Abstract

This paper is an analysis of the aging population and intergenerational relations in Catalonia from an anthropological perspective. The ethnographic materials compiled for this paper are part of a European Research Project titled *Food in later Life. Choosing foods, eating meals: sustaining independence and quality of life* (2003-2005) directed by Dr. Margaret Lumbers and Dr. Monique Raats from the University of Surrey (UK) and financed by the European Commission. This paper will focus on how the elderly believe they should be cared for. Their perspective on care will be analysed comparatively from the contemporary data we have collected and previous research conducted regarding past generations. An area of emphasis will be the morality of care. This raises questions like: what rights do the elderly assume they are due? As researchers we must answer questions such as, to what extent has this morality of care evolved through the generations? How does this affect social policy affecting the dependent elderly? In order to answer to these questions we will offer an analysis of interview data collected during fieldwork conducted in Barcelona (2003-2005). Our interview data redefines the notion of familial solidarity and responsibility in relation to elderly care, and shows how the family and social normative change in the last 30 years have influenced the morality of care. It demonstrates the ideological transition from a model of care based on the ‘traditional family’ which assumes responsibility of care, to one based on releasing the responsibility of care to the state. The powerful repetition of the need to reinforce and universalise access to social services within almost every interview makes this study relevant for anthropologists, sociologists and politicians alike.
Introduction

In Spain the percentage of elderly people who present important dependency is estimated between a 10% and a 15% among people older than 65.\(^1\) It is calculated that the 85% of help given to this people is carried out by the family, and more particularly by the women. Although the resource to informal help (exercised by a family member) continues to be in Spain, and particularly Catalonia, the major way of solving the care of dependent elderly people, it is undeniable that the changes which have occurred in the last 35 years at a demographic, financial and social level are introducing important changes in this sense. The quantitative increase of the situations of dependency, caused by the ageing of population and the increase of index of illness, together with the decrease of birth rates, the biggest distance between the different members of the family, fundamentally for labour reasons, the progressive incorporation of women into the workforce and the deep changes in their social position within the family, limit, among many other factors, the availability of informal help and make such model unsustainable in the medium term (IMSERSO 2005a).

What we would like work at here is to observe how these changes generate in turn different expectations regarding assistance, and in which terms this is carried out. Although in some surveys carried out to elderly people regarding who should look after the elderly, the children and family members appear as a preferential answer\(^2\), the results of our analysis show a considerable difference if they are questioned as children carers of their parents, or as parents to be look after by their children; although in the first case, the children appear as a preferential option for care; in the second case it is the Home Help Services\(^3\) who appear as a first option. Therefore, to be looked after by a family member appears, in very few cases, as the preferential option; the majority of them would prefer to resort to the Service of Home Help or, failing that, although to a much lesser extent, to the old people’s home and other Residential Services or to the Daily Attention Services.\(^4\)

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\(^1\) In this paper we reintroduce the definition of dependency given by the European Commission(1998), according to which dependency is defined as “the need of important help or assistance for daily life activities”, or in a more precise way, as “a situation in which people find themselves and who, for reasons related to the lack or loss of physical, psychic or intellectual autonomy, have the need of assistance and/or important help for the realisation of common activities of daily life, and particularly, those activities related to personal care” (European Commission, 1998 Recommendation no. 98 (9) regarding dependency, adopted on the 18th of September 1998).


\(^3\) Apart from the Home Help Service (state’s and private) and the Service of Tele-assistance (state’s and private) the Home Help Services include other services with different degrees of introduction in the State, such as: state’s financial assistance for home help; state’s and private service of delivery meals; state’s financial assistance for home restoration and state’s financial assistance for families who are carers. The rate of coverage of the Home Help Services is place on a 5.19% of the population aged 65 or more (Observatorio de las Personas Mayores, 2004).

\(^4\) Residential Services include Residential Centres and other alternative systems of accommodation such us Subsidised Homes, Fostering, Residential Apartments and any other resources of a residential nature. Day Care Services include Residences and Clubs for the Elderly People and Day Centres for Dependant Elderly People. The rate of coverage for Residential Services is of almost 4 places (3.78) for every 100 people aged 65 or more. The rate of coverage for Residential Homes and Clubs is much bigger arriving at a 49% (Observatorio de las Personas Mayores, 2004).
This paper actually explores these new expectations in relation to care, starting from the reluctance that many elderly women, especially women, show towards the possibility of perpetuating the traditional model of informal care, sometimes even to the detriment of their personal wellbeing itself. We think that under this reluctance underlies a redefinition of the notion of “filial obligation” which in term links itself with a renewed notion of independency and autonomy. This redefinition, although is based on clear material and social reasons, also incorporates reasons of a moral and cultural order which determine—as a last resort—what can be considered as legitimate to expect from the children and/or close family, in terms of rights and obligations, and why. Although this is not an exclusive phenomenon for our country (see Pitrou 2002; Rosenmayr 1992; Arber & Evandrou 1997) we do believe it is interesting to explore in which sense this redefinition appears in the case of Spain, and more particularly of Catalonia, and in which arguments is based and supported by.

