Caretakers / Caregivers: Economies of Affection in Alice Munro

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For many critics, care represents a welcome alternative to prescriptive patriarchal ethics, which tend to involve abstract principles and rules that have little relevance to the day-to-day lives of individual subjects. Indeed, the ethics of care is largely a rebuttal to Kantian ethics, an ethos of autonomy and independence that provides rules for interaction that risk transforming human relations into mathematical equations. The early work of Carol Gilligan responds to the masculine bias in ethical theory by presenting an alternative discourse of care and responsibility that regards human dependence—not independence—as fundamental and inevitable. As Martha Fineman explains, “our society mythologizes concepts such as ‘independence’ and ‘autonomy’ despite the concrete indications surrounding us that these ideals are, in fact, unrealizable and unrealistic” (215). Despite misleading illusions of autonomy, care is a central concern for all human beings, though its definition and parameters are fluid: “Caring is thus experienced as an unspecific and unspecifiable kind of labour, the contours of which shift constantly. . . . It is only visible when it is not done” (Graham 26). Most theorists agree that care is always relational and interactive, necessarily involving an entanglement of motive, intention, performance, and effect.

With its focus on relationships, the ethics of care makes room for context and particulars; it accounts for individuality and specificity and emphasizes responsibility, relationships, and context. However, such flexibility also leads to theoretical instability, to an aporia at the heart of the ethics of care: care is both universal and inscrutable; it demands definition and evaluation, yet constantly eludes such fixity. The attention to context
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can make it difficult to discuss care outside of particular scenarios and Peta Bowden goes so far as to suggest that “caring highlights the ways in which ethical practices outrun the theories that attempt to explain them” (2). In essence, at the heart of the ethics of care is a resistance to abstraction that can inhibit its own philosophical theorization. But this potential theoretical impediment makes narrative fiction an ideal form for the study of care. In fact, one could argue that fiction has the most to contribute to ethics of care debates in its representation of particular scenarios of dependence, responsibility, compassion, and care.

Alice Munro, who turned eighty in 2011, has a writing career spanning six decades with much to offer the theorization of care. Her early works, particularly the connected short story collections Lives of Girls and Women (1971) and Who Do You Think You Are? (1978), have garnered much critical attention as feminist explorations of identity that provocatively explore the politics of gender and art. Critics have stressed her commitment to the everyday lives of women, her unflinching investigations into the by turns suffocating and satisfying world of the domestic.¹ This preoccupation with gender, power, and responsibility has revealed itself in stories that depict women confronting ethical dilemmas in which the needs of the self come into conflict with the needs of the other. A number of critics have examined the ethical implications of Munro’s work, in particular what the stories suggest about a writer’s responsibility to her “material,” both the work of fiction itself and the actual world that has inspired it.² Robert McGill’s work considers the crises of responsibility in her stories, teasing out the “relationship between ethical writing and ethical living” in “Material” (“Daringly Out”) and the meaning of fidelity in “The Bear Came Over the Mountain” (“No Nation”). Tracy Ware and Dennis Duffy examine another aspect of fidelity in their respective analyses of Munro’s “Meneseteung,” a story that, unsettling the historical fiction genre, raises questions about the fiction writer’s “responsibility to history” (Ware, “And They May” 68). Much Munro scholarship explores the ambiguous relation among the implied author, the narrative, and the reader, established by the many narrators and characters who draw attention to their role and its potential for manipulation and exploitation.³ My own perspective is closer to that of Naomi Morgenstern, who analyzes in Munro “crises of responsibility generated by ethical relations” (72). Morgenstern stresses the productive indeterminacy of Munro’s writing, arguing that “her narrators and central characters provocatively resist final acts of judgment, leaving
readers confronted by the complexities and impossibilities that characterize the ethical” (79). This essay builds on Morgenstern’s assertion, focusing on a particular, and particularly charged, ethical relationship in Munro’s fiction, namely the affiliation between caregivers and their charges.

The recurrent depiction of women grappling with the needs of others and the dubious empowerment afforded by such responsibility, draws attention to the formative role of gender in larger discussions of the philosophy of care. Ethics of care scholarship is largely feminist and recuperative; that is to say it seeks to legitimize so-called feminine morality by stressing dependency and the need to give and receive care as universal. But as Munro’s stories demonstrate, the gendering of caregiving has serious ethical and political implications. For her characters, the inevitable realignment of power structures that accompany dependency and obligation arising from relations of care has serious consequence. Opportunities for dominance and control are rare for many characters, and the empowerment that attends one person’s dependence on another can also represent stifling responsibility and new opportunities for authority. This essay considers the gendered implications of care relations resulting from the rearrangement of responsibility in Munro’s fiction, particularly in the story “The Love of a Good Woman.” This and other stories by Munro conjure up dilemmas central to the philosophy of care: How can women balance the demands of others with self-preservation in a culture that encourages and celebrates female selflessness? Indeed, does the recognition of identity as relational and responsibility as fundamental have serious risks for women? Do caregivers risk succumbing to patriarchal scripts of female subservience loathsome to women seeking to escape the bonds of domesticity? Munro’s stories confront these and other ethical questions in their exploration of relations of dependency and care, focusing on the disquieting aspects of care: the desire to dominate and exploit, the longing to flee and abandon those in need.

