Title: Folding Paper Swans, Modeling Lives: The Ritual of Filipina Eldercare in Israel
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Folding Paper Swans, Modeling Lives
The Ritual of Filipina Eldercare in Israel

This article examines the practices of folding paper swans by Filipina migrants employed as live-in caregivers for elderly, dying patients in Israel. These practices create a microsystem model of adjustment through precise, small-scale, and repetitive movements. This microsystem synchronizes a tripartite process: the swan’s process of construction, the patient’s process of decay, and the caregiver’s process of self-creation. In the short run, the microsystem is sustained, but in the long term, the microsystem contains within it the seeds of its own self-destruction, as the patient eventually dies, the caregiver is reassigned to another patient or deported, and the swans are gifted. Therefore, the swan folding expands both medical anthropology understanding of caregiving as a ritual and the phenomenology of global caregivers who use immediately accessible materials—paper and glue—as an imaginative tool for ordering their daily experiences as dislocated and marginalized workers.

Introduction

In Israel, folding paper swans is known as the unique practice of migrant workers from the Philippines employed as caregivers for the country’s aged, dying citizens while residing in the patients’ homes and providing them with round-the-clock care. The swans, as depicted in Figure 1, are made from pieces of recycled paper folded into triangles and constructed throughout the caregiver’s daily work routine.

Usually, after finishing a swan, the caregiver gives it as a present and starts folding all over again. The swan-folding technique is neither similar to Japanese origami art nor imported from the Philippines, but rather learned in Israel and transmitted exclusively among the migrants from the Philippines through their efficient community network. One caregiver teaches another and so the craft is passed on; in this manner, it has become an original, generative, and social phenomenon.

In this article I describe the swan-folding dynamic, based on extended fieldwork among the migrant caregivers from the Philippines in Israel, in order to analyze its ritual practices and consequences. I argue that the folding practices reflect how the caregivers ritually craft a microsystem that addresses and engages their care practices, their own desires, and their patients’ conditions. The swan folding becomes a self-creating mechanism to adjust to the changing circumstances resulting from living as a foreign caregiver in such close proximity and synchrony with a dying patient. The craft of folding paper swans emerged originally from the interaction between caregivers and patients without discussion or negotiation. These practices, repeated daily, generated their own power of self-reproduction and systemic organization. Within the location of the patients’ homes, the caregivers created their own world of patient and swan, of treated and created, using small-scale, precise movements, and through repetition and endurance.
Focusing on the dynamics of swan folding moves the understanding of ritual from aspects of symbolic meaning and representation to the aspects of practice. Turner’s (1969) orientation, which was based on Van Gennep (1960), was to understand rituals through their transitional processes within distinct phases, which shift social existence and individuals’ states. However, the transitional phases of rite of passage are based on the cultural conceptual foundations and beliefs of a society. To some extent, these rites communicate and reaffirm the society’s core structure, order, and values. But the swan folding has no exegesis, as it is not bound to either Israeli or Philippine conceptual foundations. Rather, its original practices stem from the encounters between the Filipina caregivers and their Israeli patients, with no reference to common tradition, symbols, myths, or other representations.

These daily and intimate encounters have no history or future; the caregivers are assigned to care for the current and ongoing decay of the aged patients. Regardless of their disparate languages and cultural backgrounds—which, in severe cases of dementia or Alzheimer’s disease, can be neither communicated nor bridged—these encounters can extend over a few months or years. Additionally, according to Israel’s immigration administration procedure, after the patient dies, the noncitizen, non-Jewish caregiver becomes illegal, eligible either for reassignment to another patient or for deportation to the Philippines. Under these circumstances, the ability to make a paper swan emerges from the creativity of the caregivers as a result of the ongoing social life with dying patients. Swan folding is certainly not a precondition for the employment of caregivers or an eldercare approach, but an ephemeral art that can spontaneously develop as well as disappear.

The swan folding is accomplished solely by and through repeated actions; while folding, neither the caregivers nor the patients discuss or explain the aims of swan folding; in addition to language barriers, words would only break the flow of folding. Even learning how to fold swans is done through repeated practice. In this regard, the swan folding is a ritual in its own right (Handelman 2004). Ritual in itself and for itself is not constituted through
representations of the its sociocultural milieu, but through degrees of momentary autonomy from the social order that created it (Handelman 2004:3).

Handelman (1998) suggests a diversity of ritual forms called public events, which are made to have different kinds and degrees of complexity within themselves and in relation to their settings. One form of ritual is the event that models the lived-in world. This event is a microsystem that retains a connectivity to the world from which its elements have been derived through a systematic logic of design in order to effect a transformation (1998:29). In Handelman’s terms, “these systemic models are not ‘natural’ systems. They are human constructions, cultural epistemologies that bring into powerful and determining conjunction disparate levels, codes, and forces that are ordinarily separated” (1998:31). Folding paper swans as a modeling event subsumes aspects of the care practices and relationships in its composition in a way that neither imitates nor reflects them. Rather, this event comprises an autonomous system of interrelated and interdependent parts that models the lived-in world.