Therefore, further than to the efforts directed to quantify and typify elderly people in a situation of dependency and their carers, as well as to analyse statistically the supply and index of public coverage of the system of social protection to dependency—which obviously bring forward pieces of information relevant and necessary for the analysis—, our main contribution consists on signifying historically and socially, from the empirical knowledge that the ethnographic practice gives us, the specific experience and daily understanding of care from the elderly people’s part and to explore from this point the changes and continuities which are taking place in this subject. This will comes from a basic theoretical and methodological premise according to which the practise and daily feelings of the elderly, insofar as social actors—and not passive subjects, it is necessary to insist—, are not separated from the political evolution, financial, social and cultural of the country, but, on the contrary, are a constituent part. From here it’s possible to incorporate their voice into the design of the new policies of social protection towards dependency.

The system of social protection towards dependency in Catalonia

In broad terms, the system of social protection towards dependency in Catalonia is characterized by:

a) A still majority presence of a care model based on the informal help and family solidarity, practised especially by women. Women have been and still are the hard core, quantitative and qualitatively, of the structure of care. According to the data of the Instituto de Mayores y Servicios Sociales (IMSERSO, Institute of Elderly People and Social Services) the majority profile of the carer in Spain is that of women between 45 and 65 years old, most of them married. Among the female carers 43% are daughters, 22% wives and 7.5% are daughters-in-law of the cared person; and a considerable part of them share the home with the cared person. In the majority of the cases they practice a permanent care and do not receive any help from other people; there does

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not exist a paid working occupation for the carer (73%) and a part of them share the
care duty with other family roles such as looking after their children. According to this
same survey, in the overall of the State the official help covers only a 15% of the
people with dependency, from which only 3.2% is covered by the social services
(IMSERSO 2004).  

b) The insufficient coverage from the state’s system of social services and the lack of a
wide net of social services suitable to the needs of elderly people in situation of
dependency and of the carers. Unlike other Northern or Central European countries
where the State has taken –under universalistic outlines– an important responsibility
towards the care of elderly people7, the intervention of the State in Spain in matters of
attention to the continuous dependency have an assistential and residual character.
Within this logic, the performance of the State has been one of a subsidiary character,
that is, it only acts over the dependant old person who lacks family support and/or
financial resources (Casado y López 2001). Although in the last years, we can observe
a considerable increase in the offer of state’s residential care, the supply is far from
covering the existing demand. It is, on the other hand, in the scope of home and
community assistance where we can observe a greater deficit regarding attention to
elderly people.8 The insufficient public coverage in relation to the demand of social
services of attention to dependency, as we say of a assistential and subsidiary
character, has carried, on the other had, the development on the demand of the private
sector and the resort to, in many cases, to underground economy, which basically
draws on “informal carers” provided by immigration. Recent studies focused on this
direction show a considerable increase of this latter demand and go for a necessary
regularization and professionalization of the care sector (Alemany 2003).

c) The current non-viability of the old model of care and the imperative need to
reconsider the current system of social protection for elderly people in a dependency
situation. The economic, social and demographic context which during decades
allowed a model of care based on informal help is, anyhow, very different to the current
one. We leave behind a privileged situation with small rate of old population and a
great one of working age, but with a very low rate of working activity, which allowed
that many people in working age dedicated themselves to the informal care of elderly
people. Likewise, the low working activity of females allowed women to take up the
care of the dependent elderly people. Still in 1999 in Catalonia only 29% of women
between the ages of 50 and 64 were working (Síndic de Greuges 2004). Women ten

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6 In Catalonia, the informal help covered in 1999 78% of dependent elderly people. As in the rest of
the Nation, the system of care for dependent elderly people in Catalonia is characterized by the predominance
of informal care, the moderate development of residential care and the limited or virtually non existent
development of home assistance (Síndic de Greuges de Catalunya, 2004).

7 See Gomà i Subirats 2002; Kalish et al 1998; Gibson 1998; Walker & Hagan 2004; Navarro y Quiroga

8 In global terms, the rate of coverage of the Social Services in Spain goes from a 2.28% in 1988 to an
8.85% en 2004; the number of users goes from 112,933 (over a population of 4,981,456 aged 65 or more)
to 644,109 (Over a population aged 7,276,620 aged 65 or more) In more specific terms, the rate of
coverage of the Home Help Services is placed at a 5.19%; of the Residential Services at a 3.78% and of
the Day Care Centres a 0.27%. In Catalonia the rate of coverage of the Social Services in 2004 is placed
on a 9.98%, being a 4.82% for Home Help Services; 4.37% for Residential Services and 0.95% for Day
Care Centres (Observatorio de las Personas Mayores 2004).
years younger already doubled this index of occupation (53%). At the moment, the increase of the life expectancy –which has reached the age of 78– and of the rate of working activity, especially of women, shows us that there will not be the correspondent replacement for women who act as carers today. It is each time more frequent that women who have looked after their relatives all their lives, when it comes to the time of benefiting themselves from solidarity, will find that there are not sufficient resources, within their families, nor in society. It is also frequent for them to count only on a widow's pension, which easily places them on the verge of poverty.9

This situation will mean that in a few years time an important number of dependant elderly people will have to resort to the state’s system of social assistance. This need will be even more marked in the year 2010, when the greater generations reach the age of retirement. Therefore, and although in Catalonia, and in Spain, a wide system of protection towards dependency has not yet been developed, and the family is still the one who continues to take the “informal” care of the elderly people, the development of the demographic structure makes the development of an effective system of public help towards dependency a matter of urgency and necessity (Síndic de Greuges de Catalunya 2004). The challenges regarding attention towards dependent elderly people point to different directions: universalization of the services, increase of the public investment, promotion of the services of proximity or community ones and professionalization of the care sector, among the most important ones. To know empirically how the current and future needs of care are specified and materialized, as well as to get into the cultural reasons, as much as economic and social, which make the traditional model of care into an untenable model, is fundamental for the advance of its viability.

