brings together a specific framing of the family-as-national metaphor within the home indicating that “home-based” and “family-centered” caregiving construct the appropriate scene and that the unpaid family caregiver role within that scene is to serve a care-receiver.

Pro-caregiving advocates rhetorically construct the family-as-national metaphor by naming unpaid family caregivers as part of a healthcare team. For example, AARP constructs family caregivers as part of a healthcare team when they state, “Whether by

regulation or legislation, the Alliance supports the action to acknowledge and include family caregivers as trusted members of the healthcare team” (“CARE Act,” 2014, para. 13). The National Alliance for Caregiving also frames family caregivers as part of a healthcare team. For instance, in their statement of support for the CARE Act, The National Alliance for Caregiving “identifies the family caregiver as an essential member of the healthcare team” because

including the family caregiver in healthcare decisions is an important step towards recognizing the contribution of the more than 65 million family caregivers who support patients managing chronic disease, Alzheimer’s and dementia, war-related injuries (such as PTSD and Traumatic Brain Injury), and disabilities.

(“The National Alliance for Caregiving Supports the CARE ACT,” n.d., para. 1)

In this example, not only does the National Alliance for Caregiving rhetorically construct family caregivers as part of a healthcare team, but they also construct care-receivers as “patients,” which works to solidify this healthcare team association. Gail Gibson Hunt asserts “several high-impact solutions for policy makers to consider” in arguing for policy support for unpaid family caregivers. One of those solutions to consider is to “include family caregivers as part of the healthcare team” (Lillypad, 2014, para. 7). The attempts to associate unpaid family caregivers within this health context demonstrates one possible public understanding of family. However, I argue that the association does not alter the dominant scene of the home or substantially increase shared public responsibility, although it adds legitimacy to the character role of unpaid family caregiver. In other words, the healthcare team association asks public auditors to

understand the responsibility of unpaid family caregivers as inclusive of important medical-related tasks in the home.

Pro-caregiving advocates suggest that we should be grateful for caregivers who keep healthcare costs down, which can only happen if the basic caregiving system does not fundamentally change. For instance, Gail Gibson Hunt ends her LillyPad blog post with, “Let’s show our thanks by recognizing both the contributions that caregivers make to our society and how these contributions can enable better healthcare at lower costs” (LillyPad, 2014, para. 8). In this example, the “contribution” that unpaid family caregivers make in their role in the healthcare team is to keep caregiving in the home so that healthcare costs are lower.

In the family-as-national metaphor pro-caregiving advocates frame unpaid family caregivers as heroes which invites public auditors to admire the work they do in the home. Sometimes, Operation Family Caregiver combines both military and biological family frames, as demonstrated in the previous section describing the family images featuring a military person. Pro-caregiving advocates also use other associations to imply a military framing. The military metaphor is used when pro-caregiving advocates describe what caregivers do everyday. For example, Operation Family Caregiver suggests, “Caring family members perform acts of *heroism* everyday” (“You Serve,” 2014, para. 1). In this example, associating caregivers with “heroism” provides a military frame for understanding the work that caregivers of returning military personnel and veterans are doing. Heroism carries through as a theme within the Operation Family Caregiver website. In the section under “we serve” Operation Family Caregiver asserts, “Operation Family Caregiver helps create strong and healthy families by supporting the

unsung heroes behind our heroes; the loving families and friends that care for them when they come home” (“We Serve,” 2014, para. 1). In each of these examples, the rhetorically constructed characters in the family-as-national metaphor are “heroes.” The choice to associate unpaid family caregivers with heroism suggests that public auditors should salute unpaid family caregivers for their heroic acts.

Caregivers-as-heroes on behalf of the community gets deployed frequently in pro-caregiving advocacy and reveals the rhetorically constructed characters within the family-as-national metaphor. The association to the unsung hero is also conveyed when advocates frame aspects of the caregiving work as difficult and thankless responsibilities. For example, Stettinius (2014), a blogger for Care Givers, asserts, “The day-to-day responsibilities of family caregivers often remain invisible (even to other family members and coworkers), and we don’t realize, as a community, how much family caregivers are suffering” (para. 7). In this example, Stettinius points out the suffering of unpaid family caregivers because of the day-to-day responsibilities. That “we don’t realize” their efforts implies unpaid family caregivers are unsung heroes doing a thankless job. Such a framing suggests that pro-caregiving advocates are framing collective understandings of family as one that is centered on service, and, in doing so, invites public auditors to salute the work they do in the home.

In all of these examples where unpaid family caregiving gets taken up under a military frame, pro-caregiving advocates are asking public auditors to honor and admire unpaid family caregivers as heroes for their service within the home. In the family-as-national metaphor, the rhetorically constructed characters are heroic, and the appropriate and long-term place is still in a domestic home. I argue that the military framing in

particular invokes admiration for unpaid family caregivers in maintaining that appropriate place. Additionally, the healthcare framing reminds public auditors of the complex work being done by unpaid family caregivers. By doing so, public auditors are encouraged to interpret the complex healthcare and domestic care being done in the home as community service, and, paired with the military framing, are asked to simply admire the difficult work being done by unpaid family caregivers without altering it.

Concealing a Rhetoric of Domestic Responsibility

Pro-caregiving advocates are constructing two primary metaphors in their advocacy efforts. The family-as-biological metaphor reinforces the domestic aspects of unpaid family caregiving because of the emphasis on home as the location that contains familial intimacy, desirability, and long-term care by characters in the home. The public metaphor, family-as-national, does not alter the scene (the biological family home), but asks public auditors to recognize caregivers as part of a collective team that does challenging medical work in the home and, as such, deserves our admiration but without further shared accommodation. I argue that both metaphors reveal concern for unpaid family caregivers but conceal the gendered aspects of the labor—that caregiving is a woman’s responsibility in the home. The family-as-national metaphor asks public auditors to honor unpaid family caregivers for the hard and sacrificing work they do to maintain the intimate, desired, and needed scene. However, this metaphor does not ask public auditors to share the responsibilities and actively works against changing the scene or primary characters involved.

I argue that pro-caregiving advocates are invoking admiration for unpaid family caregivers through an implied separateness in public and private metaphors of caregiving. In these public and private understandings of caregiving, family caregiving is rhetorically constructed as long-term care in the home whereas a public understanding of caregiving reinforces the idea that public auditors should admire caregivers for maintaining this work in the home but not try to change the situation substantially. As such, admiration is invoked for all of the difficult work that unpaid family caregivers are doing in the home. Although admiration is a positive attitude, this implied separateness between public and private caregiving ultimately reaffirms the gendered associations with caregiving that suggest caregiving occurs in the home, and biological female family members have the sole responsibility for maintaining that burden and keeping the burden out of the public hands. In advancing a family-as-national metaphor, pro-caregiving advocates imply that unpaid family caregivers are charged with the responsibility to maintain the long-term family space and further ask us to honor them for the work they do in maintaining that place and keeping down healthcare costs. Asking public auditors to honor unpaid family caregivers invites admiration but does not encourage shared action.

Jasinski (2001) asserts about representational acts, “whatever the specific medium that is employed (words, visual images, or a combination of both), [will] reveal as well as conceal” (p. 486). I argue that the family-as-biological metaphor reveals the dominant scene as the domestic home and the family-as-national metaphor reveals that public auditors should admire and see caregivers as heroic. These metaphors are compatible because they both conceal the gendered aspects that reinforce a rhetoric of domestic responsibility charged to biological female family members. Doing so naturalizes

separateness between public and private and contributes to the feminization of care. Furthermore, the implicit separateness makes public advocacy for substantial change on this issue that is assumed to be private difficult.

Teachable Lessons

I argue that pro-caregiving advocates are limiting the circumference of shared understanding of and responsibility for unpaid family caregiving issues by building a scene of the caregiver and care-receiver coexisting long-term in the home. Not only does this limit the scene, but it also limits understandings of where unpaid family caregiving should be occurring (the home) and who should be responsible (female family members), thereby restricting opportunities for discussing the gendered aspects of this discourse. In other words, by implying the appropriate and long-term place for unpaid family caregiving is in the home, unpaid family caregiving, as a subject, continues to be uncritically assumed to be private and women's work. Similarly, pro-caregiving advocates are implicating unpaid female family caregivers as bearing the primary burden of maintaining the dependency relationships (and even heroic because they are bearing the sole burden of caregiving in the home) to keep care-receivers "independent" and living with individual "dignity", which limits opportunities for non-caregivers to visualize their more substantial roles or responsibilities in the drama. Promisingly, though, Burke (1966) suggests that "the 'same' act can be defined 'differently,' depending upon the circumference' of the scene or overall situation in terms of which we choose to locate it" (pp. 359-360). Stated another way, critics and practitioners have

opportunities to change the ways in which we define the circumference around the family metaphors in pro-caregiving advocacy rhetoric.