The ethical quandary created by obligation announces itself early in Munro’s oeuvre. In “The Peace of Utrecht” (1968), a story Munro herself considered an important landmark in her career, the ominous demands of care are immediately prominent. The story’s central characters, narrator Helen and her sister Maddy, have a shared history of reluctant caregiving for their invalid mother, their “Gothic Mother” whose “raw and supplicating” (200) cries for help continue to haunt Helen long after her mother’s death. The sisters cannot rid themselves of the lost other’s
demands for care, the cries that they were unable or unwilling to answer. The needs of their invalid mother create a shared past that separates rather than binds the sisters, locking each into private memories of humiliation and inadequacy. For both sisters their mother’s impossible needs remain inescapable even after her death, haunting the failed caregivers in their memories of shame and resentment.

The preponderance of such beleaguered caregivers in Munro’s fiction has a significant biographical antecedent. In 1943, when Munro was twelve years old, her mother, Anne Laidlaw, began exhibiting troubling symptoms that would lead to the diagnosis of Parkinson’s disease. As the eldest daughter, with her nearest sister five years behind, Munro was her mother’s primary caregiver, responsible for the domestic duties that Anne could no longer manage, duties that often kept Munro home from school (Thacker 57). The impact of this period on Munro’s fiction has been considerable and persistent since “the onset of Anne’s Parkinson’s disease came just as Munro had reached puberty and was realizing her vocation as a writer” (73). Her time spent managing the household provided the opportunity to “think my thoughts,” as she has put it (qtd. in Thacker 57) and the labor of care produced the simultaneous resentment and empowerment reflected in many of her stories depicting caregiving. As Munro has remarked in an interview, “the material about my mother is my central material in life” (“Art of Fiction”). Throughout her early work, in stories like “The Peace of Utrecht,” “The Ottawa Valley” (1974), “Winter Wind” (1974), “Spelling” (1978), and “A Queer Streak” (1986), one finds caregiving roles, young women saddled with the responsibility to care for older family members, a subject that she continues to work through in her later fiction. In Munro’s stories, characters are frequently summoned by the call of the other, a call at once insistent and repugnant, a call that portends the realignment of personal structures of power. In heeding the call of the incapacitated other, the subject becomes both omnipotent and subservient; she has all of the ability and mobility the afflicted lacks, but in exchange for such relative privilege she becomes a kind of handmaiden.

The disconcerting aspects of caregiving that preoccupy Munro’s fiction bear some resemblance to the problematic implications of compassion that Lauren Berlant and others expose and analyze in the collection Compassion: The Culture and Politics of an Emotion. Berlant’s investigation into the term itself suggests asymmetry is at the heart of compassion, both
in its definition and practice: “in operation, compassion is a term denoting privilege: the sufferer is over there. You, the compassionate one, have a resource that would alleviate someone else’s suffering” (4). Compassion endows the compassionate subject with the pleasure of means, that is, the capacity to endow or withhold. Consequently, there is an “undertone” (Berlant 9) to compassion, since the relationship relies on inequality. There is always the possibility of denial: “scenes of vulnerability produce a desire to withhold compassionate attachment, to be irritated by the scene of suffering in some way.” Munro’s stories refuse to shy away from such “undertones” in their depictions of care, exploring the “desire to withhold,” the refusal to engage with those in need. Training in compassionate action runs alongside what Berlant identifies as “training in aversion” (10). And although ethics of care philosophers stress the obligation to care as primary to existence and subjectivity, Munro’s stories suggest that care and compassion are not so far removed from one another, that the compulsion to care is less compelling than ethics of care philosophers might assert, that calculation and choice play an unmistakable role in caring relations. The distinct pleasure of rescuing gained through care, coupled with the perhaps unconscious impulse to withhold or limit care, functions in tandem within Munro’s portraits of conflicted, even sinister caregiving.

Such unsettling affective economies—that is, systems of exchange that employ affective response as currency—are particularly obvious in Munro’s many stories involving paid caregivers, typically “practical nurses” who provide in-home care for ill or disabled patients. In her book on Munro, Ailsa Cox notes the preponderance of “conniving nurses” in Munro’s fiction, paid caregivers “who insinuate themselves with their patient’s relatives, taking charge where there is disorder and imposing a more rational, up-to-date lifestyle on the families they have colonized” (52). In characterizing the nurse as a colonialist, Cox evokes imperialist relations, implying domination, exploitation, and destruction, as opposed to what is usually associated with care, namely assistance, sensitivity, and responsibility. The irony of the “colonizing” nurse is significant since, as health care critics, such as Jennifer Parks make clear, home care workers are often at risk of exploitation by employers (9). But Munro’s stories tend to stress the potentially threatening authority of the capable home health-care worker within families disrupted by illness and disability. Cox’s figurative language highlights a particular structure at work within nursing relations in Munro’s work, exposing the patterns of self-interested exchange that dominate and determine economies of affection.
Caregiving, caretaking: gifts and thefts

The “giving” of care involves “taking” as well, in the form of money in many cases, but there are more intangible gains as well. The power gained by dealing with those aspects of the body that others deny or reject (blood, pus, urine, excrement) puts the nurse in a tenuous position of power (Bowden 115): her familiarity with the abject makes her at once knowledgeable and dangerous. It is no coincidence that Munro’s nurses are often threatening, enigmatic, potentially “conniving” figures. Her stories blend the “giving” and “taking” elements of care in their duplicitous nurses whose intentions are often shrouded and vaguely threatening.