**Methodology and characteristics of the sample**

The ethnographic materials compiled for this paper are part of a European Research Project titled *Food in later Life. Choosing foods, eating meals: sustaining independence and quality of life* (2003-2005) directed by Dr. Margaret Lumbers and Dr. Monique Raats from the University of Surrey (UK) and financed by the European Commission. One of the scopes of the project research has been the formal and informal support that the elderly receive in relation to foodstuffs provisioning and food preparation. For this, 80 interviews have been carried out in depth to elderly people (40 women and 40 men) who live at their homes, alone or accompanied in the city of Barcelona.

One of the aspects that the performed interviews study, and which I have considered particularly relevant for the analysis which I here present, is that of the scope of the future expectations for care that this people have. More in particular, I have been interested in observing in detail the expectations that women, traditional carers of elderly people, have in this respect; and more particularly, the expectations of those middle class women (or middle-low), workers, married (or widows) and with children

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9 According to the Fundación Un Sol Món y la Fundación Jaume Bofill (2003), in Catalonia one out of three people older than 65 is poor, and this group represents almost a third of the total of the poor people in Catalonia. Also, one out of four homes run by women live bellow the threshold of poverty, especially in the case of widows who represent the 36.7%.
who have acted as carers of their parents, parents-in-law or other relatives in the past and whose financial possibilities to face the cost of a state social service of attention to dependency (or private) are limited or at least entail a considerable financial effort, if not a very important one. Although having worked outside home for many years of their life, the majority of them have not paid social security contributions, and for this reason they receive a minimum or widow’s pension which goes from 300 to 400 € per month, depending on the case. It is well known that the middle classes are the worst out for the public system of attention to dependency, and that the resource of informal support still is the majority means to resolve the needs for care.

For the writing of the present paper we have based on a representative sample of the carried out interviews to women for a working class borough of Barcelona. We have therefore chosen 19 testimonies of women, most of them older than 74 and with the above mentioned characteristics. All of them make their position also, in one way or another, towards the question of their own care. A considerable number of these women make use of the service of tele-assistance. Although they are not in an important situation of dependency, a great part of them have seen themselves forced at some stage to turn to a relative or a old people’s centre to cover at some occasion a circumstance of temporary disability.

Undoubtedly, the expectations that elderly people might have in relation to their own care are conditioned by the real possibilities of access to a kind of attention or other, which depends of various factors; 1) existing availability of services and conditions of access to them; 2) economic-material resources; 3) social/human resources (family); 4) and educational-cultural resources. A fifth factor, which is related to questions of a moral and cultural nature, could be added to the previous ones. The “Life course approach”, centered on a qualitative life history approach, will actually allow us to interrelate such factors between each other, with the aim to reveal the different levels in which changes and continuities are taking place in relation to the care of elderly people (Arber & Evandrou 1997).

The voice from the elderly: who should look after the elderly?

In this section, some fragments extracted from the interviews carried out are introduced. In them is signified in a quite explicit, and we believe representative, manner the rhetoric of change in relation to the care of old people.

Case 1 (74, married). I had my mother-in-law for a year and a half. My sister-in-law who is a widow lived with her in the village, but she broke her hip and the grandmother was left alone. She arrived in a wheelchair and she left by foot, but I lost a lot of weight and fell into a depression/and got depressed. Because, of course, from living my husband and me, at that time my daughter still lived at home, that we went wherever we wanted, and suddenly locking yourself down at home and not being able to go out and having to leave work at midday to go to see her and going back after to the shop in the afternoon… I was going up and down. At the shop I was working the same hours. I had the clothes shop upstairs, and my husband had the workshop downstairs, in the
basement; then, my husband went upstairs for a while I went to see his mother at home. And this made me react. Because, for me, that year and a half that I had her broke my live, we couldn't do anything or go anywhere. And we said: 'we are going for a walk', 'why do you have to go?', and these kind of things, and well, 'then we stay, don't worry'. That's why I don't want to go to my children's home, because suddenly they would have a person with them and it's not possible; and it's not the same a mother-in-law than a mother, but in fact it's a nuisance all the same. I had to do everything to my mother-in-law, wash her, dress her and put up with her bad temper, because she didn't like me to wash her so much. She was 94. Her body had become lazy. And she was always in a bad mood; she would shout out twice and three times and night because she needed to go to the toilet. My husband helped me out at nights; and on Sundays we would bath her; but I was the one who did all the work. She was at home for a year and a half. Luckily we have space at home. It's a big house; she had her own bedroom. But I went into a depression, I didn't fell like doing anything. We went to see many old people's homes but the ones which were better, were really expensive and she had a very small pension. Finally we took her to an old people's home in her village, a very nice one. I see that a married couple needs a home and needs to live on its own.