I suggest a change in the scope of the scene in the family metaphors. The controlling element of scene reveals an attitudinal barrier that this discourse is gendered and relegated as a private sphere issue and further that this is the desired place for care work, caregivers, and even care-receivers. The gendered aspect of the discourse, though difficult to resolve, is still a crucial piece of the puzzle that needs to be addressed. By talking about unpaid family caregiving in ways that assume the home is the appropriate and long-term scene only further perpetuates unpaid family caregiving as a “woman’s problem.” Although this attitudinal barrier is difficult to change, I believe that one way to resist this inherent barrier is to disrupt the scene that maintains gendered assumptions about where caregiving occurs and who does that care.

I suggest one way to resist the attitudinal barrier that caregiving should happen in the home is to build a wider, more encompassing scene for unpaid family caregiving. I suggest that other acceptable care situations, outside of the home, would help pro-caregiving advocates advance caregiving as a social responsibility. Doing so would benefit unpaid family caregivers, and especially female family caregivers, because they would not carry the only burden of responsibility for caring for a loved one in the home.

Disrupting the gendered assumptions could also be accomplished by altering the rhetorically constructed characters within the scene. I argue the scene needs to be populated with people who are caregivers now, soon-to-be caregivers, as well as current and future care-receivers. The characters, then, will be more encompassing, which would invite a drama where unpaid family caregiving is discussed more expansively, beyond the

limiting scope of the private. In other words, most of the population will, at some point in a lifetime, either be a caregiver or will need care. Changing the characters who populate the scene would invite this larger scene so that the distance between those who are dependent on care now and who will be dependent on care in the future becomes thinner. There are limited examples of pro-caregiving advocacy efforts that attempt to integrate future care-recipient voices into unpaid family caregiving discussions; however, most of those instances are utilized to reinforce the idea that the home is the desired “future” place for these future care-recipients. Pro-caregiving advocates should make future caregivers and future care-receivers a regular feature in their change rhetoric without falling prey to privileging the domestic home as the preferred scene of care. If we understand ourselves as part of the drama now in various present and future capacities, we may also see that unpaid family caregiving is not just a matter of the private and an issue relevant to biological female family members, but has social potentialities.

Chapter 6: Conclusions

The overarching goal of this dissertation was to contribute to a larger rhetorical issue of public advocacy of an issue that is assumed to be private and is relevant for both scholars of applied rhetoric and practitioners of public advocacy. This dissertation revealed that public advocacy of unpaid family caregiving is troubling to pro-caregiving advocates and offered rhetorical lessons that might promote more positive movement in arguments that are created when public advocates must negotiate an issue that is commonly associated with the private sphere. Through these case studies, I illuminated several inherent barriers to shared responsibility of and greater responsibility for unpaid family caregiving issues being inadvertently perpetuated in pro-caregiving advocacy rhetoric. The three case studies that focused on definitions of crisis and care as well as on metaphors about family revealed the subtle ways in which unpaid family caregiving gets uncritically assumed to be privatized to the detriment of the advocacy goals. Additionally, each case study offered solutions for understanding the ways in which conversations like these can resist and sometimes maneuver inherent barriers toward more productive ends.

I argued that pro-caregiving advocates, or rhetors who have set as an instrumental goal energizing public policy change for unpaid family caregiving, are themselves uncritically encouraging a rhetorical separation between public and private that continues to limit shared responsibility for unpaid family caregiving issues. In the introduction, I suggested that how we talk about caregiving matters; through case studies I have demonstrated that it is critical in pro-caregiving advocacy to explore the ways that “care” and “crisis” are defined, as well as how “family” is metaphorically framed, in negotiating

the difficult terrain of public advocacy of an issue assumed to be private. At the conclusion of this dissertation, I believe that pro-caregiving advocates are attempting to advance a shared understanding of unpaid family caregiving issues; however, the ways in which they are talking about their subject perpetuate barriers to systemic change for an issue that deserves social attention and participation by all to resolve the many ills being experienced, both socially and individually.

My goal was to analyze pro-caregiving advocacy arguments that are intended to help make unpaid family caregiving issues a shared responsibility. The analysis chapters deconstructed the ways that common definitions of the situation of crisis are made rhetorically present in pro-caregiving advocacy policy statements, how the dominant definition of care revealed the practices of and attitudes about caregiving and implied a lack of unpaid family caregiver agency, and the ways in which family metaphors revealed the appropriate place of family caregiving and assumptions about and attitudes toward unpaid family caregivers. Each of my analysis chapters indicates that pro-caregiving advocates are comingling public and private aspects of unpaid family caregiving, attempting to make this issue shared as opposed to private. My analysis, however, reveals that their ways of comingling public and private does not always promote, and the particular ways it is done may rhetorically subvert, shared responsibility for unpaid family caregiver issues. This chapter will first review the key arguments of each analysis chapter and then offer a discussion about the type and nature of such arguments. Following this, I will discuss the usefulness and practical takeaways in rhetorical leadership and advocacy for pro-caregiving advocates in particular and citizen advocates in general. I will then discuss considerations for scholarship on care theory. I conclude

the chapter with an epilogue that reveals lessons I learned during the dissertation process and suggestions for moving forward by exploring some larger questions.

Key Arguments

My first research question asked: How might the ways pro-caregiving advocates talk about their subject contribute to the lack of effective public action, even if they produce a plethora of uncontested discourse? In chapter three I argued that pro-caregiving advocates are limiting shared responsibility by not offering concrete steps for public auditors to fully actualize their role as participants in supporting unpaid family caregiving. I also argued that pro-caregiving advocates offer only a partial solution to the persuasive ills. For example, pro-caregiving advocates effectively advance several financial and health-related private ills; however, the proposed solutions do not directly address how increased caregiver training will resolve the financial and health-related ills that are negatively impacting many unpaid family caregivers. In chapter four I argued that with the dominant definition of “complex” care, pro-caregiving advocates were limiting shared responsibility by suggesting that *caring about* a care-receiver will directly lead a family member into *caring for* that care-receiver. This problematic relationship creates an obligatory assumption in unpaid family caregiving that dissuades public auditors from accepting unpaid family caregiving as a social issue for which they share responsibility. Furthermore, the caregiving-as-personal-journey metaphor emphasizes individual challenges and implies that individuals are the ones who need to manage these challenges. Combined with a caregiving-as-gift metaphor that suggests unpaid family caregivers will be rewarded for their caregiving, these two metaphors create a sensible

perspective that public auditors should not intervene because it appears that unpaid family caregivers have already chosen this journey and will be individually rewarded for their participation in that journey. Finally, in chapter five I argued that the family-as-biological and family-as-national metaphors reveal consistent assumptions and attitudes about the place of caregiving and the admirable family caregiver charged with the responsibility to maintain the dependency relationship in the home. I argue that each of these chapters reveal the subtlety of the attitudinal and philosophical barriers that are deeply embedded even in pro-caregiving change rhetoric. In other words, even as pro-caregiving advocates attempt to energize shared responsibility, the ways in which crisis, care, and family are integrated into the advocacy rhetoric limit, and sometimes, discourage shared possibilities.