Swan folding is built as a dynamic, creative, diurnal practice that combines the two contrasting modes of life of moribund elderly Israeli patients and the healthy young caregivers from the Philippines, allowing them adjustment in terms of rhythm and synchronization. As a result, in the short term while the patient is still alive, the microsystem is sustained. However, in the long term, the microsystem contains within it the seeds of its own self-destruction: The patient eventually dies, the caregiver is reassigned to another patient or deported back to the Philippines, and the swans are gifted to others. Thereby, understanding this microsystem as a ritual in its own right becomes key to comprehending how the caregivers can enact transformation while bringing meaning into their lives through their own practices and with immediately accessible materials: paper and glue.

This article emphasizes a new form of care practice located at the junction of global and local economics, the bureaucratization and feminization of health care, and cultural conceptions of need and choice. This junction, which constitutes a main theme of medical anthropology inquiry and research, fosters an existential and cultural opportunity in Israel, where care for the aged is situated at home but the care itself is done by external workers who are foreign to the Jewish family: caregivers from the Philippines.

Following a brief description regarding the global–local circumstance in which the Israeli eldercare system has led to the employment of caregivers from the Philippines and an overview of the research methodology, I describe and analyze the ethnography of making a paper swan.

The Filipina Eldercare: Global and Local Setting

The outflow of caregivers from the Philippines to Israel not only meets Israel’s local need for eldercare, but is part of a growing globalized economy of domestic services. In Israel, female migrant workers from the Philippines are known as “Filipinas.” A Filipina has become the Hebrew generic term used to describe the employment category of in-home, female nonprofessional caregivers who perform “bodywork” (Twigg 2000). They work according to contracts that define temporary and low-paying conditions. In Hebrew, the term Filipina has become an employment category that describes a generic term for a female foreign caregiver. Reflecting the Philippines as the caregivers’ country of origin, the term embeds the ability to provide care as part of the Filipinos’ natural makeup.

This term is based on the cultivated reputation of the Filipinas as empathic and maternal caregivers, which has actively promoted their export in the global market for domestic, geriatric, and family care service. Female caregivers from the Philippines are employed worldwide as caretakers for young, healthy children and families or as housecleaners (cf. Chin 1998 in Malaysia; Parreñas 2001 in Los Angeles and Rome;
constable 1997 in Hong Kong; and Cheng 2003 in Taiwan). In this context, the Philippines has been transformed into the contemporary modern “empire of care” (Choy 2003). However, in contrast to opportunities worldwide, working with patients is the only legal employment in Israel for Filipinas.

In Israel, employment of Filipino caregivers is based on the Israeli Nursing Care Law of 1988. Prior to this law’s passage, the elderly were generally cared for by relatives, mainly female daughters. According to this law, Israeli citizens who cannot care for themselves in at least one out of five bodily practices—eating, dressing, walking, bathing, or controlling urine or bowel movements—are considered in need of a permanent daily attendant. They may be eligible to receive partial government support for either admission to a nursing institution staffed with Israeli citizen caregivers or homecare assistance, mainly provided by Filipinas.1 The law created a choice and governmental incentive for external assistance in these very intimate relationships.

Since the 1990s, the option of importing Filipino caregivers has been outsourced by local placement agencies. These agencies have become active participants in the privatization of Israel’s migrant labor market (Drori 2009). Following a shortage of manual laborers in the agricultural and construction sectors during the mid-1990s, Israel became host to large numbers of non-Jewish foreign workers, primarily from Asia and Eastern Europe (Bartram 1998). These workers were originally assigned to replace Palestinian workers from the occupied territories who, after the outbreak of the first Intifada in 1987, were repeatedly prevented from entering Israel.

In this context, the eldercare sector developed as an unintended consequence of the agencies’ domination in the migrant labor field. However, today, the eldercare sector has expanded, becoming the prime organized sector for recruiting in-home foreign caregivers. This type of eldercare demands that the caregiver’s body become accessible and devoted exclusively to the patient’s needs. The participation of foreign female bodies in activities or conditions other than caring for elderly patients, such as marriage or pregnancy, is regulated and limited. Intensive daily care requires the caregivers to use all of their senses to tend to the dying patients; their presence and efforts are oriented entirely to daily care until the patient dies. Within this cocoon, performing mundane and intimate life activities entails ongoing close physical interactions. The caregivers’ and patients’ physical closeness and symbiosis are vividly expressed in the Hebrew term se’udi, which defines the patients’ condition. The term refers to the complementary aid the patient requires with his or her bodily functions. In contrast with the visually or physically challenged, who are defined according to a physical absence, the se’udi patient is defined by the services provided by the caregiver (see Mazuz In press). The se’udi patients ineluctably encompass the caretakers as an extension of their bodies. Through this corporeal symbiosis, they both learn how to use their bodies in a manner that enables two bodies to perform simultaneously as one.

Ultimately, foreign homecare emerges as a standard of care that Israeli families choose as a socially acceptable solution, transferring the bulk of family responsibilities to outsiders. The family goes on with their daily lives, free of the demands of caring for the physical needs of their parents while not actively deserting them. In Israel’s local–global setting, the particularized world of bodily deterioration has become the state’s concern and has created a new category for care and reorganization of familial responsibilities.

