

DYNAMICS OF ELDERLY-CAREGIVING AMONG DIFFERENT  
SOCIO-ECONOMIC GROUPS IN ANKARA, TURKEY

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## **ABSTRACT**

### **DYNAMICS OF ELDERLY-CAREGIVING AMONG DIFFERENT SOCIO-ECONOMIC GROUPS IN ANKARA, TURKEY**

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In the last 20 years, the number of older adults aged 60 and over has been increasing in Turkey in accordance with the increased life expectancy. Accordingly, the needs of ageing population are also changing. However, ageing studies in Turkey do not focus on how these new dynamics are experienced by families. This thesis focuses on how elderly-caregiving is experienced among different socio-economic groups and the effects of this responsibility on their family relations. The study defines caring labour as *care for* and *cares about* older adults in order to maintain and sustain their well-being, and searches for how its different dynamics such as physical, mental and emotional labour are experienced by primary caregivers. In order to understand these dynamics, the study employs feminist methodology and life-course perspective. Within this context, 18 in-depth interviews were conducted with both lower and middle socio-economic status (SES) families in Çankaya and Mamak in Ankara. As a result of this study, it is addressed that socio-economic status and gender affect how primary caregivers experience elderly-caregiving. Due to gendered division of caring labour, burden and pleasurable aspects of caring labour are distributed unequally. Thus, women stuck in between love labour and burden. Unearthing the family relations, this study shows that elderly-caregiving is

not only related with the relationships of older adults and primary caregivers but also other family members in the household. Due to its new dynamics in the household, female primary caregivers take extra roles on them to maintain relations, which reinforce affective inequalities.

**Keywords:** Elderly-Caregiving, Family Relations, Socio-Economic Status, Gender, Social Inequalities

## ÖZ

### FARKLI SOSYO-EKONOMIK GRUPLARDA YAŞLI BAKIMI DİNAMİKLERİ: ANKARA, TÜRKİYE ÖRNEĞİ

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Son 20 yılda Türkiye'deki 60 yaş üstü yetişkin sayısı yaşam süresinin uzamasına bağlı olarak artmaktadır. Buna bağlı olarak, beklenen ortalama yaşam süresinin uzaması, yaşılanan nüfusun ihtiyaçlarını da dönüştürmektedir. Bununla birlikte Türkiye'deki yaşılanma konulu çalışmalar bu yeni dinamiklerin aileler tarafından nasıl deneyimlendiğine odaklanmamaktadır. Bu tez, farklı sosyo-ekonomik gruplar arasında yaşlı bakım hizmetinin nasıl yaşandığını ve bu sorumluluğun aile ilişkileri üzerindeki etkilerine odaklanmaktadır. Çalışma, bakım emeğini; refahını sürdürmek ve güçlendirmek için yaşlı yetişkinlere bakım hizmeti vermek ve onların bakımını üstlenmek olarak tanımlıyor ve birincil bakıcılar tarafından fiziksel, zihinsel ve duygusal emek gibi farklı dinamiklerinin nasıl deneyimlendiğini araştırıyor. Bu dinamikleri anlamak için, çalışma feminist metodoloji ve yaşam boyu öğrenme perspektifi kullanmaktadır. Bu bağlamda Ankara'nın Çankaya ve Mamak'taki hem düşük hem orta sosyo-ekonomik duruma mensup aileleri ile 18 derinlemesine görüşme gerçekleştirildi. Bu saha çalışması ışığında tez, bakım çalışmasının bölüştürülmesinin, kadının sevdiklerine gösterdikleri emek (love labour) ve yükü arasında sıkışmasıyla sonuçlandığını açığa çıkartır. Bakımı üstlenmek ve bakımı yüklenmek durumlarının eşitsiz dağılımı bakımın dugysal memnuniyet ve yük kısımlarının da eşitsiz dağılımına yol açar. Aile içi ilişkileri ortaya çıkarılan bu çalışma, yaşlı bakımının yalnızca yaşlı yetişkinlerin ve birinci sınıf bakım verenlerin

arasında değil aynı zamanda ailedeki diğer aile üyelerinin ilişkileri ile ilişkili olduğunu göstermektedir. Hane halkındaki yeni dinamiklerinden dolayı, birincil bakım veren kadınlar, duygusal eşitsizlikleri güçlendiren ilişkileri sürdürmek için fazladan rol almaktadır.

**Anahtar Kelimeler:** Yaşlı Bakımı, Aile İlişkileri, Sosyo-Ekonominik Statü, Toplumsal Cinsiyet, Sosyal Eşitsizlikler

## **DEDICATION**

TO MY BELOVED GRANDMOTHERS, *AYŞE AND ABALUT*

IN THE NAME OF ALL WOMEN WHO DEDICATE THEIR LIVES

TO CARE FOR AND CARE ABOUT OTHERS

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## **CHAPTER 1**

### **INTRODUCTION**

*You also become exhausted just like that elderly. You give up yourself. You feel tired. You start to disappear  
(Melek, lower SES, 50 years old)*

When I was an undergraduate student, my grandmother's health conditions was getting worse and worse due to her femur fracture, thus she needed a constant and direct care. In order to ease the burden of caring, my father and his siblings started to provide care in turns. Yet, as my parents were working; and it was not possible for them to provide caring 24 hours, a paid care worker was an inevitable solution for us. On the other hand, things were not the same for my uncles. My grandmother's daughters-in-law provided care to her. Meantime, I was taking a demography course. One of the articles in the course material was about Turkey's demographic transition. Surely I knew that we were not the only families in Turkey who took care of older family members, but my life experiences overlapping with a demography course made me think about the general manners in Turkey, the ways they provided care to the older adults and the kind of conditions since it was obvious that even in one family, arrangements and experiences varied. Even caring labour involves intimacy and connection, the conditions of the families may cause different experiences when intense caregiving is needed. Thus, varied experiences between different socio-economic groups and gender must be considered. In other words, demographic change does not mean the same for all families even they share the same extended family. Both recognition of burden and love are subjective and structural issues. Thus, I believe a study should be grounded on them.

With the increase of the oldest old personse in the society, the form of caring has also changed in Turkey. It is not anymore only sharing the same house, putting one plate on the table or making an extra bed for older adults who become widow after a loss of spouse. Due to increased life expectancy, we encounter with more complex needs

of elderly-care. Besides, the ignorance of gender in gerontology studies or studying elderly-care by focusing on the arrangements made me think of another discussion topic: what is elderly-caregiving beyond ‘who is going to take care of’. In other words, after the decision made about the person *who is going to provide care* is made, how families experience that specific form of caring is also a crucial question. Moreover, studying elderly-care by putting ‘burden’ in the foci was also problematic for me. By following feminist economists I argue that we need different kinds of caring during different spheres of our lives “and are also capable of choice and agency and of giving care (Nelson, 2015: 3-4).” Thus, the feeling of responsibility for what we *care about* and *care for* should not only be studied in terms of burden. Burden is an outcome of the inequalities during the provision of elderly-caregiving, thus, important parts such as caring about and caring for the loved ones in families must be included in the studies to get a deeper understanding about the role of the families when providing care to older family members and how this role affects other intimate relations of the primary caregivers. Thus, this study becomes significant by focusing on the elderly-caregiving process as a caring labour and unearthing the complex web of relations.

In Turkey, public care opportunities are highly limited; and they are also the last option for the families both from care the provider and receiver sides. The role of the families comes first in providing care to older family members when there is such a need. Even though, in Turkey, state shifts all responsibilities on the shoulders of the families and making it an ‘obligatory’ situation, I believe, the way how people maintain and sustain the lives of their beloved ones as an issue of caring labour must be also highlighted. Smooth over the cracks, the issues known but ignored, at the same time exactly due to being common knowledge, it is hidden. Thus, the thing which is obvious must be declared in order not to be a part of it.

Turkey is an ageing country. According to UN (2015), in 2015 older adults aged over 60 are 11.2%, while it is expected that it will be 26.6% in 2050. There will be a faster growth in the number of older adults in a short period of time. Moreover, even government has put an agenda on ageing in 2007, these policies, which are discussed deeply in the sixth chapter, home care services and home care fees are targeting

limited number of people. Besides, these policies only refer to lower income families. Due to the nature of neoliberal policies, middle and upper income families turn their face to commercial solutions. Thereby, while it is always on the table to shift the family based elderly-care to commodity form, there is no chance except the familial one for those who cannot afford even if they want. In this frame, there is a necessity to study the family relations after becoming caregivers in Turkey, as reducing the role of state in the name of providing elderly-care. Thereby, the purpose of this study is to explore “how elderly caregiving is experienced by families among different socio-economic groups and how it affects family lives”. Besides, I aim to understand the factors behind elderly-care and how interlock of gender and socio-economic status affect these experiences. How families do experience elderly-care together with their family relations in Turkey, where families and solidarity networks allocate such a big portion in a welfare state, is crucial to see elderly-care dynamics in full picture. Therefore the significance of this study in ageing studies in Turkey is to understand the caring process among different socio-economic groups, which have different facilitates and difficulties. Analyzing the process of caring labour reveals how gender and socio-economic status of the caregivers together affect their experiences and highlights the affective inequalities that arise during the caring labour, which are the two important contributions of this study. Furthermore, by examining the family relations, as the families are the first and foremost sources of care provision, this study has an important state in the literature since how they experience this responsibility remained hidden until now.

In this thesis, caring labour is defined within the framework of emotions, body, and social relations and it includes all actions and manners that subjects employed, as they maintain and sustain both their lives and the lives of the people around them. *Sustaining life* (Engster, 2005) embodies our time spent for others, our selves, space and labour for the ones that we *care about* and *care for*. In this sense caring is not only a physical activity. Both emotional labour and mental labour are the parts of caring labour and necessary for social reproduction. Throughout this study, I define caring as being responsible to deal with other's needs and satisfaction by providing physical, mental, and emotional labour. Thus, caring is a web of complex relations

and performances that we perform in order to *care for* someone that we *care about*. Thus, caring is not only related with sustaining biological needs, but keeping in mind on the older adults, satisfying their emotional needs, allocating time to them are inseparable parts of caring. Caring is a relational issue, it includes love and connectivity, thus, emotional labour is also maintaining and constructing the relations between individuals, particularly family relations in this study. Feeding, giving bath, lifting are the parts of elderly-care, yet, what must be highlighted in elderly-care is sustaining, supporting, and maintaining the feelings and relations.

Addressing people in relation and connectivity, this thesis employ a position outside the liberal economics' autonomy understanding, since this approach imprisons the way of emphatically and emotionally connected relations in the 'private sphere' and conceal value of caring (Nelson, 2015). As Nelson (2015) stated we, as human beings, do not come to the world by jumping up all of a sudden, we exist thanks to care work. At some point in our lives, being a baby, we needed care, we need care now, and we will need till we die. Moreover, the intent to provide care is not apart from agency and choice, yet power relations obscure this. I believe, caring should be analysed within relational selves and power relations in order not to obscure both power relations and also existence of agencies while choosing caring and living it.

While we provide care for the ones that we love which is a distinct form as it includes "mutuality, commitment, trust and responsibility" (Lynch, 2007), we must not forget that due to its unequal distribution, it underpins inequalities as well. While femininity and caring are tightly attached to each other, masculinity is a care-free area which result with the unequal distribution of burden and pleasurable aspects of caring. This gendered division of emotional labour leads to affective inequalities for women, not only when emotional labour is provided to older family members, yet also by including other family members since elderly-care brings extra roles to women in the sense of dealing with others' feelings and maintaining family relations. Thus, family relations have an important place in the analysis of elderly-caregiving since caring labour grounds on relations, but not only physical tasks. Thereby, while I analyse experiences of elderly-caregiving, I also highlight both burdensome and pleasant parts of elderly-care in order not to be mistaken by concealing.

To whom care is provided, as whom we are providing care, the relationship between care receiver and the care giver, placement of older adults, in what frequencies care is provided, positions of the caregivers in power relations are the important issues which frame and also they are a ground of how elderly-caregiving is experienced. In this thesis, I seek to understand the changing dynamics of caring labour in terms of long-term care, how it affects the family relations (not only with parents but also with caregivers' children and spouses). Accordingly, I aim to reveal how elderly-caregiving is shaped and experienced, and how it affects different lives as a specific point in the lifelong caring, which starts when we born. Love labour is important and the unique part of caring labour. But, equalization of caring as women's natural work leads inequalities and burdens must not be forgotten also, otherwise power relations will be obscured in the analysis.

In order to analyse these issues and questions, I prefer to employ feminist methodology and life-course approach. While life-course perspective provides me an opportunity to see how individual family relations are interrelated with each other and how their positions at that specific point of the life affect their caring responsibility and caring relations. In this study, I focus both elderly-caregiving experiences of primary caregivers and their relations with their families after caregiver role. Life course perspective provides an opportunity to see interrelations in the issue of elderly-caregiving. The first reason why I approach feminist methodology is the topic that I study: caring. As I stated above, caring grounds on multiple issues and even it includes connectivity, love and commitment, power relations that surround caring must be revealed in order not to obscure inequalities.

Moreover, feminist methodology involves this perspective by criticizing androcentric understanding and attachment of caring with femininity. For me, caring is labour which requires time, energy and effort. By following Weeks (2004), I argue that labour is more than the relations in paid labour market, indeed labour serves the society itself and is necessary for the social reproduction. Moreover, by approaching feminist methodology I aim to see the experiences by understanding how different inequalities arise. By not putting women into the vulnerable position and not just seeing the problems, weaknesses or victimizing the subjects, doing this provides

strategies against oppression and subordination. Furthermore, since this study focuses also on family relations, it is crucial to see home is beyond a place of commitment and love; indeed, it is also a place of power relations where negotiations and conflicts come out.

I conducted in-depth interviews with 18 primary caregivers in order to analyse all these issues. Interviews were done in two different neighbourhoods of Ankara: Mamak and Çankaya. During the interviews, I asked questions about how their caring responsibility started, extent of their caring labour, what caring meant to them, what were the changes and continuities in the new family life by including parents, children and spouses, as a consequence of all these responsibilities, how their own lives were affected after being a primary caregiver, and finally, what were their expectations about elderly-caregiving.

One of my intentions with this study is to criticize psychology studies' over focus on burden of elderly-care by employing feminist methodology unfolding the ignorance of different kinds of inequalities based on gender and socio-economic status in ageing studies. With this study I display how female caregivers are stuck in between love labour and burden and the fact that it leads disappearance of oneself in a country which left all responsibility to families and have limited social policies about ageing despite getting rapidly old. In this sense, this study is important to show how elderly-caregiving is beyond arrangements and burdens and how it affects family relations, as it is the first and only place for the provision of elderly-care, as it is a place where negotiations, clashes and cooperation exist all together. It becomes hard for women, in this study, to maintain relations and since the role of maintaining family relations is attributed to women, this causes another disadvantageous position for women.

This study is composed of seven chapters. This chapter is followed by methodology chapter (Chapter 2) where I firstly discuss the research question of this study and then why it is important to give an answer to this question in Turkey. After that, I elaborate the methodological approaches, which this study follows, in order to understand the case. Later, I present the research method and design of the study

which is followed by my field experiences as a feminist researcher. Lastly, limitations of the study and suggestions for further study are presented.

In the third chapter “Elderly Caregiving as a Caring Labour”, I analyse how feminist scholarship has discussed caring labour so far. Later, I present elderly-caregiving studies in Turkey. Before starting to analyse my findings, I focus on ageing population of world, Europe and Turkey “As Setting the Background: Getting Old in the World and Turkey”. Statistics and policies with regards to ageing are presented within this chapter. Following this part, I present the specific discussions with regards to elderly caregiving. In the last section of this chapter, I address caregiving studies in Turkey in order to set a background discussion for caring labour in Turkey.

Chapter 4, 5 and 6 present the findings of this study. In Chapter 4 “Experiences of Families during the Elderly-Caregiving”, I start my analysis with the discussion of how families become caregivers and what the individual and familial factors behind becoming a primary caregiver are. Following this part, I discuss how elderly-care as form of caring labour by looking its different dimensions: physical labour, mental labour, emotional labour, financial support. Next section of this chapter focuses on living arrangements and how they affect different dimensions of elderly-caregiving. Later, I present how life courses of the families are interrelated with each other. Last section of this chapter presents specifically male primary caregivers’ caring experiences.

Chapter 5- Effects of Elderly-Caregiving on Caregivers’ Lives- displays the findings of the study by answering the second part of my research question “how families’ lives are affected by this responsibility”. I first look for familial outcomes by analysing primary caregivers’ relation with their parents/ parents-in-law; relationship between spouses, primary caregivers’ relations with their children and lastly siblings’ relations. Following this, I unearth individual outcomes both positive and negative aspects are presented. Physical, emotional, social and mental effects of caring on primary caregivers are analysed within the scope of this section.

In chapter 6, after showing state’s elderly-care policies and practices, I analyse what the caregivers’ ideas and expectations are on elderly-care.

In the last chapter of the thesis, after a brief review of the discussions and analysis of the thesis, I present suggestions and policies with regards to caregivers' expectations and ideas on elderly-care.

## **CHAPTER 2**

### **METHODOLOGY**

#### **2.1. Introduction**

In this chapter, I discuss what my research problems are, my research question and the reason why this study is important, which is followed by my methodological approaches; life course perspective and feminist methodology. In the third section of this chapter, I describe method and sample; profile of interviewees, the way I reach the respondents, and process of the research are discussed. Fourthly, I discuss my field experiences as a feminist researcher. In the last section, I discuss the limitations of this research.

#### **2.2. The Research Question**

It is obvious that we are living in a world where number older adults increase. And Turkey is not an exception. Turkey, as an ageing society, is in the beginning of this process, yet, projections show that there will be an increase in the number of older adults in the population in a shorter period time. According to projections, Turkey will complete the demographic transition in 15 years which took 115 years for France and 85 years for Sweden (Arun, 2013). Yet, there is a big problem that Turkey ignores its transition and it's still believed to be a young country, even though 8% of its population is aged over 65 already. This ignorance and transition generates the question "who is going to take care of the older adults". This is significant in the case of Turkey so it makes me turn my face to elderly-caregiving arrangements in Turkey. As families still handle the first and significant part of the provision of elderly-care rather than public care, I believe it is important to analyse how families really experience elderly-caregiving in their daily lives, what their motivations are and how it ends. Thus, as a research question I followed: "how families within different socio-economic groups experience elderly-caregiving and

how it affects their family lives.” In order to answer this question, in this study I analysed how this issue is perceived in the ageing studies and caring studies and came to the conclusion that we must not only analyse the burdens of elderly-care, indeed, but also how we, as human beings are related to, connected to each other and care for each other also must be emphasized in order to understand elderly-caregiving arrangements and experiences in a full picture.

My aim in this research is to try to understand emotional and love components of caring in the issue of elderly-care when there are inequalities and limited public care, the way how primary caregivers’ experiences among different socio-economic groups change and continue, and how these new dynamics in their lives affect their family relations where the government shifts almost all of the responsibility of elderly-caregiving to families. Thus I followed these questions to understand these experiences:

- What are the individual and familial factors behind the role of caregiver?
- How different dimensions and process of elderly-caregiving are experienced by primary caregivers?
- How does gender affect these dimensions and processes?
- How belonging to different socio-economic groups result with different disadvantaged positions?
- How primary caregiver’s relations with their families are affected?
- How women experience affective inequalities because of taking the role of maintaining all family relations?
- How primary caregivers experience individual outcomes of elderly-care?
- What are the expectations on elderly-care of primary caregivers?

By following these questions I made a field work, and the data is analysed in fourth, fifth and sixth chapter of this thesis by employing feminist methodology and life course perspective as I have discussed in the next section.

## **2.3 The Methodological Approaches**

“The social order looks different from the perspective of our lives and our struggles” (Harding, 2004). Thus, methodology that involves a perspective or frame is important since it frames how I look the data, how I proceeded, ask questions, collect data, and analyse (Letherby, 2003). Thereby, this section becomes crucial in order to show how I perceive, see and understand this study and the world.

The research is done by following feminist and life-course approach. Since this study focuses on elderly caregiving, a life course approach fits best to understand the individual changes in familial, cultural, societal contexts (Bengtson& Allen, 1993). A life course perspective will provide a significant opportunity to understand changes and continuities in the life of individual and families, and socially constructed meanings in the case of elderly caregiving. Life-course perspective as Merrill (1997) highlighted provides an opportunity to see “the interrelatedness of caregiving and other roles in the caregiver’s life as well as the interrelatedness of the caregiver’s life courses of other family members” (pg. 186). As I did not only focus on the elderly-caregiving experiences of primary caregivers but also the relations between family members in this research, life-course perspective provided an opportunity to see these interrelations in the issue of elderly-care. Thereby, by employing life course perspective, I elucidate “how earlier life events influence later outcomes” (White et.al., 2015). In this case, co-residency with older family members before the caring process and the older adults’ participation in the lives of families after their health conditions worsen or the widowhood, are the most common earlier life events that underpin the changes in families’ lives and also primary caregivers’ lives. Furthermore, life course framework evokes an analysis of the “changing content of social roles in the family” by emphasizing the intersection of time and changes (White et. al., 2015). In this study, my aim is to reveal how elderly-caregiving affects the family relations of primary caregivers. Thus, life course perspective gives me an opportunity to see how time and change intersect in this issue, as Moen et.al. (1994) emphasized “it highlights trajectories and transitions—the dynamics of caregiving in terms of its prevalence, timing, duration, and context” (pg. 177). How caring responsibility of primary caregiver affects the

forms and contents of the family relations is explored with regards to life-course perspective. Transitions of the families are related with the phases that families are in and how they experience this phase of their lives.

Even though there are different approaches to feminist methodology there exists several commonalities. As Kemp and Squires (1997) argue “the single most distinguished feature of feminist scholarly work has been its overtly political nature and feminism’s commitment to material and social change has played a significant role in undermining traditional academic boundaries between the personal and the political” (as cited in Letherby, 2003:4). Another common feature is that it is the way of eliminating the androcentric settledness of sciences, it is a way of turning faces to and exploring the places, experiences and approaches of women (DeVault, 1996), yet not eclectically. And since caring is closely ‘attached’ to women’s world either paid or not, we need to see their/our experiences to understand oppression and to reach the knowledge of oppressed. In my opinion, to reveal invisible ‘nature’ of caring, feminist methodology should be employed. Feminist methodology helps me to understand intersectional characteristic of oppression and subordination and as Harding(2004) highlighted “it helps to produce oppositional and shared consciousness in oppressed groups- to create oppressed peoples as collective “subjects” of research””. To understand caring labour; it’s immanent part of the social production and social life, we must first see what labour is. Labour may be defined from different approaches, yet, here, in this study, I did not use it as a category which focuses on its ‘productive’ side which produces capital. I used it as an “activity that produces society itself, including the networks of sociality and the subjects they sustain. These are the constitutive practices that, whether waged or not, are socially necessary” (Weeks, 2004:185) which is closely relational to the understanding of caring that I employ in this research: we are neither only separative beings nor only dependent beings; we need care throughout our lives, by the time we are born and until we die.

Feminist scholars look for establishing new knowledge about gender’s role in relations, positions, and social structure and feminist methodology seeks for strategies that can eliminate the disempowering and oppressive conditions (Allen &

Jaramillo-Sierra 2015). Since this study also concentrates on family relations, a feminist perspective is needed, to understand how power relations entwined in family relations, as Allen and Jaramillo-Sierra (2015) highlighted:

Feminists see families as complex, where love, care and conflict come together and members have ambivalent and contradictory emotions about one other. Simultaneously, feminist family scholars see families as enduring with a tremendous capacity to respond proactively to challenges and interventions and therefore, to transform and thrive (pg.95).

Feminist methodology is an opportunity in family studies to understand intertwined power relations. Also, by employing this approach I will provide a frame of potential changes of these situations. How different factors come together is an important issue in the analysis of social inequalities. Experiences of respondents and how they define the matters; how they are related to them within gender ideologies, and expectations that are constructed in variable ways which are the key points of intersectional feminist perspective focus on (Pitre & Kushner, 2015). Moreover, this perspective also keeps away from victimizing the subjects. This is an important methodological approach in order not to focus on problems and weaknesses continuously and it unearths the possible strategies to overcome inequalities.

#### **2.4. Research Method and Design of the Study**

Since my aim in this study is to understand the things that happen in the issue of elderly-caregiving among different socio-economic groups and how their family lives are affected from this responsibility, I thought qualitative research fits best to such an analysis. Since, as Merriam (2005) stated “research focused on discovery, insight, and understanding from the perspectives of those being studied offers the greatest promise of making a difference in peoples’s lives.” To achieve this *greatest promise* - at least I try to reach it- I conducted in-depth interviews. This helped me to be in a conversation with them and to understand “what’s going on in this world” with their own words, with their own meanings. Their experiences and understanding of being the caregivers is heard from their own words and narrated by their own words through my sentences.

[Qualitative research] is an effort to understand situations in their uniqueness as part of a particular context and the interactions there. This understanding is an end in itself, so that it is not attempting to predict what may happen in the future necessarily, but to understand the nature of that setting — what it means for participants to be in that setting, what their lives are like, what's going on for them, what their meanings are, what the world looks like in that particular setting — and in the analysis to be able to communicate that faithfully to others who are interested in that setting . . . The analysis strives for depth of understanding. (Patton, 1985, as cited in Merriam, 2005 pg.14)

Similar to this definition, my aim is to observe their lives from primary caregivers' own words and world during and after the field work. Thus, I can say that qualitative research helps me a lot to get in this world. The research is done with 18 primary caregivers (see Table 1 and 2 for demographic information about respondents), who provide care for their older adults in the city of Ankara, Turkey. During the respondent selection, I did not only conceive the responsibility of elderly-care, but I searched for 'families' in order to understand how families, the ones who are in charge due to the limited public care opportunities.

Table 1: Socio-Demographic Information about Lower Socio-Economic Groups/Mamak<sup>1</sup>

Name	Perihan	Birgül	Gül	Betül
Age	42	53	32	48
Education Level	High School	High School	Intermediate School	Left Elementary School
Occupation	House-wife	Housewife	Housewife	Housewife
Family Income	~2,500 TL	1,500 TL	1,700 TL	1,700 TL
Ownership of House	Proprietor	Proprietor	Tenant	Tenant
Care Receiver	Mother	Mother	Father-in- law	Mother-in-law
Care Receivers' Income Resources	Retirement Pension	Retirement Pension	None	None

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<sup>1</sup> All the names which are used for respondents are pseudonyms.

Table 1 (continued)

Name	Hülya	Sema	Nuriye	Melek
Age	52	40	64	50
Education Level	High School	Elementary School	High School	Elementary School
Occupation	Housewife	Housewife	Housewife	Housewife
Family Income	474 TL (alimony)	2,000TL	2,000 TL	2,300 TL
Ownership of House	Tenant	Proprietor	Proprietor	Proprietor-Still paying mortgage
Care Receiver	Both Parents	Parents-in-law	Mother	Mother-in-law
Care Receivers' Income Resources	Retirement Pension	Retirement Pension	None	None

Table 2: Socio-Demographic Information about Middle Socio-Economic Groups

Name	Gülşah	Nihal	Melike	Necla	Hande
Age	52	67	53	57	59
Education Level	High School	M.A.	University	University	University
Occupation	Civil Servant	Chemical Engineer	Civil Servant	Bank Employer	Teacher
Family Income	6,000 TL	7,500 TL	12,000 TL	10,000 TL	6,000 TL
Ownership of House	Proprietor	Proprietor	Proprietor	Proprietor	Proprietor
Care Receiver	Mother	Mother	Mother	Mother-in law	Father-in-law
Care Receivers' Income Resources	Retirement Pension	Retirement Pension	Retirement Pension	Retirement Pension	Retirement Pension

Table 2 (continued)

Name	Filiz	Fatma	Adnan	Ayşe	Suat
Age	59	67	59	70	42
Education Level	Left University	Junior Collage	University	University	Junior Collage
Occupation	Self-Employment	Civil Servant	Engineer	Architect	Medical Sales Specialist
Family Income	5,000 TL	8,000 TL	6,000 TL	8,000 TL	5,000 TL
Ownership of House	Proprietor	Proprietor	Proprietor	Proprietor	Proprietor
Care Receiver	Mother	Father	Father	Mother	Mother
Care Receivers' Income Resources	Retirement Pension	Retirement Pension	Retirement Pension	Retirement Pension	Retirement Pension

In other words, all of the primary caregivers in this study, have their own nuclear families. Moreover, single-parents were also involved in this study. Even though I aimed to reach the information only via women in the beginning of this study, since I want to highlight knowledge of the oppressed wanted. However, during the fieldwork I met with male primary caregivers, who are divorced or whose wives do not want to take this responsibility or who does not trust his spouse about taking such a responsibility, choose to hire a care worker. Thus, that kind of experiences must be included in the analysis and as Ferree (2010) stated “ both types of intersectional analysis have helped to make family research truly about gender rather than just about women, directing attention to men as actors with gendered relations of masculinity operating in relation to other inequalities”(pg. 429).

Since from the very beginning my aim has been to understand how families from different socio-economic positions experience elderly-caregiving, this study grounds on socio-economic status analysis. Within this scope, socio-economic status is employed by approaching conceptualizations in the study of Kalaycıoğlu et. al.

(2010). They developed socio-economic status index by “indicators of income, employment status, occupation, property ownership, level of education and possession of objects in the house” (pg.184).

In accordance with this definition, I conducted interviews in two different neighbourhoods of Ankara, Çankaya and Mamak, in order to reach different socio-economic groups of families. These two different neighbourhoods were selected with regards the study of Güvenç (2000). Based on 1990 census, Güvenç (2000) shows spatial differentiation in Ankara with regards to socio-economic status groups. According to this map, while lower socio-economic status groups live in the north part of the city, middle socio-economic groups reside in the south part of the city. While lower socio-economic groups clustered mainly in the Mamak part of the neighbourhood, middle and high status groups reside in Çankaya. Mamak and Çankaya are two big neighbourhoods of Ankara, thus these segregations are not strict; and with changing dynamics of the city, middle income families have also started to live in Mamak, yet in new sides of it. Additionally, in Çankaya there exist also different socio-economic status groups within same neighbourhood. However, map, which Güvenç (2000) developed, shows that there are some neighbourhoods that we still talk about homogenizations, such as Ayrancı and Ümitköy. In these two neighbourhoods, according to Güvenç, wealthy ones and wealthy employers reside. Thus, these two neighbourhoods within Çankaya were selected. Even though there exists a differentiation according to socio-economic groups in these neighbourhoods, segregated spaces in Ankara according to socio-economic statuses are observed. Ataç (2016), by focusing on 2000 census highlights that “binary spatial structures of the earlier terms gave way to a more divided and fragmented urban fabric where the wealthier and the poorer neighbourhoods tended to be more segregated than ever before.”

Still, neighbourhood by its own would not be enough to define different socio-economic groups, therefore, I asked respondents their education level, employment status, occupation, income, and property possessions in order to separate two groups from each other. In lower SES group, I conducted in-depth interviews with women aged between 32 and 64. While four of these graduated from high school, the

remaining six graduated with the highest degree of intermediate school. Without exception, all of the primary caregivers are women and housewives. When I take family incomes in consideration, it is observed that none of them is above 2,500 TL. Additionally, four of the care receivers have retirement pension, while others do not have any income resource. Except one of the family, all of them share the same apartment. While three of the families are tenants, five of them are proprietor with one exception who still pays mortgage fees. The characteristics of the respondents compose the category of lower SES in my research design (See Table 1).

In middle SES group, I conducted in-depth interviews with 10 primary caregivers. Within this group, eight of the respondents are women, while two of them men. Age range of this group varies from 42 to 70 years old. All of the respondents (10) and their care receivers (9) have their own houses. As for their education levels, the lowest degree is high school. The most striking point within this group is that the lowest family income is 5,000 TL. In contrast with the first group whose highest family income is 2,500 TL, this group creates a huge gap with the highest family income with 12,000 TL (See Table 2). All these features of these respondents compose the category of middle SES in this study.

The field work was realized between September 2016-January 2017 and the length of the interviews varied from 30 minutes to 1 hour 50 minutes. 8 of the interviews were conducted with families with lower socio-economic status, while 10 of them were with middle socio-economic status. To reach the respondents, one of my main strategies was to use my networks and then purposive snowball sampling. I spreaded the news that I need to conduct interviews for my master's thesis field work via Facebook, mail groups, my friends and my parent's friends. Most of the respondents were found by this way. Yet, at some point this technique started not to work for some reasons. So I used other strategies such as talking with the headmen as gatekeepers. I thought they might know persons in their neighbourhoods who took the elderly-care responsibility. And it worked; I got the chance to conduct interviews with five respondents with their contribution. Furthermore, while I reached two of

the respondents with the help of a pharmacist, I reached other two primary caregivers during a visit to *Bahar Evi*<sup>2</sup>, where they often come to do sports in their spare time.

Almost all of the interviews were conducted in the house of the respondents. But, two of the interviews were done in different places. One of them was done in the workplace of the interviewee, and the other was done at a pharmacy that I used as a mediator to find other respondents. The interviews that were conducted in the houses gave me an opportunity to establish connection with primary caregivers. Since two of interview places were workplaces, it was hard to spent time before and after the interviews and to have a more flexible conversation. In other words, noisiness and quietness of the workplaces and the time constraint limited the time spent together with respondents and made them rush with their answers. However, I must say that none of the questions were skipped due to the rush and they did not skip any questions. Indeed, one of the respondents that I conducted an interview at pharmacy, later called me and told me that “Irmak, sorry for the rush. But, if you have any questions on the issues do not hesitate to get in contact with me later.” Thus, I cannot say that these interviews have “less quality” than others. And of course there was no need to compare the interviews according to their answers.

All of the interviews were conducted by consent of the respondents after the aim of the study was explained and brief information given about the questions. All the questions were reviewed with my thesis supervisor and we got an ethical approval from the Middle East Technical University Human Research Ethics Committee as well. After my questions<sup>3</sup> were checked by this committee, I started to conduct my interviews. Ethical issues in data collection were also considered. Proposed questions were prepared carefully in order not to marginalize, hurt or disempower the respondents.

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<sup>2</sup>It is a project of Çankaya Municipality in Ankara where the target group is older adults. They define this project as “*Bahar Evi (Spring House- the naming of the project is closely related with the matching of times of older years with the new spring in the lives) offers a cosy place where older adults can have enjoyable spare time, satisfy their both social and cultural needs. Additionally, they also provide health services for the older adults. In Bahar Evi, social workers provide information to people who need support in terms of shelter, care and in cash or in kind need. Lastly, they have also places for the grandchildren of the older adults.*

<sup>3</sup> For questionnaire please see appendix.

While I took notes during all the interviews, they were also tape-recorded in order not to miss any point that interviewee mentioned; and I also aimed to catch their own wordings about to discussion. During the interviews, I managed to record all of them except one. Only one of the respondents did not want her voice to be recorded and that was the shortest interview. Thus, I had to be more careful about taking notes during the conversation in case of skipping any words and being obliged to write it with my own words afterwards instead of her. All of the voice records were transcribed which were 264 pages. All of the transcriptions were read by me and my thesis supervisor. Transcripts, notes and fieldwork diary were my sources to construct categories and themes. As a result of doing a qualitative analysis, my data analysis was inductive. The significant consideration during the analysis of data was understanding and interpreting the case (Merriam, 2005). After organizing my data, I made a detailed analysis through a coding process under my supervisor's control. I studied and edited all the codes and categories with her.

After discussing the research method and the design of the research I focused on my experiences in the field as a feminist researcher in the next section.

## **2.5 Field Experiences**

According to Smith (2004:28) “the only way of knowing a socially constructed world is knowing it from within. We can never stand outside it.” (Throughout the research, before the field work and afterwards, I have always thought the relation between me as a researcher and them as a respondent, my position in this relation and theirs, indeed; ours. It has always been hard for me to start a conversation with people. Yet, as a candidate who is going to be a social scientist, a person who always wants to do fieldwork, I had to overcome this. Thus, I always use a beginning sentence before the dialogue starts. For this case study, it was explaining the interviewee the reason why I chose this topic. I told the respondents how me and how this led me to listen other narratives about the same issue. Time between the entrance to the house and the beginning of interview was left for free conversations with respondents. None of the interviews started directly after I entered their apartments. Although most of the time this helped to break strangeness to each other

and to my position as a researcher, in some cases it was not easy to break it. I believe that opening myself to the respondents instead of posing one way questions and getting answers improved the reciprocal relation, so that respondents also posed me questions.

As I have mentioned above, since I have an acquaintance with them, it helped me to build trust relationship. Yet sometimes I had to find respondents by myself as in the cases where my gatekeepers were headmen. A woman that I met at headman's office told me that she could help me to find someone. While we were walking and I was explaining her my study in the neighbourhood, she suddenly realized that one of my future respondent was sitting in the garden of a hairdresser. After a small chat, I explained her the research and she immediately accepted it. Even though I do not have any acquaintance with her before, which could be important during the interviews in order to build trust, I can say that I manage it. After the interview, I sat there with them and kept talking approximately two more hours. I believe it is because of the fact that she was really stuck in between her spouse and her mother. Since her friends have relations also with her mother, she cannot explain her problems to them. So, this study becomes an opportunity to make a clean breast.

Furthermore, the fact of being a young woman and a student turns to an advantage during the fieldwork, especially when trying to find respondents. Their contribution to a student who serves a purpose and being a part of her graduation was really important. Also, being a student prevents any possible hierarchical relation due to my middle class position.

## **2.6. Limitations**

Just like all studies, this study also has some limitations. Even though this study does not aim to be representative, because of the time limitations there exists respondents limited with 18. As I employ qualitative method, sample was "purposeful, non-random and small" (Merriam, 2005, p16), which makes the study non-generalizable. Yet, as Becker (1998, pg. 67) stated "sampling is a major problem for any kind of research. We can't study every case of whatever we're interested in, nor should we

want to.” Still, in order to reach more diverse and different experiences about elderly-caregiving there must be more respondents.

Another limitation was my age. Even though my student status turned into an advantage, it caused some disadvantages in the field work. Since I am at the same age with their own children, or in some cases even younger, this impelled them to control their answers when I asked about their relationship with their spouses. This part of the interview was one of the hardest parts to reach answers. Even though respondents were willing to share their elderly-care experiences, due to intimacy approach they limited their answers about their couple relation. I had to relax them to share and had to ask further questions to open the conversation. On the other hand, in some cases when there were no acquaintances between me and the interviewees, they expressed themselves more freely and openly.

Furthermore, I had the chance to analyse how gender and socio-economic groups of respondents affect their elderly-caregiving responsibility, however, it would be better if other positions, relations and structures could be involved. In Turkey, ageing studies are strongly ‘sterilized’ areas, where ethnicity, gender, and religion are ignored. Here, ethnicity and religion aren’t also included in the study as it would be hard for me to cover all these dynamics in my first research since I took the responsibility all by myself. Thus, it is suggested to further studies to include these factors in order to reach a bigger picture of the dynamics and experiences of elderly caregiving. Moreover, since elderly-care is shouldered mostly by family members and unfortunately most of the LGBTI+ lack of these familial relations, future studies in Turkey should include how they arrange elderly-caregiving and the expectations about their old ages. Furthermore, as this study is done in an urban setting, it cannot also give information about how elderly-caregiving arrangements are set and how family relations are affected by this responsibility in rural areas.

## **CHAPTER 3**

### **ELDERLY CAREGIVING AS A CARING LABOUR**

The aim of this chapter is to discuss how elderly-caregiving can be situated in the caring labour discussion and as a form of caring labour how elderly caregiving is discussed within the scholarship. First, I focus on theoretical framework of elderly caregiving by starting the discussion with caring labour and how it has been discussed in the literature so far. Within this part of the chapter, I highlight emotional, love and mental parts of the caring labour. Later, I discuss specifically how these issues show itself in elderly-caregiving. Families' being a primary source of parental care and burden of elderly-care are issues discussed in this chapter. Then, I discuss how these decisions and experiences intersect with gender and socio-economic group of the primary caregivers. In the fourth section of this chapter, I addressed the discussions on caregiving in Turkey by focusing on caregiving studies in Turkey, then, how elderly caregiving is arranged in Turkey. In the last section, I set a background of ageing population before starting to analyze my findings.

#### **3.1. Feminist Analysis of Caring Labour**

Milestone of the household debates was 1970s. There had been studies done by neoclassical and radical economists on household, however, what were missed are crucial to understand dynamics within household (Himmelweit, 2000). Within feminist theory, Marxist and socialist feminists have started to analyze the household by criticizing the orthodox Marxist understanding of economics and household. While some of them argue that capitalism and patriarchy go in hand in hand, the others state that patriarchy makes women subordinated (Hartmann, 1976, 1981; Acar-Savran, 2009). What is striking in these studies is that they reveal work is not only the paid one, and women's role at home is also the reason of their subordination in capitalism. They believe that production and reproduction as the material aspects of women's oppression could be the definition of the economic (Gardiner, 1975).