My second research question asked: What alternative rhetorical strategies might better serve pro-caregiving advocate goals in increasing public concern about and shared responsibility for policy action on unpaid caregiver challenges? Promisingly, I found that pro-caregiving advocates do not just have to abandon the dominant frames utilized in family metaphors and definitions of crisis and care. In fact, those frames are effective in serving some goals, needs, and solutions even if that frame is not itself sufficient to achieve the goal (e.g., fomenting a crisis). Making a crisis present, for example, is effective in pro-caregiving advocacy to garner a greater sense of social concern and direction for unpaid family caregiver issues. Chapter three's argument, then, suggests there are reasons to revise or redeploy the frames to strengthen the goals, even if the goal is not necessary for public policy change such as cultivating a sense of crisis. In chapter three I argued that pro-caregiving advocates are effectively making both private and

public ills present and urgent in their definition of the situation of crisis though the proposed solutions do not fully address the persuasive ills being advanced in the policy statements. I suggested that pro-caregiving advocates create appropriate action steps within their policy statements, in particular, as well as directly address how the proposed solutions will work to resolve all of the specified ills, not just the ills for the care-recipient and the public. There were limited examples that demonstrated pro-caregiving efforts to resolve a caregiver ill (e.g., FCA's "working credits" in the social security system would address part of the financial hardships facing unpaid family caregivers); however, such solutions were sparse and, I argue, should become a dominant feature in policy statements since unpaid family caregivers are directly and immediately impacted by many of the ills. As currently set up, pro-caregiving advocates are delaying a crisis for taxpayers, businesses, and care-recipients but at the expense of and to the detriment of the caregiver's immediate situation.

In chapter four I suggested that pro-caregiving advocates seek ways to develop shared responsibility in the dominant definition of care, because this case study revealed that shared responsibility was most blatantly absent from pro-caregiving advocates' dominant definition of care. In chapter five I suggested that pro-caregiving advocates expand the scene beyond the confines of the domestic home so that a rhetoric of shared responsibility for care would better encompass non-caregivers and non-care-receivers in addition to family members charged with the direct responsibility of caring for their loved ones. These key arguments serve as a reminder of the subtle nuances present among advocacy arguments and the issues that advocates champion. As the next section will argue, the type and nature of pro-caregiving advocacy arguments have reoccurred in

different forms and will likely reoccur, justifying continued rhetorical attention to public advocates who are attempting to make an issue that is traditionally associated with the private matter socially.

When Has this Happened Before?

The case of pro-caregiving advocacy represents a larger rhetorical issue of public advocates attempting to make an issue assumed to be private public. This particular kind of advocacy scenario is not isolated or limited to pro-caregiving advocacy. Close textual analysis has the capacity to capture the ways in which arguments are being deployed and has potential to reveal the dominant attitudes and values that motivate such arguments and, as such, offers a useful methodology to interrogate public arguments about issues assumed to be private.

There are numerous public arguments, contemporary and historical, that reveal the contentious terrain where public and private interests are negotiated and where close textual analysis is useful. Such arguments have occurred during important moments in U.S. history. For instance, the passage of the Social Security Act of 1935 represents a moment when those who advocated for shared responsibility for what were previously considered to be private matters, and were ultimately successful. The passage of this groundbreaking law was “enacted in the throes of the Great Depression” (“The Social Security Act,” n.d., para. 1) during a time when “[p]revailing American attitudes toward poverty relief were usually dubious, and governmental involvement was slight” (para. 2). The successful passage of the Social Security Act of 1935 reveals “a sharp departure from prior American tradition” that “had customarily stressed ‘pulling oneself up by the

bootstraps' and voluntarism to alleviate social ills" (para. 6). It has been argued that "several significant social trends," (para. 4) including the industrial revolution, "a population shift from the countryside to cities," and "longer life expectancy" (para. 7), created an environment where arguments for shared social responsibility and government involvement in private affairs began to become more acceptable. Critics and advocates should be attuned to situational conditions that might be capitalized on for social change toward greater shared responsibility.

Goodnight (1982) offers another example where homelessness functioned as an issue that, borrowing his language, shifted spheres due to the progressive movement. "In 19th Century America," explains Goodnight (1982), "the poor were generally considered to be poor because of personal character flaws" and "arguments made to the poor about the poor were grounded in the private sphere" (p. 221). However, "[w]ith the advent of the Progressive movement, . . . the grounding of arguments about poverty gradually shifted from the private to the public sphere" because of "recognition that the environment shaped people and the environment could be altered" (p. 221). As such, argues Goodnight (1982), "Progressives gradually transformed the issue of poverty to a public concern, one that was a shared rather than an individual responsibility" (p. 221). These two examples offer instances in different contexts that demonstrate how shared responsibility was established around issues previously viewed as personal responsibilities that were rhetorically moved into the public consciousness and became matters for shared responsibility and action.

I offer these two examples to point out that arguments revolving around issues of public and private where advocates seek shared responsibility for currently issues that are

assumed to be private are not new and will likely reoccur in different forms. These other case studies, similar to the case of unpaid family caregiving, illustrate that public/private boundaries and assumptions are not given, and thus are contestable and potentially changeable. Additionally, ideas do not change on their own, but rhetoric might play an indispensable part in defending and re-shaping what is treated as public or private. As long as a rhetorical boundary between public and private continues to be relevant in advocacy situations, there will be a need to critically analyze such arguments as well as coach individuals who are making such arguments on how to be more effective.

There is also evidence to suggest that pro-caregiving arguments will not only continue to be a part of the advocacy landscape but will become more difficult because of the appearance that there has already been a public response and activity. For example, throughout this research process I have been collecting caregiving advocacy articles with a Google alert titled “Caregiving Advocacy” in addition to the articles generated from my earlier Google alerts of “caregiving crisis” and “caregiver crisis.” The articles generated from this Google alert indicate that caregiving advocacy is a movement with positive momentum in pro-caregiving advocacy. In other words, there is strong evidence to suggest that unpaid family caregiving issues are regularly being discussed and debated. However, as indicated to me by a representative at National Alliance for Caregiving, although many individuals are talking about unpaid family caregiver issues, creating state task forces, and proposing acts, there has not been adequate movement on the federal level in policy support for unpaid family caregiving issues. As such, it seemed to me as I was collecting texts to analyze that there existed positive momentum behind the push for policy change for unpaid family caregivers; however, the push, at least at the conclusion

of this dissertation, has not equated to overarching or effective public policy urgency. Such evidence not only qualifies that policy change is not happening for unpaid family caregiving issues, but that advocacy is going to become more difficult due to the appearance of a response that is already being addressed in the forms of task forces and acts that promise to give attention to unpaid family caregiver issues. This illusion of a response is contributing to rhetorical complications for pro-caregiving advocates and justifies more rhetorical attention for these types of arguments.

Cultivating shared responsibility for traditionally private matters, like unpaid family caregiving, is an issue that is worthy of scholarly exploration, especially from a rhetorical perspective. Since such arguments and situations will likely reoccur in different forms, rhetorical analyses, like the one offered in this dissertation, are important because other social advocates can learn from these arguments. I do not mean to suggest that there is one answer to effective public advocacy when championing issues that are assumed to be private. However, as scholars and practitioners of public advocacy, we can learn from previous arguments, successes or failures, and continue to use rhetorical tools for inventional purposes in hopes that the contextual factors, material needs, and rhetorical arguments intersect in a way that might flag ineffective moves and garner more successful public advocacy when championing an issue usually assumed to be private.

Usefulness for Rhetorical Leadership

This dissertation offers several lessons for rhetorical leadership scholarship. Each analysis chapter offered teachable lessons for navigating the inherent barriers in pro-caregiving advocacy rhetoric. One exciting outgrowth of this dissertation is the applied

usefulness of rhetorical tools including metaphor and definitions. Making those tools usable in practice by offering suggestions for reframing metaphors and redefinition in ongoing advocacy, not just as analytical methodological tools, is one small contribution that can yield large gains outside academia.

If leadership is for everyone, then it is necessary for individual citizens to be equipped with tools to engage in advocacy, especially in situations when championing an issue that is traditionally associated with individual families and not social causes. In her essay on *Educating Rhetorical Leaders*, Olson (2006) points out that because “social inequities of position (e.g., class, gender, race) and power (e.g., resources, status, formal authority) persist,” “[a] rhetorical leadership program [that] helps level the playing field by helping those who enjoy fewer social privileges build a critically reflexive perspective, skills and sensibilities to take advantage of opportunities to lead for the common good” (p. 532) is important. Although this quotation is in reference to building a rhetorical leadership program in higher education, the ideals promoted within such a program illuminate the benefits of building an effective citizenry, populated with citizen advocates who understand how argument critiquing and argument building are foundational tools in the successful practice of rhetorical leadership.