Methodology

This study is based on ethnographic research conducted between 2001 and 2008 among Filipina migrant workers in Israel. In broad terms, it examines eldercare, a local developing industry that includes a large number of senior citizens, governmental agencies dealing with
them, and the global network of domestic Filipina caregivers who tend to the elderly. This study presents an investigation into the particular meanings of work migration in Israel expressed in practices such as swan folding that emerge from the caregivers’ daily lives.

The research was based mostly on observation and participant-observation at the homes of 30 Israeli patients cared for by Filipina caregivers in a town located in the southern periphery region in Israel. The patients’ conditions resulted from old age or diseases such as Alzheimer’s, Parkinson’s, and diabetes. The patients also suffered from pain that caused additional bodily deterioration, but some of them were still alert. At first, to gain access to the patients’ homes, I dialogued with Filipina caregivers whom I encountered randomly in the town. Afterward, I conducted in-depth interviews with patients and their family members.

The majority of the patients were Jewish-Israeli female citizens, widowed mothers over the age of 68, who had migrated to Israel during the mid-1950s from North Africa. They were Hebrew and Arabic speakers, predominantly of middle- to low socioeconomic status. The caregivers had migrated largely from the rural areas in the northern islands of the Philippines, such as Luzon. The migration process starts at the local branch of the Israeli placement agencies.

The majority of the migrants are uneducated Catholic women from a low socioeconomic level, between the ages of 35 and 55, both married mothers and single women. All of them supported their families by sending material remittances back to the Philippines. This was the first time most of them had migrated overseas, and they usually followed a community network of neighbors, friends, or family members who had already been employed in Israel. Through this network, they also circulated information: want ads, explanations of rules and regulations, personal requests, placement agency recommendations, and financial loan information. These information exchanges were accomplished through local magazines and church meetings as well as at shared, rented apartments in Tel Aviv. This network enabled workers to reach out to each other in their own Tagalog language as a basis for solidarity. The loan information was a significant part of community exchanges because it is important for the placement agency fee payment, which covers the migration procedures. The fee is almost US$5000 and is paid by all of the migrants from their first year’s salaries. The monthly salary is US$500–800, paid partly by government incentives through the agencies and partly by the families through nursing insurance coverage.²

The participant-observation and the observations methods were especially significant in these encounters because the Filipina caregivers and the Israeli patients do not share a common language or cultural background. They had little verbal communication because the caregivers usually spoke no Hebrew or Arabic and the patients spoke no English or Tagalog. When requested, I would translate the conversations from Hebrew and Arabic into English and back, which enhanced my presence in the field. Additionally, the daily tasks were based on body-to-body practices, which rendered the use of language less necessary. The content of the carework was embedded in actions that were carried out repeatedly using somatic practices as the most useful and sensual tools of comprehension.

Through observations, the practices of caregiving and folding swans emerged as a necessary core to understanding the existence of a displaced foreign caregiver. I observed the swan folding process from its beginning to end, the ways caregivers taught each other and the ways some of the alert patients and their family members became involved in this process, especially through collecting papers, buying glue, and accepting the swans as presents. Although the same folding practices were used in creating all of the swans, each practice resulted in different shapes, sizes, and colors.

The time invested in folding paper swans was directly related to the kind of swan to be made, to the caregiver experience, and to the daily time invested in caregiving. Folding paper swans became an integral part of the caregivers’ daily routine. This was evident in the
case of caregivers whose status reverted to illegal after their patients died. Usually with this status change, caregivers stopped folding swans or invested less time in it. I also participated in learning the practice of folding. Eventually, the swans were given as presents to the patients and their family members, the patients’ neighbors, the recruitment agency, and friends. On a few occasions, the swans were sent to the caregivers’ families in the Philippines.

In addition, I conducted participant-observation in a variety of places where the Filipina caregivers interacted—mainly churches, community events, such as Filipina beauty pageants, and the Philippines Independence Day celebrations as well as in their rented apartments in Tel Aviv where they met on their day off. Additionally, I conducted in-depth interviews with two staff members of the largest placement agency \( N = 33 \), the national security system health administrators \( N = 28 \), and the immigration administration and police staff \( N = 45 \). In an attempt to compare the various care practices, I also observed other options for eldercare in a nursing institution staffed by Israeli caregivers in the same region.

This study employs intersecting lenses of medical anthropology and the anthropology of public events (Handelman 1998, 2004) in combining intersubjectivity and phenomenological analysis (Levinas 1969) with the dynamic concepts developed by philosophers Gilles Deleuze and Felix Guattari (1986, 1988; see also Deleuze 1994). This composite theory presents a set of heterogeneous parts located within a metadesign, within the internal ordering of the ritual to their relationships within the social order.

The next section describes the repeated interactions between 39-year-old Lori, a married woman and mother of four children in the Philippines, and Sarah, her patient. Lori cared for Sarah from 2003 until Sarah’s death in March 2008. This focal ethnography is selected from a complex web of practices as a microsystem of adaptation in a single setting so as to describe the creation of a paper swan from its inception to end. The paper swan process is characteristic of central aspects of practice that occur in other homes: namely, small-scale repetitive practices, which are further explored below.