It's just that when a person comes… my brother's case is different as he always lived with my mother. He is single, and he lived with her all her life, until she died. Thank god my mother always had my brother. He was always very much after her. Even at the end when she suffered a cerebral embolism, he wanted to have her at home, but the doctor told us to take her into a clinic. [...] If you live with your parents and they need something you are already used to it. But, if you have already left this, suddenly to start doing it again… it's not the same. I will not go with my children, if I can cope by myself or can pay for some help. My flat is very big; if I cannot survive with what I have, I'll sell it myself. I would be different if my children depended on this flat and needed it to live, but luckily they (all) have a flat each, and I don't even want to bother them. I know that there are institutions that buy the flat with the person inside; if you really need to you can do something like this. I sell the flat with me inside and when I die, then those who've bought it can take it. I see it for myself, as I used to like being on my own. It's for myself! I don't know how I'll manage, but that's what I think.

If I didn't have my husband, I wouldn't either go with my son or my daughter. I'm very clear about this, and I love them very much and they love me. The day I told them this, they told me: 'mom, you are not well'. Of course I will have a hard time; but I don't want to go to live with them. And I'll tell you why. When you get married you become independent and you get some customs; my daughter lives by herself and has her customs; and my son has his wife and two children; and why should I go there to disturb them, to make them take care of me? Here is a detail which has made me give it more thought. Two years ago we fixed the kitchen at home; we made it all new. My daughter told me straight away: 'mom, you'll come to eat at home' (my daughter comes home for lunch every day); and the same with my son: 'mom, you'll come home, how are you going to manage without a kitchen otherwise?'. And I told the girl that as her house is farther away I would go to the boy's house which is five minutes away from my house. The first days they got upset because they also wanted us to stay for dinner; I went there at about 12 o'clock after work (at that time I was working at the shop). I
went to his house, did the shopping, made lunch for the four of us and did the washing up after. They wanted us to stay for dinner as well, but I felt bad about living and leaving everything there after dinner, without washing the dishes up or anything, even if we were only two more people. And I said no, that we wouldn’t go for dinner; we did go for lunch because I could make lunch and wash up, but not for dinner.

[...] Things were different before, the children wanted to be with their parents to look after them. In my mother’s family they were seven brothers and sisters. There are three aunts left, one who is 86, one 80 and another one who is 92. One of them is a widow and now lives with her daughter; the other one is also a widow and lives at her married daughter’s house, and the one who is 86 is single and lives with a niece. At my father’s family they were also seven brothers and sisters. They all got married and had children. All my uncles have died at home, except for an aunt who had senile dementia and we had to take her to an old people’s home. She died two months after. Things are different now.

Case 2 (79, widow). I still lived with my parents after I got married; I married when I was 23 and lived with them until I was 62. I’m an only child, and as there was room at home... the means in those times weren’t the same as now. My father died because he wanted to. One day he fell down on the floor. We took him to a clinic. He was there for a few days, and the doctor gave him a wheelchair when he left; he probably thought that he would have to use the wheelchair forever, and he then didn’t want to eat breakfast anymore, nor lunch, nor dinner... He was 86 years old; 15 days after he came back home, he died. He didn’t want to be a burden; he didn’t want to give us work. With my mother on the other hand it was horrible. She had Alzheimer’s disease. My husband helped me a bit, but I had no other help. There were three years that you could notice something, but it was already two years since my husband was telling me that my mother wasn’t well and I didn’t want to realize. I thought that it was due to her age. It was horrible. I have looked after my mother; my sister-in-law (with a bag in her stomach...), that even she was disgusted about herself, and every day I had to wash her and look after her; after my brother-in-law; after my other sister-in-law with Parkinson’s disease. She also came home. I had her at home for three years and at the hospital for the last three months, day and night without leaving her alone, because she was left on a wheelchair. And, then I had to look after my husband. My neighbours were really wonderful to me, I shall/will never be able to be grateful enough to/towards the way they helped me. I had had an arm operation not long ago, and my neighbour would lift my husband up, would get him out of bed [as he was unable to move] and would sit him down on a chair; and, if he fell on the floor, she would help me lift him up. [...] I don’t want to live with my children. Not if I can. Each to his own and God watching over everyone. If they need me or I need them I go there for a few days, but each one at their home. They have an apartment in Calafell, even worst now, I then don’t want to go; because I have instability and I have to walk next to a wall, otherwise I fall down, I don’t want to give any work. For as long as I can I don’t want to give any work; in this I look like my father.

Case 3 (77, widow). I got married at 22. We went to live to my mother’s-in-law house. The mother-in-law never liked me. Already since we met she didn’t like me; my mother-
My husband died before her and she kept all of his money.