The terminology of care “giving” and care “taking” provides a useful entry point for attending to the precariousness of care. Though “give” and “take” are opposing verbs, the former denoting donation, the latter receipt, once compounded with “care,” the clear opposition begins to blur. Lexically, “caretakers” have existed at least one hundred years longer than “caregivers.” According to the *OED*, a “caretaker” is “one who takes care of a thing, place, or person; one put in charge of anything.” The power implications are clear: to “take” care is to take “charge,” to adopt a position of power over the person or object cared for. The nondiscrimination of the term is significant; any thing, place, or person may be the object of the caretaker’s attention. The colloquial, contemporary usage of the term accentuates the site of care since “caretaker” is now most commonly applied to those engaged in property maintenance. As the roots of the compound term imply, caretakers are likely to “take” something tangible, some payment in exchange for their labor.9 The objectification of the care recipient in such scenarios is glaring in the term’s verb form, which derives from the noun “caretaker” via back formation and omits the human recipient from the act of caretaking. To “caretake” is to “take charge of, watch over, and keep in order (a house, estate, business premises, etc.) in the absence of the owner or customary occupants” (*OED*). Furthermore, the back-formation responsible for the verb form “caretake” implies a lexical hierarchy that privileges the caretaker over both the practice of care and its recipients—“caretakers” existed prior to “caretaking.” The recent substitution of “caretaker” for the term “janitor,” represents a shift in register that may help explain the emergence of the term “caregiver” in the United States in 1966 to denote “a person, typically either a professional or close relative, who looks after a child, elderly person, invalid,
etc.” (OED). Notably, only people can receive “caregiving,” unlike the object recipients of “caretaking.” The “caregiver” is not “put in charge of anything” like the caretaker, but rather he or she attends to “the needs of others, esp. those unable to look after themselves adequately” (OED).

The power implications of “caregiver” are dispersed and subtle, not clearly hierarchical as in caretaking, which involves one person put into a position of maintenance and responsibility. Caregiving does not, by definition, necessitate payment, training, assignment, or supervision. Its lexical development suggests the need for terminology denoting care work and connoting ethical commitment, since the caregiver responds to another’s needs rather than merely assuming responsibility for upkeep and oversight, and offers attention and concern, implying human decency, selflessness, responsibility, even affection; one “gives” care to infants, the elderly, the disabled, and “takes” nothing away from the recipient. The development of “caregiving,” both the term and the practice, emphasizes the association of dependency work with the heroism of love, duty, and honor, banishing the unsavory aspects of care, its labor and burdens. The new term thus masks the many ways “caregiving” can resemble “caretaking,” in particular, the opportunities it provides for objectification, reimbursement, and dangerous power imbalances. The lexical distinction between the terms speaks to a desire to maintain ideological distinctions between love and work, distinctions that Munro’s fiction calls into question.

Munro’s work blurs boundaries between caregiving and caretaking. In stories like “Jesse and Meribeth” (1985), “Floating Bridge” (2002), “Queenie” (2002), “Runaway” (2004), “Soon” (2004), and “Hired Girl” (2006), untrained women are paid to care for people and spaces simultaneously, drawing attention to the shifting motivations and arrangements involved in caregiving. These ambiguous caregiver/caretaker figures are often at once necessary and threatening, undermining romanticized visions of caregiving by bringing to the fore the vexed labor involved in ostensibly acts of love. As one might imagine, ethics of care philosophers tend not to consider care performed under such strained conditions authentic. According to Virginia Held, “a caring person not only has the appropriate motivations in responding to others or in providing care but also participates adeptly in effective practices of care” (4). From such a perspective, care in these stories is rarely “effective.” But the balance of appropriate motivation and practice is difficult to strike and Diemut Bubeck
Amelia DeFalco argues that “there are good reasons for keeping the meeting of a particular type of need and the expression of love distinct, while acknowledging that they may often coincide (especially in the private sphere)” (166). Munro’s stories reflect Bubeck’s view, suggesting in their exposure of selfishness and fear, jealousy and cruelty, that the ideal Held and others promote is complicated by the vicissitudes of a range of human self-interests. Munro represents a multitude of caregivers tending to elderly, disabled, and ill characters in a variety of situations, familial and professional, voluntary and enforced, the categories repeatedly blending and merging. And throughout these scenarios of care, love and devotion are countered by an equal share of resentment and exploitation, deception and manipulation.