**Caring and Folding: Repetitive Processes**

On a Monday in March 2006, I arrived at Sarah’s house. Sarah, a 75-year-old widow with seven grown children, emigrated from Iraq in the mid-1950s and settled in Israel with her family. Sarah suffered from Alzheimer’s disease and muscular dystrophy and, as her health deteriorated, she, with her children’s assistance, employed Lori through a placement agency to serve as her live-in caregiver. When Lori arrived, she was unable to get acquainted with Sarah through conversations because of Sarah’s illness. Over the years, Sarah’s illnesses had deprived her of the ability to move, eat, control her bowels, or identify the people around her. Often, when Sarah’s children visited, they showed Sarah’s old photos and recounted her biography.

When I arrived that Monday at the ground-floor apartment, I entered the living room and saw Sarah lying on her bed in the center of the room. Although the apartment had five available bedrooms, they were all too narrow to accommodate both Sarah’s and Lori’s beds together. So they set up the two beds in the living room, which became their all-purpose room. This arrangement allowed Lori to see, smell, and hear Sarah from every point in the space and enabled her to respond instantaneously to Sarah’s every need.

Sarah was bedridden and her sole movement was to alternate between two main positions in bed: fully reclining on her back, gazing toward the ceiling, and semi-reclining, lying with pillows propped behind her back while gazing at the seam between the ceiling and the wall. The bed became her entire world of being, where she slept, woke, ate, dressed, and
performed her bodily functions in disposable diapers. Lori raised and lowered Sarah’s rigid body from the first position to the second position and back.

When I arrived, Lori was already awake, bending over Sarah’s bed, positioning the pillows under Sarah’s back and connecting her feeding tube to the nutritional drink Osmolite. Afterward, Lori sat next to me at the dining table, took a bag containing pieces of paper, and opened it, “Until now, I folded only one hundred and fifty triangles and I need to fold more; I want a medium swan,” she said. Lori had learned to fold paper swans in Israel from her friend Judith, who had also migrated from the Philippines. She took out smooth white papers and drew ten rectangles on each paper according to the shape of her telephone card. She drew the rectangles and then approached Sarah, saying, “You finished the bag,” and disconnected Sarah’s feeding tube and checked her diaper. Lori returned to the table and continued to draw more rectangles precisely according to the card stencil. When she finished drawing on ten sheets, she cut out the shapes along the lines she had drawn.

While folding, Lori usually didn’t speak but rather concentrated on her craft. However, when she approached Sarah, she articulated her actions, saying things such as “Now, you have to drink,” and went to the kitchen, brought a glass of water, and poured it into Sarah’s feeding tube bag and connected it. With Sarah’s eyes still closed, Lori returned to the table and continued cutting out rectangles, one after the other. Again she approached Sarah saying, “It is rest time.” She disconnected the feeding tube and removed the pillows so that Sarah was fully reclining. Lori prepared and ate her breakfast and then continued to cut the rest of the rectangles in the same exact manner. After cutting, she went to change Sarah’s diaper and cover her, while Sarah’s eyes were still closed and her hands were trembling. Lori connected the feeding tube saying, “After eating, I will change the diaper and clean you.” She returned to the table, starting to cut the rectangles again, slowly and precisely. During the day, Lori moved between Sara’s needs and the swan folding, creating a monotonous and repetitive rhythm through which she paid attention to the micro details of caring and folding.

After cutting the rectangles, she approached Sarah, disconnected the feeding tube, turned her onto her back, moistened her hands with cream, and massaged Sarah’s hands slowly and gently. Then she cut Sarah’s fingernails, returned to the table, and continued cutting rectangles until late in the evening. We made an appointment for the next day.

The next day, Lori’s routine also included repetitive care and folding practices. In contrast, the caregivers of alert patients Sima, Hannah, and Melody taught them and their family members how to fold paper. At times, the patients folded paper together with their caregivers. But the patients’ folded pieces stayed with them and were not incorporated into the caregivers’ swans. In these homes, creating a swan took more time because the caregivers had to devote more care to their alert patients than Lori had to for Sarah; Lori only had to feed, bathe, and change diapers for her. The time invested in folding paper swans is inversely related to the time invested in caring for the patients.

The next morning, I arrived at six o’clock. Lori was already awake, cutting out rectangles. She greeted me and described her telephone call to her 9-year-old daughter the previous night. “She does not succeed at school.” She bent over Sarah’s bed as she spoke, “I am worried she needs more help but her father isn’t helping enough. I’ll talk tonight with my sister-in-law.” She positioned the pillows behind Sarah’s back, connected Sarah’s feeding tube and continued, “Today, I am going to finish the cutting and fold the rectangles into triangles. Sarah slept well during the night, so I am not so tired today.” Lori sat down next to me at the table and folded triangles with two parts: a protruding part and a flat, pocket-like part, facilitating connections between the triangles.

Lori folded one triangle after another, paying close attention to every fold. I observed her and tried to fold some myself, with Lori correcting me with her hands. Every time she corrected me, she stopped her folding, took my paper, and refolded it, saying. “Do like this,”
pointing to her method. I learned to fold through repeating the lines that were drawn on the paper. But my triangles were not included in Lori’s final swan.