My interest in rhetorical leadership is based, partly, on the possibility for citizen advocates to be inspired to use rhetoric for the greater good as opposed to individual advancement. Through the process of analyzing pro-caregiving arguments, I have been inspired by the work of pro-caregiving advocates who are devoting their personal and professional time and resources to advocating for a population that is in need of policy assistance and shared responsibility. Social advocates, including pro-caregiving

advocates, are rhetorical leaders and are using their rhetoric primarily to promote a greater good rather than using their rhetoric to promote their own individual gains, though some pro-caregiving advocates may benefit personally from their change rhetoric if they are also caregivers. I hope that my critique of pro-caregiving arguments does not obscure my admiration for this group of individuals and organizations who have devoted their personal and professional lives to the greater good and to promoting an issue that should be a social one. It is also my hope that the findings in this dissertation could be of practical use to pro-caregiving advocates.

There are three larger takeaway lessons that are specific to pro-caregiving advocates. First, in the introduction, I pointed out that mother-advocates must negotiate the “naturalness” of mothering as women’s work in the domestic sphere. My case studies reveal pro-caregiving advocates also need to confront and negotiate the “naturalness” of caregiving as women’s work in the domestic sphere. Specifically, pro-caregiving advocates should consider confronting and exposing assumptions, as opposed to reinforcing the idea that caregiving naturally proceeds from the family (via mothers and daughters) and the home. For example, in chapter four I argued that problematic rhetoric suggested *caring for* directly flowed from *caring about*. These two distinct types of care were treated as proceeding from one to the other. In this sense, all unpaid family caregivers who *care about* their family members were uncritically assumed to be the ones responsible to assume the burden to *care for* that person. When the assumption is that *caring about* leads to *caring for*, the problem to be solved becomes the individual caregiver’s problem and not a social responsibility. Pro-caregiving advocates should use

their change rhetoric to disrupt that problematic relationship and acknowledge that *caring about* someone does not necessarily lead to *caring for* that person.

Second, in chapter three I argued that pro-caregiving advocates were not taking advantage of the rhetorical opportunities available in and motivation created by the policy statements in particular because no clear action steps were provided for public auditors to engage as citizens responsible for unpaid family caregiving issues. It is not enough to only garner appreciation for the ills facing various parties but that citizen power needs to be adequately harnessed to motivate public auditors, who may not be directly affected by the ills, to enact solutions offered. As I argue in chapter three, buy-in by both indirect and direct stakeholders is necessary in the public advocacy of unpaid family caregiving. In particular, what perhaps may be the most impactful strategy at this historical and cultural moment in U.S. history is to begin making small efforts to integrate these various stakeholders within the pro-caregiving advocacy conversation. Pro-caregiving advocates should look for ways to expand shared responsibility of unpaid family caregiver issues by appealing to a potential army of citizens open to appreciating and acting on unpaid family caregiving as a shared issue.

Third, this dissertation confirms that, similar to mother-advocates, pro-caregiving advocates face several rhetorical obstacles when advocating for unpaid family caregiver issues. The first chapter cites a successful example of public advocacy of an issue that is similarly privatized but suggests there are rhetorical opportunities to reshape privatized notions. This is a central aspect of this dissertation because this work is not only about locating the textual flaws in pro-caregiving advocacy rhetoric, but it also is about illuminating some rhetorical possibilities to reshape and unmoor a privatized subject from

“‘essentialist foundations’ and transforming it into a source of civic strength and political power” (Buchanan, 2013, pp. 13-14). I found that pro-caregiving advocates are conforming to the essentialist foundations of caregiving and need to take more intentional steps to disrupt and thus reshape the privatized notions that are embedded within their advocacy efforts. For instance, chapter five reveals that pro-caregiving advocates are constructing a formidable boundary between public and private by uncritically insisting that the preferred caregiving scene is in the domestic home with family. In sum, this study provides key takeaways for pro-caregiving advocates who are attempting to generate greater shared responsibility for unpaid family caregiving issues. Though these takeaways are specific to pro-caregiving advocates, the next section suggests that there are also useful takeaways for social advocates who are facing similar situations by championing a cause that is assumed to be private.

Rhetorical Lessons in Social Advocacy

Beyond the findings in this dissertation, this analysis reveals four useful lessons for social advocates who are championing an issue assumed to be private. First, close textual analysis is a useful tool for scholars and practitioners to uncover and reveal inherent barriers that may be preventing advocates from achieving instrumental goals. In matters of public advocacy where advocates are not achieving their desired response, this rhetorical methodology provides an accessible means to diagnose what might be plaguing the rhetorical efforts.

Second, revealing these inherent barriers through close textual analysis also opens up areas that might lead to transformations in the conversation. For example, by seeing

where the trained incapacities are in pro-caregiving advocacy rhetoric, scholars and practitioners can also generate opportunities to adjust the conversation. These adjustments do not necessarily equate to resolution in policy change for unpaid family caregiving but do encourage movement in thought that may invite more shared responsibility.

Third, through this analysis, close textual analysis revealed controlling attitudes and philosophies that make for a cohesive and sensible drama that might be particularly useful for advocates who are negotiating an issue with strong associations to the private in public advocacy. For example, in this drama, sensible understandings of the dominant family metaphors depend on the primary scene being invoked as the domestic home. This finding suggests that in situations where public advocates are advocating to move an issue that is considered to be traditionally private to the public, scene may reveal the organizing principle through which the inherent barriers might be most easily exposed and revised.

Fourth, some of the work in this dissertation will be useful for advocates who need to advance a crisis understanding of a private issue. In chapter three, I focus on how pro-caregiving advocates rhetorically construct and effectively make present a crisis situation in their change rhetoric. One aspect that I argued pro-caregiving advocates are doing well is making unpaid family caregiving issues urgent and present. The rhetorical choices by which they accomplish urgency in crisis might provide insight for other social advocates who wish to make a situation urgent when urgency for that private issue is lacking. In other words, for social advocates fighting for shared support, establishing urgency in the change rhetoric might be a beneficial approach. However, in addition to an

urgent crisis, social advocates need to also create a matching and full solution to the urgent ills. For instance, in chapter three I argued that pro-caregiving advocates are effectively marshaling an urgent crisis situation; however, they are providing a partial solution by only focusing on how the proposed solutions will resolve the public ills and only the private ills related to care-receivers. This incomplete solution to the constructed ills, suggests, then, that social advocates pay careful attention to creating solutions that match the ills being advanced that make the crisis persuasive. In essence, effectively marshaling a crisis may not be enough in inviting a shared response. Coupling an urgent and shared crisis with a well-matched solution that addresses all of the public and private ills is a more productive approach.

In sum, close textual analysis as a methodological tool combined with inherency analysis can offer valuable insight into other social advocacy efforts where issues that are assumed to be private might complicate the public advocacy aims. This practical utility of close textual analysis creates an accessible platform for maneuvering or resisting aspects of the rhetoric, as opposed to outright rejection of the current frames being used. As such, close textual analysis reveals a teachable way to engage in social advocacy—to be reflective of our choices and what our word choices reveal about how we are sizing up a situation and inviting action that might inadvertently be erecting barriers to our own instrumental goals.

Considerations for Care Theory Scholarship

Yet if we consider care as a universal, basic need for all citizens, then we can better understand caretaking as a social/political issue, not just a private one. This leads us to consider what respect and justice require in connection to home care workers and family caretakers. Clearly, we can and should do more to ensure that

the care work done by these citizens is better remunerated, recognized, and valued. (Parks, 2003, p. 73)

This dissertation's research questions were situated within a context of scholarship on care theory. This is partly because my larger scholarly goals revolve around issues of care and contributing to the complementary frameworks of applied rhetoric and feminist scholarship. One reason the efforts in this dissertation are rhetorically significant is due to public arguments that have the potential to influence some ideological and material implications facing women. Because the "pattern of women taking disproportionate responsibility for care is so well established that it is largely taken for granted, often not noticed, and when noticed, seen as natural" (Glenn, 2010, p. 184), scholarship that makes visible this unseen pattern is necessary for contributing to a society where women have full participation. An overarching goal of this dissertation was to offer one contribution to the disruption of uncritical acceptance of the idea that caregiving can go unnoticed and be naturalized as women's work.

In chapter one, I situated my research questions within a context of scholarship on care theory and, in particular, in discussions related to ethics of care and ethics of justice as well as scholarship on caring for the caregiver. Framing my research questions within these larger discussions allowed me to see two potential ways that the work in this dissertation can reinvigorate care theory: (1) understanding limits to the doulia model in rhetorical leadership practice and (2) recognizing limits of transferring maternal thinking to a public consciousness in rhetorical leadership practice.