Nursing: woman’s “natural” profession

Dependency and care are inescapably implicated in power relations. As Munro’s stories suggest, there can be no benign empowerment, since every gain is another’s loss. Dependency involves a transfer of power as one person comes to act or speak in place of another, a transfer particularly transparent within nursing relations. The history of professional nursing unequivocally aligns care with femininity. Drawing on the work of Suzanne Reberby, Peta Bowden demonstrates how the nursing profession grew out of an assumed “natural” affinity between women and nurturing, which served to obscure the difficult labor involved in nursing care: nurses were expected, Bowden argues, to “take on their obligation to care as part of the expression of their natural identities rather than as a work chosen and performed by autonomous and self-directed agents” (129). As a result, while the profession easily attained ethical and practical legitimacy, nurses themselves were prevented from assuming control of their profession. The development of professional nursing coincided with the emergence of training that sought to make its disciples more authentically themselves, that is, to assume their “natural” gender roles. In other words, women were expected to learn something assumed innate: women’s intuition. And yet, despite the supposed naturalness of “caring” for women, the profession was divided according to class: “two categories of nurses were to be trained: the ‘gentlewoman’ who would have the ‘qualifications which will fit them to become superintendents,’ and those women ‘used to household work’ who would be regular nurses” (130).
This stratification, with its lower class, lower paid employees, variously termed “practical” or “vocational” nurses created marginalized workers, maintaining “generalized cultural associations of caring with minimally important domestic work” (133).

“Practical” nurses are the professional caregivers most likely to appear in Munro’s stories; indeed, when caregivers have any formal training at all, it tends to be minimal. In stories like “The Love of a Good Woman,” “Some Women,” and “Friend of My Youth,” women with ambiguous credentials enter, or in Cox’s terms, invade and “colonize” the homes of those in need of care. But training is deemed unnecessary for many employers in the stories; in “Cortes Island,” “Queenie,” “Floating Bridge,” and “Soon,” untrained women, typically young women in need of money, are hired to provide care for disabled or ill dependents. Though training and credentials range, paid caregivers in Munro’s stories are consistently employed to do the dependency work that others cannot, or will not, manage, labor that is often unpleasant. The intimacy of nursing is fundamental and visceral, yet “distance” is part of nursing protocol and practitioners are “warned about becoming too involved with, and attentive to, patients as individuals” (110). Accordingly, the physicality of the body often becomes primary, a dehumanization of the afflicted subjects that transforms them into dependent objects.

It is significant that the majority of nursing relationships in Munro’s fiction occur between women. These female relations, formed around a diseased, and/or disabled body, draw attention to the centrality of the corporeal in gender politics. The “thingness” of the female body, identified by Iris Young as a primary barrier to gender equality, is front and center in stories that revolve around the care and maintenance of female bodies by female caregivers. As Young contends, “for feminine bodily existence the body frequently is both subject and object for itself at the same time and in reference to the same act” (150). As a result, for women “the body is often lived as a thing that is other than it, a thing like the other things in the world. To the extent that a woman lives her body as a thing, she remains rooted in immanence, is inhibited, and retains a distance from her body as transcending movement and from engagement in the world’s possibilities.” Munro’s women confront the body as thing, as object of illness and disability, as dependent or depended on, and the stories thus focus on the shifting power relations that result from such dependency and objectification.
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Right actions, wrong feelings: caregiving in “The Love of a Good Woman”

In “The Love of a Good Woman” a nurse adopts an influential role in the family that employs her, gradually usurping the role of the dying wife and mother she has been assigned to assist. Approaching novella length and complexity (five sections, spanning seventy-six pages that shift narration, protagonists, and point of view), the story concerns the suspicious death of an optometrist, D. M. Willens, which, as we finally learn in the end, was not an accident, as the police have assumed, but murder. Most pertinent for my discussion is Enid, the practical nurse who provides in-home care for the dying Mrs. Quinn. Drawn to the nursing profession by her desire to assist and comfort those in need, Enid is disturbed by her own negative reaction to Mrs. Quinn and her ailing body. Enid is accustomed to being an unwelcome presence in the households where she works, her patients often having “detested the site of Enid herself, for her sleepless strength and patient hands and the way the juices of life were so admirably balanced and flowing in her” (37). There is a significant imbalance in the caregiver/care-receiver relationship here, and a resentment of the nurse’s surfeit of strength, power, and vitality. Indeed, it often seems as if the patient’s own seeping life is somehow the inverse of the forceful vitality of the capable nurse, as if Enid’s strength is itself enervating. As the story progresses, then, care comes to resemble a battle between giver and receiver, a struggle over the limited resources of life.