Then she approached Sarah, disconnected her feeding tube, checked her diaper, pulled out the pillows, rolled Sarah over on her side, and propped her with pillows so she would not roll back. Lori massaged Sarah’s back gently to prevent bedsores before pouring water into the feeding tube. She went to the bathroom and returned to Sarah, rolled her on her other side, made breakfast, and ate. I started to converse with her about her daughter, and she related how much she missed her family, especially her little daughter. “I want a different future for them; that’s why I’m here, but still I have to take care of them there. There are things that maybe her father is not seeing and I can hear.” Then she approached Sarah, rolled Sarah back to a fully reclining position on her back, moistened Sarah’s hands, elbows, and legs with cream, covered her tightly, returned to the table, and continued folding precise triangles over and over again. Then she disconnected the feeding tube, prepared her own lunch, and ate with the rectangles and the triangles still scattered on the table. Lori changed Sarah’s diaper, covered her, returned to the table, and continued to fold triangles.

During the following six days, Lori folded and folded while caring for Sarah. On the seventh day, Lori began to build the swan. Excitedly, she opened the bag with the triangles and emptied them onto the table. Sarah’s son had entered the house, bringing Lori milk and bread. He greeted us and approached his mother, kissing her forehead. Lori told him that today she was going to build the swan. He smiled at her since he was familiar with her swans. In the past, Lori had presented her swans as presents to Sarah’s children, neighbors, or the placement agency with whom she worked and had even sent one multicolored swan to her daughter in the Philippines. The family and the agency used the swans as functional storage boxes for pens or remote control units or as vases for plastic flowers. The swans could range in size from 30 cm (11.7 in) to 60 cm (23.4 in).

After Sarah’s son left, Lori began assembling the swan. She counted 60 triangles and prepared the glue. She then took one triangle, stood it on its side with its pocket part turned forward. She took another two triangles, put glue on their vertices and inserted them separately into the two pockets of the first triangles. She repeated this action again and again, standing, gluing, and inserting the other triangles, until she created three circles of combined triangles to complete the base of the swan.

Afterward, she constructed the swan’s two wings and tail in the shape of pyramids with the triangles turned upside down. After they dried, she created a twisting and flexible shape for the neck. Finally, she brought red paper, drew a rectangle, cut it, folded it into triangles, and glued the large red triangle to the end of the neck, to make the swan’s beak, as seen in Figure 2.

Using 314 triangles, Lori completed the swan by nightfall while carrying out Sarah’s daily treatment. She smiled, left the swan on the table, and took Sarah for a shower using a wheelchair. She returned, dressed Sarah, changed her diaper, connected the feeding tube, propped her with the pillows, brought her own dinner, and sat next to Sarah on the bed. Lori was happy and excited. The swan remained on the table for two days, then she gave it to me as a present and started preparing the next swan. This time she wanted to make a colorful swan from magazine advertisement paper she had been collecting.

When I asked her why she made only swans, Lori answered simply, “This is the shape that I learned and I like it.” The basic swan shape was common among most of the caregivers, but some had developed peacocks or vase shapes. All the caregivers, even the most trained, describe the swan animal image as a beautiful animal without other explanation. Following Arno’s (2003) argument about the limits of language in ritual, the swan folding is a nonreferential craft whose meaning is embodied in the activity itself. The most elaborate answer I received was from one caregiver who told the tale about *The Ugly Duckling* (by the
Danish author Hans Christian Andersen) to emphasize again the image of a beautiful animal. She knew the tale after her patient’s granddaughter had told her about it.

Figure 2. View of swan’s beak at the end of neck

Whenever Lori finished a swan, I would ask her why she was folding. The first time she answered, “It’s a new thing to do and I have time,” but after her ninth swan she answered, “It’s something that I make to give to others.” Her answers communicate the practices of swan folding and gifting as the central aims of conduct.

As long as she cared for Sarah, Lori continued to craft swans. In March 2008, Sarah passed away during the night with Lori seated next to her bed. From that moment on, Lori stopped making swans, having, in her words, “lost hope.” After Sarah died, Lori worked as a caregiver illegally because her work visa could not be revalidated now that she had been working in Israel for almost five years. Ironically, her long years of training and experience were not factors for the placement agencies or the government in their assignment and reassignment of caregivers or in renewal of work visas.

**Folding and Caring: The Meaning of Homology**

These origami practices emerge from the daily life of Lori and other caregivers from the Philippines as foreign caregivers in Israel. The swans become a new creation as a result of the ongoing social life within the patient’s home and through symbiotic interaction with the patient. Folding paper swans relates to the conditions developed within the patient’s home. The first condition is cooperation between the caregiver and her patient’s family members, who collect papers, buy glue, and accept the swans as presents. Folding paper swans becomes an inexpensive and accessible activity for the in-home caregiver while performing her caregiving. The family members see the swan as an object created during the Filipina’s leisure time, time which is allegedly distinct from the daily caregiving time.

The second condition is the reassignment of the table from dining to working space. Sarah’s eating through the feeding tube canceled the companionship and sociability that
inform most shared meals. Sarah and Lori ate by themselves, with differing diets and schedules.

