



'Looking after granny': A transnational ethic of care and responsibility



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ABSTRACT

Recent writing in geography has focused on the ways in which we can think and act responsibly in relation to place as well as 'distant others'. Others have argued for a more ambiguous stance towards responsibility. In most of this literature, however, responsibility is seen as flowing from the centre to the periphery. In this paper I argue that we should also be paying attention to the spaces where responsibility flows in the opposite direction. Using the example of Bolivian elderly care workers in Spain, this paper shows that many elderly care workers are practising a transnational ethic of care that goes beyond the remit of their marketised responsibilities. Many elderly care workers place their 'grannies' into the realm of familial social relations and express feelings of responsibility towards them. This allows them to accept or at least bear their demanding and often demeaning work. However, this same process contributes to them staying in often exploitative working conditions while denying responsibilities of care to their own families and to themselves. The paper argues that shifting our attention to how responsibilities and care are practised in transnational social fields, allows for the recognition of the many benefits that richer countries continue to draw from the migration of people from the Global South and contributes to the construction of less Eurocentric perspectives on care and responsibility.

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1. Introduction

Europe is undergoing deep, structural changes in relation to its organisation of care. Ageing population, low fertility rates and women's higher levels of labour market participation rates have all combined to create a 'crisis of care' (Benería, 2008; Tronto, 2005). Work within geography has shown that current political systems and hegemonic understandings of care frame it as relating to individual autonomous selves, increasingly privatising responsibilities for care work; whether related to the care of children, people with disabilities or the elderly. This is a process that reflects market expansion (Staheli and Brown, 2003; Lawson, 2007; Raghuram et al., 2009; Robinson, 1999). In this context, care is understood as a commodified good, a transaction, as opposed to a social relation (Green and Lawson, 2011); a good that is increasingly provided by migrant workers; mainly women migrant workers (Anderson, 2000; Williams and Gavanas, 2008; Lutz, 2008, 2011).

This paper takes on board critical work advanced in geography that proposes an alternative conceptualisation of care and responsibility (Lawson, 2007; Raghuram, 2012; Raghuram et al., 2009; Massey, 2004; Laliberté, 2015) and extends it through a multi-scalar and multi-sited approach (Lawson, 2007: 6). In

particular, it shows how migrants who carry out live-in domiciliary elderly care work relate to their work as a responsibility towards the 'grannies' they look after. I argue that the responsibility that many of these women feel towards their 'grannies' suggests that we should pay attention to these areas where responsibility is practised. This enriches the ways in which responsibilities and care have been conceptualised previously in geography, for example, as 'caring for distant others' (Corbridge, 1993; Lawson, 2007), as the collective responsibilities of the West for past events (Gatens and Lloyd, 1999; Massey, 2004) or as a post-colonial responsibility (Power, 2009).

As post-colonial subjects working as carers in the nation that once colonised their countries of origin, 'distant others' (who are often thought of as the recipients of our responsibilities) also voice responsibility towards cared-for members of the colonising societies. By turning the elderly people they care for into fictional family members – into their 'grannies' – elderly care workers transform their commodified care into a familial social relation. This in turn allows them to humanise their work. At the same time, I also show how this very process is the basis for further exploitation and disempowerment, making extremely low wages and very challenging working conditions bearable. In the context of commodified care, therefore, the turning of work into familial social relations, further exploits the workers implicated in these relations, sometimes to the extent that they have to deny

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responsibilities for close family members and for the caring of themselves (Tronto, 2006).

2. Geographies of elderly care and responsibility

Geography has a long history of dealing with the geographies of care, particularly through the work of medical geography (Milligan and Power, 2010) and it has now become of broader interest to the discipline (Datta et al., 2010; England and Dyck, 2012; Green and Lawson, 2011; Lawson, 2007; Raghuram, 2012; Raghuram et al., 2009; Milligan et al., 2007; Blazek et al., 2015), as Lawson (2007) argued that it should. Of particular interest has been the interconnection between care and responsibility, which has recently attracted increasing attention (Noxolo et al., 2012; Raghuram et al., 2009; Lawson, 2007; England and Dyck, 2012). This is a welcome development given the potential that these new directions bring for developing a less Eurocentric view of geographies of care (Green and Lawson, 2011; Robinson, 1999; Kofman and Raghuram, 2009), particularly if this is combined with a transnational perspective. Such an approach expands not just the social fields for our analysis of care but also how care and responsibility are conceptualised.