[...] Since I remember that my mother has always been ill. I had to take care of everything since I was a child. When I got married I left home but we lived very near my mother. I was always up and down. I went to make lunch for her, I did the shopping for her. When she was 50 she said that she was old, that she couldn’t do anything. I did the laundry for her, the ironing, I went to the market, made her lunch. My father was with her but men from before didn’t do anything. He died when he was 85, and my mother when she was 90. I have looked after her all these years and in the last years she went deranged, and to live with a person like this, was very hard indeed. When she had a fit I brought both of them to my house. I have a brother but he lived farther away. I had to put up with everything myself. For the last 6 months, my mother didn’t then know what she said or what she did; I was working at the market, and she stayed alone. She would leave the gas on… It was no possible. So I told my brother that we had her two months me and two months him. I couldn’t afford to pay for a carer. And, when he took her with him, he made her sign a buying and selling letter and he took the flat. He doesn’t have any children. I didn’t need anything; he was living with his partner. He didn’t give me anything. I also didn’t ask for anything; I don’t feel like fighting for a penny. Let God take care of him. My mother made a will which said that if my brother died I would keep it, but I’m the eldest one, think of it, it was the opposite from the way it should had been. And, as soon as he could, my brother, took the flat. I don’t know what he paid her nor where the money is. I didn’t look for any document, nor did I ever ask for anything. I don’t ask for any help, or for anybody to do something for me. I don’t even have anybody to help me with the house.

[...] My son lives at home with me, but it’s as if I lived at his home. We get on very badly. I have to do everything for him, he doesn’t give any help at all. And he is always fighting with me, he always shouths. And it’s terrible. I now have dinner at a friend’s house so that I don’t have to be with him; sometimes I get to his home crying. He does everything to me, to live with him, it’s not comfortable at all. He abuses me psychologically, he makes feel that I’m not good for anything. But I feel guilty. My children don’t know the word no from me. They don’t even ask anymore. Now my son has rented a flat, I’m really looking forward for him to leave but he doesn’t leave. I’ve lent him 1500 Euros, as he now has to pay for the flat... I’ve worked all my live, but I never paid any social security contributions; I have a really low pension.

[...] My children always want me to go with them in the summer, to the house they have in the Escala. They invite me but I don’t go; because, look, if they spend the whole year working, they don’t get help from anybody, and then I have to go to their house in August. I told them that I won’t go this year; I don’t want them to bother about me, I’m better at my home; being here I don’t bother anybody and nobody bothers me. My eldest daughter has a house outside Barcelona, and I don’t go there either. It’s a very backward village, there is nothing to do, you have nowhere to go, you get bored.
I’ve gone there every year with the grandchildren that were small, 4 months looking after them in the summer, but they don’t need me now, it’s two years now since I haven’t gone. I used to go alone with the kids; but I had to be all day locked up at home, it was very boring. Here on my own I’m really great. I don’t like to ask for things; people have to do things for me if it comes from their heart. For me to say, ‘I want you to do this for me, I need that other thing’, no, never. It would have to be that they said, ‘do you want this or do you need this other thing?’ Me to ask for help?, no, from nobody!. If I had money I would pay for a carer. I wouldn’t go to my children’s house, they won’t have me living with them.

My daughter has more money, if they have to put me into an old people’s home let them do it. I now live in the flat that my daughter bought, but I earned the flat myself. I have looked after her children all their live. Since they were born, I had them at home all day, except for sleeping. They brought them in the morning and they went off to work: I had to bath him, give him breakfast, lunch; they came to my house for lunch, left again and came back at night to pick up the children. They took with them dinner already made for the children and the children made up. For some time my daughter was saying that she wanted to sell the flat where I live now. And she would tell me, ‘you’ll come with us’. And I would tell her: ‘no, no, I prefer to be by myself’. For two years I was going to her house for lunch and I know what I’d been through. When my husband died and I was left alone, my daughter told me to go and have lunch to her house. I’m the type of person that won’t accept anything for nothing, because it’s not like this, I want to give back what’s fair. When my daughter told me, I told her: ‘I will come for lunch but I’ll be in charged of the cooking and shopping’. I arrive to her house at 12 o’clock, went shopping, put the things into the fridge, made lunch… and she: ‘you are on my way all the time!’, she would make up such dramas. I was like this for two years and finally I told her, ‘look girl, I’m going to my place, if one day you need me you call me and if I need you I’ll do the same, but you at your home and me at mine’, and I left. I’m fine at my house. If you are there, you are on the way.