Domestic labour studies done by feminists has uncovered that what is produced in the household; and due to a patriarchal capitalist system this place is a subordinated place for women. Household has significance for economic, but internal workings are not considered by classical economists (Himmelweit, 2000). Political climate changes, women movements, changing expectations on gender roles at home and at work cause paradigm shift in the domestic labour discussions. Caring has become one of the most studied areas in domestic labour debates. Caring discussions enhance the meaning of the domestic labour, as Himmelweit (2000) defines:

Caring is not a specific physical activity in itself; it is carried out through a range of physical activities or sometimes none at all. These relational aspects of domestic activity, that are increasingly the core of domestic life, are the aspects least likely to be seen as a form of work, because least comparable with traditional paid work- this despite the tendency, noted earlier, for the emotional and relational aspects of paid work to be receiving more attention (pg.xxvii).

Caring has a crucial but undervalued importance in economics. Without reproductive labour paid labour itself cannot be possible, indeed (Fraser, 2016). In the following, I discuss how such a labour has been devalued by liberal economics, in the sense of preservation of ‘autonomy’ and ‘dependency’. I will argue that caring is what makes us, us; the problem is the separation of ‘private’ and ‘public’ and its underestimation of caring in ‘private’.

A serious consideration of care, however, reveals that we are all, every one of us, neither mythical separative nor mythical soluble but individuals- in-relation (Nelson, 2015: 4).

As we see in Nelson’s own words, feminist economics criticized the separative self-model, which denies emphatic and emotionally connected selves. Separative self-model assumes a ‘separative self’ which denies emphatic and emotionally connected selves. Joseph’s studies (1993 &1994) in Lebanon families explores that it is not in that way that autonomous beings come together and establish relations; contrary to that selves establish within this connectivity and relationality. Yet, it must be stated that, according to Joseph, within a patriarchal connective relationalities families do care each other, but in return for control; in other words, care comes with control.

It is not always the case as classical liberal economics argues that independent, autonomous selves come together and have relations, and exchanges. Agency can be also established within connectivity. This understanding opens new remarks in thinking about and discussing the caring that individuals do not decide, act, feel according to ‘market’ calculations but relational selves may decide through this relational self. Contrast to this separative/ soluble thinking, Nelson argues “the possibility of asymmetric mutuality”. Nelson (2015) objects the idea of separative self in this vein,

Yet humans simply do not spring out of the Earth. Humans are born of women, nurtured and cared for as dependent children and socialized into family and community groups through carework.[...] We all require care at some points in our lives, and are also capable of choice and agency and of giving care (pg. 3-4).

Caring is sometimes in relation with power, sometimes in relation with an altruistic feeling, and sometimes with money, or within enmeshment. Thereby, it is necessary to explore these differences and variety of the caring. The contribution of the Nelson is exploring how caring is grounded in every spheres of the life; thus, we cannot analyze it through autonomous selves as neoclassical economics proposes.

Gender, class, age, ethnicity, religion and policies, all affect what is included in caring, who will take the responsibility of caring, how it is done. Progress of technology provides women ‘more’ free time from physical domestic tasks such as; cleaning, cooking, washing the dishes and clothes, however, most of the women do still spent most of their time at home by doing domestic labour (Himmelweit, 2000; DeVault, 1991). What makes women spend their time at home, if domestic tasks do take around three hours a day? The answer is, obviously, their caring responsibilities, since Anderson (2000) argues domestic work includes three Cs: cooking, caring and cleaning. Even women do enter the paid labour, they do still shoulder the responsibility of caring. According to Himmelweit (2000), unequal care sharing between men and women is the fact that women are impressed more by a norm of caring and they are “thought to have less of a view of their own interests separate from those of their family.” If women continue to see caring more important than men do, they continue to do it more and suffer more from it due to its restrictions on

other parts of the life. Due to doing caring more than men, women see caring more important than men do. Thus, attitudes need to become same to make equality possible (Himmelweit, 2000).

There has been wide range of studies on caring. Caring-feminists without matter of different theoretical positions study care to make visible women's labour. According to Tronto and Fisher (1993:103), caring is: "On the most general level, we suggest that caring be viewed as a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web" (as cited in Engster, 2005: 51). In this study, caring is defined as an intersection of multiple issues; "feelings of responsibility" (Finch and Groves, 1983), dealing with cared persons' needs and/or satisfaction, emotional labour, mental labour, physical labour. I define caring as a combination of all these issues in order to "care for" someone that we "care about" (Hooyman & Gonyea, 1999; Himmelweit, 1999). Thereby, through this research it has been tried to examine how personal relations and parts of caring combine and intersect. While *caring for* involves tasks related to other's both physical and emotional needs, *caring about* includes tasks related to motivation of wishing other's well-being (Himmelweit, 1999). We care for others for their development, life-sustaining and well-being, thus, caring does not include only physical tasks related to biological needs such as; feeding, cleaning, providing food, but, it also aims to be there for " helping others to develop or sustain their basic capabilities for sensation, emotion, movement, speech, reason, imagination, affiliation[...]" (Engster, 2005: 51-52). Moreover, caring is mental labour by keeping mind the others and their needs, planning time according to them, giving priority to others' needs and concerns (Lynch, 2007).

Caring dynamics, relations, duties, and responsibilities are not only shaped by micro level family relations, but social policies have alterative power on these relations, not only in the sense of providing equality, but also preserving inequality. As Hooyman and Gonyea (1999) mentioned provider of the care, type of the care, longevity of the care and the cost of the caring, all are affected by policies and practices.

To whom and to what reason care is given may change from situation to situation, it may come into our lives all of a sudden, or we may decide after a long decision process. Caregiving to disabled, children, and older adults are generally home-based. Even though, commodity care giving services are provided (this provision depends on welfare system, social policies, and politics of that specific country) still most of the caring labour is done by family members. In this study, my focus is the elderly parents care by their children. Rapid growth of the ageing population results with long-term care demand. Even though there exist nursing home possibilities, the main responsibility is still on families' shoulder (Hooyman & Gonyea, 1999). Moreover, the belief that home based care giving would be better than the market based also affect the care choice. Liberal economics and policies spread the ideology of individualism and state that everybody is capable of living by own and take care of themselves. Additionally, it has no space for 'dependency' and 'care for', care giving work stay as an unwaged, and informal women work, which is done silently and invisibly (Tuominen, 2000).

In the light of these discussions, it is obvious that caring is a labour and it does not only include instrumental duties but also emotions are important parts of this labour. In the next part of this chapter, I deliberate what is emotional labour, why it is crucial to understand caregiving relations, and, lastly 'love labour' is discussed as an objection to neoliberal understanding and proposed that dependency, relationality and caring are the parts of us.

### **3.1.1. Caring as an Emotional Labour**

Caregiving is gendered, time-consuming, and labour intensive. In order to understand caregiving, we need to understand its dynamics. What people do while care giving? Why they are doing this? What are the obligations? How does she/he feel? How do they do it? What are the responsibilities that caregivers need to or have to do? How caregiving itself affect the life of the caregiver? These are the first things come to mind while thinking on caregiving. Moreover, caregiving as a labour changes for person to person in terms of what is done, how it is done, and how long it is done (Montgomery et.al. 2012). In this section, by looking what types of labour does

caregiving includes, I will move one step closer to understand caregivers' life during the caregiving responsibility.

For decades many feminist scholars have been studying on domestic labour. It is important to note that what has been long stayed hidden is the emotional part of that labour. Emotional labour is a gendered issue; it is a labour issue; it is the discussion of how we live, how we behave, how we experience and how we perceive. It is the simplest but also the comprehensive way of addressing that dealing with others' feelings and considering their well-being, and satisfaction is also labour itself (Himmelweit, 2000; Engster, 2005). According to Hooyman and Gonyea (1999) caregiving "typically involves 'semicare', the emotional work of managing feelings and maintaining relationships".

Taking care of a child, a disabled family member, or an ill one, and an older parent; although all they are family caregiving, they have different work load and they have different meanings for the caregiver. However, what is not change is that caregivers feel responsible to take care of them. Moreover, it is also a labour intensive issue. But, what does this labour intensive caregiving includes? Does it only feeding the baby? Or help your older adults to walk or get dressed? Does it only include staffs that we can see, watch and touch? Certainly, not. Caregiving includes mental labour, emotional labour, and physical labour and as James (1992) argues organization part.

According to James (1992), care equals to organization + physical labour+ emotional labour. James (1992) in *Care=organization +physical labour +emotional labour*, argued that family care is a model for hospice care, but the division of labour in the hospices causes rigidity in hospice care that contradicts with the family one. James' arguments on care giving in hospices and at home shows that even though physical labour of the care giving do not differ so much from each other in hospices and home, emotional labour and organization parts of it are not same. Since there is a division of labour in hospices, you need to 'organize', but at home there is generally one person to be cared and care givers plan according to her or him. While in hospices the needs of organization and physical care seen evidently, emotion labour remains mostly informal (James, 1992). This result expresses that emotional labour,

in paid caregiving, does not take much attention, and workers do not paid for it, they are paid for their physical labour and organization abilities. However, with the increase of commodified form of caring, it has been started to seen that organization is also an issue in residential care. Caregiving, paid or unpaid, formal or informal, includes emotional labour, physical labour and organization. Moreover, in this thesis by following feminist economists it is argued that caregiving includes love labour, which will discuss in next section.

In this thesis, I focused on how families experience older adults care giving and how relations within family affected by this; and, emotions, feelings of the caregivers constitute the important part of this examine, since emotions play active role in the creation of our realities. In other words, emotions must be taken into account whatsoever are we focusing on, as Hochschild mentioned, “whatever problem I’m trying to figure out, I keep close eye on people’s emotions” (Garey & Hansen, 2011). In the following, I will discuss the roots of emotional labour and existing caring studies that employed emotional labour.

Emotional labour is one of the central issues in the sociology of work after Hochschild’s (1983) pioneering work *The Managed Heart*. Although Hochschild’s study focuses on flight attendants, and how their feelings and/or ‘display of feelings’ are under the control of companies, her work pave the way for work-family scholars also (Garey & Hansen, 2011).

Before continuing with why emotional labour, and emotion work is an important aspect to study caregiving, what is emotional labour will be discussed. Hochschild (1979) refers emotion work as “the act of evoking or shaping, as well as suppressing, feeling in oneself”, later; Hochschild (1983) defines emotional labour as “management of feeling to create a publicly observable facial and bodily display”. According to Hochschild’s definition, emotional labour, being distinct from emotional work, is sold for wage and has an exchange value. Put differently, she uses ‘emotion work’ and ‘emotion management’ to refer to these same acts done in private areas where they have use values. Both in private and public, there is an exchange between people, which is done in the context of feeling rules. What makes

private life different than public world, according to Hochschild (1983), is that while in the first one we are free to negotiate, decide the rate of the exchange, or when we want stop it we can stop it, in the second one, “it is often part of an individual’s job to accept uneven exchanges.” Yet, since it divides public and private lives, throughout this thesis, I prefer to use emotional labour both for paid and unpaid work in order for not to divide worlds. Furthermore, this division also ignores the negotiation in households.

Critiques to Hochschild assert that the concept of ‘emotional labour’ is not enough to explain the complexity of the care work. They argue that ‘feeling as a gift’, which Hochschild discusses in private relations, shows itself also in the workplace (Bolton, 2000; Bolton and Boyd, 2003). Literature on emotional labour and paid caregiving labour do not have consensus on this issue. Some by following Hochschild state that paid caregiving labour is an alienated work, as other jobs, while other studies have argued that paid caregiving labour has its own free spaces, and workers act altruistically.

Even though critiques to Hochschild continue to employ emotional labour in their analysis, they argue that her theorization is not enough to explain the complexity of the caring (Lewis, 2005; Bolton, 2000; Bolton and Boyd, 2003). Some of these scholars argue that care givers like to help patients altruistically; and they could establish free spaces for their altruistic behaviors. Additionally, they mention that caregivers establish real attachment with care receiver (Bolton, 2000; Tuominen, 2000; Cancian, 2000).

Hochschild’s argument is important for opening the discussions of how emotional labour in the caring is unseen and make worthless, and how we can become estranged to our self not only from the product that we produce with physical labour, but also from managing our feelings; with managing our displays we can become estranged to our real selves. In the following part, family work studies and how they apply emotional labour will be demonstrated.

Focusing on emotion work has been a significant but also a difficult issue, since those activities are quite related to “women’s natural or feminine tendencies and with

culturally based assumptions about love and intimate family relations” (DeVault, 1991; Erickson, 1993; Thompson and Walker, 1989 as cited in Erickson, 2011). The styles and qualifications that emotional labour involves entail women’s subordination and emotional labeling (James, 1989). As a matter of fact, family-work studies on emotional labour reveals ‘invisibility’ and ‘naturalness’ of emotional labour. Dealing with others’ emotional satisfaction and “providing them emotional support”, according to Erickson (2011), is the definition of emotional work performance. Since caring is both *care for* and *care about*, it is also directed to emotional needs of others. Emotional labour is while providing emotional support dealing with other’s emotional well-being and satisfaction. According to Daniels (1987:409) activities within emotional labour reflect “warm and caring aspects of the construction and maintenance of interpersonal relations” (as cited in Erickson, 2011: 62). Moreover, as Lynch (2007:560) addressed “it involves listening, affirming, supporting and challenging, as well as identifying with someone and supporting her or him emotionally at times of distress”. Thereby, emotional labour does not include only other’s emotional well-being, but, it is also relational between caregiver and care receiver and maintaining these relations are important part of emotional labour. Furthermore, caring for others comprises time, effort, skill; emotional labour is a labour intensive work, thus cannot be remained silent. The required time, effort and skill to emotional labour concealed under intimacy and love relations, yet, emotional labour is an important labour intensive part of caring labour and continued ignorance will lead women’s equalization with it, rather than what women perform (Erickson, 2011). Unequal distribution of emotional labour will result with burden on women, since they have to handle the both solidarity and hardness of the caring (Lynch, 2007). Defining women as the “default caregivers” and men as the “care-free” reinforce unequal distribution of caring labour especially in terms of emotional labour (Lynch, 2007). Inclusion of emotional labour in family work studies improves “our understanding of the complex relationship between ‘doing gender’ and ‘doing family’ ” (Thompson and Walker, 1989 as cited in Erickson, 2011). In other words, emotional care labour is related to our gender construction, that’s why, it is needed to be incorporated into family work studies in order to reveal the capitalist patriarchal relations that make caring labour invisible and make women subordinated.

Rivas (2011) in the analysis of paid care workers explores how ‘invisibility’ of care giver functions. Rivas questioned how physically seen work can be invisible and figure out that what is invisible is not the work itself but the worker. Moreover, the reason behind the aim of invisibility is the fact that care receiver can feel autonomous and independent. This invisibility is different than the above discussion, yet, this study shows why in some cases, i.e. physically intimate types of care work, invisibility is seek. These caregivers make themselves invisible in order for others’ ‘visibility’, ‘autonomy’, ‘dependency’. This is the absolute emergence of alienation as Hochschild (1983) assumed. This study explores that how dealing with other people’s feelings, taking care of their well-being may cause self-estrangement whether realized or not (James, 1989; Erickson, 2011). Continued ignorance of the visibility of others, not only physically but also emotionally and personally, may only be abolished by equal distribution of rights and resources (Rivas, 2011).

Barrie Thorne (2011) is one of them who recognized that supposition of autonomy of individual and household deprecate the care and dependency. As Thorne stated:

An alternative vision starts not with an assumption of individual and household autonomy and the devaluing of dependency and care, but rather with a recognition of human interdependence and of collective rather than privatized responsibility of care. [...] Care should be given greater recognition and value. Institutions should be redesigned so that breadwinning and caregiving are organized in more compatible and less gender unequal ways. (Thorne, 2011:158)

I believe, at the end, "feeding the family"(DeVault, 1991) is multiple-sided issue, one way is buying the bread the other one is giving the bread and keeping the interests and needs of the one bread will be given, all are equally important and, thus, must be equally distributed between people, this basic understanding shows how actually the interdependency of relations between people works. As a matter of fact, all these debates share the same point that emotional labour needs to be taken into account due to its role of concealing the visibility of labour of caring and interdependency between people. What is striking in these debates is that they show the various aspects of emotional labour which differentiates it from other types of labour and without it labour and caring analysis will be deficit.

### **3.1.2. Caring as a Love Labour**

Care work includes many tasks. Physical tasks done for recruitment, goodness, happiness, or well-being for the cared one (Engster, 2005) are not enough to show the complexity and multiplicity of the caring. Care work includes attachment, feeling, and love. Lynch (2007) argues that “there is mutuality, commitment, trust and responsibility at the heart of love labouring that makes it distinct from general care work and solidarity.” We are not separated human beings as classical economics argue, but we need each other, we care each other, we take responsibility of each other not only when we are a baby, a child, an older adults, or a ‘man’, but we are “emotionally and relationally engaged social beings” (Lynch, 2007). The significance of the Lynch’s work is by showing the ‘love’, ‘care’ and ‘solidarity’ part of the care work, exploring the ‘effort, time and energy’ are needed during the caring; thus, “love, care and solidarity work is both pleasurable and burdensome thus must be distributed equally” (Lynch, 2007,2009). According to Lynch, care work cannot be commodified due to its non-commodified nature, and since it can only be done voluntarily. As Lynch, Himmelweit (1999) argues that caring is ‘incompletely commodified’, since

Caring involves the development of sustained relationships between carer and caree, and these cannot easily be commodified. Of course, there are no guarantees in this; paid or unpaid carers may not always succeed in developing such relationships (pg. 37).

Caring is not only ‘taking care of someone’, it is means also ‘care about’. Thereby, paid or unpaid it includes affectionate labour. Controlling the feelings may cause psychological dissonance in the care givers as Hochschild stated, but on the other hand, it may not and they may do it since “just they want it so” as Wharton (1993) stated. However, as Soyseçkin’s (2014) study shows; although child minders experience psychological dissonance, they still care about the feelings of the children and the connection that they establish with the child. In my opinion, feeling rules continue its role in the caring, yet this should not be result with neither care givers’ victimization by only focusing regulations of the ‘employers’ nor ignorance of the exploitative sides of it by focusing only the love labour.

However love and care involves work, thus unequal distribution of it may cause burdens as it may cause benefits. According to Lynch (2009:1), “affective inequality is an acutely gendered problem given the moral imperative on women to care, and an acute problem for all of humanity given that vulnerability and interdependency is endemic to the human condition.” Unequal distribution of affective labour causes deprivations for the caregivers. Lynch (2009) proposes that while women handling the tasks as “foot soldiers”, men are free from being the doer of the tasks related to caring, yet they continue to command on women’s care labour. Social, cultural, economic and political frameworks determines who will do caring, on what terms and at what times (Lynch, et.al., 2009). For example, the different attachment to care due to gendered division of labour affects the leisure time of the women. While men could have chance to have hobbies, own interests and also go out in the evenings, women, unfortunately, not. Additionally, unequal distribution love labour may lessen the benefits of it, as Lynch et.al. (2009) proposes;

Having a low income and limited resources, either independently of being a carer or because of it, also makes care work more burdensome. It limits options for assigning some of the care tasks to others, and may leave carers with little time for rest or even energy to enjoy the pleasurable aspects of love, care and solidary work (pg.218).

Days and weeks are not enough to balance several roles of caring which results with lack of and insufficient time for themselves. Even though love labour contains commitment and love, due to unequal distribution of it, many women face with affective inequalities. Due to inequality of time, women were likely to be time-poor, thus, “if we want to promote equality in the affective sphere we need to challenge inequalities in all other social systems as well, namely the economic, the political and the socio-cultural. Without such a challenge, the inequality of resources, respect and recognition, and power that were identified as burdening love labour will remain in fact” (Lynch et.al., 2009:236).

As it is clarified from the above discussions, caregiving includes ‘love’, ‘intimacy’, ‘emotion’ addition to all its physical tasks. The following parts of this chapter concentrated on how elderly-care relations revolve around gender, class and emotional labour.

### **3.2. Setting the Background: Getting Old in the World, Europe and Turkey**

We all are getting old and witness to aging of people around us. If we focus on Turkey we can say that in last 20 years older persons aged 80 years and over has been increasing, in the meantime care giving to older adults has entered in our lives in different forms and ways. My mother's grandmother got old and died without any need of caregiving. However, my mother, I, and the next generations will face with different conditions of being older adults. This thesis is written against the understanding of population of older adults only as a systematical and economical problem. Beyond the attribution of caregiving as burden to women from the intersection of heteronormativity, social class, gender roles, and ethnicity, I believe that we need to relieve the reality of all of us care about and care for each other, and do it as a love labour. We need to realize the relationality and dependency between each other's, but with the requirement of seeing the entwined social classes, sexism, ethnicities, gender roles, i.e. all power relations; which surround the care giver. This thesis is written in order to understand how within hierarchical power relation relationality and dependency show themselves, and how do caregivers relate themselves with these complex relations of older adults-caregiving.

Issues related to population ageing and older persons have become an important studying area for 40 years in the world and in last 15 years in Turkey. It has been discussed within economic development problem. But, why aging population is a problem? Aging is a complex topic, which needs to be analyzed in intersection of different disciplines. It is one of the most challenging phenomenon not only in the demography but also in biology, sociology, psychology, and economics (Tufan, 2007). In this thesis, my focus is on how parental care affects the family lives and especially the ones who take the caring responsibility. All these are discussed within social structure, economics, and social policies, and agencies' lives. But, before moving on these issues deeply, in this part of the thesis, I will give brief information about ageing population in World, Europe and Turkey and debate on 'what is older population of older adults.'

### **3.2.1. Population Ageing in the World and Europe**

The number of aged over 60 is in increase in worldwide. In 2015, 901 million older adults aged 60 years or over live around the world. In other words, in 2015, 12.3 percent of the world population is 60 and over and it is expected that it will be 16.5 in 2030 (United Nations, 2015). In Europe, 23, 9% of the population is older adults, and it is projected that it will be 29.6 in 2030 (United Nations, 2015). While in 1920s, in Turkey, population of older adults aged over 65 was 3% of the all population, in 2014, it became 8%. All these numbers shows that world is ageing. Increasing fertility rate may not be the solution to the ‘ageing problem’ since life expectancy is already increased, mortality rates are already decreased. Even though increased fertility rates will bring young generations, these increased number of younger generations will soon or later become older adults. Moreover, demographical changes cannot be easily directed as other political choices. Thereby, we need to understand the dynamics of population of older adults, and not as an isolated group but within their networks; family, friends, work, state, etc. Besides, different disciplines contribute to our understanding of population of older adults.

The increase of life expectancy, decrease in mortality rates and decrease of fertility rates cause the increase of the proportion of older population. But, who are these aged people? Field’s (1972) question “when does old age begin?” has still significance. What determined as old are the people aged over 65, which is the Social Security Administration decision (Field, 1972). However, the life expectancy is in increase and the needs of 65 years old and 85 years differs from each other. World Population Ageing, UN’s (2015) report on ageing population, shows that the older adults itself is ageing. Aged over 80 years old is already the 14% of the population of older adults. There is a huge variation between those aged 80 years or over and 60 years and over. An illness of the 85 years old and 65 years old is, sure, not same. Not only in the sense of illnesses, but the needs, expectations, priorities differ from each other; thus, they need to be analyzed separately. European Commission (2015) takes into account this issue from the perspective that there is a need of solution to key challenges of growing number of older persons in the population on economies and

societies. In the background paper of Growing the European Silver Economy(2015) , they proposes that “ The "Silver Economy" can be defined as the economic opportunities arising from the public and consumer expenditure related to population ageing and the specific needs of the population over 50.” They divide the aged population in three; active, fragile and dependent. The main aims of this division are analyzing the distinct needs and priorities of each of them and provide policies for economies and societies. Rapidly ageing population because of larger lives and stagnation and / or falling birth rates, causes a societal challenge for Europe. In 2014, in Europe, 65+ aged are the 18.5 % of the population, and 6.8 % of them is economically active. It is expected that there will be two people in the working age (15-64) for every person over 65 in 2060. In 2010, the number was four. In other words, these statistics show us that there is an increase in the age related public spending. This is the challenge of the aged population, on the other hand, it has opportunities; “ageing and older adults can be seen as a valuable resource that can contribute to a society and live actively while generating new jobs and growth. They can be asset in the shrinking labour market and can be volunteers providing valuable services to society and economy” (European Commission, 2015). Dividing the population of older persons in three parts gives opportunity to see requirements of the aged people clearly. The years between 2020-2030 announced as a decade of healthy aging by WHO (2016). This announced action plan grounds on five strategies and aims to establish a world in which everyone can live a long and healthy life. Developing age friendly environments, strengthening long-term care, improving measurement, monitoring and research and developing accessible health systems and frameworks are several of these goals.

### **3.2.2. Turkey as an Ageing Country**

After looking how world and Europe experience ageing population, here I will give brief information about Turkey's demographic changes and ageing population. Today, Turkey has a younger population, but which is getting older year by year. In 80s, 40% of the population is younger, while today it is only 25%. In 20s, the older population is 3%, which became 4% in 2000s, and it reached 8.2% in 2014 (TUIK, 2015, TAYA, 2013). Similarly to world population, female older adults' number

exceeds male ones by 50.5% (TUIK, 2015). This means more than men; women have to face with the caring problem in their later ages. According to Arun (2013) since women have a disadvantaged position throughout their life time, and since they have limited life choices “many older women will be living alone and at risk of experiencing increased poverty including poor health and disability” (pg. 893).

Even though, Turkey has still younger generation, dependent population is higher than expected from a younger population country. According to Ageing and the Elderly in Turkey-Results of the First Age Report from Turkey (Tufan, 2007) concerning Turkey, adding the non-workers between 15-59 age group make dependency rate increase from 13,6 % to 51,4 %. Addition to high dependency rate problem, social security is also a big problem for population of older adults. Today, each 10 younger is responsible for one older adult, while in 2050 each 3 younger will be responsible for one older adult (TAYA, 2013). If rates continue as it is expected, and state does not make policies to solve social security problem of the older adults, Turkey will face economic and social problems. The approach of caring of older adults is under the responsibility of families will not probably solve the future social and economic problems. On the other hand, family care giving means women's care labour in Turkey. Wives, daughters, and daughters- in- law are responsible for the care giving, not only in terms of older adults care but in all types of caregiving. This may cause life changing effects on women.

### **3.3. Discussions on Elderly Caregiving**

In the meantime the growing number of older adults in the population there has been increasing wide range studies on elderly-caregiving. Researches on the provision of caring to older adults focus on varied issues; filial responsibility, burden of caregiving, family stress, siblings' relations, care arrangements (see Brody, 1985; Merrill, 1997; Connidis, 2001; Keith, 1995; Piercy, 1998; Montgomery, et.al. 1985, 2012; Bengtson, et.al., 2002). In this section, first I elaborate discussion on who is responsible from elderly-caregiving and what are the factors behind it. Later, I focus on burden of elderly-caregiving.

### **3.3.1. The Role of Caregiver**

Who will take care of the older adults depends on, actually, where you live; the social policies and culture of that specific place. Still, it is known from studies that elderly caregiving is done mostly under filial responsibility (Montgomery, et.al, 2012; Keith, 1995; Goldscheider, 1998). Caregiving to older adults starts and be maintained by families for the significant amount of older adults (Horowitz, 1985). Even though nursing homes are opportunities filial responsibility still outweighs it. According to Bernard et.al. (2001) “the family is seen as bedrock of support for older people”. Families shoulder the older adults-care but it is not an unwanted “obligation”, they do want to care for their beloved ones as long as they can at home, which is “a strong indication that families feel considerable responsibility for the care of their elderly members” (Piercey, 1999).

A considerable amount of literature published on who will take the filial responsibility. Keith (1995) proposed three types of caregiving systems: “the primary caregiver, the partnership, and the team”. Structure of the families and arrangements of families identifies these systems and they are characterized by a prevailing value. While in the first system only one person does caring labour, in the second one two children distribute the responsibility relatively equally. Team is a form that all offspring share and organize caring. Contrary to this approach, according to Horowitz (1985) “shared responsibility is very much the exception to the rule.” Yet, shared or not, what is not changed is families take place on the top.

Traditional cultural beliefs are important deterministic of the filial piety, on the other hand, changing living arrangements, urbanization, economic reforms, globalization affect caring arrangements. The studies that concentrated on these structural changes and their effect on filial piety, proposes that the practice of long term older adults care is going under change. In some countries it results with commodification of older adults care, while in some of them it is under the risk of feminization of poverty among older women<sup>4</sup> (Zhan & Montgomery, 2003). Despite all, studies

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<sup>4</sup> Many older women are at risk of living alone, due to older women make larger percentage of the older population, and they are at the risk of living through increased poverty, poor health and disability (Arun, 2013).

show that family bonds continue in later stages of the lives. According to Shanas, the characterization of today's family is modified extended families; in this type of family, although extended family does not live anymore together, when there is a need or desire of emotional ties they provide this assistance for themselves (Connidis, 2001). Intergenerational relations maintained by the family members, and older adults' care is one of them.

Gender, geographical proximity, structure of the households, health factors, and personal preferences also have role on the decision process. According to Montgomery et.al (2012:427), "there is a hierarchy in the selection of the primary caregiver that is linked to sex, generation, and geography." If spouses are alive, they come first in the sequence. Daughters and daughters-in-law follow them. Yet, there is a consensus among scholars that primary caregivers are mostly female family members. Gender is the predominant factor of caregiving systems, indeed. Number of off-springs is in decrease which means the number of that can take care of the older adults is also in decrease. Meanwhile, women have started to have children at their older ages. Thus, in-between-generations have elderly parents while they have younger children. As a result of this, the caring problems of "sandwich generations" show up. According to Pierret (2006) sandwich generation women are,

people who are squeezed between the simultaneous demands of caring for their aging parents and supporting their dependent children(pg. 3).

Moreover, across all sibling networks, daughters are the primary caregivers. Why daughters? According to Finley (1989) learned gendered role attitudes are one of the reasons of it. Additionally, the limits of social policies and men's involvement in caring clinch the "women's sense of responsibility" (Aronson, 1992). There are ideological and material states of women's duties; it is not a choice when they asked "Who else is going to do it?" (Aronson, 1992). Women's role on caring is taken-for-granted which makes women ask this question; no further opportunity. According to Aronson (1992) women live through "the structured limits of public responsibility in encounters with formal service providers; and these limited alternatives make women think "who is going to assume responsibility if not me for my mother or my daughter for me?"

Studies mention the lack of emphasis on analyzing son and daughter relations on older adults care, and emphasize that sons also take responsibilities (Montgomery & Kamo, 1989). These scholars noted that there is not a stable and determined approach to being caregiver among sibling networks according to gender (Coward& Dwyer, 1990). Thus, it is important to take into account the gender differences in the offsprings which may affect decision and responsibility process. Another discussion point in the literature on sons and daughters sharing of care is the differences of experiences. With regards to gendered division of labour, men contribute less than women (Neal, et.al., 1997).

Additionally, since there is a growing number of women in the labour market, it is hard for women to assist extra caregiving services (Pierret, 2006). Responsibilities taken by women and men varies, hence, experiences differs accordingly. While some studies point that women do caring due to feeling of duty and obligation, men do it due to love. While women feel obligation and guilt, men define caring as a satisfactory (Ungersoni 87,89 as cited in Aronson, 1992). Contrary to them, Goldscheider and Lawton (1998), even though they do not emphasize any gender difference, state that caregiving to older adults is no more feeling of obligation, it has been a preference. And they add even though co-resident as a living form is decreasing, provision of older adults care is not.

As it is discussed in the above parts of the thesis, caring does not only include physical and mental tasks, additionally it is an emotional labour. One of the responsibilities of parental care is considered; sometimes it is satisfaction of the older adults' feelings, sometimes refraining from breaking older adults' heart, respecting the wishes of them, and preserving the autonomy of the older adults (Piercey, 1998). Conserving the dignity of the older adults has such a ground. These duties show that feelings are connected to structured and normative ideological frameworks, as Hochschild state feelings and display of feelings do not come all of a sudden. Addition to them, including parents to their daily lives, going out with them, visiting them is also the inseparable responsibilities of parents care (Piercey, 1998). Last but not least, providing and maintaining security and comfort of the older adults are also tasks of older adults-care (Piercey, 1998).

Caregiving is not a stable issue. Thus, throughout the caregiving responsibility there exist several changes not only as “being caregiver” and its positive and negative consequences. But, relationship between parents and children changes also. Since when they have started to call themselves “as caregiver” and the increased in the dependence, shift the relation between mothers and daughters. It is no more mother-daughter relation; it is a caregiving relationship (Montgomery, et.al., 2012).

So far, I have discussed who take older adults caregiving responsibilities, the reasons and how it is shaped, however, relations with other family members is also important issue in older adults care discussion. They are not only important support mechanism to feel less burden; or in some conditions they cause more burden, which makes everything harder for the primary caregiver. There is risk that family relations may be negatively affected by care duty. Piercy (1998) shows that

most families in this study were willing to secure respite care through formal/informal arrangements in order to give time to marriages and other important relationships (pg. 115).

In conclusion, families come first to shoulder and maintain the older adults’ caregiving. Even though it is not common anymore that families live together, they come together to take filial responsibilities. Who will take care of the older adults depends on the families’ life-stories. Nevertheless, across all forms of families, primary caregivers are the female family members. Thus, women are the ones who suffer more from this labour.

### **3.3.2. Burden of Elderly-Caregiving**

Families have significant role in maintaining elderly-caregiving. As it is discussed above, caring is not only a physical and mental labour but, indeed, it is emotional and love labour. It is itself a work and addition to being solidarity kind of work, due to unequal distribution of it many family members, generally women since they are the primary caregivers, face with burden of care (Lynch, 2009; Faison et.al., 1999). Burden, conflict and ambivalence took a significant place in elderly-caregiving studies. These studies reveal how conflict, solidarity or ambivalence affects the well-being and physical health of parents and caregivers. These studies are not only

crucial to understand implications for parent-child relations but to reveal caregivers' motivations and burdens. Moreover, complexities of family relations in aging families are revealed by these studies. In this part of the thesis I will briefly discuss how scholars discuss burden of care in order to reveal affective, social, and economic and health inequalities on women due to unequal distribution of care.

The relations between caregiver and care receiver is an important issue to study burden in older adults care. Conflict and solidarity has been long studied in dichotomy, either relations are antagonistic or supportive. While restrictions on personal and social life and employment of caregivers may result with conflict, feeling of positive gain or 'just' the idea of "it's my responsibility" will result with solidarity. However, it is considered by several studies that relations in families cannot be studied in dichotomy. Connidis & McMullin (2002) suggest that ambivalence is not always in conflict with solidarity. Moreover Gaalen and Dykstra (2006) have contested that these two can exist at the same time. Fingerman et.al. (2008) reveal how ambivalent relationship qualities between adults and their parents and how these two parts' well-being and physical health affected by it. Their study shows that the decline of ones' health makes both of them experience greater ambivalence. Moreover, they unfold that connections between qualities of relationship and well-being is moderated by personality.

In aging studies, what cause burden is one of the most studied areas. There are micro and macro level of reasons. While some results due to structural effect, some are the consequence of agencies' own lives. Montgomery et. al.(1985) have focused on the objective and subjective burden of the caregiving. They stated that it has been already well studied that families are the primary support givers to the ill and disabled older adults. However, what has not been clearly taken into account is that the effects of this responsibility on families; some states that it has burdens and some states it causes "self-satisfaction". Although subjective burden and objective burden are relevant to each other, "different factors predict each type of burden" (Montgomery, et.al., 2012). While subjective burden is related to the caregivers' approach to caregiving, objective burden is related to changes in the type of the tasks that caregiver do, and, "tasks that confine the caregiver in terms of time schedules

and/or geographic location were found to best predict objective burden” ( Montgomery, et.al., 1985:24-25). Distinctions between these two types of burden clarifies that there is no ‘over-all’ load of caring; different tasks may cause different feelings of burden. Burdens and satisfactions can be seen clearly by this distinction.

Several studies focus on how density of care affects burden of care. Faison et. al. (1999) proposes that intensity of provision of care and burden felt by caregiver and care receiver are correlated to each other. Activities may include preparing meal, bathing, doing chores. Furthermore, since those tasks mostly done by women and due to problems of reaching social support women complaint more about stress and burden of caring (Faison et.al., 1999; Pinquart & Sörensen, 2006). Different scholars have different description of burden of care but it can be defined as such;

The extent to which caregivers perceive their emotional or physical health, social life, and financial status as suffering as a result of caring for their relative (Zarit et.al. 1986 as cited in Faison et.al. 1999 pg. 244).

Another factor that affects stress level in older adults care is the caring time. Due to the fact that caregivers learn how to manage care, stress level decreases (Faison, et.al., 1999). Addition to them, health status of the caregiver affects the burden that caregivers feel. Poor mental well-being, sleeplessness, anxiety, depressive symptoms, general health problems and emotional problems are observed in caregivers (Pinquart& Sörensen, 2006; Fingerman et.al., 2008, Faison, et.al. 1999). Furthermore, caregiving results with chronic tiredness, body aches, myalgia, difficulties in concentration, lack of social time, social isolation and clutter in clothing (Akyar & Akdemir, Tuna & Olgun, 2010). Since caregiving tasks unequally distributed “according to gender roles”, women caregivers suffer more from behavior problems, more hours of work provided, higher number of caregiving tasks, more caregiver burden and depression and physical health problems (Pinquart and Sörensen, 2006).

One of the ways of decreasing burden level is finding support. Pinquart and Sörensen (2003) propose that having a support and higher level of social resources decrease the level of stress. Moreover, Tuna and Olgun (2010) reveals that widespread

problems that caregiver of stroke patients is stress and exhaustion, and reaching social support and appreciation decrease these problems. Caregivers may go under change due to stress existence or lack of time for themselves. On the other hand, Montgomery et. al. (2012) states that stress is not absolute result of the caregiving tasks, indeed “major source of stress is a discrepancy between what a caregiver is doing and what she/he expects to be doing.” Moreover, this change in some situations cause change in their relation with care receiver. Addition to them, since care givers, especially women, could not take time for oneself to rest and could not pay attention to their health, face with physical health problems; such as backache and headache (Montgomery, et.al, 2012). There exist wide range of studies on caring for an older adults and burden and stress. While some of these scholars only focus on the stress of the family care giving to older adults (Brody, 1985), other scholars state that conflict, burden, stress exist together with positive effects of caring such as; ‘gratitude’, ‘satisfaction’ and solidarity (Montgomery,et.al, 2012; Bengtson et.al., 2002). Studies revealed that since daughters shoulder personal care, they have more stress and burden level than sons (Horowitz, 1985; Montgomery, et.al, 1985).

Lastly, positive and negative sides of elderly-care are relational to each other. However, either positive sides outweigh or negative sides, “all the children.... Who had taken care of ageing parents in their own homes expressed a strong desire never to have to depend on their own children in their own old age” (Haraven and Adams, 1998, as cited in Connidis, 2001:7). As life expectancy increases, burdens of the older adults-care raise. Thus, many caregivers do not want to let their children take care of them, even though they continue their older adults’ care.

### **3.3.3. Linking Gender and Class Debates on Elderly-Caregiving**

The growth of aging population add women another caring responsibility: providing care for older family members. Gender is an important dynamic in the study of older adults care, and intersection of gender and class gives us a deep analysis of the relations of older adults care. Studies on older adults care show that we cannot generalize whether middle class families have more gender equal relations on care giving roles. In general it is expected that working class families have more strict

gender roles than middle class families; thus, it is hard in working class families to involve male members in care giving and another assumption is male members of the middle class are more prone to do care giving. So, elderly-caregiving even though has its own dynamics, it cannot be analyzed separately from gendered caregiving roles.

Care is a highly gendered work. Women are ‘naturally’ assumed to be the caregivers. Hooyman and Gonyea (1999) note that in U.S. 70-80% of the older adults caregiving is provided by the families, and the great amount of the portion is provided by female family members. Women are presumed to be the natural caregivers due to the belief that women are expressive while men are instrumental, and thus women do emotional labour while men are responsible for goal oriented labour (Abel, 1991). The gendered nature of the caring makes women the doer of the work while making men supporter of the work. Equalizing femininity with ‘feelings’ and masculinity with ‘autonomy’ leads understanding of different spheres and different ways of caring. While women have mostly doer role by cooking, washing, taking care of children, caring older adults, in short, touching the ‘materials’ of caring; men support them financially, ‘appreciate women’s work’, ‘help on decisions around care issues’, ‘discuss options’ (Traustadottir, 1991 as cited in Hooyman & Gonyea, 1995). So, the myth of caring is women’s natural capacity makes women continually do unpaid or low paid care work. This myth consolidates gender inequality (Meyer, et.al., 2000). It is not only a myth but supported by several family sociologists and also adopted by neoliberal economists. As Meyer et. al. (2000) has expressed in *Care Work* this understanding and practices make women as daughter, as daughter in-law, as wife and as mother life-long caregivers. Tasks may change, time spent to care may change, but still no matter that women work or not they do more unpaid care work than men. On the other hand, Hooyman and Gonyea (1999) highlights that tasks are by themselves gendered according to care-receivers’ sex. So, if the older adults are female then her daughter or spouse take care of her, after them their daughter-in-law comes rather than their son.