The third condition for the swan creation is a dying patient. Lori was available to fold paper when the treatment for Sarah consisted of only feeding, moisturizing, bathing, and diaper changing. All those activities were accomplished in fixed time slots at Sarah’s bed. As Sarah’s condition deteriorated, Lori had more and more time to fold paper. The caregiver had a legal visa as long as the patient was alive, providing the caregiver with the expectation of continuity and stability regardless of her already temporal position as non-Jewish and a noncitizen in Israel. This means that folding paper swans is located in and emerges from the patient’s home space and at the same time remains linked to the bureaucratic conditions regarding visa allocation; this had become one interrelated part of the microsystem.

Folding paper swans shares three interrelated parts with care practices. First, folding paper swans and caring for Sarah were the exclusive domains of the caregiver. No one helped Lori as she folded triangles, changed diapers, fed Sarah, or washed her. The second feature concerned the form of folding as well as the form of care. In both, Lori connected things: she connected the triangles and the swan body as well as the liquid food and the feeding tube in Sarah’s body. Third, both the folding and the care were implemented by small-scale, repetitive movements. Folding swans demands gentle handwork to connect the microdetails: the rectangles and the triangles, the triangles, and the swan’s body. Folding each triangle is a small-scale movement that demands correct and exacting use of hands. These movements are repetitive; each rectangle folds into triangles and each triangle makes up part of the swan. The small-scale folding movements are repeated in the creation of each and every swan.

Likewise, care practices are made up of the small-scale and repetitive movements of the caregivers as they interface with their patients. Lifting Sarah from her fully reclining position, which directed her eyes toward the ceiling, to the semi-reclining position propped up by pillows, changed her visual perspective, thus affecting her entire world of being. Also the acts of diaper changing, feeding, washing, and massaging are small-scale and repetitive movements that are of vital importance to the everyday sustenance and dignity of the dying person.

Rather than imitating or reflecting, the folding practices homologically parallel aspects of the care practices. Caring and folding are inversely correlated within the world of eldercare. While caretaking demands that the caregiver respond to the patient’s uncontrolled needs, folding paper transforms the caregiver into a productive agent who controls and plans the swan’s creation from start to finish. While the care practices follow a trajectory toward decay and death, folding paper aims to build the swan as a fixed aesthetic memorial. As the body declines and the caring treatments decrease, the swans grow more substantial and time consuming within the shared space. The swan folding as a model event (Handelman 1998) comes together as a microsystem of interrelated and interdependent parts, so an alteration in the care practices or the patient’s condition produces a subsequent adaptation in the folding practices. This homology is a major modification in the microsystem building process. In this way, folding swans is an imaginative tool for ordering daily experience as caregivers rather than its being a representation or a metaphor for it.

**Folding and Caring: A Rhythm of Repetition**

Deleuze (1994) argues that repetition is not a matter of the same thing occurring over and over again; rather, it is a productive process that produces variation in and through every repetition, a process that allows new discovery and experiences to appear. Through repetition, difference and variation emerge. Within the home space, the small and repetitive practices create differences in the way each swan is folded and in the folds of each swan.
The same folded triangle is the building block for each and every swan. However, any minor difference in a given triangle varies the results. In the making of one swan, the connections change among the same-sized triangles. Each triangle is transformed according to its location in the swan figure. For example, each triangle in the base of the swan is placed vertex down. Each wing triangle is placed facing away from the triangle used for the swan’s neck. The swan’s beak is red. The location of each triangle changes its meaning, creating a difference among all the similar parts, which together compose the whole swan. Furthermore, although the same folding practices are repeated in the creation of all the swans, each time they result in a different swan, with a different color, shape, and size. The small-scale and repetitive practices create differences, allowing a doubly new creation to emerge of triangles and of swans.

In the same way, the care movements are repetitive, while creating differences in the care practices themselves and in their relationships to each other. Rolling Sarah on her side to lift her into the shower or to prevent bedsores creates differences in the action’s meaning and trajectory and in the intensity of the following movement. Lifting Sarah on the pillows before connecting the feeding tube or after night rest, or pulling out the pillows under her back to a fully-reclined position before rest, results in differences in the action’s meaning and affects the treatment flow. Changing a diaper is an identical act repeated several times a day. Nonetheless, each time it is different, depending on what the diaper contains. Differences emerge among the same repetitive practices and among all the care practices, so Sarah receives a complete and varied care routine. Thus, each repetitive movement, either in folding or in caring, holds the potential of uncertainty and allows change and differences to emerge. This repetition and its variations make up the microsystem’s internal rhythm, with its systematic continuity and coherence.

The small-scale and repetitive rhythm during folding and caring constitute a tripartite process: The swan is in the process of construction, Sarah is in the process of decay, and Lori is in the process of self-creation. All three components are related in the microsystem’s process of self-reproduction, day after day. The small-scale and repetitive rhythms regulate the microsystem to a degree of self-sustainability by monitoring the three components’ progression and process. Within the repetitive rhythm of practice, transformation emerges.

The Enactment of Flight and Transformation

The qualities inherent in Lori’s practices that comprise a tripartite process enable transformation. Lori has transformed the meaning of the shared space, the meaning of the table and of the paper itself, and has created new social interactions by giving the swans as gifts. Even the social meaning of being a “Filipina” has undergone transformation.