Although Enid is familiar with the jealous resentment of her patients, her own aversion to Mrs. Quinn surprises and alarms her:

> It was not just that she couldn’t supply comfort here. It was that she couldn’t want to. She could not conquer her dislike of this doomed, miserable young woman. She disliked this body that she had to wash and powder and placate with ice and alcohol rubs. She understood now what people meant when they said that they hated sickness and sick bodies. . . . She disliked this particular body, all the particular signs of its disease. The smell of it and the discoloration, the malignant-looking little nipples and the pathetic ferretlike teeth. She saw all this as a sign of willed corruption. . . . In spite of being a nurse who knew better, and in spite of its being her job—and surely her nature—to be compassionate. (38)
Recalling Berlant’s critique, compassion appears here as the morally appropriate response Enid imagines should effectively conceal, if not replace, her disgust. This “natural” compassion that eludes her also recalls the gender assumptions underlying the nursing profession, making Enid’s inability to muster a liking for her patient a personal and professional failure. The body, its weakness and ailments, are attributed to Mrs. Quinn herself as elements of her identity, marking her as a disturbing and repulsive other that Enid longs to flee. Ironically, it is this furtive, shameful revulsion that shifts the power relation between patient and nurse: “Worse even than the fact that Enid should feel this revulsion was the fact that Mrs. Quinn knew it. No patience or gentleness or cheerfulness that Enid could summon would keep Mrs. Quinn from knowing. And Mrs. Quinn made knowing it her triumph” (38-39). The struggle between Enid and Mrs. Quinn becomes overt, a battle for moral superiority, demanding a winner and a loser and foreclosing the possibility of collaboration or mutual benefits.

Enid’s distressing, “inappropriate” reaction to Mrs. Quinn’s illness and dependency asserts itself in a series of “ugly dreams” of bizarre, grotesque desire:

In the dreams that came to her now she would be copulating or trying to copulate (sometimes she was prevented by intruders or shifts of circumstances) with utterly forbidden and unthinkable partners. With fat squirmy babies or patients in bandages or her own mother. She would be slick with lust, hollow and groaning with it, and she would set to work with roughness and an attitude of evil pragmatism. “Yes, this will have to do,” she would say to herself. “This will do if nothing better comes along.” And this coldness of heart, this matter-of-fact depravity, simply drove her lust along. She woke up unrepentant, sweaty and exhausted, and lay like a carcass until her own self, her shame and disbelief, came pouring back into her. The sweat went cold on her skin. She lay there shivering in the warm night, with disgust and humiliation. She did not dare go back to sleep. (51)

Enid’s dreams recall the “pagan dreams” experienced by the caregiving protagonist in “Cortes Island” (145), dreams in which “the safe barrier between the transgressor and the ‘normal’ self is crossed. The dreamer is no longer a passive witness. She is implicated” (Cox 60). Much like Enid, the narrator’s dreams in “Cortes Island” involve sexual transgression. In
particular, the young caregiving narrator dreams of sexual acts between her and her elderly, disabled patient. Enid’s nightmares involve her violent objectification of the other, transforming the helpless and the vulnerable into sexual objects. In effect, the dreams betray her attitude of contempt toward the dependents (babies, patients) that she regards as mere tools for personal satisfaction, an attitude that is shameful, but undeniable. Enid’s dehumanization and degradation of the other forces her to confront alterity, both the other’s and, perhaps most distressingly for Enid, her own in the alarming desires that emerge in sleep. Her “evil pragmatism” and “coldness of heart” cling to her as she wakes, provoking an experience of alienation in which her body is uncannily unfamiliar and she must wait, lying “like a carcass until her own self, shame and disbelief, came pouring back into her.” It is only “shame and disbelief” that return her to her waking self. Her “coldness of heart” and “cold” sweat echo an earlier, failed attempt to provide honest care for Mrs. Quinn when Enid admits to herself that her offer to fetch a minister was, though “the right thing to ask,” made for the wrong reasons: “the spirit in which she asked it was not right—it was cold and faintly malicious” (54). The actions and motivations of Enid’s caregiving thus appear in direct opposition: she performs acts of care but feels disdain, even hatred for her dependent.

Enid attempts to “make herself speak compassionately and encouragingly” (54) to her patient, but her struggle to feel anything positive toward Mrs. Quinn is largely in vain. This effort at compassion, explicitly associated with pity—Enid typically feels “sorry for” her patients (38)—parallels Berlant’s critique of compassion, its implication in inequality and injustice. Nurses are encouraged, as Bowden makes clear, to engage in compassion, that is, to care from an appropriate distance—“professional behavior entails the avoidance of any personal interactions and the limitation of one’s role to the exercise of scientific, technical and managerial capabilities. These injunctions are designed to answer the problems of face-to-face caring relations in the public sphere” (110)—but such encouragement illustrates Berlant’s contention that “training in compassionate action” often coincides with “training in aversion” (10). Compassion and coldness, attachment and distance, devotion and self-preservation: caregiving floats uneasily between these extremes.