First, this dissertation has implications for care theory feminist scholars to re-examine the doulia model in rhetorical leadership practice. From a rhetorical leadership perspective, my research extends discussions of caring for the caregiver. In chapter one, I

introduced Kittay's (1999) notion of the doulia where "the dependency worker is entitled not to a reciprocity from the charge herself, but to a relationship that sustains her as she sustains her charge" (p. 68). In pro-caregiving advocacy rhetoric, I recognize that advocates are working to implement solutions that would strengthen the caregiver in his or her role through training and education, and this type of solution is consistent with Kittay's (1999) notion of the doulia model. However, I argued that pro-caregiving advocates do not address the ways in which that type of solution (i.e., training and educating the caregiver) would solve some major private ills facing caregivers, including, but not limited to the financial hardships and emotional pressure involved with the caregiver role. It seems that in rhetorical leadership practice, within this specific context of pro-caregiving advocacy, the doulia model has limitations for resolving the private ills facing unpaid family caregivers because the proposed solutions for caregivers are foreclosing further rhetoric that might encourage greater shared responsibility.

Additionally, I found that pro-caregiving advocacy arguments are embracing the doulia model by emphasizing the ways in which society should value and appreciate the work being done by unpaid family caregivers. Valuing and appreciating, as chapter five argued, are not equal to social participation and responsibility. One can appreciate and admire caregiving without participating, accepting, and sharing the responsibility. It was also argued that conflating appreciation and admiration for social participation is actually part of the barrier to solving the problems in unpaid family caregiving. That pro-caregiving advocates are demonstrating attempts to enact a doulia model in their change rhetoric is positive, yet as demonstrated in the analysis of the family metaphors in pro-caregiving advocacy rhetoric, invoking admiration does not equate to social participation.

As such, my research reveals limitations in the doulia model to develop a “public conception of care” (Kittay, 1999, p. 133) without limiting social participation to valuing and admiring of unpaid family caregivers only. The case studies presented in this dissertation invite care theory scholars to further interrogate the ways in which the doulia model might work more productively in public advocacy contexts and specifically when public advocates are championing a cause that is assumed to be a family responsibility.

Second, this dissertation reveals limitations in transferring maternal thinking to a public consciousness in rhetorical leadership practice. In chapter one, I summarize Ruddick’s (1989) argument that suggests society can be empowered by moving a maternal ethic into public consciousness. I found that advancing maternal thinking in pro-caregiving advocacy arguments may not always be the most productive way to invite shared responsibility, nor is this idea completely relevant to the strategies already in place by pro-caregiving advocates. For example, I point out in chapter four that the dominant definition of care being advanced by pro-caregiving advocates includes positive and empowering maternal elements that embrace Ruddick’s (1989) maternal thinking. For example, Ruddick’s maternal thinking holds the idea that “symbols of motherhood” can be productively transferred into “political speech” (Sander-Staudt, n.d., para. 38). Embedded in pro-caregiving arguments are notions of a caregiver as willingly self-sacrificing, which runs parallel to dominant ideologies of motherhood that suggest, above all, that mothers should willingly sacrifice their needs and desires ahead of the needs and desires of their children (Hayes, 1996). In the case of unpaid family caregiving, the connection between willing self-sacrifice and admiration for caregivers creates symbolic tension between admiring caregiver work and sharing responsibility. Consequently, the

symbolic tension reveals potential limitations in transferring a maternal thinking to a public consciousness. Based on this finding, care theory scholars could revisit Ruddick's (1989) maternal thinking to look at specific case studies that might complicate the compatibility between a maternal thinking and a rhetorical leadership purpose, especially in situations where the public advocate is attempting to energize public responsibility for an issue that has deep associations with the private.

As I pointed out in chapter one, care theory scholarship tends to center around how gender is embedded in social structures. As should be apparent, the work in this dissertation focuses on language use and, more specifically, on pro-caregiving arguments. I am not suggesting that this research contributes to care theory but rather that my work and focus on rhetorical leadership reveals potential entry points and considerations in care theory regarding the doulia model and maternal thinking. My efforts demonstrate the compatibility between scholarship on care theory and applied rhetorical scholarship. I suggest that together these two scholarly frameworks help to reveal much needed movement in both fields of study and with this particular case study as well. In care theory, the arguments about the practicality of the doulia model in practice as well as about the compatibility between maternal thinking and public advocacy can be revitalized at the intersection of feminist discussions on care and the current case study of pro-caregiving advocacy. In turn, applied rhetorical perspectives interested in public advocacy of issues that are traditionally deemed to be private benefit from a care theory feminist lens that assisted in uncovering ways to (1) understand and interpret the language use of pro-caregiving advocates (e.g., maternal thinking) and (2) propose productive alternatives (e.g., a doulia model) in pro-caregiving advocacy arguments.

More specifically, I found that part of the missing component in pro-caregiving advocacy arguments is a lack of social responsibility in caring for the caregiver. For example, in chapter three, I argued that pro-caregiving advocates are doing an effective job of establishing persuasive ills that are both public and private; however, at the same time, the solutions proposed show emphasis on solving a crisis for the public ills (i.e, taxpayers and businesses) but not careful attention to how the proposed solutions would benefit caregivers. In this way, the reciprocity idea, or caring for our caregivers, is relatively absent in discussions about solving a caregiver crisis, which seems to be counterproductive to the purported goals of pro-caregiving advocates.

I suggest that these two complementary frameworks, care theory scholarship and applied rhetorical scholarship, are both needed in the case of unpaid family caregiving. As such, pairing these two frameworks might be useful for other scholars interested in identifying inherent barriers in policy discourse when advocates are championing a cause that animates an assumed separation between public and private. One of the overarching goals of this dissertation was to bring to the forefront an issue that is unseen because it is treated as domestic and women's work. Approaching this dissertation from the complementary frameworks of applied rhetoric and care theory scholarship has been a productive undertaking to answer my research questions. Applied rhetoric focuses on arguments, and care theory is interested in women's issues at the intersection of feminism and material impact. Pro-caregiving arguments about unpaid family caregiving as an object of study has allowed me to involve all of these aspects—argumentation, feminism, and material impact. The issue of unpaid family caregiving is important rhetorically, but also has many material impacts. My research efforts have enabled me to theorize about

the connection between theory and practice, through the specific example of unpaid family caregiving.

The impetus of pro-caregiving arguments seems to be about caring for the caregiver; however, as I demonstrate, pro-caregiving arguments show a lack of regard for the caregiver and provide enough evidence to illuminate one way that caregiving, like motherhood, gets naturalized into public arguments to discourage policy changes beneficial for this population. I hope that my dissertation contributes to larger efforts to make caring a more central priority in our society. Pro-caregiving advocates have rhetorical opportunities to integrate a more productive doulia model that would intentionally lay out the ways in which shared responsibility for unpaid family caregivers becomes just as equally about the caregiver as it is for other indirect and direct stakeholders. These two bodies of thought offer much insight into how pro-caregiving arguments are reinforcing gendered assumptions about unpaid family caregiving and thus work to perpetuate their own barriers to policy change. Despite this, I am not suggesting that the rhetorical perspectives can resolve the gender issues in pro-caregiving advocacy. This dissertation is not meant to provide the answers to resolve the gender disparity in unpaid family caregiving; nonetheless, it is meant to promote advancement in applied rhetorical scholarship, pro-caregiving advocacy, and feminist thought on care theory. I still contend, at the conclusion of this project, that a rhetorical focus on arguments can promote the advancement of better arguments for feminist issues.

Epilogue: Lessons Learned and Moving Forward

Pro-caregiving advocacy represents a growing body of rhetoric, one that I suggest is still in its nascent stages. In an informal conference call with a representative from National Alliance for Caregiving, I was told that, since 1996, many more individuals, organizations, and government officials are talking about unpaid family caregiver issues. Unpaid family caregiving is a new topic growing out of concerns rooted in a current climate of an aging population, among other factors. That this issue is growing and more people are talking about and taking the issue seriously demonstrates another reason to focus on building and developing more effective pro-caregiving arguments.