C4 (73, widow). Before you couldn’t find a flat and if the flat was big the children stayed at the parent’s home, depending on the flat they had they stayed with the parents or parents-in-law; we were able to go to a rented flat down there, very near where we lived. We hadn’t thought about staying at our parents’ home; we wanted to fly away, we were old enough. My parents were left alone at the flat. It was a very nice flat but it had a lot of stairs, and there weren’t any lifts then, you had to walk up the stairs. And my mother had heart problems and it wasn’t good for her to walk up stairs. Then, when we could we bought a flat for my parents in the same block of flats. We were together and separated. […] I worked at the fishmonger’s until my mother fell down and broke her femur so to be with her. My brother always had his wife ill, and he worked and couldn’t look after my mother. So I had to take care of my mother. I had to leave my job. My husband wasn’t very well, and at the end he became ill. He didn’t give me any work, he got dressed by himself, he took a shower… But my mother couldn’t move. She was in bed for a long time, after, I taught her to walk; it was very hard. She was at home for two months, although I looked after her for five or six years. She died at 89.
She lived in the flat downstairs. But when she fell down and broke an arm, she came upstairs, to my flat. I looked after her for two months, and I was already old. And every two hours she had to have a wee, she had a broken arm and couldn’t move. And I lift her up… and waited until 12 o’clock at night for her last wee to see whether I could take a rest for the following three hours, but no way, after two hours another time; my sleep was broken. I was taking a tablet and finally that tablet didn’t have any effect on me, so I spent the nights without any sleep; at the end I told my brother, ‘look for someone at least for the nights; I’ll take care of it during the daytime but I need to rest at nights. I put up with it/coped for a time but I couldn’t do it any longer. My mother had money. Otherwise we would have had to empty our pockets. And we employed some female students who came in the late afternoon, we took her to her flat downstairs. At 9h in the morning I was up to give her breakfast. When she died I couldn’t go back to work, they already had another shop-assistant. […] I also looked after my mother-in-law for 26 months. She was disabled and I got her up from bed every day, my son wasn’t three years old yet. And, you know what it’s like to get somebody out of bed who weighs a hundred and some kilos every day! Her left side was paralysed and her head was affected; she had very clear days and very cloudy ones. To get her up, I would put a foot on the front not to slip and I took her from the waist, I turned her over and sat her on the armchair. This for 26 months. I very much wanted to have a girl, and she being ill I told my husband, ‘be aware that I now don’t feel like having a child because I already have an old one. This was his mother, I couldn’t do anymore. At nights, her daughter would take care of her and I during the day.

[…] This year I fell down. I vomited and I got a real fright. My son came to pick me up; I could hardly walk, I was on a wheelchair. I was at his place for almost a month. For me not to walk up the stairs, they left me a room on the ground floor. The toilet, kitchen and living room were on the ground floor. When I was better, I told him to take me home, because I happened to just had bought a latex mattress and I had hardly used it. And at my son’s home I slept on a sofa-bed which had an edge that would stick up my body everywhere, and I felt like going home to sleep on my bed, to see if with this bed I would get better; as I had so many bruises, I thought I would be better with the new mattress. But I didn’t say anything to him, not to hurt him. They let me their space, they wash my clothes… was I going to complain! Also, as both my son and his wife work, the children were at school, I was alone all day, and to be alone I’m better at my house. Here, I try to make and activity every day. Here I have my friends…, I come to the social centre which is like my second family, I come almost every afternoon, to the drawing class, to watch a movie, etc.

[…] I have a friend who is in an old people’s home and I go to see her. The old people’s home is rubbish, she pays 1200 euros a month, it’s private. She doesn’t leave her room because if she leaves it… well she goes out for breakfast, for lunch and dinner, but one is on a wheelchair, the other one starts shouting, the other walks around and says ‘this is not my house and I want to go home’. When you are there you are depressed. When I go to see her I try that we go for a walk away from that atmosphere, for us to take some sun. The bedroom has a window but has no light, as it’s an inner room, it’s a ground floor. There is a garden that you cannot call a garden or anything, it has a ramp and a bench, it’s lonely, it doesn’t get any sunlight, and three people inside it’s already too many. And the only person who looks for her is me. The
doctor says that she hardly eats, and she says that she is fussy with food and doesn’t like the home’s food.

I think an old people’s home is the last place you can go; I always say: ‘look, for the moment, when I’m older, if I can I will take somebody at home, and if I can’t adapt I will look for someone else, and when my brains are not well you can put me wherever you want, because I won’t realise. At home I’ll eat whatever I want, I will get up at the time that suits me and if I like TV I’ll put the TV on until it suits me, if I want to sit down and have a snooze I’ll do it. But there at the old people’s home since I’ve seen it I don’t like it at all, it would have to be one of those very top class old people’s home; this friend of mine doesn’t even go out to the streets because there are some stairs and she is afraid of falling down, and she doesn’t dare going out. To be able to pay for this old people’s home, she had to sell her flat. For the time being I have the tele-alarm from the Red Cross. If you go to the Social Security you sometimes have it for free but there is a waiting list and you have to wait for a year and a half. I pay for this.

C5 (86, widow). When we got married we went to live by ourselves, very near. We had already said that if we couldn’t live by ourselves we would wait; we didn’t want to stay at our parents’ house. Before they all lived together, you couldn’t choose, you had that and nothing else. Many got married and the mothers-in-law made their live a misery; and the daughter-in-law made live a misery for many; because living with someone is the most horrible thing there is; somebody can say, ‘I know this person very well’; but, ‘have you lived with this person?’, ‘no’, ‘then you don’t know this person’. You don’t know someone until you live with them. You can go out with someone for many years, you can talk to him for many years, but wake up in a bad mood, not in the mood of talking, not in the mood for working... and for this there needs to be some understanding. We’ve had our things, don’t think that it’s been a paradise.

[...] To me, my family helps me a lot. I’m very fortunate, and I wish all old people was like me. I have a neighbour who is 93 upstairs, and she lives on her own, she is very clever, she is alone but she doesn’t feel lonely, she has the support of her family; although she doesn’t have any children. But there are many people that feel really down. And, of course, to go to an old people’s home... There are old people’s homes that are nice, but if you go into a home, someone like me for example, and they put you next to someone who is dribbling, ill, who doesn’t know what it’s saying, that gets you depressed, that ages you, that makes you suffer. There should be sections for people who is sicker and sections for people who are better, who can have chat... But 1200 euros a month, who can pay this? And not to go and see these scenes old people prefer to stay at home. There are people staying at really elegant old people’s homes. But eventhough, as I know this from a friend of mine, he was paying 1500 euros, but he also mixed with people who weren’t very well; and I don’t think this is good.