The condescension and unreliability of compassion shed light on Enid’s desire to act compassionately toward her patient. Enid’s “hope to be good, and do good” (42) stems from a fantasy of self-satisfying self-
sacrifice. Enid’s mother hints at this secret purpose when Enid agrees to abandon hospital nursing at her father’s request: “Well, I hope that makes you happy” (40), Enid’s mother tells her. Her mother’s use of the second-person pronoun is significant, as the narrator makes clear:

Not “makes him happy.” “Makes you.” It seemed that her mother had known before Enid did just how tempting this promise [to give up registered nursing] would be. The deathbed promise, the self-denial, the wholesale sacrifice. And the more absurd the better. This was what she had given in to. And not for love of her father, either (her mother implied), but for the thrill of it. Sheer noble perversity.

The tension conveyed in the phrase “noble perversity” is at the heart of the story’s narrative conflict, a conflict between the desire for personal satisfaction and the desire to be virtuous. Following the implications of this conflict, it is no coincidence that the return of self Enid waits for after her disturbing dreams’ “unrepentant” sexual “depravity” involves a flood of “shame and disbelief . . . pouring back into her.” In “The Love of a Good Woman” Munro imagines the relationship between caregiver and care-receiver as distinctly combative. Enid’s ministrations often barely conceal her desire for domination. The language of combat recurs throughout the descriptions of their relationship: Mrs. Quinn “submit[s]” to having her nightgown removed (35); Mrs. Quinn, like all dying people, according to Enid, is “flailing for an enemy” (36); Enid cannot “conquer her dislike” (38) of Mrs. Quinn; Mrs. Quinn’s knowledge of Enid’s repulsion is her “triumph” (39). The Enid/Mrs. Quinn relationship incorporates the dubious, “built-in clean-hands clause” of compassion (Vogler 30); Enid attempts to act appropriately, “caringly” in order to maintain moral superiority, despite the sinister fantasies of her dream life and the waking disdain that undermine her belief in her own goodness.

The story’s power struggle between caregiver and care-receiver demonstrates the potency of knowledge and secrets, since language and stories are the only weapons the dying Mrs. Quinn has at her disposal. Her awareness of Enid’s dislike empowers her: “Good riddance to bad rubbish” (39), is her self-deprecating articulation of her caregiver’s secret thoughts, a crude phrasing that haunts Enid with its clairvoyance, its capacity to glean Enid’s true feelings for her patient, despite her efforts to conceal them. Enid’s inability to convincingly don the mask of concerned,
devoted nurse diminishes the only power available to her—the power of devotion, sacrifice, compassion. The Christian overtones of Enid’s desire for prostration converge with the story’s central revelation, delivered in a deathbed confession. Mrs. Quinn confesses to her participation in the cover-up of Mr. Willens’s murder, perpetrated by her husband in a fit of jealous rage. But the standard power dynamic between penitent and confessor is reversed in the confessional moment. As Sandra Lee Bartky explains, in Foucauldian terms, confession “unfolds within an inegalitarian relationship, for one confesses to another who has authority not only to require the confession but also to determine whether the confession itself reveals a core self that is virtuous or vicious, mature or immature, normal or abnormal” (35). But in “The Love of a Good Woman,” the power relationships are not so clearly drawn. Mrs. Quinn’s deathbed confession suggests an attempt to de-throne both Enid and Mr. Quinn, simultaneously exposing her husband’s crime and implicating Enid in its concealment. Until now, Enid has been able to perform care work without caring feelings, sidestepping ethical questions of responsibility, justice, and commitment; she does the “right” thing, though not necessarily for the “right” reasons. But Mrs. Quinn’s confession, delivered in the text as an uninterrupted narrative, introduces Enid to a new kind of ethical responsibility, one with both moral and legal implications.

Initially Enid is distracted and distraught by the morbid tale, wandering the house, wondering “what to do about it” (63), attempting to balance the potential authenticity of Mrs. Quinn’s story against its demand for justice. Her anxiety is resolved by her realization of the power implied by this new knowledge, and the opportunity it presents: the power to choose who is saved and who is punished. Consequently, she has a happy, buoyant day with the Quinn children as Mrs. Quinn dies alone, experiencing a new liberation from responsibility: “She had never absented herself like this before with anybody who was dying” (66-67). Enid now has bigger concerns. She sets about planning the ultimate act of self sacrifice: she will go see Rupert Quinn, ask him to take her out on the lake in his boat and, after admitting that she cannot swim, confess her new knowledge: “Once he understood his advantage, she would tell him. She would ask, Is it true?” (72). She considers two possible outcomes if Mrs. Quinn’s tale is true: either he will succumb to her demand for his surrender to police or he will push her into the river where she will drown. She anticipates with excitement the possibility of the first scenario.
and the moral perfection that will result when she devotes herself to him during his incarceration, forming “a bond that is like love but beyond love,” a fantasy she finds so intoxicating it verges on “indecent” (73).