The newness of pro-caregiving advocacy rhetoric posed a few difficulties during the writing of this dissertation. First, because unpaid family caregiving gets discussed extensively, especially in the circles that I gravitated toward due to my interest in this rhetoric, it became difficult to keep up with the texts because they were constantly changing. For example, I worked with the three policy statements of well-known pro-caregiving advocacy organizations (AARP, FCA, and RCI) for so long, knowing that by the end of my dissertation process the policy statements would likely be updated. This is due, in part, to increased legislation that was being introduced during the writing of this dissertation. For instance, at the time I was writing this conclusion, the AARP CARE Act, or the Caregiver Advise, Record and Enable (A. 1323-A), an Act that “would ensure millions of family caregivers are properly prepared to provide quality and cost-effective care to older parents, spouses and loved ones who are sent home from the hospital” (“Helping Family Caregivers,” para. 3) had been introduced in ten states but had only been enacted in three. Second, during the writing of this dissertation it was pointed out to

me by my frontline source that there has been an increase in utilization of a military frame to “add legitimacy” to pro-caregiving advocacy efforts. Subsequently, in 2014-2015, there has been an increase in programs created specifically for military caregivers, as a specific subset of pro-caregiving advocacy. As I was analyzing pro-caregiving advocacy rhetoric, it was difficult to not include the military-focused programs, such as Operation Family Caregiver, because they advocate for both veteran caregivers (including care-recipients who may be elder family members) and returning military personnel (including care-recipients who may be disabled family members). Although in chapter one I indicated that I would primarily be focusing on informal caregiving that includes caring for aging and/or disabled family members, veteran and wounded military care-recipients became increasingly subsumed under this category during the course of writing this dissertation.

This project allowed me to communicate directly via email and phone with some pro-caregiving advocates who provided further evidence that studying unpaid family caregiving arguments at this moment in time is needed in order to stimulate shared responsibility. The pro-caregiving advocate with whom I spoke at National Alliance for Caregiving identified “ageism” as the most prevalent issue standing in the way of the organization’s advocacy goals. In fact, my frontline source indicated to me that there is a push to, borrowing from her language, “re-brand age” and that the intentional military frame “adds legitimacy” to the policy efforts because it ties public policy to the military and not to an aging population. I believe this revelation indicates two justifications for the academic study of unpaid family caregiving arguments. First, the fact that pro-caregiving advocates are hesitant to acknowledge the gendered aspects of this discourse is another

indicator that gender is hidden in their own rhetoric. To suggest that the way we talk about unpaid family caregiving inherently privatizes the subject should not come as a surprise. However, that the frames are being taken up uncritically by pro-caregiving advocates themselves suggests that the way this issue is assumed to be private is subtle, yet powerful. The subtleness is what requires careful rhetorical invention and maneuvering or resisting of the dominant frames that would be difficult to remove from the discourse (family, crisis, and care). Second, the focus on age suggests that pro-caregiving advocates are still preoccupied with the care-receiver and not the caregiver. That a rhetorically constructed caregiving crisis is relevant to many stakeholders (taxpayers, businesses, caregivers, and care-receivers), but that pro-caregiving advocates prioritize their arguments on “re-branding age” instead of caregiving is to the detriment of the unpaid family caregivers who would benefit from more effective pro-caregiving arguments.

Throughout this entire dissertation, there is an inherently reciprocal relationship between the rhetorical and the material. This was difficult terrain to negotiate, but one that makes this issue unique and socially significant. I have emphasized at the end of each case study chapter that my suggestions are necessary to, but never sufficient for, solving the material problems within a socially constructed caregiving crisis. I want to reiterate here that my suggestions, even if implemented by pro-caregiving advocates, may not achieve the policy gains desired by pro-caregiving advocates. However, at the same time, it is necessary for me to point out that critical self-reflection is an important prior step before achieving material gains. What I mean to say is that there is worthiness in extending a conversation toward movement, even if that movement does not garner the

type or entirety of gains desired by pro-caregiving advocates. If pro-caregiving advocates, or other social advocates, become complacent in their rhetorical strategies, there will be likely stagnation in efforts to make policy gains for unpaid family caregivers, many of whom are facing chronic illness and financial hardships because of their efforts to care for a loved one.

This dissertation has provided a starting point for (1) rhetorical scholars to evaluate and reposition the efforts of pro-caregiving advocates and (2) to provide social actors access to practical takeaways for confronting formidable barriers (i.e., to implement rhetorical appeals that may help to promote more effective public advocacy). By doing so, I hope this dissertation contributes to the work needing to be done by all members of society to play a role in “changing our culture in ways that elevate caring to a central priority” (Wood, 1994, p. xi).

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Top paper panel, Voices of Diversity Division at the 2012 Annual Meeting of the Eastern Communication Conference, Boston, MA, April	2012
Recipient, UWM Graduate School travel grant	2012
Three-time nominee, IUPUI “I-Care for IUPUI Students” (all nominations by first-year students)	2011
Recipient, Chancellor’s Award, University of Wisconsin-Milwaukee	2011
Recipient, Best Themed Learning Community Award: <i>Writing Women Back Into (Her)Story</i>	2011
Graduate Research Award Winner for <i>Rhetorical theory and practice: A critical evaluation of Western rhetorical thought</i>	2011
Graduate Research Award Winner for <i>Dirty work in the classroom: Utilizing shared narratives as a taint management strategy</i>	2011
Recipient, Free NCA Membership, awarded by the IUPUI Department of Communication Studies	2010
Graduate Research Award Winner for <i>Intensive mothering on film: Contradictions and consequences in Little Children</i>	2010
Graduate research award winner for <i>Give me convenience or give me death: A narrative analysis of Eternal Sunshine of the Spotless Mind</i>	2009
Graduate research award winner for <i>Serenity not found: A critical analysis of Joss Whedon’s Firefly</i>	2009
Recipient, Burns-Wagener Scholarship for excellence in Communication	2000

PUBLICATIONS

- Davidson, R. D.** & Stache, L. C. (in press). A tale of morality, class, and transnational mothering: Broadening and constraining motherhood in *Mammoth. Media’s Misguided Mothers: The Unmet Expectations of Mothering*. Peter Lang Publishing Group.
- Dobris, C. A. & **Davidson, R. D.** (2015). From dirty little secrets to prime time: Values, metaphors, and social change at the 2015 Grammy awards. *GEMS (Gender, Education, Music, and Society)*, 8(4), 4-18.
- Davidson, R. D.** (in press). Disrupting and containing motherhood: Challenging subversive representations in *Waitress* and *Frozen River*. *Screening mothers: Motherhood in contemporary world cinemas*, Demeter Press.
- Dobris, C. A. & **Davidson, R. D.** (in press). Public address. In *The Sage Encyclopedia of Communication Research Methods*. (Allen, M., Ed.). Thousand Oaks, CA: Sage Publications, Inc.

- Davidson, R. D.** (in press). First wave feminism. In *The Sage Encyclopedia of Communication Research Methods*. (Allen, M., Ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Davidson, R. D.** (in press). Rhetorical genre. In *The Sage Encyclopedia of Communication Research Methods*. (Allen, M., Ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Dobris, C. A. & **Davidson, R. D.** (in press). Cosmetics and cancer. In *The Sage Encyclopedia for Cancer and Society, 2nd ed.* (Colditz, J. & Golson, G., Eds.). Thousand Oaks, CA: Sage Publications, Inc.
- Dobris, C. A. & **Davidson, R. D.** (in press). International Society of Nurses in Cancer Care. In *The Sage Encyclopedia for Cancer and Society, 2nd ed.* (Colditz, J. & Golson, G., Eds.). Thousand Oaks, CA: Sage Publications, Inc.
- Dobris, C. A. & **Davidson, R. D.** (2014). Institute for Women's Policy Research. In *Encyclopedia of Human Services and Diversity* (Cousins, L. H., Ed.). (pp. 717-718). Thousand Oaks, CA: Sage Publications, Inc.
- Dobris, C. A. & **Davidson, R. D.** (2014). Midwifery. In *Encyclopedia of Human Services and Diversity* (Cousins, L. H., Ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Dobris, C. A. & **Davidson, R. D.** (2013). National Council of Jewish Women. In *Multicultural America: A Multimedia Encyclopedia* (Cortes, C. E., Ed.). (pp. 1566-1567). Thousand Oaks, CA: Sage Publications, Inc.
- Dobris, C. A. & **Davidson, R. D.** (2013). B'nai B'rith. In *Multicultural America: A Multimedia Encyclopedia* (Cortes, C. E., Ed.). (pp. 373-375). Thousand Oaks, CA: Sage Publications, Inc.
- Dobris, C. A. & **Davidson, R. D.** (2013). Irene Morgan v. Commonwealth of Virginia (1946). In *Multicultural America: A Multimedia Encyclopedia* (Cortes, C. E., Ed.). (pp. 1232-1234). Thousand Oaks, CA: Sage Publications, Inc.
- Davidson, R. D.** (2013). Commodity activism: Cultural resistance in neoliberal times [Review of book by R. Mukherjee & S. Banet-Weiser (Eds.)]. *The Journal of American Culture*, 36(1), 56-57.
- Davidson, R. D.** (2013). Reading embodied citizenship: Disability, narrative, and the body politic [Review of the book by E. Russell]. *Rhetoric & Public Affairs*, 16(3), 610-613.
- Davidson, R. D.** (2013). Rhetorics of motherhood [Review of the book by L. Buchanan]. *International Journal of Communication*, 7, 2584-2586.