2.1. Geographies of care and responsibility

Care has become a contested term (Kofman, 2012; Kofman and Raghuram, 2015), and an increasing number of scholars argue that it is Eurocentric (Green and Lawson, 2011) or not very useful because it obfuscates more than it illuminates (Anderson, 2000). For example, some have argued that the concept of care is not very useful because the same term is used for care practiced within the family and care carried out in a marketised setting such as a care home, providing insufficient distinction between the different settings in which care is carried out (Twigg, 2006). Authors following this position highlight that family care is usually performed in a context of 'emotional connectedness' because it is given and received by family members and argue that we need to distinguish this type of care from the care carried out in a work setting in which 'emotional connectedness' cannot be assumed (Twigg, 2006). This presupposes that care is best practiced within the family and rests on the assumption of a heterosexual family, in which women will take up caring responsibilities. Both assumptions have been widely criticised, showing that care is a globalising concern (Robinson, 1999); that not all households are composed of heterosexual couples with children, or indeed, that familial relations are universally taken as being the most significant (Roseneil and Budgeon, 2004). Moreover, families are not always spaces of harmonious and caring relations; while work settings can become spaces of emotional connectedness.

In most of this work on the geographies of care, care is conceptualised as flowing from the 'stronger' (carer) to the 'weaker' (cared for) individual. Similarly, responsibility is framed as residing within the domain of the privileged and flowing from the 'centre' (Europe and North America) towards the peripheries (e.g. Lawson, 2007). The question here has been the extent to which privileged groups feel responsibility towards 'distant others' (Corbridge, 1993; Lawson, 2007; Laliberté, 2015). Some have raised questions about postcolonial responsibility (Power, 2009), arguing that attempts at bringing partnerships and promoting 'good governance' are imbued with paternalistic assumptions about development and reform. In fact, there is a growing sense of ambiguity towards responsibility (Noxolo et al., 2012) as well as care (Green and Lawson, 2011; Kofman, 2012).

Despite the adoption of 'a global sense of place' and the 'outward lookingness' of places (Massey, 2004), the ways in which care and

responsibility are framed still suggests looking from a particular place (i.e. the author's point of view) and as Green and Lawson (2011) have shown, most work on care has been framed in and from the Global North. In this context Raghuram et al.'s (2009) proposition is an interesting one, given that they de-centre questions of 'self' and 'others' by adopting a post-colonial approach, and challenge the centre from which care and responsibility are talked about. They ask: "What does care look like for different people from different centres?" (2009: 10) and argue that shifting this centre can lead to alternative conceptualisations of responsibility and care.

In this paper I explore this possibility by looking at care work through the experiences of a group of Bolivian women who found work as live-in elderly carers in Spain. This allows me to recognise the ways in which they exercise agency in their attempts to bring some control over the work they perform. At the same time, their experiences also reveal the structural constraints that they encounter in their everyday lives, whether these are related to gendered expectations of care, structural constraints of poverty, class and racism in their country of origin, or labour and migration regimes in countries of destination (Williams and Gavanas, 2008; Parreñas, 2008).

Finally, despite the original inclusion of 'self' in the framing of care (Tronto, 2006), the issue of how the person who cares for others also cares for herself has generally been omitted in the work on geographies of care and responsibility. Tronto (2006), drawing on Foucault, argues that caring for self is an essential element of an ethics of care, albeit one that rests on the recognition of our essential vulnerability, which is not easily recognised in Western societies. Moreover, she argues that integrating the caring for self into our wider framing of a politics of care opens up the opportunity for the recognition of the ways in which we are all implicated in care-giving and care-receiving. Recognising the caring for self as an important element of a politics of care opens up the possibility of analysing the consequences of the structural constraints experienced by elderly care workers.

2.2. A transnational ethic of care

While the 'global' perspective can provide a useful starting point for analysing the re-organisation of care, the same approach also de-territorialises and flattens the analysis (Lawson, 2007; Massey, 2005; Sparke, 2007), given that it pays little attention to the specificity of the locations where some of these processes take place (Raghuram, 2012). A transnational perspective can help focus on the specificities of these locations and how social relations, even when transnational, continue to be embedded in social hierarchies, which are often place-specific (Glick Schiller and Çağlar, 2009; Basch et al., 1993).

A transnational perspective can also help us think through the social values that migrant carers of the elderly bring with them and necessarily employ in carrying out their everyday tasks. Some of these issues have already been explored in the literature on migrant domestic workers around issues of transnational motherhood, that is, the new meanings given by domestic workers to motherhood as a result of spatial separation from their children (Hondagneu-Sotelo and Avila, 1997). However, the focus on motherhood has meant there has been little recognition of the fact that the migrant carers' role as daughters is also important for the framing of their identities. While only some women are mothers, they are all daughters, albeit with different understandings of what this role and identity might entail. In most Latin American countries women traditionally provide not only child care but also elderly care. When they migrate, they often continue to care from abroad, by sending remittances, telephone calls or paying for hospital bills. This creates complex circuits of care, yet in most of the literature

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