Along with the increase of dependent older adults and the specialization of older adults care, women add caring as daughter or daughter-in-law to their caring roles as

wives, as mothers. As Nadine F. Marks (1996) stated:

Demographic changes have now increased the relative risk of becoming a caregiver at same time- or even multiple times- during a life time. (as cited in Meyer et.al., 2000:8)

The myth that women naturally care due to their emotionality and their care is motivated by their love results with being a life-long and multiple times unpaid caregivers. We as human beings depend on each other contrary to what liberal economics proposes that market is autonomous and private life is dependent. Dependency exists. Thus, care work exists and we just need to see its value and make its “burden” equally distributed between men and women in order to live “love” freely. Women do feel emotional burden more; their lives become routinized due to women’s shouldering the home care giving, and men’s not (enough). Although the work done is really heavy, if the gendered division of labour continues, it is still invisible (Gelmez, 2015; Acar-Savran & Tura-Demiryontan, 2008).

However, it must be stated that the intersection of gender and class analysis shows the other side of the arrangements and experiences. Even though no matter the social class position that women are the primary caregivers. Yet, women from working class have to shoulder the physical burden of older adults caregiving, while, middle and upper class women may arrange different possibilities; such as paid caregiver. Affluent groups are available to both cultural and material resources, which provide them opportunities to caregiving rather than giving it themselves (Glaser & Grundy, 2002). Arber and Ginn (1992) state that different classes have different ways of managing caring. For instance, while middle class caregivers have more options such as, providing care themselves, hire someone for caring, purchase aids, or modify housing to reduce the need for informal care. Thus, while the affluent ones can benefit from the market relations, it is hard for some to access care service and do caring by themselves (Lynch, 2009). A large and growing body of literature explores that due to shrinking of welfare state, changing demographics and gender roles, there is an increased number of hired migrant domestic workers in order to fulfill ‘their domestic duties’. And older adults-caregiving is one of these issues. As Ehrenreich and Hochschild (2003) argues “the care deficit that has emerged in the wealthier

countries as women enter the workforce pulls migrants from the 3<sup>rd</sup> world and post-communist nations; poverty pushes them” (pg.8). Besides, by ongoing gender order, there is an intersection of inequalities for women, whose responsibilities on caring continue either in commodified forms or love labour.

Thus, class differences in the provision of older parent care need attention. Studies on older adults -caregiving focus on generally the gender dimension of the issue. However, gender, class, religion, and ethnicity all intersects in caring as in other issues. Research on caring need to be enhanced; and includes gender, race, religion and class dimensions all together. Co-residential care is one of the central issues in the intersection of gender and class debates. There exist two different approaches to social class and co-resident care. Some researchers argued that the higher the socioeconomic statuses, the less the likelihood of direct care giving. Additionally, even though informal care exists in all classes, working class is more likely to provide co-resident care than middle class families, which are more likely to provide extra-resident care. Other researchers have demonstrates that having financial resources or not affect the proximity of families and co-resident care giving. Emphasis on co-resident, while discussing on care giving is important, since it is the type of care giving which causes greater constraints on the care giver’s life. Moreover, while working class has to be deal with greatest burden of the care giving, they have to handle with fewer material resources (Arber&Ginn, 1992). Arber and Ginn continue in this vein,

Working class women and men may have different perspective on informal care from middle class people, and this, together with material disadvantages, may give rise to different patterns of care. (pg. 620)

Another scholar who analyzes residential parental care from a gender and class perspective is Madonna Harrington Merrill. Merrill (1997), in her book *Caring for Older adults Parents: Juggling Work, Family, and Caregiving in Middle and Working Class Families* stated that class differences in family values and structures has been an ongoing discussion in family sociology, especially the intergenerational relations. Many researchers have argued that intergenerational contact and supportive relationships in working class families is in higher level than in higher class status.

For instance, working class children are more prone to provide direct care rather than managing care, not only due to the economic restriction, but also they are likely to reside in close proximity (Merrill, 1997). In working class families, the motivation of taking care of the older adults depends on “paying back to the parents”. They think that if they do not take care of their own parents, who else can do it? On the other hand, for middle class families there exist other motivations such as; gaining the perfectionist’s father’s approval (Merill, 1997).

Addition to decision process across classes, the one who provides co-resident care is less likely to be employed, spent more hours per week for care, and is more likely to do personal and physical care (Glaser & Grundy, 2002). Since women are generally the primary caregivers, they have to figure out how to juggle the working life and caring. Glaser and Grundy (2002) highlight that co-residential and extra-residential care show difference only for spouse-caring in working class families, i.e. there is no distinction of residential and extra-residential care for parental care. Furthermore, due to long-term caregiving, many women face with decrease in their economic status and poverty in their later lives (Hooyman & Gonyea, 1999). Critics have argued that older adults-caregiving is ephemerae; hence it does not affect participation to labour market, even it has burdens (Moen, et.al, 1994). Yet, how working life is affected by filial responsibility and juggling both work and caring are unanswered questions in this study. Moreover, the extent of impairment and continuation in the residential caregiving has also a class dimension. For instance, Merrill’s (1997) study shows that, middle class families are more likely to place their older adults to the nursing home(it is not a preferred solution, indeed) when it becomes harder to take care of. Merrill also has argued that middle class children prefer commercialized caregiving at earlier points than working class ones. On the other hand, working class caregivers are more likely to live with their older adults and provide direct care rather than managed care. The significance of Merrill's (1997) study is focusing on “how class continues to affect dimensions of the role beyond selection of the caregiver” (pg.14). So, if middle class people enjoy more stable income, personal autonomy, the ability to develop and carry out rational plans and high degree of individualism and independence, and indeed they are according to

Merrill, we assume it will continue similarly in the later life. Accordingly, it is important to ask how working class families' extensive financial stress affects the caregiving role. Moreover, since middle class families give more importance to the 'personal autonomy and independence' this influences their caregiving choice by doing it when no one else is available (Merrill, 1997). Moreover, higher expectations of going out to dinner and involving into some organizations were observed in middle class families prior to caregiving, since they become difficult to do as caregivers (Merrill, 1997). She continued her argument in this vein,

In contrast, working class caregivers pursued activities that could be combined with caregiving, such as working in the garden and having children and relatives over to their homes. As a result, working class caregivers were less likely to say that caring for their parents interfered with leisure-time activities (pg.154).

So, according to Merrill it is hard for middle class families to continue their social activities, while it is not so hard for working class families, since they can combine both their social activities and caring duties. However, I argue that dependent older adults take so much time from caregivers' own time so it may not so easy to do gardening, or meet with friends over their home. Due to the caregiving, caregivers have restrictions on personal time and socialization, which is reported later as a resource of depression and stress of the caregiver. This issue should also be analyzed within class discussion, since each social class have different life styles and understanding of caregiving. For instance Merrill (1997) demonstrated that

The stress within the family resulting from an unstable, and often insufficient, resource base is likely to cause strain on family relationships. Thus, is the impact of caregiving on the caregiver's own nuclear family more severe within the working class, and does the caregiver have a more difficult time finding other family members who will provide assistance? (pg. 15)

Increased number of women in the labour market and the decreased in the role of state on older adults-caregiving causes care deficit. Either families take care of older adults or hire domestic workers to do it. This 'choice' is depend on social class position of the families. If they are wealthy enough to hire domestic worker then they shift their role to other women. Thus, there is an increase in the number of migrant, color, poor women in the domestic care sector (Ehrenreich & Hochschild, 2003;

Lutz, 2008). In other words, affluent ones use the labour of another woman as a solution. Meanwhile, lack of resources in the lower class families increases the labour spent on caring and personal care. Addition to having less financial and material resources, working class is more likely to be called on to provide care. Moreover, middle class families may have chance to pay someone else to provide care and reduce the strains on themselves (Arber and Ginn, 1992).

In conclusion, class differences are important also in later-life of the families. Analyzing gender relations, stress, caregiving, leisure time all together with class brings us deep analysis of family relations during caregiving to older adults. The scholars who studies on caregiving and class state that provision of care giving to older adults differs according to class position and this affect the caring and caregivers' standpoint itself. As it is stated before, older adults caregiving brings its own dynamics different than child care; caregivers have to deal with emotional strain, physical strain and financial strain addition to positive effects (Lin, et.al.,2012; Brody, 2003) . These new dynamics varies across gender and class.

### **3.4. Caregiving in Turkey**

Older adults caregiving studies are relatively new in Turkey, but there have been growing focus on this issue. Most of these studies analyze statistically the older adults caregiving, the other ones who qualitatively analyze are very limited (Tufan, 2009; Kalaycıoğlu and Rittersberger-Tılıç, 2012). In this study, I aim to fulfill this gap in the literature by revealing how caregiving is experienced by families, how insufficient policies affect older adults care arrangements. But, to understand the elderly-caregiving experiences in Turkey, in the below section, I demonstrate how feminist scholars discuss caring.

#### **3.4.1. Caring Studies in Turkey**

Reviewing women's labour discussion in Turkey displays the fact that although they point women's invisible labour, they generally focused on paid labour. Since in this thesis I do not focus on paid care labour, I will not go deeply in these studies. However, it must be stated that these researches by revealing women's participation to employment, informal paid care work and domestic work, they show us how does

women's unpaid labour raise (see Dedeoğlu, 2012; Toksöz, 2012; Kalaycıoğlu & Rittersberger-Tılıç, 2001; Bora, 2005). Besides, neoliberal conservative policies together with social adjustment policies results with flexible working, especially for women due to provision of time for domestic labour and caring. Flexible working cause cheap working conditions, but at the same time contributes the continuation of gender roles.

Social security system, social policies, and culture are important dynamics that determine who will do caregiving, how long that person will do it, how much, and how it will be done. Child care, older adults care, disabled care, domestic labour, and other issues related to family and household are under the responsibility of women in Turkey due to being a neoliberal conservative state (Buğra, 2012). The role of conservatism in this association is the familiasitation of caring and attaching it to as women's role. On the other hand, neoliberalism cuts the budget for caring and marketizes caring (Özateş, 2015).

Caregiving, in Turkey, varies among women, in terms of who do it, to what extent do it, how long do it, and to whom do it. It is clarified by studies that middle and upper class women use paid workers for domestic labour at home, and cleaning comes first in these tasks (Bora, 2005; Kalaycıoğlu & Rittersberger-Tılıç, 2001, Özyegin, 2004). This commercialization of domestic labour is not only valid for cleaning or cooking; caring labour year by year is increasingly being received by paying, while the only way for women from lower class is doing caring by their own labour. Nevertheless, one way or the other way, caring and domestic labour is under the responsibility of women.

This theoretical background shows that women are closely related to unpaid caring work. Class, education level, regions, ethnicity affect this relatedness, but still most of caring work- paid or unpaid- undertaken by women. Toksöz (2014) stated that even though most of the statistics argue that women, the ones live in urban, has participated more into the labour force each year, their work is without social security. Moreover, and not less important than the previous one, women's participation to labour force increased since state has started to give money for

women who take care of the disabled family members and older adults and TUIK interpret this as *İnsan Sağlığı ve Sosyal Hizmet Faaliyetleri* ( Human Health and Social care Service). In other words, women continue to do caring work, which is not regulated and is without social security. So, even though women participate into the labour force in urban in Turkey, they are still doing what is expected from them in domestic. Furthermore, although women has started to have paid work, due to the gendered division of labour understanding they are still responsible for domestic labour and caring (Toksoz, 2012).

When we analyze social policies of Turkey, it is seen that, especially after the EU harmonization process, there exist important steps in order for women's participation in labour market. However, when we look the applicability of these laws, unfortunately, it is observed that there is a great variety between legal practices and laws. The reason behind this is that state policies put family in the center of continuation and reproduction of the social structure. Additionally, this understanding culminates with women's first and foremost role is being a wife and mother. So, in practice and by law the state continues the understanding of male breadwinner, which keeps women in either informal worker or housewife roles (Dedeoğlu, 2012).

Social policies in Turkey, shows that how state and society is closely intertwined with traditional gender roles. Even though, women have a waged job, they do still deal with housework and caring in same amount (Öneş, et.al, 2012). Toksoz (2012) have explored that 75% of the women, who have a paid job and have at the same time children under six years old, take caring responsibility by her own or one of the grandmothers take the responsibility. Moreover, she also shows that only one fifth of them have child minder at home, or go to public care schools. Putting family into the center of the social policies and structuring this in a gendered way results with women's being housewife and taking care of their children, especially the ones from lower social classes. The reason behind this is that if there is no grandmother, or no public care opportunities, than they have to stay at home and take care by themselves; this is the only way. Moreover, under the rule of neoliberal economics, commodified caring is higher than many women can afford. Thus, for the ones who

are under middle level of income, it is not possible for them to achieve paid care labour (Özates, 2015).

Ferhunde Özbay explores how paid and unpaid care labour has been undergoing change politically, historically, economically, culturally. Özbay (1999, 2002) focus on the child domestic labour from a historical perspective from Ottoman times to Turkish Republic. She analyzes how domestic labour and caring has changed from then to today historically, culturally and socially. The differences and similarities between *Cariyelik* (being a female slave), *Evlatlıks*, servants shows how approach to paid or unpaid caring and domestic labour has transformed. Unpaid use of bodies- all kinds of ways- of *cariyelik* and slavery has transformed into the paid domestic labour. Analyzing the *evlatlık* in light of the former discussions is important, since it shows us the different dynamics of reciprocal unpaid caring. *Evlatlıks* were the adopted children, ‘who has no legal rights from the families’ (Özbay, 1999). They were adopted generally due to being orphan or economic problems of their parents in villages. The important point here is that they are cared by their ‘new families/ owners’ but at the same time they do the domestic labour, another way of caring. There exists a reciprocal caring, but also there exists ‘unpaid’ use of the child domestic labour, or in other words exploitation of the child labour. Özbay’s (1999, 2002) studies explores the other type of caring, which is not paid, but which is not also a love labour. There are some examples that families see *Evlatlıks* as their daughters and vice versa, but there also examples of abuse of the child.

### **3.4.2. Elderly- Care in Turkey**

Within this thesis, my focus is on the elderly-caregiving at home. Since there is not enough opportunities for public older adults care; and people do not generally prefer it due to the structural and cultural factors, it is important to analyze the responsibilities of families in the older adults care. Although there are myths that family’s role in the older adults care is in decrease, most of the support received by older people is provided by family members (Connidis, 2001) is also a key issue in Turkey.

In 2014, proportion of one person older adults households in total one person

households is 45,8%. Additionally, proportion of households with at least one elder person in total households is 22,3%. And most of the older parents live close to their children, or share the same apartment. In other saying, most of them are cared by their children or their spouses (Rittersberger-Tiliç & Kalaycıoğlu, 2012). According to Aytaç(1998), living closer to each other but not co-residing shows the aim of preserving privacy, but at the same time preserving the strong family ties. Family continues to be the primary support mechanism throughout the life-cycle whether in a same house or not. In Turkey, family is an important source of support (Kalaycıoğlu & Tiliç, 2000). In the insufficient existence of state, families support each other to survive. The need of elderly-care is also that kind of support mechanism works. Kalaycıoğlu et. al. (2003) addressed that only limited number of older adults in the population can benefit from pension systems, others have to survive with the support of their children or by themselves (pg. 27). Thus, co-residence as a living arrangement becomes an important support mechanism for older adults. In Turkey, most of the older adults live either with their spouses or with their children. While 15.9% of them live alone, 41.3% of them live with their children (TAYA, 2013). These statistics addressed that children and spouses are main source of elderly-caregiving in Turkey. The loss of one of the parents and traditional way of living increase the co-residency, while increased level of education and having a child decrease this from of arrangement (Kalaycıoğlu, et.al. 2003). On the other hand, according to Kalaycıoğlu and Tiliç (2000) co-residence is also a strategy for children not only for older adults. By continuing to live together with their parents they received also support from their parents both financially and morally, for example, taking care of grandchildren.

Kalaycıoğlu & Ritterberger-Tiliç (2012) stated that residential care is the target of the AKP government; and public care is only an exception. Older adults and care-givers, addition to politicians, have negative understanding of nursery homes. Moreover, this means that when older parents are in need, children are the ones there first for the caregiving. Caring for the older mothers and fathers is the responsibility of their children and this is socio-culturally guaranteed in Turkey. It is also ideology of the family as it is clearly seen from former Minister of State Nimet Çubukçu's speech

that she proposes “strong families” as the solution for problems in social care and lightening the load of the state; one of the way to achieve this seeing families as the responsible of the older adults families not public intuitions (Öztürk, 2010).

Today, the role of family on older adults-care is not shrinking, but Özbay (2015), draws our attentions on

Family institution plays a crucial role in the continuation of conservatism, and also state’s not taking any role in care service. Nevertheless, in the future, in case of further increase in older adults population, it might be expected that families would be more exclusionist against older adults (pg. 327).

As a result of ageing population older adults-caregiving arrangements have becoming an important issue in social policy area (Dural & Con, 2011). However, there is an insufficient providing social policies on older adults-caregiving. The lack and insufficiency of policies of the government make families continue this caregiving role as a main unit of support. In Turkey, social policies are based on solidarity and family. Older adults care, as in other areas of family life, understood as family duty and almost none responsibility is taken by the state (Kalaycıoğlu, Ritterberger-Tılıç, 2012). On the other hand, since state does not take any responsibility, women’s caregiving role becomes a life -long role. State’s role in public care is insufficient, thus, “positing the family as the primary unit of care, the new system implicitly but obviously reinforced the position of women as care providers” (Buğra, 2012 as cited in Beşpinar, 2014).

In Turkey, social policies are established on solidarity and family relations. Moreover, though families and older adults do not prefer nursery homes, limited number of them shows the ideology of caring is the responsibility of families. Older adults care named as a family responsibility, in the name of “they are our parents, we cannot live them alone in the nursery homes”; by this state lefts all the responsibility to younger generations; do not take any responsibility. Nursery home is perceived as the place of apathy and ill-treat. Besides, ageing population, limited social policies and changing gender roles result with demand to paid care. Thus, families turn their faces to home care, paid or unpaid. Paid home care shows that caring has entered into

the commodification phase (Da Roit, 2007 cited by Rittersberger-Tiliç & Kaalaycıoğlu, 2012).

In conclusion, as same to the child care giving, older adult-caregiving is the responsibility of family members in Turkey. Besides, increased older adults population have brought new caring arrangements; paid care at home and nursery homes, even though it is not common. The population of older-adults in Turkey is far from being inclusive in the policies that are being developed along with this. One of the reasons for this is to have a neoliberal economy while the other is to pursue a conservative policy. Thus, the older adults care is either done familialized or commercialized. Yet, the burden created by the increasing troubles that come with the longevity of the life forms evokes inequalities in the love labour; and the lower classes and women suffer the most.

## CHAPTER 4

### EXPERIENCES OF FAMILIES DURING THE ELDERLY CAREGIVING

*[...] uncovering and questioning of taken-for-granted facts about our domestic lives was revolutionary itself (Himmelweit, 2000).*

In this chapter, findings of the interviews with 18 primary caregivers about their elderly-caregiver role experiences are analysed. The main aims of this chapter are to explore who will take the caregiver role by addressing what did cause intense caring and individual and familial factors behind the decision. Following these discussions, I elaborate different dimensions of elderly-caregiving as a labour and how primary caregivers experience them.

#### **4.1. Who will take the caregiver role?**

In this part of the thesis, I analysed how primary caregivers become caregivers. Since caring is not a stable issue and; indeed, it is heterogeneous and dynamic, decisions about caring made by caregivers and older adults change in time. In other words, “family caregiving is not an isolated event in an individual’s or a family’s life course history” (Merill, 1997: 181). Thus, to understand the factors that affect the dynamics of elderly-caregiving in a full picture, first I look what are the occasions that cause caring responsibility. This section is followed by individual and familial that affect “who will be the caregiver”.

##### **4.1.1. What did cause elderly-caregiving responsibility?**

Elderly-caregiving is mostly the responsibility of family members in Turkey. While socio-cultural norms and emphasis on filial responsibility make families continue this responsibility, the insufficient welfare regime deepens the familialization; and commodification of elderly caregiving in middle income families, especially. Children are there first for their parents when a provision of assistance is needed (Piercy, 1998), and it is also valid for this study. However, beyond these discussions,

I believe what did cause the responsibility of caring and individual and familial behind this responsibility must be explored in order to understand experiences of primary caregivers. In this section, I discuss what did cause the elderly-caregiving in order to understand how filial responsibility show itself for these families and in the next section I elaborate individual and familial factors that affects “who will be the caregiver for older adults”.

Families differ from each other in the sense of their stories of: what did cause caring. In the interviews, the most common factor that triggers the start of providing care is worsening health statuses, especially in the families with middle socio-economic status, since, in most of the lower income families, parents and children have already live together or close to each other and then with the worsening health conditions their responsibility of elderly-care begins.

Since caring is *caring for* and *caring about* someone, all of the primary caregivers have been already supporting their parents in different ways before their parents need intense care. While some visit their parents once a week just to talk and spend time, others go and do the house chores and cook. As Engster (2005) discussed “caring may be defined as a form of reproductive labour that fulfils three aims necessary for individual; survival, development, and social reproduction” (pg. 51). And first of these is satisfying the biological needs which are essential for staying alive and functioning; which are necessary for sustaining life. In this study, all of the primary caregivers have taken active role in that kind of provision of care; i.e. what is common all in these stories is that being a primary caregiver is closely related with the health status of the older adults. Filiz (middle SES, 59 years old) has been taking care of her mother for eight years. She decided to take the role of caregiver when she and her sister realized that their mother had started to forget even the routes to her own house in İstanbul. They concerned about whether she can continue to live alone or not, and at the end they decided that she could not which brings the caregiver role for Filiz. Moreover, their mother was also diagnosed with Alzheimer. So, worsening health conditions of Filiz’s mother makes her the primary caregiver:

Well my mother came often, it was not like that we take her to home [...] We started to notice somethings as she got older. She could not remember certain

things and could not look after herself properly. Then we realised she wouldn't be able to carry on living by herself in İstanbul. She lost her way back home when we were on holidays as a family. In the building complex. Sorry for my language. She was not even able to remember to wash her hands and do her cleaning after using the toilet. Her hands were dirty after toilet. "Mommy, did you wash your hands?" She could not be able to clean. She was not even aware that she was not coping very well by herself. After all we got really worried and could not leave her all alone<sup>5</sup> (Filiz, 59, middle SES).

Besides, beginning of elderly-caregiving is not always come all of a sudden as in this case, but sometimes health conditions of the elderly has been worsening slowly and then the direct care starts as in the case of Melek (lower SES, 50 years old):

In the beginning I was shuttling between my home and the village but later both of us had difficulty. When she started suffering from Alzheimer, her condition got worse, fell down several times. Then we took her home directly.<sup>6</sup>

Another life event that leads direct care need for the older family members in this study is the loss of one of the parents. Widowhood plays a role while families started to provide care for their parents. Families do not want to live their parents alone and organize according to this widow parent. Arrangements vary across families, while some start to live together, others start to visit more often in order to check her/his needs and satisfy these needs. Moreover, according to narratives of the respondents, loss of one of the parents combination with a health problem also triggers the start of caring. Hande (middle SES, 59 years old) has been taking care of her father-in-law for 11 years. After her mother-in-law passed away and he had heart attack, she and her spouse thought that it would be better to live with him:

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<sup>5</sup> Şimdi şöylede eve almaya değil zaten çok sık gidip gelirdi annem. [...] Ondan sonra tabi yaşlanınca bir takım şeyleri fark etmeye başladık. İşte unutkanlık, kendi kendine yetememek. Yani bir takım şeyleri gördükten sonra kendi kendine yetemeyeceğini İstanbul'da düşündük. Ondan sonra şöyledi işte bir kaç kere tatil gittik, dönüşte yolunu kaybetmiş. Site içerisinde. Ondan sonra çok affedersin temizliğini, tuvalete gittikten sonra eli kirli kalıyordu, yıkadın mı anne filan, temizliğini yapamıyordu. Farkında olmuyordu yani bazı şeylerinin. Bunları şey yapınca korktuk yani yalnız başına bırakmaktan.

<sup>6</sup> Önce gidip geliyordum devamlı köydeydi. Ama şimdi kendi de zorlandı ben de zorlandım. Ama sonradan düşme kalkma, Alzheimer gelince çok ağırlaştı. Direkt aldık.

After my mother-in-law died, he had a heart attack when he was alone. We told him that he wouldn't be able make it on his own, and suggested him living with us. That's how it all started.<sup>7</sup>

So, even though her father-in-law does not need an intensive caring, it would be better for him to live with them to check him daily, according to Hande. Primary caregivers also state that loss of one of the parents shift the responsibility of caring of other parents to them. This is different than Hande's case, since in her case her father-in-law lived alone for years later they took the responsibility, yet in this situation one of the parents have been cared by her/his spouse and her/his loss shift the responsibility. For instance, Birgül (lower SES, 53 years old) had been providing care to her parents- by visiting several times a week- for 19 years. Her mother is paralyzed, and her father had been taking care of her till his death. After the loss of her father, the responsibility of caring shifted to Birgül.

In the families with socio-economic status, economic conditions addition to health conditions determines the beginning of the caring. When they cannot afford to buy or rent an apartment, they come together with their parents and afford it. Yet, later when their parents get old, not other siblings but these siblings take the responsibility. For example, Sema (lower SES, 40 years old) due to the economic problems has to move together with her parents-in-law.

How we decided... Financial difficulties... When the *gecekondus* (slums) were demolished. In order not to pay the rent twice. That's why. [...] It was a mutual consent. It was my idea. I had to do it for my daughter, children to study.<sup>8</sup>

Health status of the parents, living in an extended family form, loss of one of the parents are the main reasons triggers the responsibility of caregiver for the respondents in this study. While health status of the parents as a reason do not vary across different socio-economic groups, all of the families take the responsibility

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<sup>7</sup> Kayınvalidem vefat edince tek başına kalp krizi geçirmiştir. Biz hani bizimle yaşa hani tek başına yapamayacaksın dedik o şekilde başladık.

<sup>8</sup> Nasıl karar verdik. Maddi sıkıntılar... Gecekondular yıkılınca. İki kira vermemek anlamında. O yüzden. [...] Ortak karar verdik. Benim kararımıdı. Kızımın, çocuklarının okuması için mecburdum başka şansım yoktu.

without any hesitation since their parents need their help to survive. On the other hand, being from a low socio-economic status in some cases determines who will take the responsibility of caregiving beforehand. Due to lack of financial resources, in this study, lower income families have been living together already except one. Being already live in an extended family form, make the caregiver role for these primary caregivers obligatory situation. I elaborate what are the factors that affect “who will take the caregiver role” in the next section by looking individual and familial factors.

#### **4.1.2. Individual and Familial Factors**

In the above part, I discussed what triggers the elderly-caregiving responsibility. Now, I elaborate the individual and familial factors. Within this research, even though the reasons of parental-care changes from families to families, as we have seen, there are some issues that do not change which is the filial responsibility, in all these reasons that triggers intensive care result with one of the siblings, at least, to take the responsibility, even the form of care vary across families. Almost all of the respondents states that it is their duty to take care of their parents: “how can I live her alone”; “this is my turn now to take care of her”; “we have to do it, it’s our duty”. Even though gender, socio-economic status, composition of families, status of marriage affect who is going to be the primary caregiver, at the end, it is taken by one of the children or their spouses.

Moreover, this responsibility shapes around children-parent relationship. Duty of loyalty, as paying back the efforts of the parents/ parents-in-law, is one of the main factors behind this relationality. According to primary caregivers, it is their turn now to pay back their parents efforts. Nuriye (lower SES, 64 years old) has been taking care of her mother since her father passed away six months ago, when the interview was conducted. Her mother lived in Istanbul in the same apartment with her sister, and her sister hired a paid caregiver for both of their parents. Yet, Nuriye was not satisfied from paid caregiver’s care; thus, she moved her mother to Ankara. Her mother’s effort on her affects her decision:

Well my father passed away. I didn't want to leave my mother there all alone. My sister is working already. We are just two; we don't have any other siblings. Took her and brought her here<sup>9</sup>.

Well she is my mom. I thought the days of my childhood and how she raised me. I took the responsibility. I said I will take care of her till her death.<sup>10</sup>

Gülşah (middle SES, 52 years old) takes care of her mother and she also stated that

Well I thought that she made a great effort for us. We have to take care of her as she did the same to us. [...] So much from the sentimental side. Like I am now in the relief of carrying out my duty and doing something for her as a response. I have a clean conscience. This is the most important thing<sup>11</sup>.

Respondents are asked what they do when they face with this responsibility; what comes first in their minds after their parents need care, and Gülşah's and Nuriye's words show duty of loyalty have a great place during this process. Primary caregivers, if they have a blood relation, feel filial responsibility as a duty of loyalty also.

Yet, even in the cases where there is no blood relation, still reciprocity plays role as in the cases of Betül (lower SES, 48 years old) and Necla (middle SES, 57 years old). Betül got married early, and she had problems with her mother since she abandoned her when she was a child. When she got married, her mother-in-law became a mother for her. According to her, she is now doing what a child has to do to her mother. In Necla's case, the story is different. Her mother-in-law took care of Necla's children and Necla thinks she is paying back it now:

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<sup>9</sup> Ya babam vefat etti. Annemi orada yalnız bırakmak istemedim. Kardeşim çalışıyor zaten, kız kardeşim. Biz iki kız kardeziz başka yok. Alıp getirdim altı aydır da ben bakıyorum. [...] Eşimle konuşduğum dedim yıldır İstanbul'da yaşıyorlar dedim. Babam öldükten sonra dedim artık annem bırakmam yani dedim. Aldım getirdim.

<sup>10</sup> Ya annem. O nasıl çocukken büyütüyse beni bebekliğimden beri. O anlar geldi aklıma. Yüklendim. Dedim bundan sonra ben bakarım ölene kadar.

<sup>11</sup> Yani söyle düşündüm çok emeği var bizde. O bize nasıl bakırsa bizim de ona öyle bakmamız gereklidir.[...] Manevi yönden çok. Hani şu anda görevimi yapmanın, onun bize yaptıklarının karşısında ben de bir nebzə olsun bir karşılık vermenin şeyi içerisindeyim. Vicdanen rahat hissediyorum. O çok önemli.

But she is very old, needs caring. A mom, you see. When I was young, she took care of my children, her grandchildren. She made a great effort and this balances it. I think that it has to be balanced as this is our culture<sup>12</sup>.

Duty of loyalty is kind of balancing the efforts that older family members did before. These efforts lead primary caregivers to think that they have to pay it back with their effort now. In other words, it is their turn now to care for them.

Factors do not separately exist, indeed, according to interviews; more than one factor exists together. In Necla's situation, these are: culture, paying back the effort of her mother-in-law, and vulnerability of her mother-in-law. Moreover, as Ayşe (middle SES, 70 years old) stated "Well, I am happy because as a filial I am taking care of my mother", taking care of their older adults and filling their filial duties makes caregivers happy and relief. In other case, they may feel guilty about not caring. Taking care of their older family members make primary caregiver keeps their conscience safe.

Sometimes I think that "Since I'm a housewife", I feel peaceful as I look after my mother. She is next to me<sup>13</sup> (Nuriye, 64, lower SES).

According to Nihal (middle SES, 67 years old) it is a duty of a daughter to take care of her mother and she cannot forget her contributed efforts when she was a kid:

Sweetheart, as I am also a mother I consider it from the sentimental side, cross my heart. Of course our maternity is a bit different. Our spouses are sensible and there are technical opportunities. When looking back, I wonder how she managed it with five children. There was no washing machine, five bed sheets. If you try to wash them you can't pull off. As I think all of these, I try to do my best. She sacrificed herself. She ceased her own meals, cause if five children gather around a table, even if you put a whole chicken in front of them, there's nothing left for you. She used to leave the table like she had eaten, my dear. She used to heat the water on that stove and never missed our bathing days. She would never dress us in dirty clothes. Besides, the neighbours used to say if only we would be Sultan's children. I mean she did

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<sup>12</sup> Ama o çok yaşlı, bakıma muhtaç. İşte bir anne. Ben gençken de o çocuklara baktı. Torunlara. Çok emeği var. o da dengeliyor işte. Dengeliyor dengelemesi gerekiyor diye düşünüyorum biz o kültürden geldiğimiz için.

<sup>13</sup> Ya bazen düşünüyorum işte ben ev hanımıyım ya. Şöyle anneme baktığım için vidanım rahat. Benim yanımda

that much. So as I know all these consciously, I am in a state of peacefulness when I look after her<sup>14</sup>.

In this study, according to respondents, duty of loyalty in terms of paying back the efforts of parents makes a clear conscience. These two factors walk arm in arm in this research. Moreover, conscience is not only related with the care receiver, yet it is also related with caregivers themselves. Conscience is also related with pitying older adults. Caregivers cannot risk any possible bad situation that will happen due to their not taking responsibility of caring. There is a feeling of guilty. Thus, it is unacceptable for all cases not to take any responsibility. This part is related with caregiver. On the other hand, according to caregiver their parents are in vulnerable position which makes them pity to them. The loss of strength and autonomy of older adults trigger children's filial responsibility.

Moreover, thinking that someday they will be in their parents position also leads them for caring. As it is clearly seen from Nuriye's words:

Cause I live like I'll go through the same things. As I look after her now, I wonder if I go through the same things, who might look after me and therefore I care more<sup>15</sup>.

Even though conscience has a religious background in Turkey, there is a slight difference. Not all of the respondents use this term in its religious context. However, there are two respondents for whom caring older adults is a duty to God. Gül (lower SES, 32 years old) has the responsibility of her father-in-law. They have been living together since she got married. Thus, caring is not something that comes all of a sudden. Besides, her motivation for caring is not a filial responsibility since,

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<sup>14</sup> Vallahi söyle kuzum ben manen şey yapıyorum, kendim de anne olduğum için. Tabii bizim annelikimizde biraz daha şey. Eşlerimiz daha anlayışlı teknik imkanlar falan var. Geriye dönüp annemin bu beş çocuğu nasıl halletti çamaşır makinesi yok, beş çarşaf. Çarşalar yıkansa işin içinden çıkmaz. Öyle düşünerek yani anneme ne kadar ne yaparsam şey yapıyorum yani. Giyiminden fedakarlık etti., yemesinden fedakarlık etti, çünkü beş çocuk oturunca istersen bir tavuk koy, sana hiçbir şey kalmaz. Yemiş gibi kalkardı canım benim. O sobada bize suyu ısıtip ne banyomuzun gününü geçirirdi ne üstümüzü kirli giydirirdi. Zaten konu komşu da hep Sultan'ın çocukları olsak derdi. Yani öyle çok şey yaptı. Yani ben onları da çok bilinçli bildiğim için bakım esnasında ben de ona bir şey yapmanın manevi huzuru içindeyim

<sup>15</sup> Çünkü sen de o anları yaşayacak gibi yaşıyorum ben zaten. Şu anda anneme bakıyorum ya yarın ben de aynı şeyleri yaşarsam bana kim bakacak diyorum onun için daha çok önem veriyorum.

obviously, he is not her father. But, she has a feeling of conscience which is closely related with the duty to God. According to Gül, her father-in-law is “the Allah’s entrust.” The other respondent is Necla (middle SES, 57 years old) who relates duty to God with duty of elderly-caregiving. She is taking care of her mother-in-law and, as Gül’s situation; they have been living together since she got married.

The thing that most attracts me is that Allah, who created us, gave us hands and feet. One day she gets old and can’t use them. That moment, if you don’t care when it is needed, this is wrong. Due to my religious beliefs, I think that she has to be cared and looked after. Completely voluntarily. [...] There is Allah above!<sup>16</sup>

Also you should be merciful. Like I told you, one should beware of Allah and should have a heart full of philanthropy.<sup>17</sup> (Nuriye, lower SES, 64 years old)

Filial responsibility and duty of loyalty are individual based factors behind caregiver role. Almost all of the respondents state that it is their choice to take care of their older family members. Indeed, there are other people that affect this decision; they are not alone. These family members are; their parents, their siblings and their spouses. Choices of older adults are not undermined by their children during the decision process. They respect to their parents’ ideas and decisions about themselves. And this is also true about choices of place to live during the caring. Not only deciding to be a primary caregiver affect their lives, indeed, the decision of place has an enormous effect on caregivers’ experiences which are deeply discussed in the next section. But, for now, it is important to understand how these decisions were made. Gülsah (middle SES, 52 years old) has been providing care for her mother more than ten years. Even though she and her sister wanted to take care of their mother at their own houses, their mother wanted to stay at her own house. In these situations, the will of the parents overweigh the children and, thus, Gülsah’s caregiver role has started.

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<sup>16</sup> Beni en çok etkileyen bizi yaradan Allah insanlara el ayak vermis. Gün gelmiş yaşılmış. Onlar da tutmaz olmuş. O zaman ilgi gereği zaman ilgilenemezsen bu olmaz. Hani inancım gereği iyi bakılmasına, ilgileneilmesine taraftar olduğum için tamamen kendi isteğimle.[...] Allah var yukarıda!

<sup>17</sup> Bir de merhametle olacaksın. Diyorum ya Allah’tan korkan vicdanı olan, kalbi insan sevgisi dolan insan olmak gerekiyor

Another example is Melike's (middle SES, 53 years old) mother. She has started to provide caring for her mother after their father passed away. She and her other sisters talked with their mother to learn her decision about where does she wants to live in the next stage of her life:

We, siblings, discussed it with my mom. Whether she wanted to live alone, or with us. We gathered all together and she told that she wanted to continue living alone. On the other hand, the doctor also recommended that it's better for Alzheimer patients not to change locations often. Thus, we decided to look after her at her own home. Though even if she came our house, she would need special care as I was working with my siblings. The best was to keep her in her own house. So we decided to look after her in her own house because it was her wish and we decided it all together. That's why, later on, we started searching for someone who could look after her.<sup>18</sup>

As it is seen from Melike's narrative not only one dynamic affects where and by whom the older adult is going to be cared, parents' choices about themselves, their health conditions and children's preferences come together and results with extra-residence or co-residence practice. Moreover, socio-economic status also affects this decision since if they cannot hire a paid caregiver then they have to find another solution such as co-residence or taking care of their mother in cycle with other sisters. Thus, by means of being from a middle socio-economic status, Melike and Gülsah meet their parents' wishes.

Primary caregiver also stated that their status of marriage and living closer affect the choice of 'who will take the responsibility'. While living abroad or in other city automatically shift the duty of caregiving to siblings, who reside in the same city, living in the same neighbourhood, also make primary caregiver, primary caregiver. Besides, status of marriage also affects the decision:

It wasn't my decision. I got divorced and came here. We're staying together. Compulsorily. I swear there have been many times that I rebelled. [...] So it's all because of obligation, since I was here. For example if you were married,

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<sup>18</sup> Annemle konuştuk. Bizimle mi yaşamak ister, kendi evinde mi oturmak ister diye sorduk kardeşler olarak. Hep beraber oturduk. O da kendi evinde oturmaya devam etmek istedığını söyledi. Diğer taraftan da doktor da Alzheimer hastalarına çok ortam değişikliği doğru olmayacağına söyledi. Öyle olunca biz de kendi evinde bırakmaya karar verdik. Hoş bize de gelse zaten kardeşlerimle çalıştığımız için gene de bir bakım gerekecekti. En iyisi kendi evinden ayırmayalım. Dolayısıyla biraz onun tercihi biraz da bizim şeyimizle öyle yapmaya karar verdik kendi evinde kalmasına. Dolayısıyla daha sonra bakım için birisini aramaya başladık

far away or in a different city. [...] For instance my brother, I have been staying here for 15 years and he has never asked if I needed anything, I have two children after all<sup>19</sup> (Hülya, lower SES, 52 years old).

As it is clearly understood from Hülya's statement, there are other factors that affect this decision. And these factors may bring obligation to free choice of the caregivers; being the only option for this role close the doors of different arrangements. In this sense, I can say that there is a restriction on choosing roles, since choice is not only choosing but also being able to not to choose also (Hooyman & Gonyea, 1999). Divorce or economic difficulties of families may lead a decision of living together with older adults, and when they get old they have to take care of them. They do not have any opportunity. Status of marriage and economic difficulties have a role in feeling obligation. For example, Hülya (lower SES, 52 years old) stated that after her divorce she does not have any chance but to move together with her parents. According to her, her divorce has a crucial role for her providing care for her parents. Hülya thinks if she is married and live somewhere else, nobody will want any caring responsibility from her. Moreover, she has 'the ability of caring', this causes her feel obligation for caring.