RESEARCH IN PROGRESS

Davidson, R. D. (revise and resubmit, due July 26, 2015). The body and its able-ness: Articulating eligibility through rhetorics of motherhood, unjust language, and questionable medical authority. *Disability Studies Quarterly*.

CONFERENCE PRESENTATIONS

Davidson, R. D. (2015). *Adapting rhetorical criticism to an online format: Lessons in organization and facilitating online discussions and applications*. Discussion panel to be presented for the Rhetorical Theory and Communication Division at the Annual Meeting of the National Communication Association, Las Vegas, NV.

Dobris, C. A. & **Davidson, R. D.** (2015). *From dirty little secrets to prime time: Values, metaphors, and social change at the 2015 Grammy awards*. Paper to be presented for the Mass Communication Division at the Annual Meeting of the National Communication Association, Las Vegas, NV.

Anderson, L. B., Buzzanell, P. M., **Davidson, R. D.**, Kim Bernat, J., Long, Z., Stache, L.C. (2014, April). *Understanding the mentoring experiences of early career women academics: A convergence of traditional and non-traditional forms of advice*. Discussion panel presented for the Organizational and Professional Communication Interest Group at the Annual Meeting of the Central States Communication Association, Madison, WI.

Davidson, R. D. (2015, April). *The Body and its able-ness: Articulating eligibility through rhetorics of motherhood, unjust language, and questionable medical authority*. Paper to be presented for the Women's Caucus at the Annual Meeting of the Central States Communication Association, Madison, WI.

Davidson, R. D. (2015, April). *Transcending the 'private' in caregiving: Definition, ownership, and a rhetorical expansion of care*. Paper to be presented for the Rhetorical Theory and Criticism Interest Group at the Annual Meeting of the Central States Communication Association, Madison, WI.

Davidson, R. D. (2014, November). *The Caregiver Corps. as unproductive social advocacy: Constituting caregiver disempowerment through competing logics of choice and obligation*. Paper presented at the NCA 100th Annual Convention, Chicago, IL.

Davidson, R. D. (2014, April). *Constituting "feminist" work: Resisting mainstream "feminist" homogenization in Four Women of Egypt and These Girls*. Paper presented at the Gender Matters Conference, University Park, IL.

- Davidson, R. D.** (2014, April). *Pushing boundaries beyond the communication classroom: Teaching ideas for elevating new scholars through professional development*. Discussion panel presented for the Communication Education Interest Group at the Annual Meeting of the Central States Communication Association, Minneapolis, MN.
- Davidson, R. D.** (2014, April). *Mediating motherhood in popular film: Interrogating intersectionalities of race, class, and gender through a transnational lens*. Paper presented for the Popular Culture division at the Annual Meeting of the Central States Communication Association, Minneapolis, MN.
- Davidson, R. D.** (2014, April). *Mother blaming as hidden violence: Maternal intuition and symbolic failure in We Need To Talk About Kevin*. Paper presented for the Women's Caucus at the Annual Meeting of the Central States Communication Association, Minneapolis, MN.
- Davidson, R. D.** (2013, November). *Myth, anecdote, and audience agency: Complicating narrative validity in the 2012 presidential debates*. Paper presented for a roundtable on research in progress at the Annual Meeting of the National Communication Association, Washington, D. C.
- Davidson, R. D.** (2013, October). *Constituting a rhetorical problem of community: Counterproductive discourse and competing tensions in family caregiving*. Paper presented at the 36th of the Annual Meeting of the Organization for the Study of Communication, Language and Gender, Houghton, MI.
- Davidson, R. D.** (2013, October). *A morality tale of class and motherhood: Dissociation and frame-shifting in Mammoth (2009)*. Paper presented at the Wisconsin Women's Studies and LGBTQ Conference, Madison, WI.
- Davidson, R. D.** (2013, April). *The rhetoric of family obligation: Elder care, identity politics, and community provision*. Paper presented on the Top Papers panel in the Women's Caucus at the Annual Meeting of the Central States Communication Association, Kansas City, MO.
- Davidson, R. D.** (2013, April). *Remembering 9/11 through private acts of citizenship: Autonomy, perseverance, and the intimate sphere in the children of 9/11*. Paper presented on the Top Student Papers panel in Rhetorical Theory and Criticism Division at the Annual Meeting of the Central States Communication Association, Kansas City, MO.
- Davidson, R. D.**, Deering, E., Anderson, L. B., Fedesco, H., Sheeler, K.H., & Barnett, N.A. (2013, April). *"Think like a scholar": Communicating the possible among communication scholars in the basic course*. Discussion panel presented for the Basic Course Division at the Annual Meeting of the Central States Communication Association, Kansas City, MO.

- Davidson, R.D.** (2012, November). *Constituting a rhetorical problem of community: Counterproductive discourse and competing tensions in family caregiving*. Paper presented for a Roundtable on Research in Progress at the Annual Meeting of the National Communication Association, Orlando, Florida.
- Davidson, R. D.** (2012, October). *Subversive performances of motherhood: Challenging alternative representations in independent film*. Paper presented at the Wisconsin Women's Studies and LGBTQ Conference, "Power, politics, and performance." Oshkosh, WI.
- Davidson, R. D.,** Dobris, C.A., & White-Mills, K. (2012, April). *Ambiguity and duality in contemporary mothering: Exploring online perspectives of childrearing authority*. Paper presented on the Top Papers in Voices of Diversity panel at the 2012 Annual Meeting of the Eastern Communication Conference, Boston, MA.
- Davidson, R. D.** (2011, October). *Give me convenience or give me death: Challenging the public and private in *Eternal Sunshine of the Spotless Mind**. Paper presented at the 2011 Annual Meeting of the Midwest Popular Culture Association/American Culture Association, Milwaukee.
- Davidson, R. D.,** Deering, E., Anderson, L. B., Bankert-Countryman, J. E., Foss, K. A., Hunt, S. K., Stache, L., & Darling, A. (2011, November). *Speaking about the basic course: How student voice is constructed and expressed*. Discussion panel presented for the Basic Course Division at the Annual Meeting of the National Communication Association, New Orleans, LA.
- Davidson, R. D.,** Anderson, L.B., & Deering, E. N. (2011, April). *Dirty work in the classroom: Utilizing shared narratives as a taint management strategy*. Paper presented at the 2011 Annual Meeting of the Central States Communication Association, Milwaukee, Wisconsin.
- Davidson, R. D.** (2011, March). *Subversive voices in contemporary motherhood: The rhetoric of resistance in independent film narratives*. Paper presented at IUPUI Communication Week.
- Davidson, R. D.,** Anderson, L. B., & Deering, E. N. (2011, April). *Dirty work in the classroom: Utilizing shared narratives as a taint management strategy*. Paper presented at IUPUI Communication Studies Student Achievement Night, Indianapolis, Indiana.
- Davidson, R.D.** (2010, March). *Intensive mothering on film: Contradictions and consequences in *Little Children**. Paper presented at IUPUI Women's History Month.

Davidson, R. D. (2010, April). *Serenity not found: A critical analysis of Joss Whedon's Firefly*. Paper presented at the Annual Meeting of the Central States Communication Association, Cincinnati, Ohio.