My parents-in-law were never at an old people’s home. My daughter never allowed it, she looked after her parents-in-law up to the last moment; her father-in-law was left alone, but he had a woman who looked after him. And he died at home. The mother-in-law, because she was very ill, died at a hospital. I have a woman who helps me three times a week. My daughter does the shopping for me. And one day I told her: ‘my husband is dead, I’m going to an old people’s home’; ‘what are you saying?’, said my granddaughters, ‘having us, you are going to an old people’s home?, don’t even
I think about it; ‘look girl, I don’t know how I might be…’. ‘Well, grandma, depending on how you’ll be you’ll go to a hospital but not to an old people’s home’.

I think that you are better at home; because when you go somewhere else you lose your customs; you then have to follow other customs; you have to take lunch at a certain time… If you are at home and somebody looks after you, you have your rule, you have your things from all your life, it doesn’t seem as if you’ve lost everything; no matter how well you are somewhere else, it’s never like being at home, never. You feel more lonely, because you sometimes if I’m hanging the clothes to dry I talk to the neighbour, if I go to buy bread…, or if I cannot go out, some neighbour comes to see me, ‘how are you feeling?’. You have some contact with the people you’ve had.

**C6 (84, widow).** I live by myself because I want to, because my daughter doesn’t want me to stay by myself here; neither my daughter or my son-in-law would want me to stay alone. But I prefer it. Think that when I go there [to my daughter’s house] she as much as him are extremely good to me. But I don’t know how to explain to you. The person who is used to being alone… it’s just there are many keys. I’m not the kind of person that does her own thing a lot; I’m the kind of person who tries not to disturb the others and of course, there comes a time when you are also beginning to make sacrifices and the others don’t realise. Look, may be it’s something silly, but when I was now at my daughter’s house for a few weeks, when I broke my arm, in the mornings my son-in-law would get up to go to work. I didn’t have an specific time to get up, because they didn’t tell me anything, it was the opposite, ‘why do you get up so early, if you can sleep for longer?’. And, of course, he had his own way of doing things, he was the boss at his home and I understood that I shouldn’t stand in front of him. And this might be something which is not important but it was very important to me, because when I get up in the morning, if I feel like going to the toilet, I go when I want to, and there I already knew that I would be on his way, because if I went into the toilet he couldn’t go himself, we only had one toilet. Well this is what bothered me. Me going to the toilet knowing that he had to go in, I didn’t do it. I knew he was in a hurry, and I wasn’t in a hurry at all. It’s just that the body needs to go to the toilet sometimes… this was what really worried me. […] But they suffer. It’s because they love me. I know they love me, her as much as him. And my daughter-in-law also loves me. My daughter-in-law is working, my son too. And my son-in-law is also working, the one who isn’t working is my daughter.

**C7 (78, married).** When the day that we are unable to cope by ourselves comes, we will go to the old people’s home. My daughter-in-law told us that she wasn’t up for looking after old people. We have to put up with it. When my husband broke his ankle we were in a private old people’s home for a few months, outside the city (in Tona). We were well looked after, but the atmosphere was quite depressing. There were many people with senile dementia and severe illnesses. There was a woman who sang the same song all day long; I tried to go out to the garden, but it was cold. There was a couple who were like two vegetables. Like at home, there is nowhere. We would have never taken our parents to an old people’s home; before we wouldn’t even think about it. We lived together, and if they went ill one had to look after them. We wouldn’t even
contemplate it. Now it’s very different. On the one hand, we understand it, but on the other we find it really sad.

Final results and considerations

According to the analysed testimonies we can observe a generalized reluctance to continue to reproduce the traditional model of care based on the informal care by some member of the family, mainly women, as well as the predilection towards the Home Assistance Services, regardless of whether they count on sufficient financial means to face their cost. The arguments put forward in this respect could be resume as follows: 1) The previous experience as carers, related as a experience of personal (and labour) sacrifice, hardly or not at all recognised and/or rewarded in many of the cases. 2) The personal autonomy and the will to not depend on the family, qualified by the will of not having to adapt to anybody; the difficulty of living with someone when this has not happen in a uninterrupted way previous to the stage of old age, and the own personal comfort. 3) The independence of the children and the explicit wish of not being a burden to them, reinforced by the right of privacy of the children, and an explicit reluctance to ask for help, qualified only by the ability to reciprocate which the elderly person has. 4) And finally, the will to continue to live at their own house, linked to the will to keep the daily environment of sociability, to the emotional environment characteristic of the domestic sphere, and to the symbolic importance of dying at home and not at an old people’s home.