I manage it. Well, it is because of obligation. As I am living here. Otherwise, if you were married and living somewhere far away for example or in a different city. [...] Compulsorily! If you manage something, it sticks to you<sup>20</sup>.

On the other hand, in the case of Adnan (middle SES, 59 years old) being divorced becomes a facilitating factor to take this role. He even stated that maybe due to this responsibility he does not get married again, since according to him not having any familial responsibility makes caring for him easier. However, being from a middle SES group and being a man affect this facilitating factor, in case of Hülya, being

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<sup>19</sup> Kendim karar vermedim. Ayrıldım geldim. Oturuyoruz beraber. Mecburen. Yani kendim yeminle söylüyorum isyan ettiğim çok oldu. [...] Yani mecburiyetten oldu benim, burada olduğum için. Yoksa mesela evli olsan, uzak olsan veya başka şehirde olsan. [...] Mesela ağabeyim, 15 senedir ben burada oturuyorum hani bana bir gün dememiştir ki "bacım senin bir ihtiyacın var mı, 2 çocuğun var".

<sup>20</sup> Ben beceriyorum. Öyle canım işte yani mecburiyetten oldu benim. Burada olduğum için. Yoksa mesela evli olsan uzak olsan veya başka şehirde olsan.[...] Meclburiyetten bir şeyi becerirsen üstüne kalyor.

divorced, as it is clearly seen from the narratives, is far away from facilitating factors, yet it makes caring for her compulsory.

Moreover, Hülya also feels duty of loyalty to her both parents since when she got divorced, she has nowhere to go but her parents' home. Additionally, they, especially her father, help her a lot when she moved to the next door and to her two children's education expenses. Narratives of Hülya shows that felt obligation and duty of loyalty come together. Both individual factors and familial factors intermesh with each other. Indeed, none of these factors affect *who will be the caregiver* alone.

The caregiving role is taken by children, yet composition of siblings, choice of older adults; which children is wanted; status of marriage of a child; employment status and gendered social norms are constitutive factors behind the dynamics of elderly caregiving. If there is more than one child then a decision must be made for the caregiving role. Even though there is not always one children on-stage, it is common that mostly caregiving is done by primary caregivers (Horowitz, 1985). Children come together and decide together who is going to provide care for their parent, if till that moment parents lived alone and have a separate house:

You see, we are three siblings. We divided the week. I go on Wednesdays, Thursdays and Fridays. Sometimes just Thursdays and Fridays. We arranged that between us as three siblings (Fatma, middle SES, 67 years old).<sup>21</sup>

My dear, we are five siblings. Two brothers and three sisters. My two brothers didn't make a remark about the matter. We are older as sisters. Now we are looking after our mom as two older sisters. I mean we shared the task with my sister. [...] We didn't include others (Nihal, middle SES, 67 years old).<sup>22</sup>

On the other hand, primary caregivers also expressed that she/he is the most suitable one from the siblings, thus, she/he took that responsibility:

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<sup>21</sup> Biz üç kardeşiz işte. Haftayı bölüştük. Çarşamba Perşembe Cuma ben gidiyorum. Bazen Perşembe Cuma gidiyorum. Onu üç kardeş aramızda ayarladık.

<sup>22</sup> Canım benim biz beş kardeşiz. İki erkek üç kız kardeş. Ondan sonra iki erkek kardeşim bir şey demediler, biz büyüğüz. Şimdi anneme bakan iki kız büyüğüz. Ablamla kendimiz paylaştırdık yani. [...] Diğerlerini katmadık.

No we didn't decide it together. One of my siblings was abroad, the other one is the youngest and she had some other responsibilities already. Due to such conditions, I was the most available at that moment (Adnan, middle SES, 59 years old).<sup>23</sup>

I handled it most. My sister, a tiny bit. Nothing more. We had already lost one of my sisters. I have an older brother. He is in İstanbul. My other sister has just had a grandchild. As I am the youngest one in the family and lived much more with mom than the others, it was ideal for me (Gülşah, middle SES, 52 years old).<sup>24</sup>

As it is seen from the above narratives, siblings discussion about living arrangements happen in middle income families. In this study, none of the lower income families mention about such a decision process. Only Nuriye (lower SES, 64 years old) talked with her sister and has started to provide care to her mother, since before her sister had been providing care with care worker to their mother. But, later, Nuriye decided that her mother needs her, she did not like how care worker behave to her mother. Thereby, by looking narratives of the respondents, it would be clearly addressed that lower income families are already in the position of being a caregiver. The decision of who will be the caregiver was made beforehand in the life-course; due to sharing same house, being the youngest children, financial resources.

When there is no division of responsibility between siblings, one of them shoulder the most amount of caring and even alone in some cases and they complain about their weighty responsibility:

Let me tell you something, nobody took the responsibility. Everything is up to me. I have two other siblings. They come, sit on the sofa like strangers, drink their coffee, tea and go away. They never intervene in anything. I carry all the weight on my shoulders (Perihan, 42, lower SES).<sup>25</sup>

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<sup>23</sup> Hayır, yok beraber karar vermedik. Kardeşimin biri yurt dışındaydı, diğeri de en küçük çocuğu evin sorumluluğu vardı zaten. Bir takım koşullar, en uygun ben görünüyordum o an.

<sup>24</sup> Ben üstlendim daha çok. Ablam bir nebze. Geri kalan yok. Bir ablamı kaybettik zaten. Bir ağabeyim var. O İstanbul'da. Öbür ablamin da torunu oldu yeni. Ben en küçük çocuk oğluğum için annemle çok bir arada yaşadığım için sanki o bana biçilmiş bir kaftan oldu yani.

<sup>25</sup> Sana bir şey diyeyim mi kimse hiçbir sorumluluk üstlenmedi. Her şey bende. Benden hariç iki kardeşim daha var. Gelirler. El gibi otururlar çayını içer kahvesini içer çeker giderler. Hiçbir şeye karışmıyorlar. Bütün sorumluluğu benim üzerimde

Of course you get annoyed, you are a human after all. You get exhausted and it becomes heavier. At that point, “your sibling (refers to her spouse’s sibling) should help”. Well, thanks anyway that they never assisted. We are just stop hoping and don’t expect anything (Melek, lower SES, 50 years old).<sup>26</sup>

I got angry with my sister. All the weight is on my shoulders as if she’s not her mom as well. The problems remained unsolved (Filiz, middle SES, 59 years old).<sup>27</sup>

Siblings contribution to caring is especially important in the lower income families, since they do not have material resources to hire care worker to decrease the level of work. Yet, middle income families also wish their siblings to be part in order to feel that they are not alone in this huge responsibility. As it is seen from these statements, decision is not only done by being in the process of decision making, yet, some siblings prefer not to be a part of this responsibility. And they made this decision by themselves. Therefore, being lack is also a decision which affect who is the primary caregiver.

Furthermore, older adults’ opinions also affect the decision. If they want one of their children to take care of them, generally the one who has already lived with them or visited so often, then care is provided by this specific sibling:

My mother was paralyzed on the right side of her body. My father was taking care of her. When he passed away, it fell to my lot. [...] Though I was still visiting them in case my father couldn’t manage on his own. It’s kind of my own decision. Actually my mother affected it too. She told me that nobody could look after her. She wanted me (Birgül, lower SES, 53 years old).<sup>28</sup>

Lastly, spouses of the caregivers also affect the decision process. Their positive or negative approach to this responsibility affects caregiver’s decision or even if not it definitely affects their caring labour process. Gülşah (middle SES, 52 years old)

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<sup>26</sup> Kızıyorsun tabii insansın. Yoruluyorsun artık ağır geliyor. O zaman işte biraz kardeşin (eşinin kardeşinden bahsediyor) yardımcı olsun. Onlar da sağ olsun hiçbir şey görmediğimiz için. Ümidimizi kesip oturuyoruz

<sup>27</sup> Kız kardeşim kıldım. Her şey benim üzerimde onun annesi değil gibi. Sorunlar sorun olarak kaldı maalesef.

<sup>28</sup> Annemin sağ tarafına felç inmişti. Babam ilgilenyordu. Vefat edince ihale bana kaldı. [...] Ben gidip geliyordum yine babam tek başına yapamaz diye. Kendi kararım gibi. Annemin de etkisi oldu tabii aslina bakarsan. Kimse bana bakamaz dedi. Annem beni istedî.

underlined that her spouses' permission to caregiving is his best help. Because if he did not give permission then Gülsah needs to deal with both caring responsibility and clashes with her spouse at the same time. On the other hand, spouse of Fatma (middle SES, 67 years old) wanted his father-in-law to be sent to the nursing homes. According to Fatma, due to this dissuading, she went to her brother and sister and offered nursing homes, while they did not think about such an option. Yet, at the end, due to this offer her father got upset and Fatma could not forgive her spouse since he made her to make this offer. This occasion makes Fatma to deal with both her spouses' argumentations and her father's sadness. Thus, spouses' attitudes affect how elderly-caregiving is experienced by primary caregivers. Moreover, in the case of where women take care of their parents-in-law, this time male family members' preference makes the decision. For instance, Melek (lower SES, 50 years old) provides care for her mother-in-law. According to her, they have to take care of her because she is from the family and her other son does not want to take care of her and also Melek's spouse, Ahmet, does not want his brother take this responsibility due to the fact that he is old and Ahmet cannot trust him for such big responsibility. Here, Ahmet's motivation mainly comes from the feeling of filial responsibility; however, for Melek it is an obligatory situation, she has to do it as a daughter-in-law. Melek wishes to take care of her mother-in-law in cycle with Ahmet's brother, yet, his spouse does not want his brother to take care of their mother. Therefore, spouses' decisions, especially the male ones, indicate who and where will be the parents received care.

Thus, gender determines who will provide care. According to the narratives of the conducted interviews, daughters have mostly the primary caregiver role than sons. In the interviews, elderly-caregiving is provided by women, whether paid or unpaid. The two male respondents hired paid caregivers for direct care and they are mainly responsible for health issues, such as transportation to hospital, buying medicines. However, even female caregivers hired paid caregivers; they spent most of their time with their parents like in the findings of Montgomery and Kamo (1989). On the other hand, as Horowitz (1985) shows, in this study also sons generally provide caregiving in the absence of daughters or available daughters. In the interviews, even though

male caregivers take filial responsibility, they shift it to their spouses; i.e. daughters-in-law; or hire paid caregivers. Therefore, women are the main providers of elderly care giving in this study:

My girl, daughters look after their mothers naturally (Nihal, 67, middle SES).<sup>29</sup>

Yes, I am responsible, who else? (Gül, 32, lower SES)<sup>30</sup>

Gül's words are closely related with Aranson's (1992) "but who else is going to do it?" In this case, it is not the daughter but daughter-in-law. Female respondents of this study clearly articulated that, whatever their motivation behind caring is, when there is a need for older adults, when they could not live alone longer, when they need emotional or physical assistance women are there with their labour.

On the other hand, male respondents shift their duties immediately to women, paid or unpaid. Adnan (middle SES, 59 years old) has been providing care for her father for nine years. According to him, he is the only one that can take this responsibility, since he is divorced, while his other siblings are married or have small kids to take care of. When I asked him about his decision to hire a paid caregiver, he stated that:

I am familiar to these from the hospitals, it is very hard. That it is impossible to do it on your own forever. After all you become mentally tired. It might be handled one year but it seemed impossible to be performed more. Thus we made our decision this way.<sup>31</sup>

By shifting his duties immediately to a paid caregiver, Adnan is responsible for really limited tasks. However, in the same conditions; hiring domestic worker, female primary caregivers continue to be responsible more diverse tasks: They continue to organize the tasks, visit more their parents, do still allocate time according to them, and cook for them. Therefore, it can be concluded that the role of

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<sup>29</sup> Kız evladı tabi kızım, anneye kız evlat bakacak.

<sup>30</sup> Evet, ben sorumluyum başka kim olacak?

<sup>31</sup> Ben hastanelerden biliyordum bu iş çok zor bir olay. Yani bu işin sonsuza kadar tek başına yapılmasının mümkün olmadığını. Sonuçta psikolojik olarak rahatsız oluyorsun yani bir yılda olabiliyor bu ama daha uzun süre yapılması mümkün gözükmüyor. Dolayısıyla öyle kararımızı verdik.

primary caregiver is gendered. And who is going to take care of older adults is closely related with gender expectation.

Even though, there is not any openly narratives of material motivation for the caring duty, as we have seen from the statements of Hülya and Sema, lack of financial resources make them undertake the caregiver role. Moreover, even the motivation of being a caregiver may not be a material motivation at the end it may include a material benefit such as sharing the same apartment decreases the expenses rather than two different houses. Or this financial benefit may be totally different such as Suat's case. Suat (middle SES, 42 years old) has been providing care for his mother. His mother has a 98% disability report. People with 90% and more disabilities do not have to pay the car tax by law in 2010 if their car is designed to their needs. They are exclusive of car tax (Gelir İdaresi Başkanlığı, 2013). Even though for Suat taking care of his mother is a filial responsibility, since her mother's expenses are really high, and due state's limited responsibility about these expenses, he decided to take benefit of this law. He benefits from tax exemption and bought a jeep for himself. Thus, even respondents do not have material motivation behind caregiving, in some cases material benefits arise by taking care of parents. Or in the lower income families, benefiting financially from their parents make them the primary caregivers.

“Who will be the caregiver” and how the decision is made is neither only individuals choice nor the families. The socio-economic status of the families, gender composition of the siblings, extended family form, living abroad, insufficient public care opportunities, being able to hire a care worker; i.e. individual and familial factors affect who will be the caregiver. These factors intermesh with each other. Gender role expectation, for instance, plays an important role for “who will be the caregiver” and most of the primary caregivers are women, while their spouses have insufficient role in the provision of care. On the other hand, while middle SES families provide opportunities to arrange different forms of caring, the only option for lower income families is to do it by themselves. Thus, for women from lower socio-economic status in this study it becomes an obligatory situation since it is not possible for them to arrange a care worker or nursing home. Additionally, when other siblings do not take part in caring then primary caregivers become alone and

continue care even though they do not want to continue in that form. For example, extra-residence and/or in-cycle with siblings are the most common expectations of primary caregivers with lower SES, yet their expectations do not come true.

The factors behind becoming a caregiver are intermeshed with each other as both being obligatory and reciprocity, as a form of filial responsibility, in the lives of families which has groundings in power relations addition to commitment and love. In this respect, I would like to address that agencies have chance to choice to some level, familial factors and also power relations that surround them determine who will be the caregiver.

#### **4.2. Elderly-Caregiving as a Labour**

Caring has long been discussed and analysed by feminist scholars, even though they have different approaches to caring, by studying this issue we came to a page that it cannot be stay hidden. It includes huge amount of labour that we do and it includes different level of tasks to continue to live. Without caring, I mean not only what we understood from direct care such as cleaning, cooking, clothing, yet I mean also all activities that sustain our lives. Thus, to continue to live we need others and others need us. As I have discussed in the theory chapter, autonomous selves are not points at issue. So that intergenerational relations are also part of caring labour, in this section my aim is to reveal how families provide care to each other and “maintain a life-sustaining web” (Tronto, 1993) by discussing different dimensions of elderly-caregiving and the issues that differentiates dimensions and processes of elderly-caregiving.

How elderly-care is provided changes across families and primary caregivers. There exist different kinds of tasks done by care-givers which are related with caregivers’ socio-economic status, gender, and approach to elderly-care. As Merrill (1997) stated families’ support and help varies from shopping and doing household tasks to feeding and bathing. Social reproduction includes “activities such as purchasing household goods, preparing and serving food, laundering and repairing clothing, maintaining furnishings and appliances, socializing children, providing care and emotional support for adults, and maintaining kin and community ties” (Glenn, 1992,

pg.1). In a more brother sense, caring is “helping individuals to meet their basic needs and to develop and sustain those *basic or innate* capabilities necessary for survival and basic functioning in society” (Engster, 2005: 52). Moreover, caring involves each and every action and words that provide assistance to individual beings to avert or lighten up the suffering so they can continue their lives (Engster, 2005). Motivation for caring for our cared ones varies among families, yet, in all of the families the main motivation is to support older adults for living better lives. In order to understand how families experience elderly-care giving the gendered care time and labour must be exposed. Who does the caring, socio-economic status of the families, the relation and the gender difference between caregiver and care receiver, health conditions of the older adults shape how caring labour is employed by the primary caregivers. In this part of the thesis different dimensions and processes of caring labour regards to elderly-care is discussed.

#### **4.2.1. Physical Labour**

According to narratives of the interviews, it is clear that women are the ones there first when there is need of direct physical care. Moreover, direct and indirect care shows clearly the gendered time and work of the caring labour. For instance, while men are responsible for taking parents/parents-in-law to doctor, printing medicine, or helping women when they cannot carry the older adults, women have to do all staffs directly or indirectly even it becomes hard and unbearable for them. In other words, they do not have any chance to skip their duties. They have to still do it when they are alone and helpless, especially in lower SES groups, where no paid caregiver exists for elderly caregiving. Nuriye and Melek are the two respondents of this study who provides extensive form of physical care. Thus, in the below part I show their stories to see how physical labour is experienced by primary caregivers.

Nuriye (lower SES, 64 years old) decided to take the responsibility of her mother’s care after she lost her father. Her mother, Ayşe, lived in Istanbul and cared by paid caregiver and her sister. But after her father’s lost, she wanted to take this responsibility. Ayşe is dependent to Nuriye for her all daily activities from getting out from bed to be carried to toilet or eating food. Nuriye said that even Ayşe can eat

by herself, it tooks too much time thus, she prefers to feed her. Day starts with caring and ends with caring for Nuriye. She has to get up at seven o'clock to give Ayşe her thyroid pill. Then at half past nine she gives her breakfast. Then at ten o'clock it is time for Ayşe to take another medicine for her heart disease. Then it is time for lunch and another medicine. At 7:30 pm Nuriye gave her mother dinner and another medicine at 8:00 pm. At 10:00 pm she had another medicine and Nuriye help Ayşe to get in bed to sleep. All day of Nuriye must be planned according to these strict times of medicines. Addition to these since Ayşe require assistance for her daily activities, such as going to the toilet, dressing, bathing, Nuriye also helps in these activities. Nuriye's spouse helps her with Ayşe's mobility. According to Nuriye without this support caring cannot be done for her because she is not able to move her, as it is understood form her own words:

As I told you, my husband also helps. Thank Allah he is helping me very much. As I tell you, if he didn't help me, it would be impossible on my own. I can't carry her. I don't have enough strength.<sup>32</sup>

But this support from spouses or other family members cannot be reachable always which makes women handle physical labour by themselves. In other words, they do not have any backdoors. Melek (lower SES, 50 years old) have been taking care of her mother-in-law, Mükerrem, for 10 years, but she is in need especially in last two-three years. Her spouse is working, thus Melek is at home with Mükerrem all day and is responsible for her everything: changing her clothes, changing her diaper, waxing, preparing her foods, helping her to walk with her walker. However, it is hard for Melek to provide mobility for Mükerrem since she is heavy. But, even though she cannot sometimes, she has to do it alone till things become uncontrollable:

Pardon me but she pooped, started pooping. Cleaned it with great difficulty. Placed a piece of plastic under her body, cleaned her clothes thoroughly. Then I returned and cleaned myself. Had shower, changed my clothes. She pooped again. I called one of my neighbours cause I had no more strength. We did it together. She helped, I cleaned the mess. When she left, she pooped again. She did the same the whole day. Then I called my husband and told him that I couldn't handle it anymore. He said "Ok I'm taking time off from work and coming." He came, we gave her a bath, changed her clothes and

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<sup>32</sup> Eşim de yardımcı oluyor dediğim gibi. Allah razı olsun eşim de çok yardım ediyor. Yani diyorum ya eşimin desteği olmasa yalnız mümkün değil. Kaldiramıyorum. Güçüm yetmiyor.

then took her to the hospital. She had a surgery. Of course it's hard to put up with, in those moments when your physical strength is not enough.<sup>33</sup>

Even spouses may be there to ‘help/support’, they are not always with female primary caregivers which makes them obliged with high-pressure work. In the lack of such support different social SES groups establish different strategies. Calling neighbour is not an option for middle SES families since such kind of relation does not exist within middle income families especially in that kind of intimate task: diapering. On the other hand, middle income families in need of support for hard task hire care workers to rid of that pressure. Spouses help/support and lack of help/support is deeply discussed in the following chapter.

As it is seen from Melek’s narratives changing diapers and carrying older adults to the toilet are other difficult direct physical tasks that mentioned during the interviews. Even though persuading older adults to diapers itself need emotional and mental labour, after they accept diaper, it continues to be labour intensive which is done by primary caregivers, who are mostly women; paid or unpaid. For example, Ayşe (middle SES, 70 years old) could not persuade her mother to be diapered and this increase her physical labour till her mother was operated and problem solved. In this study, middle income families compared to lower income families have “cultural resources”, which brings them “knowledge of services” and how to deal with health problems (Arber and Ginn, 1992). On the other hand, lower income families, struggle with health problems they have to search more to find cure and solutions. Middle income families have medical networks to show them the way like which operation will solve the existed health problems that cause constraints to primary caregiver’s lives. For example, Necla (middle SES, 57 years old) stated that her mother-in-law was being incontinent and their gerontology doctor told them there is a pill for it which stop this problem immediately. On the other hand, lower income

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<sup>33</sup> Affedersin büyük tuvaletini yapmış. Yapmaya başladı. Bir temizledim büyük zorlukla. Altına naylon neyin serdim. Üstünü iyice temizledim. Geri döndüm. Kendim temizlendim, duş aldım, üstümü değiştirdim. Yine büyük tuvaletini yapmış. Komşuyu çağirdım çünkü artık dayanacak gücüm kalmadı. Onu çağirdım onunla yaptım. O yardımcı oldu temizledim. O gitti tekrar yaptı. Bir gün boyunca altın büyük tuvaletini yaptı. Sonra eşimi aradım dedim böyle böyle ben dayanamayacağım. Tamam dedi ben işten çıkış geliyorum. Geldi banyosunu yaptırdık üstünü değiştirdik sonra hastaneye götürdük, ameliyat oldu. Zorlanıyorsun tabii gücün yetmediği anda.

families need to clean house continuously or diaper their parents. Obviously, these two ‘solutions’ require more energy, time and effort.

Additionally, it is known from the statements of the interviewees that the older adults who cannot go to toilet by themselves accompanied by caregivers or with the help of walkers. Filiz (middle SES, 59) takes care of her mother at home before her mother’s femur fracture. In those times, she was doing all direct physical caring. She was changing her mother’s diapers but she also assisted her with wheel chair to the toilet during the daytime.

Then she started not being able to stand up. Later on, we made it out like that a long time. Then two years later, don’t know if it’s because of the water or whatever, she had severe diarrhoea. [...] Those times we used diapers constantly. She lived with it. We were applying it at nights as well in case she couldn’t hold it. But in the daytimes, in order not to offend her, even if she had diapers on, I was seating her to the thing (refers to her wheelchair). She was able to stand up and sit down, but she wasn’t able to walk. She would sit in her wheelchair, and I would take her to the opposite bathroom. I would take the wheelchair into the bathroom; she would stand up and sit on the toilet. Then I would clean her and put on diapers again in case she couldn’t hold it. [...] That’s how we looked after her.<sup>34</sup>

Melek had been taking care of her mother-in-law, Mükerrem, for three years when her health conditions got worse. Mükerrem has Alzheimer and also femur fracture. Melek prepares food for her and feeds her; changes diaper; baths; cuts her hair; waxes; cleans her room and clothes. However, femur fracture makes caring harder for her, before that caring was easier. But, they do not have any other chance because they can only afford their lives. On the other hand, Filiz after providing care for her mother 8 years by herself, who has also Alzheimer and difficulty to walk, decided to take care of her via nursery home after she is diagnosed with femur fracture. As she stated:

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<sup>34</sup> Sonra zaten kalkamamaya başladı. Ondan sonra uzunca bir zaman öyle idare ettik. Sonra iki sene önce filan da sudan mı oldu bilmiyorum. Çok kötü bir ishal durumu oldu. [...] İşte bu arada altına hep bez. Bezle yaşadı kaçırırsa falan diye akşamları da takiyorduk. Ama gündüz onun da zoruna gitmesin diye bezli olduğu halde bir kaç kere şeyine (tekerlekli sandalyeyi kastediyor) oturtuyordum. Kalkıp oturuyordu ama yürüyemiyordu. Oturuyordu, karşıya tuvalete kadar ben götürüyordum. İçeri kadar sokuyordum arabasını kalkıp tuvalete oturuyordu. Tekrar altını temizleyip alıp, geri yine bez koyup kaçırırsa diye. [...] O şekilde baktık.

Well she is 88 years old and isn't able to walk for 8-9 years. Embolism risk is at a high rate among the patients who aren't able to walk as there's no blood circulation he said (refers to the doctor). He told that if she had an operation, it was likely that she could die on the operating table. We told him not to operate then. Like signing her own certificate of death. When we encountered such a situation we thought that it was impossible to take and bring her home and look after her since her femur was broken. [...] Before we arrived, I called them and explained that her femur was broken and asked them if they accept a patient in such condition. They answered that they do, and we went there. We reserved a special room for our mommy there.<sup>35</sup>

Direct physical care is shaped by families' socio-economic status, older adults' health statuses and gender of the primary caregivers. Limited financial resources make lower income families taking the direct physical care responsibility compulsorily. In other words, they do not have any other opportunity to provide care of their older adults. But, this choice is not only related with economic resources. I asked the respondents that what if they have all chances, what they would prefer as a way of taking care of their parents. None of the lower income families prefer paid care worker, all of them state that they would like to continue co-residence by themselves, extra-residence by themselves or in-cycle with their siblings. Only one of them prefers nursing home, if state regulates it. This way she can decrease the level of burden, yet she can continue to spend time with her mother more freely. On the other hand, middle income families are more prone to hire care worker. Addition to financial resources, but their cultural resources, such as knowledge of what are the needs of an older adults with regards to health issues and whether they can satisfy or not. For example, Adnan (middle SES, 59 years old) knew from hospitals that it will become soon or later impossible to take care of his father due to his needs. There is no difference between middle income and lower income families in terms of taking the responsibility, yet their preferences vary from each other; and these preferences are related to socio-economic statuses of the caregivers. Hiring a care worker or taking care by one is related with life styles of the families. Hiring a domestic worker

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<sup>35</sup> 88 yaşında işte 8-9 senedir yürümüyor dolayısıyla yürümeyecek hastalarda emboli riski çok yüksek olurmuş vücutta kan filan hareket etmediği için, biz dedi (doktoru kastediyor) annenizi ameliyat edersek masada kalma riski çok yüksek. Biz de dedik ki etme o zaman. Hani ölüm şeyini imzalamak gibi. Hani böyle bir şeyle karşılaşınca kalça kemiği kırık olarak alıp eve getirmemiz imkansızdı çünkü bakmamız imkansızdı.[...] Gitmeden ben aradım dedim ki kalçası kırık ameliyat etmediler bu durumda hastayı Kabul ediyor musunuz? Kabul ediyoruz. Kalktık gittik. Bir tane özel oda açtırdık anneciğimize.

does not only decrease physical tasks that primary caregivers provide, indeed, this gives time for them to continue their social lives.

Yet, middle income families also do physical care till it becomes hard for them, till they cannot able to do it. However, within the same health conditions of the older adults, lower income families have to continue caring by themselves, while lower income families can obtain other options such as hiring paid caregivers or putting their older adults in nursing homes. All these shape how physical care is done by primary caregivers.

As it is seen from these two examples, while both of the mothers have same health conditions, one of the families can ‘immediately’ decide to put her mother into the nursery home, the other does not have such an opportunity. Filiz had continued to perform these tasks till her mother was diagnosed with femur fracture. At that moment, she realized that it was not possible to continue direct physical support. On the other hand, even Melek’s mother-in-law was also diagnosed with femur fracture, she has to continue her ‘duties’, since she does not have an opportunity to put her mother-in-law to the nursing home as Filiz did. Thereby, she has to continue with the increased difficulty of the caring, while Filiz can continue her filial responsibility by emotional labour only.

Physical labour does not involve only direct care to older adults, but washing the dishes, preparing food, washing the clothes are also included in the physical caring. And female primary caregivers are there to provide extent amount of care, in this sense, to older adults:

When I look after my mother, in conditions which she can’t go to the toilet, I clean her. I bring her meals and help her to eat. Moreover, due to the fact that she doesn’t have teeth, I grate the vegetables of the salad and then bring her. I provide her every need. Her meals, her bath... (Betül, 42, lower SES)<sup>36</sup>

Even though this study does not include time- use study, it is asked to interviewee about the division of labour at home to explore the indirect physical care

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<sup>36</sup> Anneme bakarken yeri geldiğinde tuvalete gidemediğinde altını ben alıyorum. Yemeğini önüne götürüp yediriyorum. Ondan sonra salatayı böyle çiğneyemez dişleri yok rendeler götürürüm. Her şeysin yaparım. Yemeğini, banyosunu...

experiences. Within this respect, it is seen that most of the women deal with caring labour or chores that related or not related to caring. In the lower income families concentration of this kind of work is more than middle income families. While hiring domestic worker or increasing the days that domestic worker comes to house may be a solution for middle income families, contrary to rising workload women from lower income families have to handle all of them. For example, Nuriye (lower SES, 64 years old) has been providing care of her mother for six months. When I asked her to what extend are her responsibilities to her mother, she immediately replied that “everything”. And since her mother came to apartment her chore duties has increased. For instance, before her mother came she was cleaning bathroom once a week, but now she has to do it at least twice due to hygiene considerations. Moreover, she said that since home becomes easily mess, she has to clear away constantly. This makes her really tired because with her own words “I am a really meticulous lady”. All these new arrangements in the house make women physically tired because, according to gendered division of labour, they have to deal with these tasks which make their lives become cycle of rushing: “I run like a robot” (Nuriye, lower income).

Preparing food, cleaning the room of the older adults, washing the clothes and ironing are other responsibilities handled by women. As Keith (1995) underlined gender is one of the most affecting factors in the division of caring labour and this is not only true for direct care. Preparing the food is always the responsibility of female family members without matter of socio-economic status if there are no paid caregivers at home. However, cleaning and laundry are done mostly by helpers or cleaners in middle income families, while these house chores are still done by women in lower income families which means extra duties for them addition to elderly caregiving. For instance, Güл (lower SES, 32 years old) lives with her father-in-law since she has got married. She has three children. From the time she wakes up till the time she sleeps she has to deal with her father-in-law plus three children, who are under the age of 10, and all house chores. Even though she does not perform direct physical labour to her father-in-law, she has to follow her father-in-law all day since he has a dementia in the initial level. Yet when all these gendered duties come

together she feels herself like walking coffee table “*ayaklı sehpa*<sup>37</sup>”. Gül’s experience in this study shows that even though older adults do not require hard-working on physical tasks, this responsibility itself brings indirect physical duties to women.

Experiences of primary caregivers display that their duties are not finish only by taking care of older adults, indeed, they have to continue the domestic work addition to difficulty of caring. Besides, it must be stated that except two of the families from middle socio-economic group, all of them let paid domestic workers clean their houses, which reduces the time spent to house chores with regards to elderly caregiving or not. For instance, Ayşe (middle SES, 70 years old) increases the days that Selma (domestic worker) comes home to five, from morning till afternoon, since caring itself has started to take her time a lot and she does not want to spend extra time for daily chores.

When we look physical care in this study, according to statements of primary caregivers, it ranges from cutting hair to taking them bath, feeding them to giving them their medicines. And these responsibilities are divided between family members according to gender. As Traustadottir (1991) stated women take generally the “doer role” with constant dealing with the materials of caring, while men have mostly helper role. Moreover, not only the gender of primary caregivers affect differentiation of caring labour tasks, but also different gender of care giver and care receiver also affect this process. When caregiver and care receiver have different gender, it is understood from the conducted interviews that secondary caregivers, who has same sex<sup>38</sup>, get involved in the caring. This secondary caregiver is generally from the families as in the case of Gül. Even she is responsible to take care of her father-in-law all day. His partner gives bath to his father. But, this ‘helper’ in the case of different sex ‘problem’ may be the paid caregiver in middle income families.

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<sup>37</sup> She used these words to explain the extensive amount of house chores and how is it hard for her to deal with everything. Here, walking emphasizes her rushing while coffee table shows that she must be always ready to serve and support each and every family member.

<sup>38</sup> Instead of gender, sex is consciously used here to show that for families biological differences are important in some cases, especially when nudity needed in caring tasks.

For instance, Adnan has been taking care of his father for nine years. In the first years, he gave bath to his father because paid caregiver is a woman. But later she cannot handle the caring because she has to lift and seat him, but she was unable to do it. Then, Adnan offered her to call her partner to come and help her with caring. With his coming the only physical duty that Adnan takes, giving bath to him, shifted to other person.

After one year, the woman wasn't able to carry him anymore. After a while, they fell down together and she broke my father's leg. Then she started crying, saying what I will do. After that incident, I said "Ok, call your husband." Her husband also came. He has been living here since 3 years. Thereby the division of labour has changed. Before her husband came, I was assisting my father when taking a bath. She was doing the other stuff but. [...] When his husband came I was released from that duty. His bathing, shaving, even the haircut and stuff is the guy's duty now.<sup>39</sup>

But in the case of Gül there is no man around her during the day time. Thus she needs to find her own strategies.

[My spouse] helps him bath and shave. Cause he is also a male. [...] For example I say, "Dad, your shirt is dirty. Come on take it off." I tell him to throw that away and put on another one. In other words I help him. As sometimes he isn't able to notice. For example if he spills some food on his clothes I say "Come on dad, let's take off our clothes." [...] How can I do it, I can't. If he was a female I would help him bath as we would be in the same sex. I can't do it because he is a male. [...] Sometimes when I tell him to take it off, he doesn't hear, don't know, like that... I wish my husband to be there at that moment and take it off. In order to make him get rid of dirt. I need him very much at those moments. I want him to come and handle it. I sometimes close my eyes and then say "Come on dad, take it off".<sup>40</sup>

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<sup>39</sup> Bir yıl sonra kadın artık kaldırıp indirememeye başladı. Bir süre sonra ikisi beraber düştü bacağını kırdı pederin, sonra da ben ne yapacağım diye ağlamaya başladı. O olaydan sonra ben dedim ki tamam kocanı çağır. İşte kocası da geldi. Son üç yıldır. Dolayısıyla şimdi iş bölümü değişti. Kocası gelmeden önce babamın banyosunu yaptıryordum. Diğer işlerini o yapıyordu ama.[...] Kocası gelince o iş benden çıkmış oldu. Banyo işini tıraşını bilmem neyini saç tıraşına varana kadar o vatandaşa.

<sup>40</sup> O tıraşını banyosunu falan yaptırir. Hani erkek olduğu için. [...]Baba derim mesela bakarım gömleği kirlenmiş, hadi derim şunu çıkar. Onu at, bunu giy derim. Yardımcı olurum yani. Fark edemediği için bazen. Söylemesi ayıp yemek dökümüş üstüne, haydi baba çıkartalım üstümüzü. [...] (Ben) Nasıl yaptırayım, yaptıramam. Kadın olsa sokarım ben banyoya da aynı şeyden olduğumuz için. Erkek olduğu için yaptıramam da.[...] Söylemesi ayıp bazenleri kayınbaba tuvalet alışkanlığı şey olduğu için hani baba çıkar dediğimde duymamıştır, ne bileyim öyle olmuştur. Eşim gelse de çıkartsa. Hani bir an önce pislikten kurtulsa diye. Şey ediyorum kendim. Ama o an için çok

Nudity, privacy, and intimacy are highly gendered issues in Turkey. Besides, closeness also plays role. For instance, even though mother-in-law and female primary caregivers have same ‘sex’, since waxing is an intimate issue, preference shift to older adults’ own female children even though they are not the primary caregivers. Primary caregivers pay regards both gender and intimacy issues during the physical caring in order for not embarrassing older adults.

Health conditions of the older adults, as it is clearly seen from the above narratives, one of the important issues, affect the frame of the caring. And since health is not a stable issue, elderly caregiving changes its content and extend accordingly. For example, Birgül (lower SES, 53 years old) takes the responsibility of her mother after her father passed away five years ago. Her mother is paralyzed on one side, thus she has to arrange her mother’s all day. However, her mother can go to toilet by herself and eat by herself, which makes Birgül’s life easier as she stated. Birgül has to give her mother her medicines, cook, give bath, do nail cutting. But one day her mother fell, and then she could not even go out for shopping.

Once she broke her arm. It lasted four months. Those times I wasn’t able to do anything. Now I’m more free. It was nearly impossible when half of her body was paralyzed and the other arm was broken. It was nearly impossible because both the indoor and outdoor duties were mine. [...] It didn’t affect my life very much as she wasn’t bedridden. I experienced it during the surgery period.<sup>41</sup>

As it is seen from Birgül’s experience health conditions of the older adults affect what is included and excluded from the care. Moreover, primary caregivers, in some cases, have to deal with more complex problems, such as respiration. Suat (middle SES, 42 years old) have been taking care of his mother, who is dependent to respiratory apparatus. He has to do aspiration to her mother since other family members have difficulties to do it. But, even though Suat’s mother is more dependent to others due to her medical conditions, Suat is able to spend time for himself, since

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ihtiyaç duyuyorum. Gelse falan hani o yapsa diye. Bazen hani gözümü kapıyorum haydi baba şunu çıkar bak pislenmiş.

<sup>41</sup> Bir ara kolunu kırmıştı. 4 ay. O zaman hiçbir şey yapamıyordum. Şimdi biraz özgürüm. Bir taraf felç bir taraf kırık olmuyordu. Hem iç hem dış bütün işler bende olduğu için olmuyordu.[...] Yatalak olmadığı için benim hayatı öyle çok etkileyen bir yanı olmadı. Ameliyat dönemlerinde yaşadım.

there is a care worker at home and she does other issues related to caring, such as: diapering, cooking, washing. However, since Birgül has to do all tasks by herself, and no one is there to help her, worsening health conditions affect her live from deep inside, she stated that she even forget how to walk because she cannot even go to market. On the other hand, Betül (lower SES, 48 years old) does not have to deal with such big health problems, but, when her mother-in-law has asthma attack, then, she cure her with herbal medicine till it gets uncontrollable:

I melt the butter and give her. We give her natural medicine. We try to solve it this way. Sometimes when the asthma intensifies, we ask for an oxygen bottle.<sup>42</sup>

Moreover, transportation is also done by family members. Without matter of socio-economic status it is one of the hardest issues in caring due to lack of facilities in the hospitals or in the apartments. While some families told that lack of elevator makes it really hard to transport elderly to hospital, some say that even though they have cars hospitals' parking systems make it hard to take them to doctor. Yet still, economic resources provide more opportunities for families:

We arrange an ambulance. Special ambulance. They take her out with a stretcher. That moment you need a professional assistance. It's not a kind of thing that you can manage on your own (Melike, 53, middle SES).<sup>43</sup>

On the other hand:

It has been 2-3 years that she couldn't get out of the house as her feet are disabled. We barely take her even to the hospital. We carry her on our back. [...] Sometimes she has difficulties when getting in a car and doesn't want it, so we have to carry her on the back (Betül, 48, lower SES).<sup>44</sup>

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<sup>42</sup> Ben kendim tereyağı falan eritip veriyorum. Doğal ilaçlar veriyoruz. O şekilde çözmeye çalışıyoruz. Bazen astımı arttığında oksijen şeyi getirtiyoruz.

<sup>43</sup> Ambulans tutuyoruz. Özel ambulans. Onu sedyeyle çıkarıyorlar. O zaman ciddi yardım gerekiyor kendi başımıza yapacağımız bir şey değil.

<sup>44</sup> Bazen işte bir yere gitmiyor artık tabii 2-3 senedir çıkamıyor, ayaklarından çok sakat olduğu için çıkamıyor. Hastaneye bile zor götürüyoruz. Sırtımızda götürüyoruz. [...] Bazen sırtımızda götürmemiz gerekiyor araca bindiriyoruz falan çok zorlanıyor istemiyor.