Davidson, R. D. (2010, November). *Intensive mothering on film: Contradictions and consequences in Little Children*. Paper presented at the National Communication Association Convention, San Francisco, California.

Davidson, R. D. (2009, April). *Serenity not found: A critical analysis of Joss Whedon's Firefly*. Paper presented at IUPUI Communication Studies Student Achievement Night, Indianapolis, Indiana.

TEACHING ASSIGNMENTS

Term	Course Number/Title	Enrollment
Fall 2009	R110 Fundamentals of Public Speaking-15148 (Stand-alone)	25
	R110 Fundamentals of Public Speaking-18733 (Stand-alone)	26
Spring 2010	R110 Fundamentals of Public Speaking-20465 (Stand-alone)	24
	R110 Fundamentals of Public Speaking-23685 (Stand-alone)	24
Fall 2010	R110 Fundamentals of Public Speaking-1636 (Stand-alone)	24
	S100 First Year Seminar-28959 (Stand-alone)	24
Spring 2011	W105 Introduction to Women's Studies-26247 (Stand-alone)	30
	R110 Fundamentals of Public Speaking-25320 (Stand-alone)	23
Fall 2011	COMMUN 101: Introduction to Interpersonal Communication-610 (Discussion)	22
	COMMUN 101: Introduction to Interpersonal Communication-611 (Discussion)	18
	COMMUN 101: Introduction to Interpersonal Communication-612 (Discussion)	22
Spring 2012	COMMUN 101: Introduction to Interpersonal Communication-604 (Discussion)	22
	COMMUN 101: Introduction to Interpersonal Communication-605 (Discussion)	22
	COMMUN 101: Introduction to Interpersonal Communication-606 (Discussion)	22
Summer 2012	COMMUN 101: Introduction to Interpersonal	11

	Communication-071 (Stand-alone)	
Fall 2012	COMMUN 101: Introduction to Interpersonal Communication-607 (Discussion)	22
	COMMUN 101: Introduction to Interpersonal Communication-608 (Discussion)	22
	COMMUN 101: Introduction to Interpersonal Communication-609 (Discussion)	22
Spring 2013	COMMUN 101: Introduction to Interpersonal Communication-607 (Discussion)	8
	COMMUN 101: Introduction to Interpersonal Communication-608 (Discussion)	20
	COMMUN 101: Introduction to Interpersonal Communication-609 (Discussion)	20
Summer 2013	COMMUN 103: Public Speaking-078 (Stand-alone)	22
Fall 2013	COMMUN 335: Critical Analysis-001 (Stand-alone)	20
	COMMUN 101: Introduction to Interpersonal Communication-004 (Stand-alone)	20
Spring 2014	COMMUN 335: Critical Analysis-002 (Stand-alone)	22
	COMMUN 101: Introduction to Interpersonal Communication-001 (Stand-alone)	22
Summer 2014	COMMUN 103: Public Speaking-004 (Stand-alone)	18
Fall 2014	COMMUN 335: Critical Analysis-204 (Online)	20
Fall 2014	COMMUN 101: Introduction to Interpersonal Communication-001 (Stand-alone)	19
Spring 2015	COMMUN 335: Critical Analysis-203 (Online)	25
Spring 2015	COMMUN 101: Introduction to Interpersonal Communication-004 (Stand-alone)	19

INDEPENDENT COURSE DEVELOPMENT

2010 Women's Studies Themed Learning Community: *Writing Women Back Into (Her) Story* (Linked first-year learning community including: S100-First Year Seminar, R110- Fundamentals of Public Speaking, and W105-Introduction to Women's Studies), Indiana University- Purdue University Indianapolis.

PROFESSIONAL DEVELOPMENT

2015 Online and Blended Teaching Certificate, University of Wisconsin-Milwaukee
2015 Midwest Winter Rhetoric Workshop, Northwestern University

- 2014 Learning Technology Center workshop, Online and Blended Teaching program
- 2014 Learning Technology Center workshop, D2L-Just the Basics
- 2014 Center for Instructional and Professional Development workshop: “Creating a Teaching Portfolio”
- 2014 Midwest Winter Rhetoric Workshop, University of Illinois at Urbana-Champaign
- 2012 Center for Instructional and Professional Development workshop: “Active Learning, Higher Learning, and Lecture: A Must Have Tool,” University of Wisconsin-Milwaukee
- 2012 Center for Instructional and Professional Development workshop: “First Day Strategies,” University of Wisconsin-Milwaukee
- 2012 Faculty Development Conference, University of Wisconsin-Green Bay
- 2011 Gateway Summer Program-“Introducing Critical Thinking into Your Classroom,” Indiana University Purdue University-Indianapolis

PROFESSIONAL SERVICE

- 2015 Chair, Central States Communication Association, Sexual Orientation and Gender Identity Caucus
- 2014 Paper reviewer, Central States Communication Association, Sexual Orientation and Gender Identity Caucus
- 2014 Paper reviewer, Central States Communication Association, Graduate Student Caucus
- 2013 Chair, National Communication Association, Basic Course Division
- 2013 Paper reviewer, Central States Communication Association, Graduate Student Caucus
- 2012 Paper reviewer, National Communication Association, Public Address Division
- 2012 Paper reviewer, National Communication Association, Feminist and Women’s Studies Division
- 2010 Panel reviewer, Central States Communication Association, Women’s Caucus
- 2010 Judge, IUPUI Dominata Classic Speech Competition
- 2010 Co-Director, Curtis Memorial Oratorical Contest

UNIVERSITY SERVICE

- 2014 Judge, UW System Undergraduate Research Symposium
- 2013 Volunteer, NCA Graduate Fair Open House, Washington, D. C.
- 2012 Volunteer, NCA Graduate Fair Open House, Orlando, FL
- 2012 Volunteer, UWM Undergraduate Open House
- 2011 Planner and moderator, *A Celebration of Hoosier Women at IUPUI* with invited guests, Mr. Mickey Maurer and Dr. Mercy Obeime
- 2011 Planner, IUPUI Democracy Plaza, *Gender and Education*
- 2011 Planner, IUPUI Communication Week
- 2010 Planner and moderator, IUPUI Democracy Plaza, *He Said, She Said, We Said: Constructing Gender Stereotypes on Campus*

- 2010 Planner and moderator, *A Celebration of Hoosier Women at IUPUI* with invited guests, Mr. Mickey Maurer and Ms. Patricia Miller
- 2010 Committee Member, IUPUI Communication Week

DEPARTMENTAL SERVICE

- 2014 Chair, UWM Department of Communication Public Speaking Showcase
- 2014 Committee member, Committee to Review Summer/Winterim Graduate Teaching Policy
- 2014 PhD mentorship coordinator, UWM Communication Graduate Student Council
- 2013 Chair, UWM Department of Communication Public Speaking Showcase
- 2013 Treasurer/Fundraiser, CGSC, UWM
- 2012 Undergraduate Committee Representative
- 2012 Secretary, Rhetoric Society Association, UWM Student Chapter
- 2012 PhD Graduate Advisory Committee Representative
- 2011 Judge, UWM Department of Communication Public Speaking Showcase
- 2011 Treasurer, Rhetoric Society Association, UWM Student Chapter
- 2011 Member, Rhetoric Society Association, UWM Student Chapter
- 2011 Member, UWM Communication Graduate Student Council
- 2011 Chairperson, IUPUI Spring Speech Night, Preliminary Round
- 2011 Invited guest, IUPUI Alumni Conference, March
- 2010 Judge, IUPUI Fall Speech Night, Final Round
- 2010 Moderator, IUPUI Deliberative Polling Project, Political Communication (R390)
- 2010 President, IUPUI Graduate Communication Club
- 2010 Member, IUPUI Spring Speech Night Committee
- 2009 Secretary, IUPUI Graduate Communication Club
- 2009 Critic, IUPUI Fall Speech Night, Preliminary Round
- 2008 Member, IUPUI Graduate Communication Club

COMMUNITY SERVICE

- 2013 Planner and Presenter, Special Course on Argumentation and Environmental Literacy, Girl Scouts of Wisconsin Southeast Teen Leadership Conference, January.

PROFESSIONAL ORGANIZATIONS AND AFFILIATIONS

- National Communication Association (NCA)
- Central States Communication Association (CSCA)
- Organization for the Study of Communication, Language, and Gender (OSCLG)