But the scene does not unfold according to her plans. When she visits the widowed Mr. Quinn, his autonomy and unfamiliarity disarm her, his very scent alerting her to his otherness, his separateness, his unfathomable subjectivity: “No bodily smell—even the smell of semen—was unfamiliar to her, but there was something new and invasive about the smell of a body so distinctly not in her power or under her care” (emphasis added, 77). Enid’s plan dissolves as the alterity of the other becomes undeniable. In place of the moral superiority and domination she has imagined, she is set adrift by his otherness, invaded by his very smell. So accustomed is she to caring for dependents, a role that has led her to believe in the power of her knowledge and ability, in the transparency and familiarity of other people whom she presumes to understand pathologically, as diseases, symptoms and disabilities, that she is deeply affected by this newfound mysteriousness. Enid’s awakening to the unknown expands to involve the entire setting, the sudden strangeness of the world expressed in narrative questions: “The air was clear in some places, then suddenly you would enter a cloud of tiny bugs. Bugs no bigger than specks of dust that were constantly in motion yet kept themselves together in the shape of a pillar or a cloud. How did they manage to do that? And how did they choose one spot over another to do it in?” (78). Enid is newly perplexed and awed by a world beyond her understanding and control.

The story concludes with a series of paragraphs describing her new vision of the world, her new, detailed attention to landscape. The final lines provide no clear resolution to the story’s central mysteries: Mr. Willens’s bizarre death, the authenticity of Mrs. Quinn’s confession, the fate of Enid and of Rupert. Instead, the story ends with secrets and silence as Rupert disappears to fetch the boat’s hidden oars: “If she tried to, she could still hear Rupert’s movements in the bushes. But if she concentrated on the motion of the boat, a slight and secretive motion, she could feel as if everything for a long way around had gone quiet” (78). Enid’s new experience of herself as vulnerable, as unknowing, even unknown, her shifting attention to the world beyond her influence and management, arouses a novel incomprehensibility; it is the first time in the story that Enid can only witness, rather than direct a situation. Prior to her encounter with Rupert Quinn, Enid has willfully overlooked the otherness
of the other, preferring the smug satisfaction of self-sacrifice to actually confronting alterity, the inassimilable mystery of others. Patients have always been objects of care, her attention focused firstly on symptoms and disease. But in this final scene there is no overt power struggle, no competition, no giving or taking, no devotion, sacrifice or domination. Instead there is silence and mystery. Enid’s nursing career has been based on inequality, self-serving sacrifice that illustrates Kelly Oliver’s central argument that “the dichotomy between subject and other or subject and object is itself a result of the pathology of oppression. To see oneself as a subject and to see other people as the other or objects not only alienates one from those around him or her but also enables the dehumanization inherent in oppression and domination” (3). Throughout the story, caregiving functions within this structural pathology of subject and object. But the story’s final moments evoke the potential for new, ethical relations as Enid pauses to witness the world around her, opening herself to the unknown, the unknowable both within and without. I believe the story’s final paragraphs depict a dawning awareness and appreciation of what Oliver calls “the adventure of otherness” (20). For Oliver, the appreciation of such otherness is a prerequisite for love, since “love requires a commitment to the advent and nurturing of difference.” This kind of commitment is new to Enid, whose version of care has relied on imbalanced, objectifying “compassion.” The story’s conclusion opens up the possibility of witnessing, of opening the self to the mystery of otherness without resorting to assimilation and domination.

Ironically, it is only after the termination of her professional caregiving duties that Enid awakens to alterity and the respectful witnessing that is necessary for ethical human relations. As Oliver writes, “the otherness of the other, is the greatest joy; and a vulnerability in the face of the other is a sweet surrender, a gift rather than a sacrifice” (224). And yet, Enid’s awakening to alterity, her dawning appreciation of silence may be protecting a killer. It may be the company of a murderer that introduces her to otherness and the respectful witnessing it demands. His difference is “welcome” (77), but danger may lurk within this difference. Munro’s open-ended conclusion confounds attempts to exonerate or condemn Enid (or Rupert for that matter), in effect extending the experience of baffling, remarkable otherness to the story’s reader, who can only quietly witness difference, denied recourse to explanation and clear resolution.

Throughout Munro’s stories one finds these non-idealized depictions of caregiving that expose resentment, sacrifice, loss, even cruelty as aspects
of dependency work. Munro’s stories confront readers with the rarity, if not impossibility of mutually satisfying caregiving relations. Instead, we witness complex, murky affective economies in which characters shrewdly trade affection, assistance, power and control. These stories demonstrate the repercussions of ethical obligations in which the needs of one eclipse those of another, testing definitions of responsibility, such as Derek Attridge’s, that emphasize subjugation: “Responsibility for the other involves assuming the other’s needs, being willing to be called to account for the other, surrendering one’s goals and desires in deference to the other’s” (27). Munro’s stories complicate such ethical hypotheses by demonstrating the risks of self-denial and self-sacrifice, particularly in a culture that persistently associates women with “natural” caring and selfless devotion. The impossible demands of ethical response create an unsettling vision of subjectivity and responsibility in which ethical relations debilitate the subject. As Simon Critchley explains, “the subject shapes itself in relation to a demand that it can never meet, which divides and sunders the subject” (40). The violence of this relationship between subject and “sundering” responsibility is explored repeatedly in Munro’s stories, which challenge the salubrity of the obligations of care. In these stories, not only do motivation and action fail to align in a harmonious constellation of “successful” care, but caregiving functions as a shield characters adopt to conceal transgressive desires for power, domination, elimination, retribution. Care can be a weapon, these stories suggest; self-sacrifice can be a device. For those marginalized by gender, caregiving is a means to power, an opportunity for “colonization” that proves difficult to resist. In these stories the risks of absolute responsibility emerge: it is not just the obligated subject who may be “sundered” by impossible demands, the source of responsibility, the dependent other may also become an object of self-serving sacrifice, dehumanized and exploited.