Depends on the needs of older family members, physical tasks vary. While cooking, feeding, and cleaning may be included in easier tasks, diapering, bathing, carrying, helping them into the bathroom are relatively hard tasks to continue. In this study, all the women are the first source of provision physical tasks and there is no difference across different socio-economic groups to provide care for older family members. Yet, with the increased amount of labour and burden, the women from middle socio-economic group hire care workers or domestic workers to ease their burden. Thus, women from low socio-economic status have a disadvantage position relative to women from middle socio-economic group. In this study, middle income women have material and financial resources to reduce their constraints and burden, while lack of these resources put lower SES women in to the intersection of disadvantage position by being a woman and having a low socio-economic status which cause exploitation in the gendered domestic tasks related to physical labour. Even though middle income women have chance to lessen their duties related to physical tasks, they do still need to organize all of them and this organization is mostly allocated by women rather than men. Physical labour varies across families and parents' health status. It is not always labour intensive such as for Filiz, Melek and Nuriye. Still, whether it is hard to handle or not, primary caregivers with or without help perform their roles which make them feel the burden of care thoroughly that I discuss in the next chapter.

#### **4.2.2. Mental Labour**

Mental labour of elderly caregiving cannot be underestimated according to the narratives of the primary caregivers; it is clear from the interviews that following the older adults all day or keeping their minds on their parents is one of the common practices of caring. As Lynch (2007) argues caring labour includes also mental labour by “holding the persons and their interests in mind, keeping them ‘present’ in mental planning, and anticipating and prioritising their needs and interests”. Moreover, following older adults all day, considering older adults’ personal boundaries, and organizing the day are common practices that caregivers employed in this study. Based on experiences of primary caregivers it can be stated that almost all of the primary caregivers, even the ones who have paid caregivers at home,

cannot leave their older adults alone in long term. Primary caregivers say that they always think their parents when they are not with them. Even though their caring is done by others they afraid something will happen. Gül's (lower SES, 32 years old) statement clearly shows this keeping their mind always on their parents:

It's just like not being able to go out without wearing this cardigan. He is like my cardigan. My arm, my leg, I can explain it like this.<sup>45</sup>

This is not the case only for lower income families, which have to do caring by one's own, but middle income families also feel that obligation. Especially in the care of dependent older adults it is seen that women's life cycle around the older adults 24 hours. Even though they do not help older adults to their daily activities- in the case of paid caregiver or nursery home- they do still have to plan their days according to them.

Looking after, whether their parents fell or not, whether something happened, does she/he still in her/his bed are common questions in primary caregivers' mind. Filiz (middle SES, 59 years old) has been taking care of her mother for eight years, now her mother has been in nursery home for nine months. According to her even though she is in nursery home she still concerned about her mother and when she was on a holiday she called her always. When they were in the same apartment, she finds her own ways to follow her mother:

We could barely go out with my daughter. Provided that we leave her a phone, we could go out together. And she wasn't able to use these (smart phones). So we had a phone with receiver and I adjusted a system to it [...] Sometimes she wouldn't answer. I say "Mom, why didn't you answer it?" and she says "No idea, I thought that they might be calling you." "Mom, I adjusted it just for you, answer it." Sometimes she wasn't able to hang up. Doesn't matter if she can't though. This means she is always under control. The idea of taking such a responsibility makes me feel uneasy. As soon as I get up in the morning, I control my mother immediately.<sup>46</sup>

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<sup>45</sup> Şu hırkıayı giymeden çıkamıyorsun ya o da benim bir hırkıam. Bir kolumn bir ayağım gibi öyle diyeyim.

<sup>46</sup> Kızımla çok az dışarı çıkmaktı. Ancak işte telefon koyuyorduk yanına çıkacağımız dışarı ikimiz mesela. O da bu telefonları (aklılı telefonlar) kullanamıyordu. O yüzden ona normal ahizeli telefon vardı onu taktım ben bir sistem kurup. [...] Bazen açmıyordu. Anne niye açmadın diyorum, ne bileyim size arıyorumlardır dedim, diyordu. Anne ben senin için kurdum onu aç sen. Bazen

Gülşah (middle SES, 52 years old) has long been taking care of her mother, but since her mother's diseases increased and her mother did not want to leave her home she provides care of her mother with paid caregiver. Yet, she still visits her mother at least three times in the day. According to Gülşah, these visits make her mother happy. Even though there is a caregiver at home, she thinks her mother needs to be always controlled. When she cannot be at home, she immediately calls her sister and she comes. Gülşah lives close to her mother. It is her daily routine to visit her three to five times a day.

Even though she has a caregiver, we are always by her side as two siblings. If one of us leaves, one of us is there for sure. I immediately tell my sister to stop whatever she is doing and go take care of her. Then she comes and looks after her. We set up a system like this, in turns.<sup>47</sup>

She also stated that she afraid if something will happen when she is not there. This is mainly because of the feeling of the responsibility. Taking the responsibility of an adult person constitutes huge part of caregiving. Furthermore, since most of them have health problems, they do not want to be the reason in case something bad happens.

Even though this study includes only two male family members, when male and female primary caregivers are compared, men keep their mind on their parents less than female primary caregivers. For example, while female caregivers states that it is hard to go to holiday even somebody care for their older adults since it keeps their mind, men state that even they worry they can go to holiday easily or they can send their parents somewhere else as in the case of Adnan (middle income, 59 years old). He sent his father to Georgia with his caregiver for six months. This would be not possible for women. According to their statements, they cannot even go to the theatre since they have to turn off their cell phones.

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kapatamıyordu. Olsun kapatamasın sıkıntı yok. Hep takip altında yani. Sorumluluk hissi huzursuzluk veriyor. Uyandım mesela direkt anneme bakıyorum.

<sup>47</sup> Bakıcısı olmasına rağmen iki kardeş hep başında oluyoruz. Birimiz gidersek birimiz mutlaka. Hemen ablama diyorum ne yapıyorsan bırak sen hani ilgilen. O geliyor, ilgilениyor. O şekilde nöbetleşe bir sistem kurduk.

Therefore, without matter of socio-economic group, all women in this study say that their parents are always in their mind, and they allocate plan according to them. On the other hand, gender plays crucial role in the performance of mental labour. While male primary caregivers, after arranging someone for care, can continue their lives freely, female caregivers continue to perform mental labour. Thus, even though women do not be there with their parents or parent-in-laws, they continue to think about them which restrict their motions and time since they think they have to be reachable all the time in order to be there in an emergency situation.

#### **4.2.3. Emotional Labour**

Giving medicines, assisting older adults for their mobility, changing diapers, preparing food, dealing with health issues, and other physical tasks are only some parts of caring. Even the tasks related to caregiving finish, it does not mean that time-out comes. Thus, caring is a 7/24 work. It is important to note that bearing in mind the older adults' psychology, satisfying the needs, being sure about their wellness, and being on the alert always to the requests are generally ignored but indeed establishes the significant part of the elderly caregiving such as Hooyman and Gonyea(1995) stated "the expressive tasks focus on emotional support such as personal contact, telephone check-in, offering comfort, and insuring that the care recipient feels loved, connected, and valued by the family" (pg. 127).

Emotional labour is one of the most invisible parts of elderly caregiving not only as literature discussed in paid caregiving but also in unpaid caregiving. Women's caring labour is underestimated under the understanding of 'women's natural ability of caring.' However, it is clearly observed from the conducted interviews that primary caregivers' lives are not only shaped around physical and mental labour but also emotional labour, which take time and are labour intensive. As it is discussed in the above section love and emotions are important factors that lead children's responsibility to their parents. This has continued throughout the caring responsibility. Yet, this does not mean that it is always the issue of love, indeed unequal distribution of caring may result with burden-love relation between older adults and their children, which will be discussed deeply in the next chapter. For

now, I will examine the emotional labour of the primary caregivers in order to show caregiving is beyond physical labour; indeed most of the caregivers' greater caring labour includes emotional labour.

According to Finch and Groves (1983) caring is “a combination of feelings of affection and responsibility, with actions that provide for an individual's personal needs or well-being in a face-to-face interaction.” In line with this definition, in this fieldwork, it is explored that the primary caregivers take into account their older adults' personal needs and well-being, they talk to them, they avoid from making them unhappy, calm down, and amuse. It is seen clearly from the conducted interviews that addition to physical labour emotional labour constitutes a significant part of daily lives. Feeling responsible, listening older adults, supporting parents and parent-in-laws emotionally, feeling anxiety and sadness appears as emotional labour and cover caregivers' all day as in the study of Özateş (2015). Since elderly caregiving responsibility distributed unequally caregivers' lives become routinized around emotional, physical and mental labour, especially for the ones who takes care of dependent older adults in lower income families who do not have any support either from their families or paid one.

First of all, emotional labour includes providing emotional satisfaction for older adults. According to Erickson (2011) caring labour is also dealing with other's emotional satisfaction and “providing them emotional support”. In line with this definition, it is clear from the narratives of the primary caregivers that addition to physical labour amusing older adults, distracting their attention, talking with them and finding something to spare them are included in the varied tasks of caring. For example,

I pay special attention to her hygiene and proper diet. Also I'm careful about not bothering her. For example sometimes when I'm doing the housework, my mother-in-law gets bored and asks me what to do. If I have some green vegetables at home, I bring them to her. “Come on don't be idle, hull these.” I say. When they're dealing with something, they think that they're useful.

Then neither she nor I get stressed. We don't have any problem between us (Betül, lower income, 48 years old).<sup>48</sup>

Moreover, Necla (middle SES, 57 years old) make organizations for her mother-in-law, since she gets bored in week days when they are not at home. She also makes her feel precious:

When I get the opportunity, even though not every weekend, I take her to the cafes-patisseries every other week because she enjoys it very much. She kind of socializes. I take her photo and upload it to Facebook and tell her that she is famous because everybody sees her at that moment. "Hmm look who saw your photo, look they wrote that comment under your photo." She becomes happy because of these even though she doesn't really understand what is happening. Of course we define how the things work there but...<sup>49</sup>

Melike (middle SES, 53 years old) has started providing care to her mother with loss of her father. Thus, one of her first duty is to make her mother feel comfortable without her spouse, and deal with her emotional needs. For that she bought her mother budgerigar to provide affection and companionship:

For example we bought her a pet bird. "Mom if you speak constantly with this budgerigar, it will start speaking as well" we said. She becomes very happy when she speaks with it and she became more talkative. When we call her she always tells the things it does like; darling did this, darling did that.<sup>50</sup>

Melike's mother is diagnosed with Alzheimer and keeping her active is a significant part of the caring labour. By buying budgerigar to her mother, Melike does not only make her mother feel less lonely, but she also helps her mother to continue her daily

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<sup>48</sup> Temizliğine dikkat ediyorum, yemesine içmesine düzenli olarak. Sıkmamaya. Onu mesela şey, işte bakıyorum ev işi yapıyorsam kayınvalidem sıkılıyor ben ne yapayım diyor. Evde yeşillik var alıyorum götürüyorum önüne. Hadi boş durma sen de bunları ayıkla diyorum. Yani bir şeylerle uğraştığında onlar işe yaradıklarını şey yapıyorlar. O zaman ne o geriliyor ne ben geriliyorum. Birbirimize şeyimiz olmuyor

<sup>49</sup> Hafta sonu işte fırsat bulduğumda her hafta sonu olmamakla birlikte on beside bir mutlaka pastaneye kafeye çay içmeye çıkartıyorum çünkü o çok hoşuna gidiyor. O bir sosyallik oluyor. Fotoğrafını çekiyorum facebooka atıyorum diyorum bak fotoğrafın şu anda seni herkes görüyor işe, çok meşhur olduğun falan. "hmm kim görmüş, bak bu bunu yazmış senin fotoğrafının altına" ondan da mutlu oluyor anlamamakla birlikte onu insanların nasıl gördüğünü. Tarif ediyoruz tabii ki nasıl olduğunu ama.

<sup>50</sup> Şimdi bir kuş aldık mesela ona. Anne muhabbet kuşu çok konuşursan konuşacak dedik. Baya ona seviniyor sürekli kuşla konuşuyor çenesi açıldı onunla konuşurken. İşte sürekli ondan bahsediyor telefon ettiğimizde işte can söyle yaptı can böyle yaptı diye.

activities such as talking even when her children cannot satisfy this need. As Engster (2005) stated the aim of caring is “helping others to develop or sustain their basic capabilities for sensation, emotion, movement, speech, reason, imagination, affiliation” (pg. 52). Extra- residence holds off caregiver and older adults from each other, but this does not mean that emotional support is interfered. Caregivers, in this study, find ways to continue their emotional labour even they are not physically together. Indeed, buying budgerigar is not only a gift; it is also a way of showing that “I care about you”. Love labour is beyond being at the same time at the same space, all actions that include affection is caring labour itself. Related to above situation, primary caregivers also consider older adults’ emotional situation and try to satisfy their emotional needs. As Piercy (1998) states “responsibility also implies behaving sensitively when dealing with older family members’ safety, comfort, autonomy, and emotional needs, as well as providing them with companionship and affection.” Fatma (middle SES, 67 years old) visits her father, Muhammet, three days a week. She is not only responsible for her father’s indirect physical care, such as preparing food, cleaning the house, but she is also trying to satisfy Muhammet’s emotions by motivating him, staying one more day with him, or not cleaning the house while he is awake, since he wants her to sit with him all day:

Actually he is healthier than me. If only you could see my father’s appearance. That day I told it to him. “Dad, how nice your face is, your skin is glowing. Come on; let’s take a look at the mirror.”<sup>51</sup>

For example he always asks me if I’m going to stay. When I tell him that I will stay, he becomes so happy. [...] When he gets up, he checks if I’m there or not and if I’m there he becomes very pleased. Says “Wow, she didn’t leave, she didn’t leave.”<sup>52</sup>

Another one is Nuriye (lower SES, 64 years old), who also deals with her mother’s emotions. Her mother feels alone and sad after she moved Ankara:

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<sup>51</sup> Aslında benden sağlıklı. Babamın görüntüsünü görsen. O gün öyle dedim. Baba senin yüzün filan ne kadar güzel, pırıl pırıl. Aynaya gel bir bakalım.

<sup>52</sup> Mesela her zaman sorar kalacak misin, der. Kalacağım dediğim zaman çok mutlu oluyor. [...] Uyanınca bakıyor ben oradaysam “Ooo gitmemiş, gitmemiş” diyor. Ona nasıl mutlu oluyor.

When there were not many people left around her she became very sensitive. She became even more emotional. Says that, "My child, when I'm here, none of my neighbours come visit me." I tell her that they are not our relatives and everybody is working. That they have stuff to do. I try to console her.<sup>53</sup>

Primary caregivers also expressed that convincing older adults is also included in the extensive array of elderly caregiving situations. Convincing older adults to eat their foods, to caregiver or to be diapered are some of the common points that respondents mentioned during the conversations.

Gülşah (middle SES, 52 years old) has to hire paid caregiver, since her mother did not accept to live with their children and wanted to continue her residence at her own home. They could not persuade their mother to live with them in rotation but they have to convince her to live with a caregiver since she has an Alzheimer and must not stay at home alone.

She had much difficulty in getting used to the woman. At that point we had some trouble. She was telling us that she could look after herself. For example she can't stand on her feet but tells me that she can fend for herself and wants me to leave. Then I try to persuade her by telling that it's impossible, etc.... Later, she had difficulty in accepting her own situation. Those times we had so much trouble but now we got used to it because now she can never stand up.<sup>54</sup>

We had trouble when we were trying to persuade her that she is not young anymore. That telling her the situation, without breaking her heart or hurting her feelings. Still she hasn't accepted totally. Cause in dementia, if one day she is out of her mind, she returns to her old days for at least three days.<sup>55</sup>

As it is obviously seen from the Gülşah's narrative one of the difficult part of convincing older family members is persuading them that their lives are open to

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<sup>53</sup> Çevre kalmayınca daha çok hassaslaştı. Daha duygusallaştı. Yavrum diyor hiç komşular gelmiyor burada. Anne diyorum akraba değiller herkes çalışıyor. İşleri var diyorum. Teselli ediyorum.

<sup>54</sup> Kadını kabullenememe durumu oldu baya. Orada biraz sıkıntı yaşadık. Ben bakarım kendime diyordu. Ayakta duramıyor mesela, ben bakarım sen git diyor. Ondan sonra, anne olmaz, bak şöyle bak böyle. Bu sefer kendi durumunu kabullenememe durumu oldu. Onda baya bir zorluk yaşadık ama şimdi alıştık artık çünkü artık hiç kalkamıyor.

<sup>55</sup> Yani yaşlığını kabullendirme konusunda çok zorlandık. Hani kırmadan incitmeden nasıl anlatabiliyoruz diye. Hala da kabullenememe durumu var yani. Çünkü demansta bir gün aklı gidiyorsa üç gün eski şeyine dönüyor falan.

intervention. This ruins older adults' autonomy understanding, thus most of the discussions between caregivers and older adults is due to this, which is discussed deeply in the following chapter. Another issue is convincing older adults to change diapers:

My mother was a sort of despotic woman. At first she found it difficult to be condemned to my assistance for sure. "How do you know better than me?" It made her angry when I interfered in her eating habits. Being attached to me made her angry. [...] The toilet matter at most. For example we put on diapers at night and she stays with it the whole night. When she gets up in the morning, we want to change but she doesn't want it. Even if she peed in it. Furthermore, I want to change it once again in the afternoon in case of suppuration. She would never permit. Even if she pooped. Hardly by showing and trying to persuade her to change it. You can't raise her up. Yes she is thin and not heavy and I am fat, but being fat doesn't necessarily mean that you're powerful. I can't lift her as if she weighs a hundred kilos. That's why I was able to do it after convincing her (Filiz, middle SES, 59 years old).<sup>56</sup>

Changing diapers is both emotionally and physically intensive. It is hard for the caregivers to carry older family members, but it is also hard for them to convince their older adults to this situation. Third most common point is the feeding problem. While some older adults do not want to eat any specific dishes at that moment, some do not want to eat at all. Mualla, mother-in-law of Necla (middle SES, 57 years old) has a problem of eating and Necla has her own way to convince Mualla:

Sometimes she gets very aggressive for example. She becomes obstinate. For example one evening, I had to speak with her for hours to convince her to eat a tiny piece of fish. I told her "If you don't eat this, you will have to stay in hospital, they will penetrate your belly and feed you this way." Eventually I tell myself that there's no other solution for this. After we argued, probably she became worried and said "Come on, give me a little piece to eat." She hardly ate that piece. [...] You tell her that this is sensible thing to do, she should eat properly, she needs vitamins but she always answers "No, I won't eat."<sup>57</sup>

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<sup>56</sup> Annem despotça bir kadındı. Bana tabii olmak zor geldi ona baştan. "benden iyi mi bileceksin." Yemeklerine karışmam onu kızdırıcı. Bana bağlı olmak onu kızdırıcı.[...] Tuvalet meselesi en çok. Mesela altını bezliyorduk gece zaten onunla. Sabah kalkıyor değiştireceğiz, istemiyor. Çişli de olsa. Sonra ben onu en azından bir kere daha değiştireyim istiyorum öğlen bezini iltihap oluyor sonra olmasın diye. Katıyen izin vermiyordu. Kakasını yapmış olsa bile. Zorla gösterip işte ikna edip anne bak böyle olmuş haydi değiştirelim diye. Kaldırıramazsan ki. Evet hafif kadın ben de kiloluyum ama kilo güç demek değil ki. Kaldırıramıyorum sanki 100 kilo. O yüzden ikna edip öyle yapıyordum.

Convincing older adults depends on older adults' character and the relation with older adults and caregivers also. Sometimes caregivers scold them to make them eat, sometimes primary caregivers let others do in order to stop the older adults' getting stubborn as in the case of Filiz (middle SES, 59 years old). Her daughter takes to the stage at the moment when she and her mother cannot compromise and convince her to eat her food. Filiz's daughter can be calmer at these moments and this helps her to convince her grandmother.

Moreover, women are not only primary source of physical caring but female caregivers are also the ones who provide emotional support more than male family members. It has been discussed in the literature that caring is taken for granted to women due to attributed 'natural ability to caring', and 'being emotional'. The conducted interviews stressed that "the emotional work of managing feelings and maintaining relationships" (Hooyman and Gonyea, 1999, pg: 3) is typically done by women. Necla (middle SES, 60 years old) takes care of her mother-in-law, Mualla. They have been living together since she got married, but she has been in need for six years. Mualla does not need so much assistance during her daily routine. While Necla's partner prepares breakfast for her mother, the rest of the caring is provided by Necla physically, for instance she gives bath to Mualla and emotionally as she stated:

She needs too much attention. If you leave her alone whole day, by the time she hears the door is opened and closed, she starts moaning, groaning, huffing and puffing. Says "I'm very ill today, I'm dying." You become demoralized for sure. Then we immediately start hurrying for dinner. After we change our clothes and wash our hands. At that point I have a method. I say, "Mom you're alright, you don't have anything. You look better today. Things like that might happen." I give her some examples. She tells that her arm gets numb, I answer as it happened the same to me the night before so I wasn't able to sleep. Then she cheers up a bit and comes to eat something. When I enter home and have other things to do such as praying and so on, if I can't

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<sup>57</sup> Bazen de çok agresif oluyor mesela. Zıtlaşıyor. Mesela akşam yiyeceği şu kadar parka bir balık içib kırk saat kırk döktü. Bunu yemezsen seni işte hastaneye yatırırız, karnım delerler, mama bağlarlar. Vallahi başka çözümü yok bunun diyorum en son. Tartıştıktan sonra korktu herhalde "hadi bir parka koy da yiylim". Bir parçayı zor yedi.[...] İşte anlatıyorsun mantıklı olan bu, beslenmen lazım, vitamin şu gereklili ama hep "yemicem de yemicem"diyor.

show interest in her, then she says she doesn't want to come and have a dinner with us. She plays hard.<sup>58</sup>

On the other hand, even Necla takes care of her mother-in-law, her husband do not provide companionship to his mother as much as Necla according to her statements:

I warn him when he shouts at his own mother. (refers to her husband) I tell him that she is an old lady and one day she'll pass away, then he'll regret for what he has done. Sometimes he does what he can. Like getting the prescriptions from social insurance and buying the medicine. Bringing them home. He does these. If he gets out, I only ask him to take her to a park and give her a tour as sometimes I don't have enough time. He doesn't do it. I expect him to. But he doesn't. Even I tell him, express my thoughts as one day he'll regret this. Even on Saturdays, he leaves home early in the morning. I say, "Before you leave, take your mother and give her a little tour." With car, or on foot. Even half an hour could cheer her up. Take her and bring her back, then go wherever you want to go. I tell this too but her children...<sup>59</sup>

Necla does not only provide emotional support but also makes efforts for other member's contribution to this emotional support. This shows that emotional labour of women does not have one direction (from caregiver to care receiver); indeed it has multiple directions by including other family members.

Most of the tasks are done by women in the families whether it is physical labour or not. Insufficient or lack of contribution of male family members to the caregiving results with women's intensive labour. Besides, what was noticeable during the field work is that somehow male member of the families arrange caring, in the lack of

<sup>58</sup> Çok ilgi istiyor. Bütün gün yalnız bırakıyorsunuz. Akşam geldiğimde mutlaka kapı açıldı kapandığını duydugu anda hemen inlemeye, oflamaya puflamaya geçiyor. Çok hastalandım, bugün de ölüyorum. Tabii moral bozukluğu da oluyor. Tabii biz de hemen yemek telaşına düşüyoruz. Üstümüzü falan değiştirip elimizi yıkayıp. O arada mesela söyle bir şey uyguluyorum kendime göre. A iyisin hiçbir şeyin yok. Bugün daha iyi görünüyorsun. Öyle şeyler olur, diyorum. Örnek veriyorum kolumna uyuyor diyor, dün akşam onu dedi en azından. A benimki de çok uyuştı geçen gece sabaha kadar hiç uyumadım diyorum. O zaman ona bir moral oluyor kalkıyor yemeğe geliyor. Eğer ki onu yapamazsam başka bir işim varsa eve girdiğimde namaz kılıyorum başka işlerim var işte. Eğer onları yaparken onunla ilgilenmemişsem o zaman yemeğe de kalkmak istemiyorum diyor, kapris yapıyor.

<sup>59</sup> Hatta kendi bağırdığında bile o yaşlı bir insan bugün varsa yarın yok sonra üzüleceksin diye ben onu şey yapmaya çalışıyorum.[...] (eşini kastederek) Yapabileceği şeyleri yapıyor zaten. İlaç yazdırması, ilaçların temin etmesi. Onları yapıyor. Dışarı çıkarsa da... Bir tek şeyi istiyorum ondan hafta sonu bazen vakit yetmediği için parka götürersen gezdirsen. Onu yapmıyor mesela. Bekliyorum ondan. Yapmıyor. Söylüyorum da dile getiriyorum da bak sonra üzüleceksin. Sabah erkenden cumartesi bile çıkışır evden. Diyorum ki çıkışa kadar git al anneyi söyle bir çok gezdir etrafi. Arabayla ayakta. Yarım saat bile onu çok mutlu eder. Götür getir sonra git yine gideceğin yere. Onu da söylüyorum ama işte evlatları...

female members (in some cases divorce and in some cases women do not want to take this responsibility), by hiring domestic workers. Socio-culturally attributed roles to ‘masculinity’ enable male family members to avoid from care labour. Lynch (2007) addressed that “because masculinity is defined as care-free, especially in terms of doing emotional care work and taking responsibility for that work, women become the default carers in most societies”. Since emotional labour needs effort, time and energy, and due to the gender order “caring is women’s natural role” and unequal distribution of it, female primary caregivers have difficulties to balance pleasurable and burden of it and suffer. Therefore, Lynch’s definition of affective inequality fits this study also. Moreover, as the conducted interviews show that family caregivers deal with older adults’ health issues, their parents’ emotions, cook for them, clean for them, thereby, like financial and material resources provides opportunities for women with middle socio-economic status, while performing physical labour, they do provide convenience also while providing emotional labour. Because of the fact that women with middle socio-economic status have chance to reduce or refuse physical labour needed during the provision of elderly-care, they have more time, energy and effort for emotional labour. On the other hand, in the lower income families, female primary caregivers ‘have to’ corresponds all required needs, physically, emotionally and mentally, for well-being and survival of the older family members which make them suffer more from the burden of care. Once again, the disadvantaged social position and relations of women from low socio-economic group recreates intersection of social and affective inequalities based on gender and socio-economic status.

#### **4.2.4 Financial Support**

Financial support is another part of elderly-caregiving. Yet, within the frame of this research, none of the lower income families provide financial support. On the other hand, their parents provide financial support to them by uniting houses. Lack of financial resources cause this arrangement; and, this arrangement triggers this family to take responsibility of their elderly-caregiving. In the families middle socio-economic status, there is only one primary caregiver who provides direct financial support to their parents. This is mainly due to the fact that all of the parents in middle

socio-economic group have their own source of income; retirement pension. But, since parents cannot able to control their pensions anymore due to their illnesses, it can be said that their children come into the scene to support in financial issues.

Melike (middle SES, 53 years old) support her mother by taking all the responsibility of banking issues, taxes, and others such as paying the expenditures of care worker. Only, in the case of Suat (middle SES, 42 years old), we observed there is a direct financial support by monetary assistance. If Suat would not take on the expenses, then his parents would not be able to cover the cost of caring with their retirement pension. When expenditures of the house, salary of the care worker and his mother's medical expenses come together, Suat's financial support becomes inevitable to defray the huge amount of expenses that there is no question of his parents cannot be able to supply:

Well, I am paid well, and my wife is also working. If you don't have financial opportunities, my mother would be dead. State does not take care. Let me give you an answer to your question. There exist lots of gadgets at home, and do you know how much we pay for electricity. 300 TL. And bathing, water. When you take them into account, 70 80 100 TL is what we pay for water bill. 24 hours heating with high temperature. Kitchen drain... Diaper expenditures... State gives Money for diapers, 8 TL per one. They give it but to what extent they meet the needs. I buy 5 diapers per month. 5 times 30, I buy 150 diapers. In one day, they change almost 3-4 times. But for diaper rash! [...] State says that you are a civil servant. You know all these caring benefits are lie.<sup>60</sup>

Besides, Suat is not satisfied with medicals that state provides to them. He stated that they are cheap but they are also perishable and do not work efficiently. At this moment, Suat steps in and order same but high quality of medicals from Europe and cover out of his own pocket. It is obvious that without Suat, his mother's caring will be interrupted, at least quality of care will be decreased.

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<sup>60</sup> Ha yani benim iyi maddi durumum mesela eşim de çalışıyor şey de çalışıyor zaten maddi durumum olmasa kadın öldü devlet hiç bakmıyor.

Sözlerinize bir açıklama yapayım şu an evde o kadar çok cihaz var ki. Kaç lira elektrik parası geliyor 300 lira elektrik parası geliyor. İşte banyosudur suyudur filan derken 70 80 100 arası da su geliyor. Isınması 24 saat hani senin yaktığınla şimdiki 3 4 te yakıyorsun doğal gazi. Mutfak gideri bez parası. Bez devlet diyor ki 8 lira veriyorum bez parası diyor. Veriyor ama ne kadarını karşılıyor. Ben aylık 5 tane bez alıyorum. Otuz taneden 150 tane alıyorum. Günde neredeyse 3 4 tane değişiyor. Pişik olmasa. [...] Devlet diyor ki sen memursun hani şu bakım paraları filan hepsi hikaye.

On the other hand, lack of financial and material resources in the lower income families affects what is included or not in the wide array of caring tasks. Even though only Suat provide direct monetary support to his mother, other primary caregivers, in this study, have different kinds of supports related to their finance, such as sending them holiday with care worker, buying them gifts, not using money of the parents and save it for the bad days. None of the with low socio-economic status mention about financial or material support, yet they talked about how it becomes hard to provide care in some time because of lack of money, and how they need to balance expenditures.

For example, Hülya (lower SES, 52 years old) stated that they have to go to hospital by taxi since her mother does not able to walk in long distance. But, since the distance from their home to hospital is really short, they just need to give 5 TL to driver, thus, most of the drivers do not want to transport them. Hence, they have started to give 10 TL in order for not to deal with transportation difficulties. This is not Hülya's money, it is her father's, but, still Hülya has to deal with difficulties and find a solution. Addition to giving more money than it costs, Hülya try to arrange all appointments in the hospital in one day for her parents to not give more money to taxi.

Therefore, addition to emotional and physical support, primary caregivers also provides financial support, which is sometimes in the form of direct cash transfer to the expenses but sometimes organizing the monetary. There are not any gender differences in the sense of providing financial support, yet socio-economic status of the families affects to what extent it is provided and the need of financial support. Additionally, when there is need the ability to provide financial support is an income issue.

#### **4.2.5. Living Arrangements**

The placement of older adults is an important factor that affect wide array of elderly-caregiving. To what extent care is provided and how primary caregivers experience physical, emotional and mental labour is affected by living arrangements of the

families. In this study, there exist three types of arrangements: co-residence, extra-residence and nursing homes.

First of all, co/ extra- residence is one of the important factors that describe the situations. As it is seen from the above discussion, co-residence and extra-residence depends also on the socio-economic status of the families. Even some families with low socio-income status want to live separately and provide care by distance they do not have such a chance, while a family with middle socio-economic status have such an opportunity ‘under favour of financial resources’. For example, Perihan (lower SES, 42 years old) provides care for her mother, who has health problems from her legs. She wishes to live in different houses, since it is hard to live in the same one, but they bought the apartment together with her mother due to economic difficulties. Thus, she has no other choice than co-residence. Contrary to Perihan’s situation, Gülsah (middle SES, 52 years old) could hire a paid caregiver in a separate house and visit each day when she wants which results with more mental labour and emotional labour than physical one. Moreover, Nihal (middle SES, 67 years old) and her mother have separate houses, and she visits her twice a week. According to her, co-residence would not be good for her relationship with her spouse and it would not be good also for her mother, since she cannot behave freely according to Nihal. Co-residence and socio-economic status of the families are closely related to each other. Of course other factors may affect co-residency, such as marital status of both older adults and primary caregivers, however, as I have discussed before socio-economic status of the families may extend or limit the options for them. Moreover, co-residence or extra-residence is the factors that affect deeply how elderly-caregiving is provided by primary caregivers.

These arrangements intertwined with socio-economic status and gender composition of the families. While families with socio-economic status can arrange extra-residence and nursing homes easily, families with low socio-economic status, in this study, share same apartment or close to each other and continue to provide care without any commercialized help. Being already sharing the residence has affected the obligatory situation for the children later when their parents need caregiving. Besides, according to the statements of the respondents, if there is a woman at home,

who wishes or could take care of the older family member then they provide caring at home or at older adults' homes. Due to lack of financial resources, families with low socio-economic status neither able to pay care worker nor arrange extra-residence, since this means extra money for the expenditures. Thus, in lower income families, women do not have any backdoors to reduce or refuse the constraints of caring.

While all but the one family with low socio-economic status take care of their older adults at their own houses, choices vary across middle SES families. While some families with middle socio-economic status take care of their older adults at their home by themselves or with paid caregiver, some provides care at parents' own houses with or without paid caregiver. Therefore, care worker option is always on the table for middle income families, they can arrange it whenever they cannot continue care alone. Since care workers deal with physical tasks and give opportunity to women with middle socio-economic status to have time-outs, living arrangements that include care workers reduces the burden and constraint related to elderly-care.

Another arrangement is nursing homes, but this is not a common choice both by parents and children. This decision is affected by choices of older adults and caregivers and also depends on socio-economic status. Primary caregivers, in this study, decide by themselves to put their parents at nursing home. This decision is quite uncommon in the field work as other studies have stated (TAYA, 2013). There are only two respondents who took this decision and the reason is unbearable burden of care. According to narratives, both of the families could not continue preparing care due to worsening health conditions. Nursing homes have bad stereotypes in Turkey. Both primary caregivers and older adults believe that care workers do not behave well to older people and the ones who start to stay in nursing homes are attributed as left by their families. The idea of living your parent alone interferes with the conscience of the primary caregivers. If they decide to choose nursing home arrangements, they think their conscience will not be safe. Nursing homes are the places for older adults who are left by their families according to most of the people; however this has started to change due to difficulty of caring labour. Yet, families

could still feel uncomfortable for their decision such as Hande (middle SES, 59 years old):

We decided the nursery home both for him and for our comfort. But he didn't give the impression that he was happy there. He opened up that he wanted to go home and told that we could look after him better at home. So this distressed us more. [...] I think that at least there are some people around him and when he needs something they can help him. But I can't tell you that he is very peaceful and happy there.<sup>61</sup>

In this study, there is no difference between families with low socio-economic status and middle socio-economic status to decide to provide care to their older family members. However, socio-economic status of the families is one of the most significant factors that shape living arrangements. While lower income families by having less financial resources have to continue caring by themselves despite tremendous constraints, middle income families by being able to pay someone to lessen constraints have chance to arrange from different possibilities. And these possibilities, as it is clearly seen from above discussions lessen the burden of care and give opportunity to primary caregivers with middle socio-economic status to spend more time on emotional aspects of care.

#### **4.2.6. Life Course Perspective**

The findings of this study reveal that being a caregiver and other roles that primary caregivers' have are interrelated to each other and also family members' life courses are interrelated to each other. First of all, parents becoming old and expansion in the needs of caring result with one of the family members' taking the caregiver role. Thus, primary caregivers' lives become tied to care receivers' life courses. And since caring labour is not a static issue, and indeed it is changing through the life course, caregivers' own lives have started to change according to this role. Primary caregivers including a huge responsibility into their lives; and how they experience this process depend also on their own life courses. For example, health conditions of

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<sup>61</sup> Yani bakımevini hem onun rahatlığı hem de bizim rahatlığımız için diye düşündük. Ama o bakım evinde çok mutlu olduğunu hissettirmemi bize. Eve gidelim, siz bana evde bakarsınız siz bana daha iyi bakarsınız diye dile getirdi sıkıntısını. O da bizi daha çok üzmeye başladı.[...] En azından etrafında insanlar var hani bir şeye ihtiyacı olduğu zaman bakabiliyor diye düşünüyorum ama çok huzurlu ve mutlu olduğumu söyleyemem.

the care receivers affect the caregiver role trajectories. The worsening health conditions and increased in the need of provision of care make some families unable to continue care by themselves. This situation leads middle SES families either hire a care worker or putting their parents into the nursing homes. Thus, an event in the life of care receiver changes caregivers' lives and decisions and life course perspective gives us an opportunity to see this interrelatedness.

Moreover, primary caregivers may have to choose either their work or this responsibility due to being responsible from care. Since they are the only options in their family composition, they decided to stop working in order to fulfil their filial responsibility. Thereby, again older adults' need of constant and intense care results with changes in the primary caregivers' life trajectories.

Yet, not only life events in the older adults affect primary caregivers' roles and duties. Changing conditions in the lives of the other siblings also affect how they experience elderly-caregiving; and to what extent will be their duty depends also on this issue. For example, Filiz's (middle SES, 59 years old) sister has started to work after their mother needs support. This makes Filiz to take responsibility. When they put their mother in the nursing home, after nine years, Filiz stated that after this turning point they have started to share the responsibility equally. While one day she visits her mother at nursing home, other day her sister visits. However, since her sister goes abroad quite often because her daughter has started to live in Milano and they have started a business together; their sharing with regards to their mother's need has been again changed.

With regards to life course perspective, ages of the primary caregivers also affect their life trajectories. When we look lower SES primary caregivers, it is seen that they are younger than their middle SES counterparts. This is mainly due to the fact that they went to school less years than them and got married earlier than them. Thereby, they have started to provide care to their parents earlier than middle socio-economic group. Furthermore, since lower SES group is younger than middle SES group, they have younger children than them. Caregivers mention that spending lots of times on their roles with regards to their older adults constraints their time spent to

their own children. This prevents them to provide care to their own children as they wish and affects their motherhood; the trajectory of the parent-child relation affected from the responsibility of elderly-caregiving. Therefore, caregiving responsibility affects the trajectory of the relations between primary caregivers and their children.

In conclusion, life course perspective is useful to understand how caring labour is experienced by caregivers throughout their entire lives (Merrill, 1997). Being a caregiver is not an isolated event, but, it is related with other family members' life trajectories and one's life history. Others' life events affect how future life will be experienced by the caregivers. And since women provides care, physically, mentally, emotionally, through their entire lives, it is crucial to see how life trajectories are interrelated to each other.

#### **4.2.7. What if men become primary caregivers?**

So far, it has been widely discussed that women are generally the primary unit of provision of care, while men take supportive roles instead of "doer role". When I was designing this study, my aim was to conduct interviews only with female caregivers to understand the experiences of oppressed groups. However, when I went to the field and search for respondents who take care of their parents with paid caregivers, I realized that middle SES male caregivers prefer to hire care workers, when there is no woman at home to take this responsibility. This is sometime due to the fact that they are single or got divorced, or their spouses work and do not want/ able to take such responsibility. In these conditions, two of the male respondents of this study, hired care workers when intense care needed by their parents. On the other hand, in same conditions female respondents, first, tried to provide care by themselves but when it becomes hard for them they hire care workers.

Suat (middle SES, 42 years old) has been taking care of his mother. She has 98% disabilities. Thus, she needs a constant care and attention. By hiring care worker, Suat becomes only responsible for organizing medical issues; deciding which medicine would be better for his mother, telling how often should care worker change the diaper, modifying house according to his mother's medical needs. His mother depends on respiratory machines and electricity is obviously crucial to make

her continue living. Suat had a system in every socket that alerts every time the electricity goes off; so that they realise. The only direct care that Suat provides is aspiration. Since he works in a medical sector, he is already aware of how to do it. As being man and with middle socio-economic status, Suat is able to conserve men's care-free space and decrease the amount of tasks that he would be responsible from.

Another respondent is Adnan (middle SES, 59 years old), who has been providing care for his father. He stated that he was the only available sibling, since he got divorced and he had a grown up child, who lives abroad. Thereby, it becomes easier for him to take the responsibility, since he does not have to maintain other family relations. When I asked him what did make him to hire a care worker, he said he already know that it was a hard work and he would not be able to do it in long terms. By this approach he abstains from any direct responsibility, indeed. He does not cook for his father, he does not wash his clothes, and he does not keep in mind medicine time. The only direct care that Adnan takes is giving bath to his father which is later taken by the care worker's spouse. With the inclusion of care worker's spouse in their lives, Adnan abstains from all direct care activities. What I was wondering during the interviews is how caring responsibility affect their social lives. According to Adnan nothing has changed; he can still go to holidays, goes out at nights and goes bridge club. This "nothing has changed" is the most appearing difference between male and female primary caregivers. None of the female caregivers mention that their lives go on in the same trajectory.

Gendered role expectations do not only affect attempt to involve in caregiving process but it also affects the way male caregivers employ this duty. The pathways to being a primary caregiver for men differ from female family members (Merrill, 1997). It is expected that women are the main providers of the elderly-caregiving, while men do not attempt to involve in caregiving responsibility. Men will become caregivers as last option. When they have to become primary caregivers due to several reasons, as I discussed above, they are inclined to shift their responsibilities to other women. In case of no available women in the families, then they take advantage of their middle SES position and hire careworkers. This tendency shows that male "primary caregivers" privilege their care-free areas and do not provide care

over long-time. Whether paid or not, women stuck in care-cages due to different gender role expectation within the scope of caring labour. Thus, men never become life-long caregivers as female primary caregivers become.