By giving birth to new practices, each caregiver creates her own swan as a present to the placement agency or the patient’s family. By folding swans, the caregiver distinguishes herself from the standard category of a Filipina who can be replaced by any other woman, like the interchangeable triangles on the table before the swan is built. Once the triangle is located within the swan, it becomes unique to its location. Accordingly, by constructing and gifting swans, the caregiver situates herself within a unique constellation of relationships. Through a progression of small-scale and repetitive movements, the swans become a site of social transformation that enfolds and reshapes her social life and world of being. The swan time is built into the caring routine and gives Lori a break from the care practices without leaving home or Sarah. This is in contrast to her vacation days, when Lori leaves her patient’s home to stay in her shared apartment in Tel Aviv. Those vacation days are considered as days off, far away from the demanding care routine and schedules.
In the terms of Deleuze and Guattari (1988), the swan time becomes a “line of flight.” The swan enfolds the relationships of Lori and Sarah, which is composed of “lines of deterritorialization that run through it and carry it away from its current form” (1988:502). The dynamic of the line of flight is that of the rhizome, which refers to open-ended nexuses without centers, so any point of the rhizome can connect to any other without intersecting it; it has multiplicity of dimensions (Deleuze and Guattari 1986). The paper swans are created through the ingenuity of the caregivers within a restricted space. Creating paper swans allows the caregivers to escape the restricted space that ends in death. In this way, the rhizomal swan time dynamic that constitutes a line of flight has multiple entries and exits. Lori could enter and exit the swan practice at any point before or after the care practices. The rhizome line is between things (Deleuze and Guattari 1988:25), with no beginning or end. It is always in the middle, in a process of becoming, at the conjunction of feeding and bathing and lifting. Thus, the swans’ practices are coming and going rather than starting and finishing.

Theoretically speaking, the line of flight provides hope to the restricted persons through small-scale and repetitive rhythms. The line of flight is built from materials that stem from and connect to the world from which they escape, yet they provide and renew the caregiver, bestowing hope, variation, and re-creation that fill their lives with continuity and meaning. As a modeling event, folding paper swans retains its connectivity to the world from which its elements derive—the patient’s world— through systematic repetition. This event comprises an autonomous system of interrelated and interdependent parts that synchronize and converge through folding.

**Synchronization as a Promise of Hope**

Close observation reveals how caring and folding practices converge. This linkage between caring for Sarah and folding swans coalesce through Lori's movements. Her small-scale and repetitive practices allow the synchronization of the two domains of action that maintain the same rhythm throughout.

The synchronization is accomplished through continued movements that regulate and monitor the intensity of touch on the patient’s body as well as on the swan. Regulating the intensity and flow of the touch allows Lori to care for Sarah with exact, gentle movements, as if she were a paper swan.

Synchronizing the two worlds organizes the folding and caring practices as one consecutive set of practices. In doing so, the quality of the relationships changes, so the caregiver is not dealing with a dying person but rather dealing with life through the creation of the swan. The passage from the care context to the folding context is made possible through their homologous repetitive and small-scale rhythms.

When the patient’s care is intertwined with the folding of the swan, the time context also changes. The swan becomes the actual structure of time through its integration of the folding and caring practices, rhythm, and intensity. Each swan becomes a single unit of time without accumulation; therefore, the swans are given as presents. The swans as final products are not relevant for the caregiver, who keeps on folding. Lori synchronizes the folding and the caring without using a clock, which represents the external time outside the patient’s world. Lori and Sarah’s time is determined by the repetitive practices of folding and caring, again and again. Through synchronization, the Filipina caregiver links bodily decay with a degree of order and adjustment. Thus, the swan becomes the perfect objectification and synchronization between the deterioration processes on one hand and the self-creation process on the other.
This microsystem of adjustment contains the elements of its own self-destruction. When the patient dies, the foreign worker is either reassigned or deported; when the swan is completed, it is given away as a present. Inevitably, from the moment Sarah passed away, Lori became another non-Jewish alien worker eligible for deportation. The conditions for folding as well as for caring were nonexistent. When Sarah died, the patient’s world collapsed together with its line of flight; Lori became a replacement worker, without a table, a family, a patient’s cooperation, supplies of papers and glue, or a venue for gifting her finished swans. Thus, as an illegal caregiver, Lori stopped making swans. The hope and ambition for gradual transformation disappeared from her horizon of possibilities.

Discussion: Swan Folding as the Ethical Imperative

Focusing on the Filipinas’ swan folding as modeling event expands both medical anthropology understandings regarding carework as a ritual in its own right and the phenomenology of globally dislocated and marginalized caregivers’ sensibilities that create an imaginative tool for ordering their daily experience.