Munro’s stories consider the impossible position of both caregivers and dependents thrust into relations of care, the resentment and frustration of both being needed and being in need. The discomfort of each position generates systems of exchange in which each (giver and receiver) tries to ease her burden by increasing her power and agency, a competitive arrangement leading to an affective economy that trades in happiness and suffering. If abstract ethical philosophers often stress absolute commitment and the virtues of care, Munro’s stories demonstrate responsibility in action, the unavoidable complications that lurk within performances of care and acts of responsibility.
Notes

1. As Beverly Rasporich explains, “In its most comprehensive sense . . . Munro’s work is that of collective female mind and experience, of a cultural enclave that is largely domestic and traditionally treated as folk by both sociologists and literary critics alike” (100). Magdalene Redekop interprets Munro’s strategic attention to the domestic as a “radical” rejection of the “defamiliarizing techniques common to many contemporary writers” (12). See Howells and York for further explorations of the connections between the everyday and gender identity in Munro’s fiction.

2. As Munro herself has explained in reference to her story “The Ottawa Valley”: “I’m looking at all this material, I’m looking at real lives, and then I not only have to look at the inadequacy of the way I represent them but my right to represent them at all. And I think any writer who deals with personal material comes up against this” (qtd. in Ware, “Tricks” 127).

3. Many critics have seized upon the implications of Munro’s metafictional style. See, in particular, Carrington, Heble, McGill, McIntyre, Redekop, Rhys.

4. In interview, Alice Munro has referred to “The Peace of Utrecht” as “the first story I absolutely had to write and wasn’t writing to see if I could write that kind of story” (qtd. in Howells 14).

5. Such a demanding, haunting cry recurs in Munro’s fiction. The yowls of a drunk and beaten woman on the edge of the protagonist’s property in “Meneseteung” have a lasting impact. As Morgenstern explains, the protagonist, Almeda, “will never be the same again” (75). According to Morgenstern, the call of the other is an “animal” cry of need, a “cry from beyond,” at once human and animal, within and outside of language (78). The cry summons the subject to the realm of responsibility and obligation to a consciousness beyond comprehension, one that is strange, even threatening. Such is the cry that haunts Helen upon her return to her family home. Raw, useless, and shameful, the mother’s cry is barely human to Helen, blending in with other “household sounds which must be dealt with, so that worse may not follow” (200-201). The call of the other, in this case, a close relative distorted and estranged by illness, inspires disgust tinged with guilt.

6. According to Munro’s biographer, Robert Thacker, “The Ottawa Valley” “is the second of a succession of Munro stories confronting the looming fact of her mother, Anne Clarke Chamney Laidlaw, who died in early 1959 after an almost twenty-year struggle with Parkinson’s disease” (5). The first story to confront Anne’s illness was “The Peace of Utrecht” (150).

7. For a fuller discussion of caregiving, witnessing, and ethics in “Spelling,” see chapter two of my book, Uncanny Subjects.

9. In her treatment of the ethics of home health care, Jennifer Parks prefers the term “caretaking” over “caregiving,” arguing that the former reminds readers that “care should not be viewed as merely a ‘gift’ to be given by women but that it is, indeed, work” (7).

10. A similar hierarchy exists in the present stratification of nurses in Canada. Currently there are four classifications of nursing: personal support worker, registered practical nurse, registered nurse, and nurse practitioners. Personal support workers have the least training (typically one year full-time at the community college level) while nurse practitioners have the most extensive training (a bachelor’s degree, experience as a registered nurse along with specialized examinations).

11. Naomi Morgenstern, in response to another story, comments on the unusual role played by dreams in Munro’s fiction: “While dreams are usually taken to be the ‘royal road’ to the individual’s unconscious, in Munro’s narratives . . . dreams . . . register the other’s otherness” (72).

12. The story’s second section opens with Enid recording Mrs. Quinn’s disease, “glomerulonephritis” in her notebook. The reader’s introduction to Mrs. Quinn is via Enid’s fascinated account of her diseased state and we first know her as a series of symptoms and ailments, a medical novelty. Indeed, it is the “first case [Enid] had ever seen” (31). Mrs. Quinn, the person, is obscured in Enid’s mind and, at least initially, in the narrative, by the novelty of her illness.

13. Not all philosophers of care emphasize the enriching, rewarding potential of mutual dependence. See, for example, Diemut Bubeck and Ruth Groenhout.

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Caretakers / Caregivers: Economies of Affection in Alice Munro


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