When all these dynamics are taken into considerations, this study shows that gender is the main possession when the issue is caregiving. Gendered role expectations and gendered division of labour result with women's primary unit of privision of care. Moreover, socio-economic status of the families also affects how caregiving roles change over time. When it becomes hard to continue to provide care for middle SES families, they are prone to hire care workers. This new division in the caring labour states the way and extent of elderly-caregiving. These varied opportunities that middle SES group have, lessen the burden of care and give opportunity to them to spend more time on emotional aspects of care. Another important issue is the placement of older adults. Higher levels of co-residency within the lower SES group, causes the greater extent of provision of caring labour. They are exposed to interaction and care tasks in greater frequency when compared to middle SES group, in which most of the primary caregivers provide care within extra-residence form. Thus, having financial resources decreases the chance of providing direct physical care and provides flexibility.

## **CHAPTER 5**

### **5. EFFECTS OF ELDERLY-CAREGIVING ON CAREGIVERS' LIVES**

The aim of this chapter of the thesis is to analyse the impacts of elderly-caregiving on primary caregivers. How primary caregivers' lives changes and based on these transformation what are their expectations on elderly-caregiving is revealed in this chapter. Elderly caregiving has changing effects on primary caregivers. However, this is not only changing primary caregivers' selves, yet, it has been also changing their family lives as it is seen from the narratives of the interviewees. Family is not a place where everything happens in peace. Indeed, there are negotiations, clashes and cooperation between family members. By looking them, in the first section of this chapter, I will look how family relations are after caregiving responsibility. Moreover, primary caregivers' emotions, bodies, relation with themselves are also affected by elderly-caregiving, which are the issues of second part of this section. In that section, I discuss the changes and continuities of caregivers and how they stuck in between love labour and burden of caring.

#### **5.1 Familial Outcomes of Elderly-Caregiving: Clashes, Negotiations, Cooperation**

In this section, primary caregivers' relationship with their families, i.e. with their children, spouses and with their parents, whom they are taking care of, will be discussed. Household is not an isolated place from discussion, negotiation, rationality and emotions, indeed, negotiation and cooperation exists together. Therefore, to understand, how families' lives are affected by elderly caregiving, I look for clashes, negotiations and cooperation during the role of elderly-caregiving.

### **5.1.1. Primary Caregiver's Relation with their Parents/ Parents-in-law**

Spending days according to older adults, keeping their minds always on them, and providing care for them result with changes and continuities in the relationships between parents and primary caregivers.

Half of the respondents emphasized that while before caring they were children, now their parents are their children. This is mainly due to the fact that they have to arrange almost everything of their elderlies. In the past, when they were children, their parents feed them, diaper them, change their clothes, bath them, and when they are ill take them to the doctor, now they are doing all of these for their parents well-being.

Besides, this shift in the relation changes also how they behave each other. Primary caregivers, after the caregiver role, have started to behave their parents as if children. "I emulate to my mother as if she is my daughter" explores that for their children older adults are in needy position as little kids, who are unprotected and unable to live alone. For instance, Necla's (middle SES, 57 years old) mother-in-law has eating disorders, and the only strategy that Necla found is to frighten her like a child, since it is necessary for her health as in the case of children:

The most tense moments are those when she is going to eat. Well, I frighten her like a child. Just like you do it to children. You tell her gently. What should I do when I can't find another solution? This time I try to frighten her just like I did the night before. They will penetrate your belly and feed you from there. Then she gets frightened and starts eating.<sup>62</sup>

Behaving their parents as if a child is a strategy to relax. At some points during the caregiving, primary caregivers cannot control their nerves, cannot bear. So seeing them as a child makes them relax:

You have to take care of him as if he is a child that never grows up. Of course you can't always see the situation this way, you get angry at times. He is a grown up man after all. For example sometimes he is going to do something, I tell him to stop, not that far. Then you say well, there's nothing to do, from now on he is a child that will never grow up. [...] Of course you become

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<sup>62</sup> Yemekleri en gerilim o. Kimi korkutuyorum onu vallahi. Çocuk gibi. Çocukları korkutursun ya. İyilikle anlatıyorsun. Çözüm bulamayınca napayım. Bu sefer korkutmayı deniyorum akşam yaptığım gibi. Mama takarlar karnını da delerler ortasından. O zaman korkuyor ve yiyo.

nervous but when you think that he is a child and will never grow up, you realise that your reaction is meaningless. But you can become nervous for a little while. Because sometimes he is persistent. Dad stop. Oh I'm not doing anything. Oh dad stop! So you get angry when he persists. But you also get angry with your own child, don't you? So it's something like that. But when you see it from the perspective as he's a child who will never grow up, things change (Adnan, middle SES, 59 years old).<sup>63</sup>

Actually when my sister gets angry, I tell her all these. Look don't consider it this way, she is like a child, she is ill, think these. I get my parent's salary; I cover the expenses and put money in my mother's wallet constantly. When my father was still alive, in order not to feel herself broke, she was getting his salary. She was putting it in her wallet. She would always forget where she'd put it. She would divide the money and put it somewhere. So she has problems with this. Because of the fact that we take the money. When we told her that, she seemed like she empathized. But it seems that she hasn't completely acknowledged it. She told me that it's her salary. When we were in the car, taking my sister somewhere, she asked me if she had any salary or not. Told that she didn't know if her husband's salary was transferred to her or not, where the money went. I broke down very much. I said "Mom we spend it there, to this, I withdraw the cash, we do this and that..." She asked "Have I ever taken the money in my hands? No." That day I had withdrawn the cash. I said "Take it mom, do whatever you want." And gave her the money of course. Then we went to my sister's house and I told her about the incident. I won't interfere in anything from now on, mom told me these. No matter how she spends her money from now on. My mother got up, told that she got bored and wanted to go home. We have experienced an issue like this but nothing more about the same subject. But I was very upset that she spoke this way (Melike, middle SES, 53 years old).<sup>64</sup>

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<sup>63</sup> O hiç büyümeyen bir çocukmuş gibi bakmak durumundasın. Tabii her zaman böyle bakamıyorsunuz kıziyorsunuz, kocaman adam. Mesela bazen bir şey yapacak bırak diyorum baba bu kadar da olmaz. Sonra da "aa" diyorsun. Ne yapalım o artık hiç büyümeyen bir çocuk.[...] Oluyor tabii sinirsel şeyler ama onun hiç büyümeyecek bir çocuk olduğunu düşündüğünüz an ona o tepkinizin de saçma olduğunu fark ediyorsunuz. Ama o an için bazen gerilebiliyorsunuz. Bazan čunkü inatlaşıyor. "ya baba dur". "yaa bir şey yapmıyorum". "Yaa baba dur". Kızıyorsunuz işte o anlarda inatlaşınca. Ama çocuğa da kıziyorsunuz kızmıyor musunuz. Yani bu böyle bir şey. Ama büyümeyen bir çocuk diye bakınca değişiyor

<sup>64</sup> Aslında ben kız kardeşim bir sürü şeyine kızdığını zaman söylüyorum hepsini bak böyle değerlendirmeye çocuk gibi hasta böyle düşün dememe rağmen annem ve babamın maaşını ben alıyorum işte harcamaları yapıyorum annemin de işte cüzdanına para koyuyorum sürekli. Kendini parasız hissetmesin diye babam sağken annem kendisi alıyordu maaşını. Cüzdanına koyuyordu. Sürekli neyi nereye koyduğunu unutuyordu. Parayı ayırır oraya koyar buraya koyar. Şimdi o konuda çok şey yapıyor. Parayı bizim almamızı. Biz bunu anlattık anlayış gösteriyormuş gibi geliyor demek ki kafa olarak henüz şey yapmamış onu. Bana dedi ki işte benim maaş, kız kardeşimi arabayla götürüyorduk yolda bana dedi ki benim maaşım var mı yok mu kocamdan maaş kaldı. mi hiç bilmiyorum para nereye gidiyor dedi. Ben çok bozuldum. Yani anne işte dedim anne biliyorsun ya şunlara harcıyoruz bunlara harcıyoruz ben çekiyorum söyle yapıyorum böyle yapıyorum. Hiç benim

Yet, as it is seen in the Melike's situation sometimes caregiver cannot control their feelings only by saying themselves: "Yes, she is like a child. She is an elderly. I have to behave like that". Seeing older adults as children is related with the feeling of pity. With this feeling they control their behaviour against their older adults. Shouting your father or mother, i.e. a person who is older than you, make primary caregivers feel uncomfortable. At these moments, the label of "like children" shifts to "she/he is an elderly":

For example supposing that I have just cleaned the carpet. My father-in-law spills some tea on it. Just an example. I get angry. I say, "Ok daddy, don't feel sorry, I can wipe it immediately." But if my child did the same, maybe I would shout at him and say why don't you be careful. As he is an elderly, I hold myself. That's how I handle it. You hold yourself, he is an old man after all (Gül, lower SES, 32 years old).<sup>65</sup>

Attributing different positions to their parents is mainly due to the fact of display of gestures and feelings, they put effort to behave their parents/ parents-in-law to make them happy and satisfy their emotional well-being. Thus, they need to control sometimes their feelings in order not to make them unhappy. On the other hand, some of the respondents highlighted that they do not behave their parents as it is behaved to old and ill people. Since they think pitying will make their parents/parents-in-law feel sad and dependent. As Piercy (1998) highlighted caring responsibility is related with behaving sensitively when dealing with older adult's autonomy, thus primary caregivers behave accordingly:

Well we have never considered her as a patient. We continued our normal relationship. If we had to argue, we argued. I mean some kind of discussion. For example my sister is not like that. I get very angry with her. My mom says something, she acts like it has never happened (Filiz, middle SES, 59 years old).<sup>66</sup>

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elim para gördü mü yok dedi. Ben de o gün çekmiştim maaşı al anne ne yapıyorsan yap dedim parayı verdim tabi. Oradan kız kardeşime gittik orada da anlattım ben bunu. Ben dedim artık karışmıyorum annem böyle söyledi. Kendisi dedim harcamalarını yapsın dedim. Annem kalktı ben eve gideceğim sıkıldım filan dedi. Böyle bir şeyimiz oldu yani o anlamda işte çok başka bir şey olmadı tabi. Ama ben de çok üzüldüm tabi öyle dediği için.

<sup>65</sup> Mesela atıyorum ki en basit halıyı yıkamışındır. Kayınbaba çay dökmüştür. Misal. Sinirleniyorum mesela. Tamam, babacım canını sıkma ben iki silerim diyorum. Ama çocuğum olsa hani daha böyle bağırrı çağırır, dikkat etsene derim. Yaşlı olduğu için dizginliyorum kendimi. Böyle yapıyorum işte. Tutuyorsun, yaşılı yani.

Moreover, this shift in the relation that once they were mother/ father but now they are children shows itself also in the issue that once they took care of the children of the primary caregivers but now they need provision of care. In that case, while once they help their children, now their children support them in their daily routines.

They used to help me more before the caregiving period. They were more robust. For example there were times that my mother looked after my children. My mother-in-law has laboured over my elderly daughter very much, I can't deny (Sema, lower SES, 40 years old).<sup>67</sup>

When I was young, she took care of my children. Her grandchildren. She made a great effort and this balances it. I think that it has to be balanced (Necla, middle SES, 57 years old).<sup>68</sup>

The relationship between parents and primary caregivers shift from parent-children to children-parent. This shift does not only affect the parent-child relationship yet it also affects primary caregivers' perception for themselves. They become mother/father of their own mother/father after caregiving role. Addition to a life revolves around older adults, being a parent of your own parent also transforms one's approach to oneself.

I feel so sorry. For example he fell down once. We woke up when we heard the noise. We thought it was a burglar. I found him in the bathroom, laying on the floor and covered with blood. He felt dizzy probably because of tension. I didn't go to sleep whole night and cried by his side. Wondered if the bleeding would ever stop until the morning. I made him speak by asking him "Dad, who am I, who are they" in order to make him stay sober. I sat by his side whole night. He is like my child. Not like an elderly in my gaze. He calls me mommy sometimes and I say him "Sit down my dear son, don't be spoiled." We do those kinds of things as a joke (Gül, lower SES, 32 years old).<sup>69</sup>

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<sup>66</sup> Yani biz onu hiç hasta yerine koymadık. Normal ilişkimize devam ettik. Kavga edilecekse ettik. Kavga dediğim tartışma. Mesela ablam öyle değil, çok kızıram. Bir şey der annem geçiştirir.

<sup>67</sup> Bakım sürecinden önce onlar bana daha yardımcılardı. Daha dinçlerdi. Mesela annemin bir ara çocuklarına baktığı dönemler oldu. Kayınvalidemin de büyük kızım da çok emeği vardır şimdí.

<sup>68</sup> Ben gençken de o çocuklara baktı. Torunlara. Çok emeği. Var o da dengeliyor işte. Dengeliyor dengelemesi gerekiyor diye düşünüyorum.

<sup>69</sup> Üzülüyorum çok. Mesela bir kere düştü. Patırkıya uyanık hırsız mı geliyor diye. Baktım kan revan içinde banyoda düşmüş kafayı yarmış. Başı dönmüş artık tansiyonu mu ne. Sabaha kadar uyumadım başında oturdum ağladım. Sabaha kadar dedim acaba o kan duracak mı. Baba işte ben kimim, bunlar

According to these conducted interviews, their parents are their children now. Elderly-caregiving becomes as if taking care of a child which shifts the relations from child-parent relation to parent-child relation. They stated that their parents are now their second children. For example, Ayşe (middle income, 70 years old) has been providing care for her mother and her grandson at the same time. When her mother came to live with them, she stated that “a second child came to home”. This new ‘child’ at home shifts the child-mother relation to mother-child relation:

It's just like looking after a child. You feel the same happiness and pleasure. Sometimes you want it with all your heart, sometimes you don't (Birgül, lower SES, 53 years old).<sup>70</sup>

Honestly I had just one daughter. After I married her off, my mother became like my second child. It was like taking the responsibility of a child. Does she have fever? Does she have any problem? Is her equipment there? Is her medicine complete? You have to go and check these daily. While refilling her medicine and stuff, a second responsibility was added to my life as if she was a second child (Gülşah, middle SES, 52 years old).<sup>71</sup>

Eh as I told, mommy you are my child, etc. But also my mother started exploiting us more. She acts emotionally and always wants us to be there. When I ask her how she is, she answers as what can I do, nobody called, nobody came, and I'm waiting for you. Asks when we will go visit her (Melike, middle SES, 53 years old).<sup>72</sup>

Not only the shift of children-parent affects the relations but also older adults' attitudes to primary caregivers also affect relationship. Small or big argumentations are experienced by all of the respondents; however, while some of them prefer not reflect this to older adults; others prefer to show as we see in the above discussion.

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kim, hep konuştura konuşturak aklı gitmesin hani. Sabaha kadar oturdum başında durdum. O bana bir çocuğum. Hani çocuğum gibi diyeyim. Büyüüğüm olarak değil bazen bana anneciğim diyor. Ben de ona oğluşum hadi otur diyorum şımarma. Şakayla karışık öyle şeyler yapıyorum.

<sup>70</sup> Bir çocuğa nasıl bakıyorsanız öyle aynen. O mutluluğu hazzi duyuyorsunuz. Bazen çok canı gönülden istiyorsunuz bazen istemiyorum.

<sup>71</sup> Vallahi bir kızım vardı benim. Onu evlendirdikten sonra annem sanki benim ikinci çocuğum gibi oldu. Bir çocuk sorumluluğu nasıl olursa öyle bir sorumluluk eklendi. Ateşi var mı? Şeyi var mı? Eşyaları eksik mi? İlaçları tam mı? Her gün git onları kontrol et. İlaçlarını koy falan baya bir ikinci çocuk gibi bir sorumluluk eklendi hayatına.

<sup>72</sup> Hah işte dediğim gibi anneciğim sen benim çocuğumsun şöylesin böylesin. Ama annem de daha bizi böyle kullanır hale geldi. Duygusal şey yapıyor sürekli orada olmamızı istiyor. Anne işte nasişin kimse aramadı kimse gelmedi ne yapayım bekliyorum sizi ne zaman geleceksiniz diyor.

This is closely related with Hochschild's "display of emotions". Even though Hochschild argue that negotiations may be easier in the family context since there is no regulatory as in the workplace, in families members control display of emotions and gestures according to their parents feelings. This is how emotional labour works in family setting. Moreover, while some older adults are nervous some are calm and coherent, which lessen the arguments and makes caregiving easier for the caregivers as Hande (middle SES, 59 years old) mentioned:

But we were happy as he was not a troubled elderly. You know, our elderly have a pessimistic view of life. They think negative. My father-in-law was not that kind of a person. In other words, he always looked to the future with hope. That's why it never affected us negatively. So we never had an unpleasant situation, never argued.<sup>73</sup>

And this also positively affects the relationship, as she stated in the next part of the interview "We get started to know each other better. Well, before each one has a separate house. Actually, we were not affected in a bad way. We affected in a positive way." Birgül (lower SES, 53 years old) also said that having started to live together and caring made them closer:

We were always close, and we are still. [...] Sometimes when we can't agree we have a battle of wits. Not about the caregiving process, but just about the ideas. We don't get offended. We shout and shout. Then we solve it by talking. We have become a real mother and daughter; this caregiving process made us so. We can't be cross.<sup>74</sup>

Furthermore, not only primary caregivers feel loyalty, yet their parents also feel like that due to being cared. This feeling affect the relation between primary caregiver and older adults positively as Nihal (middle SES, 67 years old) stated:

Let me put it this way sweetheart, it was ok, I used to visit my mom in a week. Then if I was unable to go and had things to do at the ministry of labour, when I visited her again, I would see her at the window waiting for

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<sup>73</sup> Ama mutluyduk yani hiç öyle sıkıntılı bir ihtiyar olmadığı için hani genelde bizim ihtiyarlarımıza karamsar pesimist bakarlar hayatı. Böyle kötü kötü bakarlar. Kayınpederim öyle bir insan değildi yani hayatı hep umutla bakan bir insandı. Onun için bizi hiç olumsuz etkilemedi. Yani hiç kötü bir şey yapmadık yani böyle aramızda da hiç bir zaman hiç bir sürtüşme olmadı.

<sup>74</sup> Biz hep yakındık hala yakınız. [...]Bazen ters düşüğümüz konușmalarda onun fikriyle benim fikrim çatışıyor. Yoksa öyle bakım konusunda değil fikir konusunda. Bizde küsme yok. Bağırırız bağırırız. Sonra konuşur çözeriz. Tam bir anne kız olduk bakım bize bunu yaptı. Öyle küsemiyoruz.

me. Wanted me to come. Things changed in a positive way after I took the caregiving responsibility. Of course I was doing it since she was my mom but she was probably thinking that “this child of mine cares more.” So she relented. This means in a positive way, sweetheart.<sup>75</sup>

Primary caregivers, who are appreciated by care receivers, demonstrated that it motivates them for caring. It helps them to forget negative parts, burden of caring. However, due to being exhausted after intense labour, primary caregivers cannot control always their behaviour, which results with discussions. These discussions are generally temporary, yet, in any case, stress and burden that primary caregivers feel affect their relations with their older adults. For example, Melek (lower SES, 50 years old) has been taking care of her mother-in-law. Her mother-in-law needs intense assistance both physically and emotionally, since she has also Alzheimer. Thus, in some moments Melek cannot stand and shout to her mother-in-law:

At first when we were speaking, we were better. But now she is like that again. At the moments when you’re not angry, she loves you very much. Immediately she says, “Wow, are you here, daughter-in-law?” She tempts me and I tempt her. By showing love. But when we get angry, she changes. She understands it, when I get angry.<sup>76</sup>

Because of older adults’ health problems, the relation has started to change. Melek cannot talk and share with her mother-in-law, as she used to, since she has started to forget due to Alzheimer and she asks continuously same questions, which Melek cannot stand always. Therefore, being not able to share their lives as they used to affect how the relation is set after caregiving responsibility.

Furthermore, like good behaviour of older adults affect the relation between care giver and older adults positively, bad ones affect negatively. For instance, Fatma (middle SES, 67 years old) has been providing care for her father. He is a really

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<sup>75</sup> Şöylediyeyim kuzum iyiydi gene ben haftada annemi ziyaret ederdim. Ondan sonra bazen işim olup gitmesem çalışma bakanlığında emekte ya bir bakardım annem pencerede oturmuş beni bekliyor. Hani gelsin filan diye. İyiydi bu bakımı üstlendikten sonra sanki ben tabi annem diye şey yapıyorum ama annem de sanki bu evladım daha çok bakıyor bana gibi diye daha sanki bir yumuşama daha sanki bir şey filan. Yani olumlu yönde o da kuzum.

<sup>76</sup> Önce konuşarak daha iyiydik tabii. Ama şimdî yine öyle sınırlenmediğin anda hani yine çok sever şey değil. Hemen işte ooo gelin sen mi geldin. O beni tavlamaya başlar ben onu. Severek şey değil. Ama kızdığımız yönlerde o zaman değişiyor. Sinirlendiğim anda o da anlıyor.

stubborn and angry man according to Fatma. Additionally, since they have different gender, it becomes harder for Melek to continue the relation. However, when she talks about her childhood she mentioned that they have a close relationship since more than her mother her father took care of her.

If my mother stayed and my father left, for example my mom was different as a woman. Also you can't respond and resist in every subject as the father is a male. No matter if you're his daughter or not. You can't understand it. A chat with a mother, a conversation, a communion. For example he always stays silent, cries. I say "Father, tell it." But he can't. Of course no matter how hard you try, you can't enter his world. But you can, into your mother's. By making jokes you can enter her's easily but you can't do the same to your father. It's clear. You call father, father. That's why.<sup>77</sup>

Therefore, gender differences between older adults and care providers not only affect how and by whom caring are provided, but it also affects the relations in the later lives as it is seen from this narrative.

Another issue that affects pare-child relation is co-residence. Perihan (lower SES, 42 years old) has problems with her spouse due to providing care to her mother at the same house, he complains about not having anymore a private life. Besides, this also affects negatively her relations with her mother since she is offended by the discussions:

When you shout at each other she takes it personally. When I shout at my own children, she takes it personally. In other words, my husband shouts at his children, she takes it personally as well. She says "They refer me." However, this is nothing to do with her. That point we become peaceless at home unavoidably.<sup>78</sup>

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<sup>77</sup> Annem kalsaydı babam gitseydi, annem mesela çok şeydi kadın olarak. Bir de şu baba erkek olduğu için her şeye cevap veremiyorsun ne kadar evlat olursan ol. Onu anlayamıyorsun. Biranneyle sohbetin biranneyle konuşman biranneyle paylaşman. Mesela hep susuyor ağlıyor, baba bir anlat diyorum anlatamıyor. Yani. Tabi canım ne kadar kurarım dersen onun dünyasına giremezsin. Ama annene rahatlıkla girersin. Esprile ona rahatlıkla yanaşırsın ama babaya onu yapamazsun. Yine bir baba diyorsun, baba, baba. Onun için.

<sup>78</sup> Birbirimize bağırdığımız an üstüne alınıyor. Ben çocuklara bağırdığım an üstüne alınıyor. Veya şöyle diyeyim eşim bağırlı çocuklarına üstü alınıyor. Bana yapıyorlar, diyor. Halbu ki onunla hiçbir alakası yok. Bu sefer biz evde huzursuz oluyoruz ister istemez.

Living in the same house and older adults' intervention to the order of the house is another problem that respondents mentioned. This may not be an issue in extra-residence, yet co-residence brings on one's part dynamics to the relations.

Well my mother interferes too much. She always does. Excessively. I have my own house layout. If I put that here, she comes and puts it there. And gets angry. I say "Mom, don't touch it, this is my own style, don't do it." She does it again and again. She does, I do. She does, I do. Eventually I win the battle. [...] When we were apart, we used to get along better. But it's not like that now. In the past, I was able to speak with my mom about every subject. Now I can't. I miss it very much now. Actually, I must confess that I'm thinking of renting her a house if she wants to live alone that much. But I like her to live with me so that I can look after her. Neither she nor I are peaceful. I am aware of this (Perihan, lower SES, 42 years old).<sup>79</sup>

Therefore, co-residence also affects how the new relation between older adults and caregivers are set. In some respondents this result with a closer relationship, but in some relations it negatively affects the relationship not only due to sharing the same house but also being exposed to caring more.

As it is seen from the above narratives co-residence is one of the important factors that affect child-parent and in-law relations. And since co-residence, in this study, is closely related with being with low socio-economic status, I can conclude that primary caregivers with low socio-economic status have more difficulties in their relation with their older family members. Since families with middle socio-economic status have chance to arrange care from extra-residence by hiring care worker, it becomes easier for them to continue emotional labour. They do not have to face with the problems arise with regards to sharing same house such as lack of privacy, 24 hours care duty, and intervention of parents. Moreover, even though shift of child-parent relation exist in all cases, since women spent more time, effort and energy for caring, they perform more emotional labour in order to maintain relations. Thus, they

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<sup>79</sup> Ya tabii annem çok karışıyor. Çok karışır. Öyle böyle değil. Benim kendime göre bir düzenim var. Annemin de kendine göre bir düzeni var. Ben bunu uraya koyduysam bunu gelir buraya koyar. Ve kızar. Ben diyorum ki anne elleme dokunma bu benim düzenim elleme. Aynı şeyi tekrar tekrar yapar. O yapar, ben yaparım. O yapar ben yaparım. En son ben kazanırmı. [...]Biz ayrıyken daha bir anlaşırırdık. Ama şimdi öyle değil. Eskiden her şeyi konuşabiliyordum annemle. Şimdi konuşamıyorum. Onu da çok özledim. Hani düşünmüyorum da değilim çok istiyorsa yalnız yaşamayı bir ev tutayım. Ama yanında olsun ben bakayım her şeyine. O da huzurlu değil ben farkındayım. Ben de değilim, o da.

become *default caregivers* and this attachment makes them suffer more from regulating and maintaining child-parent relation, while enjoying pleasurable aspect of care.

Strength of the family value in Turkey continues through the elderly-care. Even though, relationships have started to change with the new dynamics of elderly-caregiving, families' continue their relations no matter the difficulties that caregiver role brought to the relationship. Yet, one of the respondents clearly state that if her spouse continue to ask her "whether your mother or me", her answer will be 'definitely' her mother, but she hopes problems will be solved in the future. Conducted interviews explores that women has a strong tendency to keep family together, I mean both its extended and nuclear form. As I have discussed in the theory chapter, women take care of their families both physically, by feeding them, cleaning the house, cooking, yet also emotionally. They take care of their family in the name of love and family commitment as Merrill (1997) proposed. But, unequal distribution of these roles leads burden for female caregivers and make them stuck in between love labour and burden of caring which is discussed later in this thesis.

### **5.1.2. The Relationship between Spouses**

In all interviews, all of the respondents stated that caregiving affect their relation with their spouses, either positive or negative way, either big or small amount. The most common factors that affect the relationship between spouses is the longevity of the caring, who is the primary caregiver, whom caring is provided, co-residence/extr-residence, finding support and lack of support.

During the conducted interviews, primary caregivers complain about the decreased amount of time that they can spend with their partners. While some complain about cannot going market together anymore, some complain that they used to go travels often. Yet, almost all of them states that they cannot find time to spend together with their partner since caring itself takes too much time, even when they shift the responsibility of older adults to someone they cannot stop thinking about their parents which again affect the quality of time spent together.

We would go to bazaars, marketplaces. Places that could entertain us. We would go for tea, coffee, that kind of things. We didn't have a tendency to go to the cinema or theatre (Melek, lower SES, 50 years old).<sup>80</sup>

As I told, we loved travelling, wandering around. These became limited. Also we had to take an excessive responsibility. It is a feeling like if I am not around, something bad might happen to her. [...] I have a husband, a family. My daughter is already working and I cannot see her often. Also I cannot be together with my husband for 3-5 hours a day. Generally I'm together with my mom between that time period. So we had limitations in our daily life for sure (Gülşah, middle SES, 52 years old).<sup>81</sup>

While in some cases changes in the trajectory of the relationships, what they used to do together and what they wish to continue, get in order, others continue to suffer from difficulties that elderly-caregiving brought. Gülşah provides care for her mother. She visits her often, 3-4 times a day; she plans her day according to her mother. Thereby, she cannot spend time with her spouse as much as before caring duty. In the beginning of the caring, Gülşah's spouse cannot adopt, thus, they had some problems, which are overcome in later years:

I don't know how to tell but at first we experienced some problems. But as I told you just a while ago, there is no problem right now. [...] In other words, you're never at home. Never next to me. That kind of complaints he had. [...] Well my husband allows. This is his biggest assistance. So he allows me to go there anytime. That's a huge factor.<sup>82</sup>

On the other hand, Gülşah's spouse continues his life. When this interview was conducted he was on a holiday, while Gülşah stayed in Ankara. Yet, Gülşah did not complain from this since their relation is in order now. Moreover, Gülşah's spouse's giving permission to caring is also really important for Gülşah since giving consent

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<sup>80</sup> İşte çalışma gidip pazara gidip . kendimize eğlencemiz olursa onlara gidip. Çay kahve öyle şeyler. Öyle sinema tiyatro şeyimiz yoktu bizim

<sup>81</sup> Dediğim gibi işte gezmeyi seyahati çok severdik onlar çok kısıtladı. Bir de aşırı bir sorumluluk böyle. Sanki ben olmasam ona bir şey olacakmış gibi [...] Vallahi şöyle, ailemle, eşim var zaten. Kızım zaten çalışıyor onu çok göremiyorum. Eşimin de yanında böyle 2 saat 3 saat, 5 saat falan olmuyorum yani. Genelde hep annemin yanında oluyorum o saatler arasında. Yani bir kısıtlama oldu tabii.

<sup>82</sup> Şimdi nasıl anlatayım ilk sıralarda biraz problem yaşadık. Demin de söylediğim gibi ama şu anda yok. [...] Yani sen hiç evde yoksun. Hiç yanında yoksun. O şekilde serzenişleri oluyordu yani. [...] Eşim de müsaade ediyor bana yani. En büyük yardımcı o. Benim her saatte oraya gitmemeye müsaade ediyor yani. O çok büyük bir etken.

also opens the doors of support in later time. Moreover, this is also accepted as a source of support by women, since traditionally sons-in-law do not accept such provision of care, since women's labour is needed in men's and their families houses.

For example my husband says "Look we used to go there but now you have to be with your mother." Like "You can't leave your mother." [...] I tell him that I have to look after her. Then he accepts and tells me that I'm right. I can't leave her, I say. As it has been a pretty long time, we got used to it. Those things passed. As I told, at first he couldn't accept it easily. Later when he saw my mother's situation he accepted it.<sup>83</sup>

After adoption to the new situation, Gülsah's spouse has started to support more directly, by transporting to hospital, printing medicine. Furthermore, he is also an important source of emotional support to Gülsah.

Sometimes we go out for a dinner or to marketplaces with my husband. He is sort of a life buoy for me. My husband supported me very much. I cannot remunerate for what he has done. He gave me moral support very much. Sometimes I was coming home upset and I was crying. By telling me not to be upset and these were inevitable among elderly, he gave me moral support. Both shopping and other stuff, we always do them together. He supported me in terms of these things.<sup>84</sup>

Additionally, extra-residence and paid caregivers help this relation to get in order. On the other hand, for Fatma (middle SES, 67 years old) 'giving consent' does not help to solve problems between her and her partner. While her friends say that she must be happy that her husband give permission, since she has bigger problems with her spouse, this consent means nothing to her due to the fact that she continues to suffer from other issues because of her spouses' attitude to her caregiver role. He wants her to stop giving care and put his father-in-law to nursery home. Additionally, she stated that she would not care if he does not give, because he lost his value:

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<sup>83</sup> Mesela eşim diyor "bak seninle şuraya giderdik ama bak annen var" falan şekilde. Hani onu bırakamıyorsun sen. [...] Ben diyorum mecburum anneme bakmak zorundayım. Yani o da sonra doğru haklısan diyor. Bırakamam diyorum yani. Uzun bir süre olduğu için alışık da artık. Geçti öyle şeyler. Dediğim gibi önce bir kabullenememe durumu oldu eşimde. Sonradan zaten o da annemin vaziyetini gördükten sonra kabullendi yani.

<sup>84</sup> Arada bir eşimle bir karşılık pazar yemeğe gidiyoruz. O bana bi şey oluyor, imdat simidi gibi geliyor. Eşim çok destek oldu yani. Onun hakkını ödeyemem. Manevi olarak çok destek oldu bana. Ben gelip bazen böyle üzüldüğüm ağlıyordum. Üzülme şey yapma bu işler, yaşlılık böyledir falan diye manevi olarak çok fazla destek oldu. Gerek o şeylerde, alışverişiydi, bilmem nesiydi onları hep birlikte yapıyoruz. O yönlerden çok destek oldu.

Well actually he didn't want it at all. He stated that a care home would be better and that we could also get sick while looking after. I would expect him to tell this instead; her mother, father and ancestors are mine too and let's look after them together. As he could also go through the same things. In other words, I would say this but he never offered this. [...] I'm very offended. We had so many arguments about this matter. We both hurt each other. If you fall down once, there is no one to help you. I always regarded him as the closest one but understood that he wasn't at all. But I'll never forget this. I have never been vindictive but I never forgot.<sup>85</sup>

As it is clearly seen from Fatma's narratives together with her husband's behaviour, difficulties brought by elderly care bring their relationship to an end. On the other hand, support from spouses, both direct and in-direct, both physical and emotional is an important source to provide care. Additionally, supportive spouses have also important role in the trajectory of the relations. It is elucidated from female respondent's statements that any tiny support from the spouses is enough for them. They believe it is the most that their husband can do:

I do all the stuff. I tell myself that thankfully my husband takes care of my mother. He lifts her, carries her. But the greatest weight is on my shoulders. Nuriye, lower SES, 64 years old)<sup>86</sup>

Yeah, yeah. Well he prepares her breakfast. Also takes her to the doctor. What else he does... That's all. He already does what he can. Getting the prescriptions of her medicine, buying them. Bringing them. He does these. (Necla, middle SES, 57 years old).<sup>87</sup>

Of course I am pleased. Helping the mother, supporting in every subject. After all we don't have any blood ties. But I support my mom more than him in every subject. And he tries to help as much as he can. [...] Supporting me

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<sup>85</sup> Ya hiç istemedi oaslında. Yani yatırılsın(bakım evine), siz daha çok hasta olacaksınız hiç değilse siz daha çok şey olacaksunuz. Yani söyle mesela ben söyle beklerdim: diyelim onun öyle bir durumu olsa annesi babsı bizim annemizdir babamızdır atamızdır birlikte beraber bakalım edelim Ben mesela o şekilde konuşurdum ama ben ondan hiç bu teklifi almadım.[...] Ya ben ona çok kırgınım. Bu konuda çok tartışmalarımız oldu. Karşılıklı birbirimizi kırdıklarımız oldu. Hani düşme düşenin dostu olmazmış. Hep dost bildim ama böyle bir durumda olmadığını anladım. Ama ben bunu hiç bir zaman unutmayacağım. Şey değilim kindarlığım falan yoktur ama unutmam.

<sup>86</sup> Hepsini ben yapıyorum. E diyorum eşim annemle ilgileniyor sağ olsun kaldırıyor indiriyor mesela. Ama en büyük yük bana ait.

<sup>87</sup> Evet evet. İşte kahvaltısını hazırlıyor. Ondan sonra doktora götürüyor. Başka ne yapıyor. Böyle. Yapabileceği şeyleri yapıyor zaten. İlaçlarını yazdırması, ilaçlarını temin etmesi. Onları getirmesi. Onları yapıyor.

when I can't carry my mom. When I can't take her to the bathroom. Now she can't go anywhere for 2-3 years as her feet are disabled. We hardly take her even to the hospital. We carry her on our back. My husband surely helps about these subjects. He is her son after all; of course he should help (Betül, lower SES, 48 years old).<sup>88</sup>

For example, Nuriye provides care to her mother in her house. She and her spouse did not have extreme difficulties in their relations with regards to caring duty. Moreover, according to her she cannot provide care without him, thus, she is grateful to him. Negative and positive experiences balance each other, if both sides are equally experienced and/or perceived. "Well, if he does not help to lift up, I neither can lift her up nor provide care". This perception results with gratitude to spouses.

Moreover, when female caregivers provide care to their parents-in-law, their spouses feel gratitude to them. For example, Necla (middle SES, 57 years old) and Betül (lower SES, 48 years old) state that they have the main responsibility, yet their spouses also helps them and thankful them for caring their mothers:

As I told you we never had such a problem with my husband. I would lie if I say so. His own mom. What kind of a problem might he have (Betül, lower SES, 48 years old)?<sup>89</sup>

No, there is not. I never complained to him that I get tired. No problem from his side. As he is also pleased about it. After all, the one who is looked after is his own mother (Necla, middle SES, 57 years old).<sup>90</sup>

Therefore, consent, no objection, reproach and not mentioning the problems are the parts of emotional support within this study which are positively affect the relations between spouses or balance the lack of support from their spouses. Moreover,

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<sup>88</sup> Tabii ki memnunum. Annesine yardımcı olacak her konuda destek olacak. Ben el kızıyorum ne de olsa. Ama ben ondan daha çok destek oluyorum anneme her konuda. O da elinden geldiğince yardımcı olmaya çalışıyor.[...] Destek oluyor benim annemi taşıyamadığım zamanlar. Banyoya götürüremedigim zamanlar. Bazen işte bir yere gitmiyor artık tabii 2-3 senedir çıkmıyor. Ayaklarından çok sakat olduğu için çıkmıyor. Hastaneye bile zor götürüyoruz. Sırtımızda götürüyoruz. O konularda eşim destek oluyor tabi ki. Evladı yani olacak tabi

<sup>89</sup> Dediğim gibi eşimle hiç öyle sıkıntımız olmadı. Oldu desem yalan söylerim. Kendi annesi. Ne sıkıntısı olacak ki.

<sup>90</sup> Yok olmuyor. Eşime ben yorulmadan dolayı hiçbir zaman serzenişte bulunmadım. Onun için olmuyordur. O da bu durumdan hoşnut olduğu için. Anne bakılıyor sonuçta.

providing direct and indirect support also results with gratefulness by primary caregiver. Since elderly-care takes a lot of time, effort and energy by providing physical, emotional and mental labour, primary caregivers do not want to deal with other difficulties related to elderly-care such as their spouses' rejections and objections. Since when they reject or object this role, they perform more emotional labour in order to maintain their couple relations. Thus, consent becomes an important source of support for female caregivers. In some specific situations the absence of such reproach may be more gratefulness than the presence of explicit support.