For a start, I find interesting, as I pointed out at the beginning, the distance arising between the perception that these women have of themselves as carers, and the relation that they hope to have with their own children and/or daughters-in-law. In spite of the sacrifice that in many cases has entailed to take care of their parents or parents-in-law, usually at their own home, they do not question the obligation that they have had as daughters or daughters-in-law in this sense. However, all of them show a reluctance to receiving permanent cares and in an exclusive manner from some member of their family. One of the arguments for this is, no doubt, the personal autonomy, but also –and sometimes before their own one– that of their children and/or relatives. This rhetoric of the autonomy and independency, understood as a fundamental right for them and for the other people (children and relatives), has implicit and interesting reconsideration –in the sense that it comes from the desires and the needs stated by the elderly people– of the model of traditional family solidarity within which the rights and moral obligations have been traditionally defined in relation to care within the family unit and between generations.

This same will of autonomy points to the distancing from an ideology of family solidarity by which the family (nuclearized) would continue to be the responsible institution providing all the assets and services to the elderly in situation of dependency. It also questions an ideology of traditional family in which the responsibilities and obligations among the different members of the family have been clearly defined in accordance to the divisions of gender, the contributions within the couple or the relations of power related to age and gender, and according to which the financial responsibilities fall
more likely on the men, and the emotional and care responsibilities fall on the adult women of the family; a model where the mothers and fathers are responsible for the socialization of the children at a preschool age and the adult children are responsible for the care of their elderly dependant parents (Narotzky 2003). Although, this ideology of the traditional family continues to be for many of the elderly the main referent from which to think the model of care and family solidarity ‘desirable’, the testimonies analysed here highlight a redefinition of the concept of solidarity and moral reciprocity between generations. This way, they show the ideological transit from a model of care based on the ideology of the traditional family and of the family solidarity, towards another model based on the de-responsabilization of care to the family –although family solidarity does not stop being practised for this reason– and on the conferring of responsibilities for this matters to the State.

This redefinition of the family solidarities and of the family role in relation to the care of the elderly in situation of dependency is, on the other hand, in tune with the claiming, expressed by several scientists and social institutions of an autonomic nature –and also state ones–, of a major and more universal intervention of the State in the spheres of protection and social and public health assistance for the elderly people.\footnote{The budget allocated in 1999 from the overall of Catalan public administrations to the social services –excluding pensions and health care– was equivalent to 0.16% of the GDP of Catalonia (Síndic de Greuges de Catalunya 2004: 14).} This way, for example, the Coordinadora Nacional de Jubilados y Pensionistas de Cataluña (the National Organizing Committee for the Retired People and Pensioners of Catalonia) in an internal document from the year 2000 clearly emphasized the “right to live, grow old and die at home”, and the right to “receive a universal and satisfactory social and health care” (CNJPC 2000). Along this line –in accordance to the European tendency to favour the community care and the services of proximity (Gibson 1998; Casado y López 2001; Gomà i Subirats 2002)– it asks for the social services alternative to putting the elderly person into a centre to be promoted, as for example the “full home assistance”, the “help to person or relative who are carers” –understanding that the person or relative “carer” needs attentions and specific help due to their attitude of solidarity towards their relative and towards the community–, the promotion of “subsidised apartments” and “Day Centres”. The old people’s home, although a non very desirable option –and most of our informants clearly highlight this– appears, in their relations, as the last option of a process of transit towards a model of de-responsibilization of the family regarding the care of the elderly people in situation of dependency. The possibility of institutionalization arises –paradoxically– as the last expression of a will of non-dependency on the closest family environment. This demands, made in a similar way by other academic, social and political institutions\footnote{See Alemany 2003; Bazó y Domínguez-Alcón 1996; Casado y López 2001; Colectivo Loé et al 1999; Gomà i Subirats 2002; Navarro y Quiroga 2004; OPM 2004; Rodríguez Cabrero 2004; Síndic de Greuges de Catalunya 2004.} are a consequence, and at the same time highlight, the deficiencies of the present system of social protection towards dependency in Catalonia, and in general in Spain.

Although the number of interviews used for the analysis presented here is certainly limited, the analysed testimonies allow us to at least put forward a number of questions...
related to the changes and continuities of the present system of social protection towards dependency: can we certainly talk—as some of the analysed testimonies suggest—of an ideological transit from a model of care based on the ideology of the traditional family and of the family solidarity, to another model based on the de-responsabilization of the care for the family and on the attribution of responsibilities in this matter to the State? If this is the case, which position should the family and/or intergenerational solidarity occupy—based on which the “informal” care of the elderly is still being solved in an overwhelming majority of the cases in Catalonia and Spain—within the social policies addressed to the care and protection of the elderly in a situation of dependency? Do the elderly sense the exhaustion—and unviability as some consulted scientific sources point out—of the previous model of care based on the informal solidarity carried out by the family, and more specifically, by the women? And, if this is the case, does this exhaustion accompany the emerging of new or different moral imperatives in relation to the care of the elderly people? And finally, how such expectations can be placed in the design of future policies of social care to the elderly people in situation of dependency? To put forward part of this complexity has been the objective of this paper.

Bibliographic References

Alemany, C. (Coord.), (2003), Noves formes d’organització del treball i les condicions de treball i salut en la prestació de serveis de proximitat, Departament de Treball i Indústria, Generalitat de Catalunya, Barcelona.


Castells, M. y L.P. Ortiz (1992), Análisis de las políticas de vejez en España en el contexto europeo, Madrid.


Consejo de Europa. Recomendación nº 98 (9) relativa a la dependencia, adoptada el 18 de septiembre de 1998.