This analysis offers the formulation of repetitive care as ritual practices that should constitute an integral part of medical anthropology methodology and theory. As Young (1982:259) pointed out, although monographs, namely Evans-Pritchard’s witchcraft, contain detailed descriptions of medical practices, they were categorized under the anthropology of religion, ritual, and symbol and not as medical anthropology. However, care practices, such as healing or other medical conduct, produce a cultural enclave that organizes time and space through the flow of interaction. Care is a comprehensive set of medical practices including enfolding, joining, and synchronizing people and objects in a ritually dynamic process of transformation. In this practical world of care, the paper swans take shape and form. Folding paper swans and caring are daily, nonverbal, ritualistic practices that appear to be a complex arrangement of life disparities that closely monitor both rhythm and social relationships. This is of great importance for the globally displaced Filipina caregivers since the swans are not “good to think with” but are a matter of self-organization and coping. The swan folding is a microsystem of the Filipinas’ world as foreign caregivers: a version that selects out themes that organize their tasks, values, and imperatives in everyday living.

The Filipina caregiver’s role as an outsider charged with the intimate ministrations of life is distinguished from the repertoire of contemporary auxiliary caregivers for the aged, such as those at nursing homes (Twigg 2000), geriatric assistants (Pols 2006), or nursing staffs in the person-centered care of dementia wards (Kontos 2005; McLean 2007). The Filipinas are not professional nurses, ancillary health care personnel in Western terms, or healers in non-Western terms. Nor is their carework an extension of their own family roles. Their task is not to cure, improve, or even prolong life; their task is to provide care in relation to the patient—face-to-face, body-to-body, skin-to-skin—without the mediation of diagnostic categories, metaphors of symptoms, causes and procedures, or cultural perceptions of evil.

Lori’s type of eldercare offers another option to institutional care in Israel. In an institution, the medical staff members’ tasks and responsibilities are defined and constructed by disciplinary power/knowledge regimes (Foucault 1977). There is a work division among the staff: The physiotherapist is solely responsible for massaging the patients’ bodies, the nurses for the patients’ feeding, and the caregivers for diaper changing and showering. The medical staff has minimized the extent of its physical contact through the use of gloves and proscribed regulations for procedures such as lifting and bathing. The hierarchical structure of the institution distinguishes the types of standardized touch according to professional responsibility.
In contrast, the live-in Filipina caregivers must perform all these tasks without replacements, assistance, procedures, shifts, or returning home after work but through swan folding. Lori, bearing sole responsibility for the tempo of Sarah’s everyday life, did not build a new world, but rather a world homologous to her dying patient’s world. If, within the Western biomedical paradigm, the rhythm and patterns of institutionalized care are determined by work shifts, bureaucratic divisions, and ethics, the Filipina’s carework is organized through folding paper swans, where synchronization offers a tenuous hope for the continuity of the caregiver–patient encounter.

Each swan shares and integrates within itself the caregiver’s self, encompassing her responsibility, imagination, commitment, and social consideration to the patient’s otherness caused by the deterioration process. Consequently, the swan becomes the primacy of “the ethical,” according to Levinas’s (1969) phenomenological term. Levinas argues that the ethical corresponds to the other, which regarded neither as reconcilable to the self nor reducible to the same; the other lies beyond self-comprehension and should be preserved in all its irreducible strangeness (47).

Within the face-to-face encounter, the Israeli dying patient is revealed to the Filipina caregiver nude and bare (also in Agamben’s [1998] sense of bare life), a stranger who inhabits an alien cultural, language, and physical world of being, a situation analogous to that of the foreign caregiver. In this intersubjective setting of a face-to-face encounter, the swans emerge, transcending both their interpersonal and intercultural differences and opening the possibility for mutually intelligible communication. In the epiphany of the suffering face of the patient, the swans are created as a particular subjective act of caregiver meaning-making, social adjustment, and intentionality. The Filipina caregivers face the vulnerability and weakness of their patients’ existences, ordering themselves to total and infinite responsibility (Levinas 1969:244). The swans, as ethical creations, are imbued with the endless benevolence of Lori’s intentions and practices created for good in a world oriented to death and displacement.

The swans become unique in their ethical imperative, especially in an era of bioethics, where legal and juridical categories define care relationships as professional issues. But the swans are a basis for social relationships without the mediation of legal categories, bureaucratic codes, or predetermined, universal health rights and morals. This refers to Levinas’s objection (1969:245) to a universal moral law that creates sameness as social ground for interaction. Given their mutual strangeness, within the practice of swan folding Lori recognizes Sarah’s deterioration process not as alienated “extra-cultural category at the brink of humanity” (Hazan 2011:5), but rather as part of self- and swan-creating. Sarah is not relegated to a generic pre-known category of the aged, but rather becomes encompassed into singular existence with each and every swan’s creation.

This study enhances our understanding of the phenomenology of the other as the contemporary axis of global networks of domestic health care. Global capitalism, international division of gender labor, governmental local needs for eldercare, and family choices literally transfer the bulk of care to Filipina hands. But, through swan folding, the Filipina caregivers are not relegated in terms of domination or servants of globalization, but rather referred to in terms of self-other relations. Through these relations, the ethical caregiver adjusts and coordinates the changing cultural and political milieu embedded in work migration, challenging the social assumptions of the global–local systems that assign and continue to assign Filipinas as caregivers from the outset.
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1 But it is also possible that children or young people can accept these nursing options when damage was caused by car accidents or chronic illness.
2 The government incentive is determined according to the family’s income. So families at a high socioeconomic level will not get incentives but will have to request permission to employ a Filipina caretaker.

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