Satisfaction from the support of spouses is closely related with expectations and notwithstanding the intensity and hardness of the labour without or with that amount of support:

Sometimes I even rebel at my husband. I say that it's enough. Your father and the children have totally pissed me off, I say. I want to run away. Sometimes the house is so messy and he is staying there. Nobody cares. He is lying on the couch with a remote controller in his hand. What if you get up and help me a little? Only I am wandering around like a trolley. I am whirling like a peg top. When he says ok, you handle it, I feel my mind powering down. I tell him to help me a little bit. Back me up. See, I look after my father. And will continue doing it too, thank god. I will do it as long as I have enough strength. But only if he could help me a little. Saying "may god bless you" is just not enough. He should hold my hand so that I don't stumble. I'm waiting this from him, but no (Gül, lower SES, 32 years old).<sup>91</sup>

Thus, co-residence and lack of support from spouses has negative affect on the relations. In the interviews, respondents mention that when the lack of privacy is together with lack of support, it consolidates the negativity:

As my mother is here, I can't easily communicate with my husband. Because he doesn't want her. They don't get along with each other at all. One of them is my mother, the other is my husband. My mother outweighs. The

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<sup>91</sup> Bazen isyan bile ediyorum eşime. Yeter artık diyorum. Baban çocuklar beni iyicene zivanadan çikarttı diyorum. Kaçip gidesim geliyor. Bazen mesela oluyor ki hallaç pamuğu gibi her taraf bir yerde. O orda oturuyor. Kimsenin umurunda değil. Söylemesi ayıp yatıyor elinde kumanda uzatmış ayakları. Az kalkın da bana bir sahip çıkmı değil mi. Sadece ben ayaklı sehpa gibi dolanıyorum. Firıldak gibi dönüyorum. Tamam ya sen hallet dediğinde şalterler atıyor. Bana azıcık diyorum destek ol. Sahip çık. Bak babama bakıyorum. Bakarım Allah'a şükürler olsun, gücüm yettiği sürece bakarım. Ama azıcık da destek olsa onun içinde olsa. Sadece Allah razi olsun demekle değil. Azıcık da elimi tutsa ki ben de tökezlemeyeyim. Ondan bekliyorum ama yok

communication, conversation between us is over. I prepare his bed, he goes to the bedroom. He watches TV. When my mother wasn't here, we weren't like this. We would stay in the living room after having dinner. Mother is elderly. We would sit side by side in the living room and watch TV, drink our tea. So we were comfortable in every respect. But now I can't do these. Because my mother is at home. She is elderly. She mustn't see some kind of things. I can't even sit side by side with my husband. [...] No chat, no conversation. Sometimes I want to do a mad thing and say him "Come on, get up and let's go." Because as I told you, I also can't talk comfortably, can't discuss next to her. I must say, I can't discuss. When I do, things become worse and this leads us to hurt each other. Enormously. I take him and go somewhere isolated by car. Then I shout at him. He also shouts at me and I shout at him. Because I can't do that at home. It's somehow easier when you're next to the children. But when it comes to your mom... When you shout at each other, she takes it personally. [...] What I miss... I want to be alone with my husband for a while. This is all I want. Just this [...] My biggest yearning is my husband. Because we fell apart for a long time. When he compliments me, I cheer up but I can't express it. Because it's as if my mother can understand something from his gaze. At that point I can't express my happiness. I hold it inside myself. I feel bad for sure. I want to have fun madly but I can't do it. I hold it in (Perihan, lower SES, 42 years old).<sup>92</sup>

As a result of the upbringing style, there is a thick wall between us, couples and the elderly. In other words, we sit at the same table but we can't sit side by side. Because we consider it as a shame. Normally when there is nobody around, he calls me "my love" but the other times when there are people around, this turns to "Sema, bring me some tea" (Sema, lower SES, 40 years old).<sup>93</sup>

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<sup>92</sup>Annem olduğu için benim eşimle rahat konuşamıyorum. Çünkü istemiyor. Birbirile hiç anlaşamıyorlar. Biri annem biri eşim. Anne daha ağır basıyor. Konuşma tamamen bitti., sohbet bitti. Yatak odasına giriyor, yatağını açıyorum. Televizyon izliyor. Annem yokken biz böyle değildik. Yemeği yedikten sonra salonda oturuyorduk. Anne büyük. Salonda otururduk yan yana televizyon izlerdik, çayımızı içerdik. Yani her türlü rahat edebiliyorduk. Ama şimdi onu yapamıyorum. Çünkü annem evin içinde. Büyükk. Bazi şeyleri görmemesi gerekiyor. Yan yana dahi eşimle oturamıyorum. [...] Sohbet yok konuşma yok. Bazen çılgınlık yapıyorum hadi kalk gidelim diyorum. Yani çünkü ben dediğim gibi annemin yanında rahat konuşamıyorum, tartışamıyorum. Tartışamıyorum onu da söyleyeyim. Tartıştığım zaman olay çok büyüyor ve bu bizi birbirimizi kırmaya kadar gidiyor. Öyle böyle değil. Aliyorum çıkışıyorum söyle kimsenin olmadığı bir yere arabayla. O zaman bağırıyorum. O da bana bağırıyor ben ona bağırıyorum. Çünkü evde yapamıyorum. Yine insan çocukların yanında daha şey yapıyorsun. Ama annen. Birbirinize bağırdığınız an üstüne alınıyor.[...] Neyi özlüyorum... Eşimle biraz yalnız kalmak istiyorum. Sadece istediğim bu. Sadece.[...] Benim en büyük özlemim eşim. Çünkü biz baya bir kopukluk yaşadık. Eşim bana söyle güzel bir kelime söylediğim zaman ben seviniyorum ve bunu belli edemiyorum. Çünkü annem bakışlarında ister istemez sanki bir şeyi anlayacak gibi. Bana güzel bir söz söylediğini anlayacak gibi hissediyorum. O zaman sevindigimi belli edemiyorum. İçimde yaşıyorum. Kötü hissediyorum tabii böyle çılginca bir eğlenmek istiyorum ama onu yapamıyorum. İçimde yaşıyorum ama.

Co-residence affects how couple relations' trajectories will be. Loss of intimacy and lack of privacy might be the most important issue a couple has in their relationship. Thereby, according to narratives of the respondents, live-in couples compared to live-out couples have more problems in their relations. Even though relation between partners is not negatively affected by co-residence, in some cases, they do still miss their privacy:

Well I must say, when you get out of shower you can sit with your bathrobe, I wasn't able to do this. The thing I missed most was this (Hande, middle SES, 59 years old).<sup>94</sup>

Moreover, women's balancing roles in the relations have a crucial dimension in the relationships. As it is seen from Perihan's case, woman has to take the balancing role in order to continue their marriage. This balancing role may be an emotional one as in the case of Perihan since she is in a tight situation between her mother and her spouse. For example her spouse asked her "Your mother or me?" Thus, Perihan would prefer to live closer and continue her filial responsibility since it is her only chance to continue both relations; i.e. with their mother and with her spouse. It is in line with the Aytaç's (1998) argument that living closer to each other but extra-residence demonstrates the wish of privacy, but at the same time preserving the strong family tie.

Besides, not delaying gendered house chores duties makes important contribution to balance couples relations according to female respondents in this study. For example, Nihal (middle SES, 67 years old) provide care to her mother by visiting twice a week. According to her, their relation with her partner is not affected by her caregiver role, since, first of all, they do not share the same apartment, and, secondly she does not delay her duties at her own house. These duties include; ironing, cooking, and washing the dishes. Nihal explained this by stating "I am aware of I have a spouse at home". On the other hand, Fatma (middle SES, 67 years old) also

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<sup>93</sup> Şimdi yetiştirilişe göre biz de büyüklerin yanında karı koca ilişkisinde bir duvar oluşur. Yani biz aynı masaya otururuz ama yan yana oturamayız. Çünkü ayıptır annesi var babası var işte. Bana normalde aşkim der kimse yoksa ama onun dışında Sema çayımı ver oluyor bu.

<sup>94</sup> Ha mesela şunu söyleyeyim evin içerisinde mesela banyodan çıkışınızı bornozunuzla oturabilirsiniz mesela onu yapamıydım bak. En şeyim oydu. En özlediğim şey oydu.

do not limp any duties at her house and at her father's house. Before she goes to her father's apartment, first, she finished house chores at her own home and cook food for her spouse and her son. Despite this, contrary to Nihal's situation, their couple relationship badly affected by caring duty, since her spouse does not support her, indeed, he impedes.

Moreover, due to serious workload couples cannot continue their routines:

It affected in a bad way. Well I'm not sure how to tell it. You get tired. You get exhausted physically. Your husband wants to make love with you but you can't accept. Then he says "You are tired all the time." There have been many times that we had problems like this. Apart from that, if we go out somewhere, if my husband wants to stay for two hours, I want to stay just one, cause I get anxious when home comes to my mind (Sema, lower SES, 40 years old).<sup>95</sup>

The respondents who are not married also support this argument. According to Adnan (middle SES, 59 years old) and Filiz (middle SES, 59 years old), they cannot continue their caregiving duty as easy as today, if they were married. Indeed, Adnan stated that may be there is a link between why he did not marry again and his father's caring. Additionally, Filiz states that:

Our home is a free one. I could stay late after I put her to bed for example. Everybody is free in their own way. But it would be all different if I was married. Since there is not a male in the house it's different, we are more comfortable. For example I always envy those dinners with the family in the evenings, we can't do it. I bring her meal to my mom with a tray. My daughter eats things like cornflakes already. And if I get hungry, I somehow solve it. But if there was a man in the house it would be different. When I change her diaper for example, a heavy smell fills the house. Men can't even bear the children's, will they bear this? He wouldn't. That kind of a comfort I have.<sup>96</sup>

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<sup>95</sup> Kötü olarak etkiledi. Yani tabii nasıl anlatayım. Yoruluyorsun. Bedenen çok yoruluyorsun. Eşin ilişkiye girmek istiyor sen Kabul edemiyorsun. O da zaten sen hep yorgunsun falan diyor. Bu şekilde çok sorunlar yaşadığımız olmuştur. Onun dışında böyle bir yere gittik eşim iki saat kakkalı dediyse ben bir saat kakkalı diyorum aklımlı kalıyorum evde.

<sup>96</sup> Bizim ev özgür bir ev. Annemi yatırıp evde oturabiliyordum mesela. Herkes kendi başına özgür. Ama evli olsaydım başka olurdu. Evde bir erkek yok ya şimdi farklı o daha rahatız. Mesela ben hep özenirim akşam aile yemeği saatlerine bizde yok o. Anneme tepsiyile kızım zaten cornflakes falan öyle şeyler yiyor. Ben de açıkırsam yiyyorum öyle bir düzen yok. Ama erkek olsa farklı olurdu. Mesela ben

The centeredness of older adults in the lives of primary caregivers makes them spend less time with their spouses. They have to reduce the time that they spend together. While in families with socio-economic status, these activities are mainly going to the cinema, theatre, holiday, families with socio-economic status even cannot go shopping together since somebody should stay at home with older adults. Social activities, life styles vary across socio-economic groups. Thus, what they deprive from in the sense of social activities also changes from each other. While for families with socio-economic status, it was also hard to go to holiday before caring responsibility, for families with socio-economic status it was indispensable family activity. This is also related with the education level of the families. According to TAYA (2011), while higher educated people spend their free times and holidays mostly at hotels, hostels or summer homes, no schooling or primary level of education results with “I do not have such holidays”. In this study, all of the primary caregivers with middle socio-economic status at least graduated from high school and almost all of them from university, while only four of the lower SES primary caregivers are graduated from high school. Together with being able to pay a holiday, caregiver’s education level and cultural resources affect these decisions and, thereby, feeling of deprivation. Moreover, when there is need to go outside arranging someone to stay at home is not easy for lower income families if there is no other family member that can take this responsibility. On the other hand, existence of paid care worker lessen the required time to spend with older family members, thus, gives opportunity to primary caregivers to spend time together. Even though they cannot travel as they used to, they have still motion flexibility within the border of the city. These escapades help couples to maintain their relations. Moreover, since most of the families with low socio-economic status share same house with their parents and in-law, they lack private time and space with their spouse more than middle socio-economic status ones. And lack of privacy triggers discussion among couples. As in the case of parent-child relation, women are again the main source of regulator and maintainer of relations by putting effort. Moreover, since women in the low socio-economic status continue all gendered domestic chores and emotional labour not

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altını açıyorum bütün evi bir koku sarıyor. Adamlar çocuklarını bile katlanmıyor buna mı katlanacak. Katlanmazdı. O rahatlığım var benim.

only to the parents but also to their spouse; they suffer more than male counterparts. Once again, female primary caregivers due to their intersectional position are object to greater social and gender inequalities.

Previous dynamics of couples, their relations, provision of support, and lack of support, co-residence and extra-residence, and lastly existence of paid caregiver are the important factors that affect couples' relation after elderly-caregiving. While some relations is not affected or positively affected by caregiving, discussions about older adults occupy a place in the relations between couples. Yet, no matter how big the debates come to, such as "your mom or me?" marriages did not end in this study. This is mainly due to the fact that, family as an institution keeps ground. However, this brings extra roles to women to balance and continue all relations within the family.

### **5.1.3. Primary Caregiver's Relation with their Children**

In this part of the thesis, primary caregivers' relation with their children after the caregiving role, and the experiences of children within this responsibility of their parents will be demonstrated through the perception of primary caregivers. Primary caregivers' experiences vary with relation to their children's age. If grandchildren are younger and still depend on their parent, then primary caregivers have to undertake a balancing role between grandchildren and grandparents. However, if grandchildren are older enough and also live closer to the place of caring, all of them in some way support their parents.

Except a few examples, if the children are older enough to support primary caregivers they are there to help. Children of the primary caregiver support their parents by providing direct care and/or emotional support to their grandparents. According to narratives of the caregivers, this support is chance for them to rest and relax. Filiz (middle SES, 50 years old), for instance, do still share the same house with her daughter, Merve, who works. Three generations lived in the same house: grandmother, mother and daughter. Merve has a really close relationship with her grandmother. Filiz emphasized that Merve is always there to provide care to her grandmother and also help her in the crisis moments:

She would help in any case. For example when I had to go somewhere. So at some point, we started doing the things automatically. Let's suppose her grandmother woke up. She would take her wheelchair next to her bed, help her get up and sit in. She would take her to the bathroom, take her diaper off, if she had any problem, make her lay down, then she would clean her hands, her face with a wet towel while they were in the bathroom and took her back here again and made her sit. [...] For example even I had so many complex things to do, I would cook her meatballs. She can't eat vegetables because of her intestines. She suffers from diarrhea if she does so. I bring her the meatballs and she doesn't eat. Merve says "Mom, take it back to the kitchen and I will try it once more soon." She loves her as she is her granddaughter. She comes five minutes later. "Grandma, look what I have cooked for you." She says. She slices them to small pieces and feeds her. So it affected in a positive way. She did everything she had to and could do. For example this television here belongs to my mom. If I am to watch something, I do it in my own room. Right after that, when I come to the living room, I realise that Merve has changed my mom's diaper. "I could do it my girl", I say. Thankfully she says "No mom, she is also my mom, my grandma" she says.<sup>97</sup>

As in the spouse relations, child –parent relations in the period of elderly-caregiving also positively affected if support is given to the old family members, emotionally and/or physically. For example, Merve do not provide only direct physical care by changing diapers or feeding her grandmother, yet she also supports her mother emotionally by giving her moments to time-out. In some cases, time-out is longer than one hour as in the case of Necla (middle SES, 57 years old). Necla provides care for her mother-in-law, Mualla. Mualla does not want to stay other than her house. So, to go somewhere Necla needs to arrange someone in her house. Her spouses' siblings want to take care of their mother at their own apartments, but Necla expressed that it affects badly her mother-in-law, since she used to her own house and feels sad in somewhere else. Necla's daughter is saviour at these moments:

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<sup>97</sup> Her türlü oluyordu. Mesela ben diyelim bir yere gittim. Ya şöyle artık biz bir takım şeyleri otomatiğe bağlamıştık. Anneannesi uyandı diyelim. Yatağınnın yanına iskemlesini götürüyordu. Kalkıp oturtuyordu. Tuvalete götürüp bezini elip ondan sonra tekrar bir şeysi varsa eğer yatırıp ondan sonra elini yüzünü tuvaletteyken bir ıslak mendille temizleyip alop getirip buraya oturtuyordu.[...] Mesela ben o kadar yoğunluk arasında gitmişim köfte yapmışım anneme. Yiyemiyor sebze bağırsaklıdan dolayı. İshal oluyor. Götürüyorum yemiyor. Merve anne götür içerি ben birazdan denerim diyor. Torun ya onu daha çok seviyor. Beş dakika sonra geliyor: "anneanne bak ne yaptım sana ellerimle diyor. Kesiyor ufak ufak eliyle yediriyor. Olumlu etkiledi yani. Üzerine düşen her şeyi yaptı. Mesela buradaki televizyon annemin. Ben bir şey izleyeceğim zaman odamda izliyorum. Bir geliyorum salona, Merve annemin altını değiştirmiş. Kızım ben yapardım. Yok anne o da benim anneannem diyor sağ olsun.

For example I was going to go on a holiday. My daughter came. She stayed at home for one week with her husband. She took charge with her husband. So I went there and returned in one week. I am very very happy. It won't happen again soon as she is working and she has her own home. It comforts me when she backs up in this kind of situations.<sup>98</sup>

Support from children to their parents is not always in this amount as in the cases of Necla and Filiz. For example, Melek's (lower SES, 50 years old) daughter, Nur, also makes time to her mother. When she comes home, if she does not have to study, she tells her mother "go to a neighbour and get relax". Children's little helps also make their parents happy and provides time to rest. Primary caregivers show, on this issue, that they do not expect so much help from their children, especially if they are younger, thus, they are pleased from any tiny help/support:

They're fond of their grandmother. In an excessive way. And when I don't have enough time, my son steps in. For example when she starts coughing, he brings her water. In the blink of an eye he runs and brings his grandmother's cup. My daughter is the same. She helps her wear her socks. When I have to take care of my husband, they come to my assistance (Perihan, lower SES, 42 years old)<sup>99</sup>

My biggest supporter is my daughter. When she realises that I get exhausted, she plays the music I love, makes a thing I love. My biggest power is listening to her when she is talking about her dreams (Sema, lower SES, 40 years old).<sup>100</sup>

As it is conceived from the statements, even little physical and emotional support might give energy to primary caregivers. This is again related with expectations as we have seen from couple relations. Moreover, these supports from the children are also gendered issues. All statements above show that emotional and physical labour to both primary caregivers and older adults provided by daughters rather than sons of

<sup>98</sup> Mesela geçen hafta tatil gidecektim. Kızım geldi. Bir hafta evde kaldi kocasıyla birlikte. Bakımını o üstlendi eşyle beraber. Ben de bir hafta gittim geldim. Çok çok memnunum. Başka yok nun da işi var gücü var evi var yani. Öyle durumlarda destek olması rahatlatıyor.

<sup>99</sup> Anneannelerine çok düşkünler. Aşırı derecede. Ve bazen böyle benim bir tık yetişemediğim yerde oğlum yetişiyor. Mesela suyunu falan verdi öksürdüğünde. Bir bakıyorum benden önce koşmuş anneannesinin suyunu vermiş. Kızım da aynı çoraplarımı giydirir. Çok böyle eşimle ilgilenmem gerektiği zamanlar o zaman çocukları yardım koşarlar.

<sup>100</sup> En büyük destekçim kızım. Çok yorulduğumu anladığı an sevdığım bir müziği açıp, çok sevdığım bir şeyi yapıp, ortaya çıkartması. Hayallerini anlatması en büyük gücüm.

the primary caregivers. Like their fathers, sons provide support in terms of transportation, buying medicines. On the other hand, daughters are there for their parents for direct physical care, by diapering them, feeding them, lifting them, and they also deal with their grandparents' emotional satisfaction.

In the interviews, primary caregivers that have younger children without exception emphasize that they are in a tight situation due to generation differences. The children under age 18, in this study, reproach from why only their parents provide care. This is mainly due to the fact that children and parents could not spend so much time together. In some cases, children are even jealous of their grandparents:

My children are jealous at times. That feeling is very strong among them. Both sides get jealous. When she calls me for a reason for example, "Ok my girl, I'm taking care of your grandmother, I'm coming" I say. She answers as "Of course, my grandmother is more important to you." My children became rebellious. They act petulant. For example just a few days before, it happened to my elder daughter. She said, "If you are doing everything they want, you have to do what I want as well, you gave birth to me." She even doesn't stoop to taking this cup away. So I experienced this kind of a period. I have trouble with my children very much. [...] They have become rebellious. They try to act selfish. They think that I care her more than them. Though an offspring is precious than anything. They think that I don't love them anymore (Sema, lower SES, 40 years old).<sup>101</sup>

Caregivers spend so much time to house chores and caring labour. This might cause their children to jealous their grandparents since they cannot find time to spend with their own mothers as Sema's daughters. Besides, primary caregivers are caught in the middle due to discussions between two generations, and lack of compromise. These discussions and lack of time with their parents lead children to ask "are you her only child?":

When he comes home there becomes a generation gap with her grandmother. I straddle. Sometimes it happens, sometimes it doesn't. I tell her to shut up,

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<sup>101</sup> Çocuklarım yeri geliyor kıskanıyorlar. Kıskançlık duygusu çok oluyor. Her iki tarafta kıskanıyor. Bir şey için çağrırlar mesela "tamam kızım geliyorum babaanneme bakıyorum" diyorum "tabi babaannem sizler için daha önemli" diyor. Çocuklarım bana karşı asi oluyor. Hırçınlıklar oluyor. Mesela büyük kızım bir kaç gün önce yaşamıştı. "sen hep onların isteğini yapıyorsan beni de doğurmuşsun benim her istediğimi yapacaksın." dedi. Şu bardağı kaldırırmaz. Yani öyle bir dönem yaşadım. Çocuklarımıla çok sorun yaşıyorum [...] Çocuklarım bana karşı asileşti. Bencillik yapmaya çalışıyorlar. Yani şöyle onlardan üstün tuttuğumu düşünüyorum. Oysa evlat her şeyden değerlidir. Sevmediğimi düşünüyorum

she doesn't. Tell the same to my other child, he doesn't either. At that point I straddle. [...] When there are conflicts, she asks "Are you her only child?" (Birgül, lower SES, 53 years old).<sup>102</sup>

My elderly daughter overreacts. My husband has two sisters. She gets very angry that they don't do the same things I do for their mother. She is not your mother, she didn't give birth to you, she is your husband's mother. You should come to your senses however much you love my father. They should also perform their duties, she says. That's why we have so much trouble with my daughter (Sema, lower SES, 40 years old).<sup>103</sup>

In Gü'l's situation, conflict of generations differ from other cases since her children are the youngest one in this study. She is in a tight situation and she balances the conflict between generations like balancing the conflict between older adults and spouses. She needs to maintain the family while taking care of both her children and her father-in-law to keep family together:

You get over. I mean the problems by talking. Even if we argue about the television. Cause the children often watch cartoons. I say "Dad, you're an old man. It doesn't matter if you don't watch it." "Don't watch, come on say the rosary for a while" I say for example. Let those watch. As I told you, I am like a peg top between them, whirling around and trying to calm down one after another. I tell my son not to behave like this as he is an old man. For example "Your grandmother is dead, she won't come back again, didn't you feel sad when she died?" I say. Then he says "Okay mom, I'm sorry grandpa." Then goes and kisses his hand. I try to calm him down for example. I don't want my son to get disgusted by his grandfather. For instance, pardon me but he goes to the toilet. My son says "Mom it stinks." "Hush my son, it can be, don't." "Now I will help him wash his hand, don't ever do this again." Don't get disgusted, don't hate. We will also grow old. "Things like that may happen, come on, go kiss your grandfather" I say. So I am always the one who warms up the relationships.<sup>104</sup>

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<sup>102</sup> Eve gelince biraz kuşak çatışması oluyor anneannesyle. Arada kalıyorum. Bazen oluyor bazen olmuyor. Sus diyorum, susmuyor. Diğerine diyorum o da. Öyle arada kalıyorum.[...] Çatışmalar olunca bir tek evlidi sen misin diyor.

<sup>103</sup> Büyük kızım çok tepki gösteriyor. Eşimin iki tane ablası var bizim. Onların benim anneanneye yaptığı babaanneye yapmadıkları için çok kızıyor. Senin annen değil seni doğurmadı bu kadın o eşinin annesi. Babamı ne kadar çok sevsen de kendine gel. Onlar da yapması gereken şeyleri yapsınlar diyor. O yüzden kızımla çok sorun yaşıyoruz.

<sup>104</sup> Aşıyorsun. Konuşa konuşa sorunları. Televizyon kavgası da etsek. Çocuklar hani çizgi film falan çok izlediği için. Ya baba diyorum sen yaşlısun boş ver diyorum. İzlemeyi ver, hadi iki tespit çek diyorum mesela. Şunlar izlesin diyorum. Diyorum ya ortada firıldak gibi bir onu sakinleştiriyorum bir

According to the statements of these women, they have to handle both elderly-caregiving and at the same time the role of maintaining the family. Sometimes women are in tight situation between their own parents and their spouses sometimes between their children and parents. Yet, they continue all of these duties, which make them exhausted.

In the interviews, primary caregivers, who share same house with their older adults, do not only have to balance the relations between generations, yet, according to them sharing the same house with both generations affects directly the parent-child relation:

No, my daughters are well behaved. Cause they are still very young. We have this kind of a problem with their grandmother; for example they want to listen to the music, my younger daughter likes to listen to it loudly. Grandmother says, "Why on earth does this girl listen to foreign music?" My elderly daughter dresses herself up and wants to go out. She does it twice a week. She also doesn't neglect her studies; she is a hard working girl. We have experienced such a hard period. [...] Especially during their exam times, study times. Just when they were lively and needed me much. For example, girls have they period. They have pain because of that. They become emotional. "What's that, why you make children get used to these?" I go mad. Since they didn't to these to us, to our generation, they don't want me to help my children. At those times I have great difficulty (Sema, lower SES, 40 years old).<sup>105</sup>

Life styles and life choices vary across generations. As it can be understood from Sema's statement culture plays a crucial role in the conflict of generations. Her mother-in-law's pressure affects Sema's relation with her daughter and also with her

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onu. Oğluma diyorum bak o yaşlı diyorum yapma diyorum. Babaanne öldü diyorum, bir daha gelmeyecek diyorum, üzülmedin mi diyorum mesela. Tamam anneciğim diyor, özür dilerim dede deyiş elini öpüyor. Arayı da soğutmuyorum mesela. Çocuğumun da dedesinden tiksinmesin. Mesela söylemesi ayıp tuvalete gidiyor. Oğlum "Anne kokuyor." Oğlum, olur, sakin. Şimdi ben elini yukarıyı sakin öyle yapma. Tiksinme, nefret etme biz de yaşlı olacağız. Olur öyle şey hadi sarıl öp dedeni diyorum. Yani ben hep arayı birleştiren kişiyim.

<sup>105</sup> Yok hayır kızlarım iyidir. Çok küçükler çünkü daha. Şu sorunu yatıyoruz biz babaanneyle çocukların. İşte atıyorum çocuklar müzik dinlemek istiyorlar. Küçük kızım yabancı müziği bangır bangır dinlemeyi çok sever. Babaanne bu ne gavur müziği dinliyor filan diyor. Büyük kızım giyinip kuşanıp gezmeye gitmek istiyor. Haftada iki kere gidiyor. Hani ders filan çalışıyor sorumluluğunu bilen bir kız. Hani baya bir zor dönem geçirdik.[...] Çocuklarının sınav zamanlarında. Ders zamanlarında. Tam deli dolu bana ihtiyaçları olan dönemde. Mesela kız çocukları adet görürler. Sancıları oluyor. Duygusal oluyorlar. "O ne çocukların böyle alıştırıyorsun." Cinnet geçiriyorum. Bize yapmadıkları için çocuklarına yapmamı istemiyorlar. O zamanlar çok zorlanıyorum.

mother-in-law, since she is the one that has to balance this relation. Indeed, having an older family member at home affect parent's behaviour to their children. For instance, Hande (middle SES, 59 years old) has been providing care for her father-in-law for eleven years. When he started to live in their home, her daughter was really young and she expresses that since there is *father* at home maybe she could not react her daughter as she might in the absence of him. And this affects the way of raising her child, according to Hande:

When her grandfather came living with us, my daughter was going to first grade of the high school. I thought that i neglected her at times. She was in the most troubled times of her adolescence. I sometimes ask myself that, if her grandfather wasn't at home, would we be more strict? Sometimes I think that we let some of the things get out of control. There were times that I thought if we should have been more despotic, if we should have shouted at her. I wonder if we should have been more strict? So when there was an elderly at home we kind of couldn't balance. There were times that I thought if he could warn a bit different when he did.<sup>106</sup>

Therefore, parent-child relation is not affected only in that specific time period; yet, the future of the relationship is also influenced by elderly-caregiving responsibility. Moreover, limitations on spending time together are another factor that affects the dynamics and relations between children and parent. Especially, the primary caregivers, who provide care to physically dependent older adults, express that it becomes hard to spend time with their children. For example, Suat (middle SES, 42 years old) has been providing care for his mother for five years. His mother has 98% disability report; she cannot walk, she cannot breath without assistance of a machine. They cannot leave their mother alone. His father is always with her, and there is also a full time domestic worker at home to take care of her. Yet, Suat cannot trust anybody in the health issues, i.e. aspiration. Moreover, since his father is also an old man, sometimes he cannot understand any complications which make Suat spend more time with his mother, especially in the

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<sup>106</sup> Yani zaman zaman mesela kızım 7. sınıf, lise bire gitirdi, dedesi bize geldiği zaman. Bazen onu ihmali ettiğimi düşündüm. O da tam böyle ergenliğinin en deli zamanlarındaydı. Hani bazen acaba evde dedesi olmasaydı hani böyle bazı konularda daha mı hani ipi ucunu kaçırık gibi düşünüyorum bazen. Hani daha mı despot olmamız gerekiydi, bağırıp çağırımadım mı gerekiydi diye düşünüp taşındığım zamanlar olmuştur. Acaba daha mı sert olmalıydydim. Biraz tabi şey yapamadık evde bir büyük olunca hani uyarmamız gereken şey de hani daha mı şey uyarmalıydı diye düşündüğüm zamanlar oldu yani.

beginning of the caregiving role. Suat has two children, who are below nine years old.

In the beginning I never went home. I was hanging around as I got bored. You neglect children. The first years changed my life very much. I can say that this child grew up without a father. Well it affected very much but as I told you, after you get used to it, you start sparing some time. [...] You can't spent time with your children. So you spend all your time here and you can't help your children's homework. You can't realise it until they grow up. For example my son... My son has started elementary school, I couldn't realise even this. Well no, not that far. You don't realise it at all. You can't think of anything else at that point. Neither your children, nor anything else.<sup>107</sup>

Hülya (lower SES, 52 years old) provides care for both of her parents, but especially to her mother. They do not share same apartment, but they live in the same apartment, which makes Hülya spend most of her time to her parents. Due to intensity of elderly-care, Hülya feels exhausted when she comes home; and cannot find energy to do anything. Like Sema cannot find energy to spend time with her spouse, Hülya also cannot find energy to allocate time to her daughter and son:

For example today my daughter told me that one of her friends who has graduated from high school has started studying medicine last year. They had sent her abroad. She came to take her clothes and that they were going to meet for breakfast. She said "Mom, let's go to the cinema with my brother and you." I told her that I don't know what might happen at that moment. You are on my back from the night before. I don't know what tomorrow brings us. Now she told me that she will be back in two hours. I don't know about the cinema. No, I don't have such a desire. It disappears. Because when they were younger, I used to take them to the cinema and theatre. I made them participate in social activities. Chess, volleyball, folk dance, traditional music instruments... but they always left them incomplete. But I always ran around after them. In elementary school, secondary school in order to make them [...] Today she says "Come on mom, let's go the cinema." but I don't feel like it at all. I can't. I miss taking my children for a walk.<sup>108</sup>

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<sup>107</sup> İlk başlarda mesela ben hiç eve gitmedim hani binada bunalıp takıldım filan çoluğu çocuğu ihmal ediyorsun ama benim hayatı mesela ilk yıllar çok değiştirdi. Şu çocuk babasız büydü diyebilirim. Yani etkiledi ya baya bir etkiledi ama dediğim gibi sende alıştıktan sonra hani iki üç saatini ayıriyorsun artık.[...] Çocuklara zaman ayıramıyorsun . Hani hep burada geçiyor zaman derslerine vakit ayıramıyorsun. Büyüdüğü bilene fark etmiyorsun . Ondan sonra benim oğlan şeymiş onu bilene fark etmedim. İlk okula başlamış mesela onu bilene fark etmedim. yok canım o kadar da değil. Hani hiç de fark etmiyorsun yani. O an hiç bir şey gözüne gelmiyor ne çocuk ne bir sey.

Hülya complains about being not able to arrange time for her children. Even though she and her children do still have a nice relation, not spending enough time makes Hülya sad and puts relationship into another form:

For example, I can't pay attention to my children. I myself am not so important. But when it comes to the children, it is disturbing. [...] It affects for sure. Affects in a negative way. When the children get up, they wait for a breakfast over there. They do it somehow, they take the food out of the fridge, I can't say that they can't. But if I prepare it, then if we sit and have breakfast all together, it feels much better.<sup>109</sup>

Well we took the responsibility; we are obliged to look after. We took the responsibility of the mother and father, and then the brother. Sometimes I regain consciousness and tell myself that I have two children as well. They are more important than anything. So I hold on to life firmly.<sup>110</sup>

On the other hand, families who do not live closer to their children have problems to see them.

As my son lives far away, if I go somewhere, I have to take her with me. When I took her once, she fell down and broke her rib. We had trouble (Necla (middle SES, 57 years old).<sup>111</sup>

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<sup>108</sup> Mesela bugün kızım dedi ki bir arkadaşları tıp kazanmış mezuna kalmıştı geçen sene. Yolcu ettiydi gittiymişti geçen sene. Kıyafetlerini almaya gelmiş bugünkü kahvaltıda buluşacaklar olmuş. “anne şeye gidelim abim sen ben sinemaya gidelim” dedi. İyi de kızım dedim ne olacağımızı bilmiyorum ki akşamdan tepeme dikilmişsin dedim. Bilemiyorum ki yarın neyi gösterir. Şimdi 2 saatte kadar gelirim dedi. Yani sinemaya bilmiyorum. Yok yani öyle bir isteğim yok, kalmıyor. İsteğim de kalmıyor. Çünkü ben onları küçükken hep sinemalara götürürdüm, tiyatrolara götürürdüm. Böyle sosyal açıdan seyler yapturırdım. Satranç, voleybol, folklor, saz... Ama hepsini de yarı bırakıltılar. Ama hep koşturduğum böyle. İlkokul ve ortaokulda, onları şey yapmak için.[...] Hadi anne sinemaya gidelim diyor mesela bugün ama hiç içimden gelmiyor, gidemem. Çocuklarımı gezdirmeye özülüyorum.

<sup>109</sup> Çocuklarla ilgilenemiyorum mesela. Öyle kendim de çok önemli değil ama. Mesela çocuklarınla daha çok şey olamıyorum o rahatsız ediyor mesela. [...] Etkiliyor tabii. Negatif etkiliyor. Çocuk kalktığında şurada bir kahvaltı sofrası ister. Yapıyorlar yani kahvaltlıkları çıkartıp yapıyor bir şekilde yapamıyor değil. Ama benim böyle hazırlamam onlara hep beraber oturup yememiz ayrı bir güzel olur.

<sup>110</sup> Bakıyorum işte sorumluluğu aldık. Annenin babanın aldık, bir de abinin aldık. Bazen kendime geliyorum yeter ya benim iki tane çocuğum var. Onlar her şeyden daha önemli diyorum. Daha bir hayatı sarılıyorum.

<sup>111</sup> Şöyle oluyor ama mesela benim oğlum uzakta gitmem için götürmem gerekiyor. Götürdüğümde de düştü mesela kaburgasını kırdı. Sıkıntı oldu.

Yet, living in long distance to each other prevents any negative effect of elderly-caregiving in the parent-child relationship. Indeed, without caregiving roles, this long distance child-parent relation would be still long-distance. However, expectation from a closer relationship is higher than a long-distance; thus, relationship among child-parent has started to be affected by elderly-caregiving.

No it didn't make any difference. My son is already 29 years old. 9 years ago he was 20. Those times we didn't use to see each other frequently as well. He was a grown up already and he didn't need me much. He wanted to hang out with his friends. But when things go that way, you can't compare. When he got sick, he was in Turkey. Now he has been living abroad for years (Adnan, middle SES, 59 years old)<sup>112</sup>

When there is someone to share the responsibility of elderly-care, then the trajectory of the relation can be continued easily:

My son lives in America. I go visit him for a week. There are times when I stay two or three months as well. Then my sister takes all the responsibility. When she goes on a holiday, I do the same. It goes on like this (Nihal, middle SES, 67 years old).<sup>113</sup>

As above narratives show mostly families with low socio-economic status have difficulties to maintain child-parent relation. This may be due to the fact that they have younger children in the study; however, co-residence also affects this. Since most of the primary caregivers with middle socio-economic status continue caregiver role with extra-residence, it becomes easier for them to maintain their relation with their children. For example, Melike (middle SES, 53 years old) stated that it would not be possible to take her mother to her home due to her daughter's preferences- she wants to stay home alone and then Melike and her spouse left home to her, yet in case of Melike provide care at their home it would not be possible to satisfy her daughters need. Thereby, option of extra-residence lessen the possible difficulties arise regards to elderly-care. And lower income families do not have such an

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<sup>112</sup> Yok değişmedi şöyle zaten benim oğlum şimdı 29 yaşında diyelim. 9 yıl önce işte 20 yaşında filandı. O zamanda görüşmelerimiz artık öyle çok sürekli değildi. Artık kocaman çocuk olmuştu artık istemiyordu ki. Arkadaşlarıyla takılmak istiyordu. Ama öyle olduktan sonra da zaten bir de bunu kıyaslayamıyorsun da. Hastalandığında Türkiye'deydi şimdı yurt dışında yillardır.

<sup>113</sup> Ben oğlum Amerika'da yanına gidiyorum bir hafta iki ay üç ay kaldığında oluyor. O zaman ablam hepsini yükleniyor. Ablam tatil filan gidince ben hepsini yükleniyorum o da öyle gidiyor.

opportunity; thus, extra provision of emotional labour extends and includes their children addition to their parents and spouses. The lack of spouses in the maintenance of relations between generations and parent-child relation, especially in the families with low socio-economic status, decrease the pleasurable aspects of love labour and increase the affective inequalities that women face with.

In conclusion, relationship between primary caregivers and their children affected from various factors during the elderly-care responsibility. While the grown up children may be a source of support by providing direct physical and emotional support to their grandparents, they also take the role of mediator by providing a space and time for their own parents in order to let them free. On the other hand, when generation differences expand than it means another work for primary caregivers since they have to balance this relation. Female primary caregivers continue to maintain family relations addition to provision of care to older family members. Yet, lack of time spent together with children transforms the dynamics between parents and children. While children get jealous their grandparents, parents miss to spend time with them, in some cases, even they missed how they grown up. Moreover, existence of an older family member also affects the attitudes toward children by controlling themselves.

#### **5.1.4. Siblings' Relations after Elderly-Care**

Addition to spouses and parents and parents-in-law, siblings are important part of this process. Being a part of provision of care or not affects “who will be the caregiver”. Only in one family in this study there is an equal distribution of practices among siblings. Indeed, in this case, only older sisters take the responsibility they did not want their brothers to be part of this. Therefore, I can say that in none of the families there is equal distribution of caring. Thus, fairness becomes a key issue in the siblings’ relation. Siblings’ being part or not affect how primary caregivers experience elderly-caregiving, especially when there is not any opportunity of paid caregiver or nursing homes.

In lower SES families, when I asked them in what conditions they would like to continue this responsibility, they replied in two ways: in-cycle with their siblings or

extra-residence, but they will still continue their primary caregiver role. I discuss these expectations in the next chapter of this thesis, yet, for now, I would like to elaborate siblings' positions and support in caregiving.

According to narratives, siblings may become the only source of support since they did not expect any more help/support from their spouses. Thus, being not part in the distribution of provision of care affect primary caregivers' duties. For example, Melek (lower SES, 50 years old) provides care for her mother-in-law. This is an obligatory situation for her since her spouse did not want her brother take this responsibility due to not trusting him for such a big responsibility. At the end, Melek suffer from burden of care emotionally, physically and mentally since her spouse works and cannot provide care 24 hours whereas Melek has to. Thus, she would like to take care of her mother-in-law in cycle with her brother-in-law, since it becomes unbearable for her to handle tremendous burden. Moreover, according to her, there is no other possibility to take care of parents other than homes. Thereby, provision of care in-cycle is only but not materialized issue.

On the other hand, when not being part happens within sibling relations, primary caregivers get angry to their siblings. Perihan (lower SES, 42 years old) tries to provide care despite the problems that she has with her spouse. Thus, she wishes to provide care from extra-residence. Moreover, she also complains from her siblings' attitudes towards caring responsibility and being not part of it. They only come to sit and chat with their parents, but, this does not solve the problems of Perihan.

Within middle socio-economic group, only Filiz (59 years old) complains about her sister's insufficient contribution to caring responsibility, especially when she provided care at home before her mother has started to live in a nursing home. Moreover, even nursing home ease the burden of care, since she and her sister need to arrange visits to nursing homes, her being irresponsible in this sense makes her sad and get angry. Filiz stated that she could not understand whether she is also her mother or not, since she acts even irresponsible to provide emotional support. This is mainly due to the fact that her sister has started a business with her daughter and goes abroad often. This change in the life of Filiz's sister affect how they divide the

roles, and to what extent they can fulfil their duties. In line with the Con's (2013) study negotiation among siblings include multiple actors, becoming a caregiver is not an isolated issue apart from other family members, this study also shows that siblings' life trajectories affect life transitions of primary caregivers. Con (2013:135), in her thesis, highlights that "involvement of each child in the parent care is not static over time; it shows variations over time in line with the individual and familial life transitions." According to Con's study, a life changing event in a specific sibling affects how they organize caring. When her sister started a business, Filiz has to spend more time with her mother, even though now she is in a nursing home. Filiz has started to visit her mother more often in order not to make her feel alone at nursing home. Moreover, she also limits the day of holidays, since her sister does not fulfil Filiz's visiting days.

Contrary, distributing tasks related to care makes trajectory of the sibling relation as are. Nihal (middle SES, 67 years old) stated that since they have clear share, and both of them know what and when to do, and none of them postpone or escape from their responsibilities, she does not have any problems with her sister. As I said above, her other siblings do not take any responsibility, but since it is all siblings' decision this does not become a problem. On the other hand, even the ones, in middle SES families, who does not complain about lack of existence, since they can provide this support by hiring a care worker, they complain about intervention of other siblings. They argue that these interventions make caring harder for them, since these interventions ruin the order of caring that primary caregivers establish. And according to them, this routine makes easier to provide care, since they know what to do when.

As in other relations within the families, being with middle SES brings facilitating options such as hiring a care worker which decrease the need of support from siblings. On the other hand, for families with lower socio-economic status this is almost the only way to decrease the level of burden. On the other hand, mostly women among other siblings take the responsibility of caring, even they take the role of maintaining relations with their spouses, parents and spouses, they do not take such effort for their siblings. Since my questions posed to respondents do not include

how their relations with their siblings affected, I can only conclude that siblings' being there or not when they are in need affect the level of burden that primary caregivers face with.

## **5.2. Individual Outcomes of Elderly-Caregiving**

In this part of the thesis, I analysed how caregivers' lives are affected by responsibility of caring. I have started from discussing how their daily lives are affected by filial responsibility and effects of caring to caregivers' emotions, bodies and oneselves. Lastly, how motivations of caring together with dynamics of caring left caregiver in between burden and love labour is the final discussion of this part.

All of the caregivers' lives has started to revolve around their older family members after they became caregivers to their parents and/ parents-in-law. Moreover, almost all of the respondents mention that their lives turned into elderly-caregiving. In other words, this is their life now. If something has started to be equal to your life, then we cannot deny that it affects primary caregivers' lives from deep inside. As it is widely discussed in the third chapter, health problems, depressive symptoms, emotional problems, increased stress level, tiredness and sleeplessness are common effects of elderly-caregiving to caregivers (Pinquart& Sörensen, 2006; Fingerman et.al., 2008, Faiston, et.al. 1999, Akyar & Akdemir, 2010, Tuna & Olgun, 2010). In line with these discussions in the literature, since more hours of care is provided by female caregivers, they are the ones faced with these burdens in this study.

Even though there is a decrease in the extended family form and increase in the nuclear family form, as Koç et.al. (2010) stated there is still tendency to live together or transform from nuclear family to extended form which is a transient extended family: loss of one of the parents and/or need of direct care underpins transient extended family. In this study, there exists also transient extended family form. Join of an older family member into the nuclear family changes design, form and approach to house. Even in the first hand it seems like it is a spatial change, yet it also affects one's approach to household. This inclusion affects primary caregivers' familiarisation to their own house. As I have discussed in detail in family relations section, the entrance of an older family member into the residence brings new

dynamics to family relations. For example, living room is not anymore a place that nuclear family members can spend time freely or it may become a space for older adults' care such as in the case of Nuriye. Nuriye (lower SES, 64 years old) moved her mother's bed in to the living room since it became hard to lift her up to the upstairs. This change makes the living room a bedroom for older adults. In other words, it becomes a place for caring not anymore a TV or conversation room. A place, where family members come together and watch TV and talk with each other is now a place of elderly-caregiving or a bedroom for older adults in the case of co-residence. Thereby, I can say that first individual outcome is the change in the meaning of household.

For primary caregivers house, living room are spaces of caring and lost their previous meanings. Existence of another body, addition to their own children and spouses, even this is one of the spouses' parent, changes the experiences which shift primary caregivers' space perception and their relation with this place. As Sema (lower SES, 40 years old) stated your own house becomes a place where you can never close a door and started to live every intimate conversations openly; and, this changes not only your family relationships but also your connection with your own house. House is a place, which is concentric with elderly-caregiving and older adults' lives. This place cannot be abandoned, left and is a 'nursing' home, where it is hard to create a place for your own life. Transformation in one's relation with household also shows its self in primary caregivers' psychology, time spend to themselves, mobility and social lives.

Physical labour, emotional labour and mental labour are highly intensive in elderly-care as I have discussed so far. Addition to this, older adults becomes the centre of the lives of the caregivers. The tremendous provision of elderly caregiving, which includes keeping older adults in mind, organizing lives according to them, carrying, dealing with health problems etc., make the caregivers in this study tired both physically and emotionally.

In the interviews, primary caregivers suffer physically from caring labour due to extensive amount of effort. Their existed health problems worsen with caring duties.

For example, Nuriye (lower SES, 64 years old) diagnosed with herniated disk. Since she has started to sleep on the couch in order to follow easily her mother at nights, the course of a disease worsens. At some point during the caring, they have started to stop thinking even themselves, since their parents are more desperate position than them.

Filiz (middle SES, 59 years old) has to lift up her mother to carry to toilet. One day she injured her arm. Like Nuriye she even cannot consider her own health status:

For example she has a drug container. I am also suffering from tension. I set the alarm to one o'clock; it always rings at the same time. I stop it and then forget. But I never forgot her's. She would stand up by herself; I would help her sit in her wheelchair. But I would pull her from the back in case she fell down. I was assisting her. Then I hurt my shoulder at that moment. I wasn't able to lift my arm even this tall. I wasn't able to pull up my hair. Pardon me but I wasn't able to clean myself in the toilet. I wasn't able to wear pyjamas, wore a nightdress instead. In that period I hurt my back for example.<sup>114</sup>

Placing older adults in the centre of one's lives results with forgetting their own health problems for some caregivers in this study like Hülya (lower SES, 52 years old). They cannot get appointments from hospital since their parents' health is in more urgent situation. Since they put their older adults in their lives' hearth and since they do not have any backdoors, caregivers in this study feel suffocated. Staying at home 24 hours or keeping their parents 24 hours in mind restricts their lives.

But well I guess life can't go on this way, I'm fed up with everything. [...] My daughter also says it. "Don't live like you're in a monastery." she says. We'll see, will do something about it. (Ayşe, 70, middle SES)<sup>115</sup>

Due to putting parents in the centre of their lives, primary caregivers also suffer from tiredness addition to health problems. Tiredness is one of the most common complaints received throughout this research. Tiredness is both due to physical and

<sup>114</sup> Mesela onun ilaç kutusu var. Ben de tansiyon hastasıyım. Kendime alarm kurdurdum her gün 1de çalışıyor. Ama kapatıp unutuyorum. Ama onunkini bir kere bile unutmadım. Ama tabii şeyler oluyor kendisi kalktıyordu arabasına öyle koyuyorduk ama düşmesin diye ben arkadan çekiyordum. Destek oluyorum. O sırada omzum gitmiş. Bu kadar yukarı kaldırılamıyorum mesela. Saçlarımı toplayamıyorum, tuvalette affedersin temizliğimi yapamıyorum. Eşofman altı giyemedim gecelik giydim. Belim gitti mesela benim bu süreçte.

<sup>115</sup> Ama yani hayat böyle geçmez herhalde çok bunaldım.[...] Kızım da söylüyor zaten "manastırda gibi yaşama" diyor. Bakalım bir şeyler yapacağız.

emotional effort while providing care. Besides, the level of tiredness changes across primary caregivers according to intensity of workload and lack of support. Moreover, other duties addition to elderly caregiving; such as house chores and caring of children, intensify exhaustion.

I get up and start preparing the breakfast. I say “Look, there is messy, come on tidy it up.” Come on tidy that up, I say. “Look, the kitchen is messy, clean it” I say. For example “Hmm it’s one o’clock, two o’clock, let’s eat something” I say. “Oh, it’s time that Murat gets out of school, I should go take him” I say. I prepare the meals before he comes home. When my husband comes, I cook them, before he comes by the way. The salad, the soup. Then I suddenly realise that it’s ten o’clock. I say come on son. I don’t want to neglect him. We do his homework together then play a little, etc. He does his homework, then plays with his siblings. In those moments I run out of battery. [...] For example sometimes my neighbour invites me for a tea. I say, “My dear, how can I come when i look after 3 children and an elderly?” Nooo. Clean the house. My father-in-low went to mosque. Was he able to return home? Or did he get lost again? If he did, go out and search for him. He has gone to the mosque. Did he go to Ulus after that? Did he go somewhere else after that? (Gül, 32, lower SES)<sup>116</sup>

You have difficulties for sure. You feel exhausted. You become tired both mentally and physically. Everything might happen (Melek, 50, lower SES).<sup>117</sup>

In both of these cases, there is no one who shares house chores and they are always alone at home to take care of their parents-in-law. Furthermore, tiredness is not only a physical issue; indeed, primary caregivers feel themselves emotionally and mentally tired as Melek clearly stated. For example, Hülya (lower SES, 52 years old) does not need to provide physical assistance to their parents, but, she needs to deal with their health problems, transfer them to hospital, and provide food. Additionally,

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<sup>116</sup> Kalktım kahvaltı hazırlıyorum. Aha burası dağınık diyorum orayı topla. Hadi şurası dağınık orayı topla diyorum. Aha diyorum mutfak dağınık orayı topla. Hı diyorum saat bir iki olmuş haydi yemek yiyeлим diyorum misal. Aa Arda'nın okulu geldi , onu alayım diyorum. Arda gelmeden yemekleri hazırlıyorum. Eşim gelince de pişiriyorum ediyorum, gelmeden tabii ki. Salatasıydı, çorbasiydi. Aa bir bakıyorum saat on olmuş. Haydi oğlum diyorum onu da boşlamak istemiyorum. Ödev falan yapıyoruz biraz da oyun falan oynuyoruz. Biraz ödev yapıyor, kardeşleriyle oynuyor öyle işte. Benim sarjım bitiyor o saatlerde. [...] Komşu çağrıyor mesela bazen gel çay içelim diye. Diyorum, kurban olayım ben 3 çocuk 1 yaşı nereye geleyim. Yooook. Evi sil sürüp. Kayınbabam camiye gitti. Eve döndü mü? Kayboldu mu yine. Kaybolduysa çek ara. Şimdi camiye gidiyor, oradan Ulus'a mi gitti, oradan başka bir yere mi gitti.

<sup>117</sup> Zorlanıyorsun tabii, çok yorgun hissediyorsun kendini. Kafa yorgun oluyor. Vücut yorgun oluyor. Her şey olabiliyor

she supports their parents emotionally. Hence, her tiredness is due to emotional labour:

I cannot look after myself. Not at all. I am always tired. Always. I have mental fatigue more than the physical one. Your body becomes upside-down. You feel tired, exhausted. You can't get pleasure of anything. The pain penetrates my head, I have headache.<sup>118</sup>

According to statements of the respondents, the lack of support from other family members, i.e. from their siblings, spouses, increases the exposure to tiredness.

I'm tired. Tired. Tired. Physically, mentally. Tired of everything. When there's no one to assist you, it's hard to go on. For example I have a sister-in-law, brothers in law. [...] They don't assist and when they say that she looks after her somehow, it makes my blood boil, I can't lie (Gül, 32, lower SES).<sup>119</sup>

This tremendous tiredness leads primary caregivers wish to be assisted, yet while it is sometimes possible as I have discussed in the above sections, sometimes it is not on the table and leads more being exhausted:

You consider the assisting part but... He (her husband's brother) should also help so that we can relax a little bit. Because your burden is too heavy. If there can be a cooperation, you can also relax a little bit. For example, in the summers if they take him somewhere for at least two months, you can relax. Your body rests, your mind rests. Because you become very tired mentally. You can't sleep peacefully since you think that he might fall down if he gets up. If we hear any slight crackling, we immediately get up and check him. If he fell down or not. [...] You get tired after some time and it becomes harder. At that point you wish your sibling could also help. We lose our hope and continue (Melek, 50, lower SES).<sup>120</sup>

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<sup>118</sup> Kendime bakamıyorum. Hiç. Hep yorgunum ben hep yorgun. Beden yorgunluğundan ziyade ruh yorgunluğu var. Tamamen bu bünyen alt üst oluyor. Bitkin hissediyorsun kendini, yorgun hissediyorsun. Hiçbir şeyden zevk alımıyorsun. Direkt başıma vuruyor benim, başım ağrıyor.

<sup>119</sup> Yorgunum. Yorgunum. Yorgunum. Beyin olarak, vücut olarak. Her şeyden. Yorgunum yani . sahip çıkan olmayınca olmuyor. Bir kez mesela görümcem var, kayınlarım var.[...]Onların sahip çıkmaması bakıyor zaten demesi biraz kanıma dokunuyor yalan yok

<sup>120</sup> Biraz yardımlaşma amaçlı şey yapabiliyoruz ama. Biraz o da(eşinin abisi) yardım etsin bize biz de rahatlayalım. Çünkü yükün çok ağır oluyor. Biraz yardımlaşma olursa sen de rahtlarsın. Yazın mesela iki ay götürürse rahtlarsın. Vücutun dinlenir. Kafan dinlenir. Çünkü kafan çok yorgun oluyor. Uyku huzurun kalmıyor bir anda kalkıp düşecek diye. Bir çitirtı olsa kalkıp hemen bakıyoruz. Düşü mü ne

He is an Anatolian guy (refers to his husband). It's not a pleasant thing. Until when will I be able to handle everything? Sometimes I tell that I get tired. And he even doesn't want to hear my complaint (Fatma, 67, middle SES).<sup>121</sup>

Other than family members paid caregivers are another source of support. For example, Adnan (middle income, 59 years old) has been taking care of his father for nine years with a Georgian domestic worker. According to him, without such help he cannot handle his filial responsibility by looking his experiences before they found her: "If there were not any care worker, then there would be an amazing change. I have to say that it would be 100% change". Having financial resources helps primary caregivers to find their survivors:

I can't read books for example. I used to do it at nights before going to bed and I loved it. But now I am too tired. I have to put things in an order. [...] A strong support, of course (refers to the caregiver). Because before the caregiver, I was doing the housework daily and this is tiring for sure. Now we have relaxed a little bit (Ayşe, 70, middle SES).<sup>122</sup>

Yet, women with low socio-economic status have to do domestic tasks by themselves, as it is discussed in the previous parts. Due to this fact they do not only expose to tiredness, indeed they also suffer from sleeplessness.

For example I return from hospital in a hurry, wash my hands, change my clothes. [...] You might recommend preparing the food before going to the hospital. But you go there early in the morning. If you have the ingredients, you already cook it and put it in the fridge, cool it the night before. But things can't work this way all the time. The house, cleaning, all of these things are done in a hurry. [...] It was the same in every subject. Cooking, cleaning. You do it. You return and do it at night. I do the housework at nights, can you imagine? I do the cleaning at nights. I do the laundry, the ironing at nights. So that's all. I have to rush at nights. Then my sleeping patterns change. I can't

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yaptı diye.[...] Yoruluyorsun artık ağır geliyor. O zaman da diyorsun işte biraz kardeşin yardımcı olsun. Onlar da sağ olsun hiçbir şey görmediğimiz için. Ümidimizi kesip oturuyoruz

<sup>121</sup> Öyle bir Anadolu erkeği( eşinden bahsediyor). Hoş bir şey değil. Ben ne zamana kadar yetişeceğim mesela. Bazen yoruldum diyorum. Şikayeti bile dinlemek istemiyor bazen öyle oluyor ki.

<sup>122</sup> Kitap okuyamıyorum mesela. Çok severdim kitap okumayı geceleri yatmadan önce. Ama şimdi çok yorgun oluyorum. Ama bir düzene koymam lazımla... ( Yardımcıyı kastederek) Büyük destek, tabii. Çünkü günlük ev işlerini ben yapıyordum o da yorucu oluyor tabi. Şimdi o olunca rahatlardık biraz

sleep. There are times that I finish the day with two hours of sleep. I endure it somehow. So it affected my whole body for sure (Hülya, 52, lower SES).<sup>123</sup>

Fatma (middle SES, 67 years old) has to clean the house at nights because her father wants her always near him. Thus, Fatma has to clean and cook at nights. Fatma blames her partner to this tiredness because he does not give her permission to bring her father at home.

My husband, my sister and I sat and talked all together. We said that we already have to cook here and there. So what if everybody took him to their own house for a month? For example he is with me for one month. I brought him home. We already cook some stuff here. All that he eats is a spoonful of food. So I don't have to do the cleaning twice, think twice as this place is already being cleared up. "How about doing this?" I asked. For example my sister's husband said "Ok, why not? It's logical." He is a very nice guy already. There is no need to empty that house. One month me, and one month my sister. He doesn't accept. As he(refers to her father) can't hold himself, he has been messing his clothes since last 3-4 or 6 months. So we change his diaper constantly. We do the disinfection but he didn't want. Even when his condition was normal. So it couldn't happen because of me. If he wanted it, it could.<sup>124</sup>

Even though Fatma is from middle socio-economic group, due to several reasons, not economic ones, she has to handle both physical and emotional labour at the same time which makes her exhausted. Her father does not want to go to nursery homes, because it is uncommon in Turkey and it refers to "be abandoned" according to most people in Turkey from this generation. Fatma's partner does not want his father-in-

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<sup>123</sup> Mesela geliyorum apar topar hastaneden elimi yıkıyorum üstümü değiştiriyorum.[...] Diyeceksin ki hastaneye gitmeden yemeğini hazırla koy. Sabah erkenden gidiyorsun. Akşamdan malzemen varsa zaten yapıp, soğutup dolaba koyuyorsun. Ama her zaman olmuyor. Temizliktir evdir o da nasıl biliyor musun hepsemi böyle alelacele[...]Her konuda oldu yani yemek konusunda, temizlik konusunda. Yapıyorsun. Geliyorsun gece yapıyorsun. Düşünebiliyor musun gece iş yapıyorum ben. Gece temizlik yapıyorum. Gece çamaşır yıkayıp, ütü yapıyorum. Böyle yani. Mecbur geceye sığdırıyorum. O zaman da uykuya düinem kalmiyor. Uykum gidiyor. 2 saat uyuyla gezdiğim oluyor. Duruyorum işte. E tabii bütün vücutumu etkiledi bu benim.

<sup>124</sup> Eşim işte mesela kız kardeşim falan konuştu. Dedik orada da yemek pişiyoruz burada da yemek pişiriyoruz. Yani herkes evine birer ay götürse. Mesela diyelim bir ay bende. Ben getirdim. Biz zaten burada pişiriyoruz bir şeyler. Yediği zaten üç kaşık bir şey. Yani ikinci kez orada düşünmeyeceğim, ikinci kez temizlik yapmayacağım burası zaten derleniyor toplanıyor. Öyle yapsak dedim. Mesela eniştem çok tatlı bir insanı tamam demiş neden olmasın, mantıklı da. Yani o ev kapanmasın. Bir ay ben, bir ay kız kardeşim. Eve Kabul etmiyor. 3-4 aydır veya işte son 6 aydır filan diyelim kaçırma da var ya sürekli değiştiriyoruz. Sürekli dezenfektesini falan yapıyoruz ama istemedi normalken de istemedi. Yani benden dolayı yürümedi. İsteseydi yürüyecekti.

law at home even though Fatma has took care of his parent at their home before. Lastly, due to her father's being 'man', they cannot find paid caregivers. So, even though their economic sources provide opportunities for families, gendered norms may block this and leaves women alone with filial responsibility by ran back and forth between two houses' daily routines. She has to clean both houses, prepare food for both houses and also she needs to deal with her father's emotions and according to her he is really bad-tempered. Moreover, since her father afraid to be left Fatma needs to calm down him. Her father is diagnosed with Alzheimer after they lost their mothers. He can eat by himself and goes to toilet by himself but all other things are done by his children. He is also incontinent so the house must be cleaned often. Even though her other siblings do not stay with him at nights, Fatma does and her father does not let her to sleep in another room. Moreover, he also does not let her do house chores during the day since he wants her with him. When all of these come together, she feels exhausted.

On the other hand, half of the respondents mention that they cannot sleep due to their caregiver role. Some cannot sleep because they have to finish other duties, which they cannot do due to the fact that they have to organize their day according to care of their older adults. Moreover, three of the interviewees state that they cannot sleep since they cannot stop thinking whether any complications happen. For example, Suat's mother is dependent to respirator. He cannot sleep well due to power failure:

For example I have a system in every socket that alerts every time the electricity goes off. So that we can realise. After all you are asleep, and no matter even if you stand by his side, wool gathering devastates you (Suat, 42, middle SES).<sup>125</sup>

Another respondent highlights:

I fear that she will fall down. That her bones might get broken. Even though we took the couch here. She rests here. The bathroom was by the stairs and each time I took her there, I feared that we would fall down. But I don't have such a fear now, she lays down in the living room. As I say, I am always awake. I can't sleep. I can't even sleep peacefully. I have the fear that

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<sup>125</sup> Benim mesela şurada bütün prizlerde şey var ötüyor. Elektrik gittiğini anlayalım diye. Yani sonuçta uyuyorsun ne kadar başında dur gaflet uykusu seni mahvediyor.

something might happen to her. I fear that I will remorse. Nuriye, 64 lower SES).<sup>126</sup>

Moreover, Adnan, Ayşe and Hande say that their parents/ parents-in-law have sleeping disorder and this affects their sleep routine. Hande mentions that sleeplessness become so hard to handle thus they have to send her father-in-law to nursery home:

He sleeps whole day. So the day and night got mixed up. He spends the whole day sleeping and especially since last month, he has been staying awake at nights while everybody sleeps. Of course this has started to be tiring both physically and mentally. He goes to the living room, switches the lights on and my husband is always after him as he can't control his balance (Hande, 59, middle SES).<sup>127</sup>

As he had sleeping disorders, I also experienced the same things. I experienced these both at the hospital and home. Even now, he sleeps too much during the day and he doesn't sleep at nights. When he is not asleep, he shouts and stuff. When I was the only one by his side, he used to wake me up so I got used to sleeplessness. So it changes your daily routine (Adnan, 59, middle SES).<sup>128</sup>

Well, her awakenings at nights. That made me so tense, I became nervous. When you have to get up every fifteen minutes, it makes you nervous for sure. It turns into a problem only at nights of course, otherwise it's not a problem during daytime (Ayşe, 70, middle SES).<sup>129</sup>

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<sup>126</sup> Düşme endişesi var. Bir yerleri kırılır. Gerçi hep kanepeyi aldık. Burada yatıyor. Birazcık ben rahatladım. Merdiven başındaydım banyo götürürdüm ay merdivinden düşüp yuvarlanacağız korkusu. Ama şimdi öyle korku yok salonda yatıyor. Diyorum ya hep uyanığım uyuyamıyorum. uykumu bile özgürcü uyuyamıyorum. Anneme bir şey olacak korkusu var. Vicdan azabı korkusu var.

<sup>127</sup> Onun hep bütün günü uykuya geçiyor. Aynı geceyle gündüz son yıllarda birbirine karıştı yani. Gündüzü uyyarak geceyi de özellikle son bir aydır uyanarak yani uyumayarak herkes yatarken o uyanarak geçirmeye başladı. Tabi o da bizi yani ruhen ve vücut olarak çok yormaya başladı. Hepimizi uykusu bölünüyor çünkü evin içinde dolaşıyor, salona geçiyor, ışık yakılıyor, eşim de peşinde çünkü dengesini de sağlayamıyor.

<sup>128</sup> Onun uykuproblemleri bilmem neydi filan bunu kendimde yaşadım. Hastanede de yaşiyordum dışında da yaşiyordum. Şuanda bile mesela gündüz çok uyuyor, gece uyumuyor. Uyumayıncabagırıyor, çağrıyor. O tek benken her gece kaldırınca o uykusuzluğa ben de alıştım. Dolayısıyla gündüz de değişiyor.

<sup>129</sup> İşte gece kalkmaları. O çok gerilim yaptı bende çok sinirlerim bozuldu. Uykusuzluk 15 dk da bir yarım saatte bir kalkmak uykusuz kalmak sinirleri bozuyor tabi. Gece sorun oldu tabi yoksa gündüz de bir şey yok.

Ayşe's words reveal another individual outcome: stress. Furthermore, tiredness, intensity of labour, unable to provide care makes respondents feel vulnerable and stressed. For instance, caregivers to dementia and Alzheimer diagnosed parents mention that it becomes unendurable for them. According to them listening same stories, answering same questions becomes unbearable:

She had a troubled childhood. When she talks about it constantly, I also feel so sorry and suffer. Then sweetie, I tell her that thank god she relieved afterwards, and that she lives in a huge house all alone. [...] When she starts repeating the same things like 5th or 15th times, I tell her that it is enough (Nihal, 67, middle SES).<sup>130</sup>

Especially the things that shouldn't be done... You have to take this pill in the morning. I don't want them to come and ask it every time. You have to take it in the morning, there is no other way. Then comes and asks again, "Do I have to take this again?" No it can't be like this. I get annoyed to these (Sema, 40, lower SES).<sup>131</sup>

My psychological condition, neural system got damaged. So I'm wiped out. For example when I get up in the morning, he says why I am not dead yet. Allah, didn't I pray you, look I got up in the morning again. You see my daughter I didn't die today as well. Each time I go to bed, I pray God my soul to take in the morning and to forgive my sins. Take my soul today in the morning. I am still not dead, why did you take my wife? You made me left alone, take my soul as well. You listen to these every morning. I tell him that it's not up to his decision and stuff. When he hears my words, he cries again. I am still alive, I am not dead yet. So how can you feel when you hear these? It's my duty, responsibility so I breathe today. As soon as you get up, you still breathe so you start performing your duties (Fatma, 67, middle SES).<sup>132</sup>

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<sup>130</sup> Çok sıkıntılı geçmiş çocukluğu filan. Durmadan onları anlatınca ben de çok üzülüp çok zorlanıyorum. Yani öyle zorlanıyorum kuzum veya anneme diyorum ki çok şükür sonra çok rahat ettin bak koskoca bir dairede tek başınmasın[...]o çok tekrarlayınca beşinci onuncu artık 15. de annem yeter diyorum

<sup>131</sup> En çok yok denilen bir şeye... Bu ilaçı bu sabah içeceksin. Dakika başı gelip sormasınlar. Bunu içeceksin sabah yolu yok. Öğlen gelip "bunu bir daha mı içecektim". Yok böyle olmaz. Bunlara çok sinirleniyorum.

<sup>132</sup> Psikolojim kaybettiklerim sinir sistemim. Bittim yani mesela diyorum ki bugün kalklıyorum. Babamın bak şimdi uyandığı zaman ben yine ölmemişim ben niye ölmembed Allah'ım ben sana dua etmedim mi bak ilk sabah kalkışımız bu. Ben yine yaşıyorum bak görüyor musun kızım ben yine ölmembed. Her yataşında Allah'ım benim sabahleyin bütün günahlarımı affet ben sabahleyin öleyim. Bugün sabah beni al. İşte bugün beni al sabaha öleyim. Ben yine ölmemişim niye benim eşimi aldın. Beni yalnız bırakın beni de al. Her sabah bunu böyle dinliyorsun. Baba o sana bağlı değil, işte baba

Fatma told me that she was planning to go to a psychologist, but later she decided it would be unnecessary because she knows the source of her problem, her spouse, and psychologist cannot solve this according to her. Thus, she decided to go to a psychologist after she solves her problems. On the other hand, Melike (middle SES, 53 years old) cannot stand stress and being depressed and takes pills.

Yet, not only constant repetitions causes stress for primary caregivers, being not able to manage caring is also a source of stress. Melek (lower SES, 50 years old) has been taking care of her mother-in-law. She has to diaper her; yet, she is really heavy and cannot handle it. At these moments, she gets angry, stressed and nervous. Addition to physical assistance, Melek support her mentally and emotionally, since she is diagnosed with Alzheimer.

I arrange everything as she wants. If she is peaceful, no problem. But if not, I can't do anything until she calms down. You can't react in case she falls down. So you harm yourself. You become petulant. You get nervous. For example, I started suffering from migraine. In the earlier phases, I used to have the attacks once a week, now it started to happen daily. It increased. [...] Once when you get nervous, it starts. I had already been suffering from psora and migraine now. Once when you get angry you harm yourself.<sup>133</sup>

Unequal distribution of caring entails psychological problems for primary caregivers, especially for the ones who cannot find any support either from their families or commodified one. Thus, support is not only lessening physical burdens but also emotional ones. Elderly- caregiving covers all of their lives and burden of care cannot be endured by primary caregivers, however, they do not have any exit door since they are the only ‘available’ one to take care:

Your character doesn't change. I tell myself that my life is going to be like this from now on and don't think much. Your thoughts don't change, can't

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şöyledir, baba böyledir şudur. Ona bir fasıl ağlar. Ben gene yaşıyorum ben gene ölmemişim. Sen nasıl olabilirsin. Ben işte görevim vazifem nefes alıyorum bugün. Hadi kalktin nefes alıyorum yaşıyorum hadi başla görevin neyse onu yap

<sup>133</sup> Onun kafa yönüne göre şeyimi planlıyorum. Kafa iyi olursa yoksa o yatişana kadar zaten bir şey yapamıyorum. Hemen düşecek kalkacak bir şey yapacak diye bir şey yapamıyorsun. Onun için kendine yükleniyorsun. Sinir artıyor işte. Sinirleniyorsun. Migren mesela çıktı. Haftada bir olurken mesela günlük artmaya başladı. Günlük olmaya başladı. Arttı.[...] Ama işte bir sinirlen o zaman, sedef hastasıım ben zaten, migren tutuyor, işte sinirlen kendine şey yapıyorsun.

change but you know, I've become an impatient and nervous person. I started being very impatient and nervous. I broke down. That's the most important thing that I can tell you. This change makes me feel nervous. I got nervous... (Hülya, 52, lower SES)<sup>134</sup>

I console myself. Some time ago my sister came to visit her. She told me that I was psychologically broken down. She advised me to go and see a psychiatrist. I said "Well, I don't have time even for that." I know that when you take those pills you will sleep all day. So who will take care of my mother when I am asleep? Who will look after my husband? So, it's impossible (Nuriye, 64, lower SES).<sup>135</sup>

As Nuriye's and Hülya's narratives clearly addresses, having lower income and being woman stuck primary caregivers in inescapable places. Knowing that your whole life will be like this and do not taking pills, since they will make you sleep and you need to look after your mother, put these women in care-cages. Even though, they feel duty of loyalty to their parents, being responsible from a dependent adults become, at some point, unbearable. Yet, they 'have to' to stand, since they do not have any backdoors such as care worker as their middle SES counterparts have.

As I have discussed so far, together with physical labour emotional labour is provided by caregivers in this study. Intensity of emotional labour, controlling or cannot controlling emotions, satisfying the expectations, failing to satisfy, and all the issues of being depressed underpin getting emotional and emotionless.

I became sensitive. Even to my children. For example when I tell them something and they speak up, I immediately start crying. I ask them "Why are you shouting, I am already taking care of a patient, do you think it's easy?" (Nuriye, 64, lower SES).<sup>136</sup>

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<sup>134</sup> Kişi olarak değişmiyorsun da artık diyorum benim hayatım bu diyorum geçiyorum. Fikirlerin değişmiyor, değişimem ama işte ben daha sinirli, sabırsız birisi oldum. Bak bir kere şöyle çok sabırsız ve sinirli olmaya başladım en başta. Sinirlerim bozuldu. En başta onu diyeyim o değişiklik sinirlerim bozuluyor. Sinirlerim bozuldu.

<sup>135</sup> Kendi kendimi teselli ediyorum. İşte geçen kız kardeşim ziyaretine gelmişti. Psikolojin bozulmuş abla senin dedi. Bir psikiyatриye git dedi. Vallahi dedim ona gidecek zamanım da yok dedim. O ilaçları alınca biliyorum ben uyuyacaksın. Ben uyudugum zaman anneme kim bakacak? Eşime kim bakacak? Yani. Mümkün değil.

I am a person who easily gets affected emotionally. A person who cries easily. So I've become a person who gets affected by everything easily (Gülşah, 52, middle SES).<sup>137</sup>

As I told you, I've become more sensitive. More emotional. My mother is the same as well; she is like a child now.

As we consider our mom as our father's entrust, we embraced her more tightly (Melike, 53, middle SES).<sup>138</sup>

On the other hand, becoming emotionless due to intensity of caring labour is not always a result; indeed, it is sometimes a strategy to open place for one's self. Sometimes providing care becomes tiring and beyond endurance which leads children's ignorance to their parents, undoubtedly while they take into consideration older adults' emotional satisfaction in general:

In the past I used to lay down with her whole day, nearly 24 hours. Now just two or three. Sometimes you pass from here, but you even don't open the door, things like this happen too. You directly go upstairs. Because my mother loves complaining (Suat, 42, middle SES).<sup>139</sup>

Sometimes I can't bear but sometimes I never listen and close the door. Then you can't imagine how much she cries like a child. I hear all these. Sometimes I return, sometimes I stay. When I arrive on Saturday mornings, I call my brother. I say "You take care of her, I'll go out" (Fatma, 67, middle SES).<sup>140</sup>

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<sup>136</sup> Hassaslaştim yani. Böyle çocuklara karşı bile hassaslaştim. Mesela bir şey söylediğimde seslerini yükselttikleri zaman ben hemen ağlıyorum böyle. Niye bağıryorsunuz diyorum, benim zaten hastaya bakmak kolay mı diyorum.

<sup>137</sup> Ben duygusal olarak böyle çok çabuk ağlayan. Her şeyden çok çabuk etkilenen bir insan oldum yani

<sup>138</sup> Dediğim gibi daha duygusallaştım ben. Daha duygusal annem de öyle yani çocuk gibi oldu. Daha bir de biz tabi babamın emaneti gibi gördüğümüz için annemi daha böyle bir sarmaladık.

<sup>139</sup> Eskiden sabahdan akşamaya kadar 24 saat hep yanında yatardım neredeyse şimdi iki üç saat bazen şuradan geçiyorsun kapıyı bile açmıyorum o da oluyor. Direkt yukarı çıkıyorum. Çünkü annem çok şikayet etmeyi sever.

<sup>140</sup> Bazen dayanamıyorum ama bazen hiç duymuyorum kapayı çekiyorum ama ne ağlıyor çocuk gibi ben onların hepsini duyuyorum. İşte bazen dönüp kalıyorum cumartesi sabahı geliyorum oğlan kardeşim çağırıyorum. Sen diyorum onu idare et ben çıkışağım diyorum.

Furthermore, being not able to stand emotionally the situations also make primary caregivers emotionless:

I have become numb you know. I swear. Why have I? It made me weary of emotions. Imagine, struggling with all these for fifteen years. Sometimes it feels advantageous but it's also disadvantageous in many ways. [...] I've collapsed psychologically, I can't deny. I have depression. I cried. Sometimes I became so numb. Or I urged myself to it. I'm numb. I'm emotionless. Sometimes my mother groans and I don't care, can you imagine? I'm fed up after all these. Her groaning, her constant illness. I can go on only when I shut my ears to these. I guess I don't do it intentionally. I force myself to think this way. Otherwise, no. You can't (Hülya, lower SES, 52 years old).<sup>141</sup>

While primary caregivers melt down, they also get emotionless in order to protect themselves and make time for themselves. With or without deliberatively, it a kind of strategy that provides time-outs and relaxing moments. Emotional labour is not only considering the person in front of you, but, it is also considering oneself.

Before caring, respondents have never thought about their aged years. This responsibility makes them think and plan about their future years. Moreover, they also started to concern what if they will be like their parents in their old ages; who are going to take care of them and how their aged years would be like. From now on, they start to plan their aged years and inform their children about their decisions since except one they do not want to be cared by their children. Even though, they feel filial responsibility, they do not want their children to live same problems and burdens.

Providing care and being witnessed to "I have seen that it is not easy to die" affects how primary caregivers approach their lives and also their parents. Hande (middle SES, 59 years old) continues her arguments by saying "Well, living; I though live, but when it comes to dying, it was not easy". She has started to feel herself as 99 years old after realizing being an older one is not an easy issue. It has its own

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<sup>141</sup> Duygusuzlaştım biliyor musun? Yemin ederim. Niye duygusuzlaştım? Duygusal olarak çok yıprattı beni. Yani düşünsene bir on beş sene sürekli bunlarla iç içe. Hani bazen evet çok avantajım var ama dezavantajı da çok [...] Ruhsal çöküntüm oldu bir kere olmadı değil. Depresyona girdim. Ağladım. Bazen böyle çok duygusuzlaştım. Ya da kendimi böyle duygusuzlaştırmaya şey yaptım, ittim. Be duygusuzum. Ben duygusuzum. İnanır misin bazen annem inliyor ben aldirış etmiyorum. Ben biktim artık. O inlemeleri hep hastalık muhabbetleri. Artık kulagini kapattığım zaman oluyor. Herhalde bunu isteyerek yapmıyorum sanırım. Zorluyorum kendimi ben böyle oldum gibisinden. Yoksa yok. Olamıyorsun yine.

dynamics and it is hard. Moreover, observing at nursing house that people do not give value to older people make her sad also. During this process, she lost her joy of life, happiness. Hande is not alone with her feelings Ayşe (middle SES, 70 years old) and Melike (middle SES, 53 years old) also feel that they are old.

Not only considering their aged years or feeling old make primary caregiver sad, yet, observing the weakening of their elderlies, and knowing that soon or later losing their parents also make them sad. Moreover, it is one of the most difficult parts of the caring. They feel sad to see their parents in unhealthy and unable to continue their lives as before:

My mom was a very strong woman. Since she is confined to bed, her condition troubles me. This troubles me too much. The situation that she is in makes me sad (Gülşah, 52, middle SES).<sup>142</sup>

The thing that makes me sad most is that. My father was a very strong man. And he was also so proud, he would never ask for help from anyone. He would sort out everything by himself. My mother was already ill. My father was like both a father and a mother for us. That makes me very sad for sure (Fatma, 67, middle SES).<sup>143</sup>

It's hard to see my mom like this. She is in a bad period. For example her hair is gone, that affects us much. Our friends, people around us want to see her but I say "Don't see her in this situation." I reject them. (Shows her photos) Look, for example how healthy and lively she looks here while she is sitting with us. And this is the time when she first went to the care home, see how bad she looks here. But look here, how lively her gaze is (Filiz, 59, middle SES).<sup>144</sup>

Therefore, being witness to someone's path to death, losing life clearly affect primary caregiver's perception to themselves. Self is not an autonomous,

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<sup>142</sup> Annem çok güçlü kuvvetli bir kadındı. Onun o halde böyle yatalak olması yani o çok zorluyor yani. O çok zorluyor. Onun o duruma düşmesi üzüyor beni yani.

<sup>143</sup> Yani en çok üzüldüğüm o babam çok güçlü bir insandı. Bir de şöyle çok gururlu bir insandı hiç kimseden yardım beklemeydi. Her şeyini kendi halleterdi. Benim annem zaten hastaydı. Babam mesela bize hem anne oldu hem baba oldu. O da beni çok üzüyor tabi.

<sup>144</sup> Annemi o şekilde görmek zor oluyor. Kötü dönemde yani. Saçları döküldü mesela o çok etkiliyor. Arkadaşlarımız çevremiz görmek istiyor diyorum görmeyin bu halini. Geri çeviriyorum. (Fotoğraflarını gösteriyor). Bak mesela burada ne kadar canlı mutlu bizimle oturuyor. Bu da ilk gittiğinde huzurevine ne kadar fark etti şimdi bak burada nasıl kötü. Bak ama burada canlı bakıyor.

independent issue as neoliberal economists argue. On the other hand, our selves are shaped in relation to others around us. As Suad Joseph argues self is neither full isolation from others nor dissolving in others', i.e. being totally dependent. There is an emotional connection between family members; selfishness, autonomy and dependency are not strict issues, instead, as narratives of this study shows *relational selves* must be taken into account. Caregivers are not the same one before elderly-caring. They are not only depressed, stressed and tired person, yet, they are the witnesses of path to death as the source of lifeblood:

When I get up and see her face in the mornings, I become happy. When she calls me "my girl", it's more precious than anything else. I think that one day, she won't be able to get out of that bed... (crying) (Perihan, 42, lower SES).<sup>145</sup>

For example sometimes when I get up, I see my mom laying there like she's dead. Then I start crying, telling myself that was her end going to be like this? I feel so sorry. Her relations with neighbours, her dialogs were very well. She was patient. I ask god "Is this the good people's end?" Is the afterlife also same? I pray for her not to suffer there at least. [...] When I take her to the garden, she falls onto the couch. Wearily. I pray God lead her to the right path. The one on which she won't suffer. Because suffering is worse. As she has osteoporosis, she has too much pain. Her fingers bended, she has no power in her knees. I don't want her to suffer. When she does, I get upset. We get up for example, she doesn't smile, seems exhausted. Mom, I say, we should be grateful for this day. She says, "My child, I don't have the power to bear it anymore." When she becomes upset, I am also upset. This time I start crying too. I can't endure her suffering (crying). It's very hard (Nuriye, 67, lower SES).<sup>146</sup>

Gül (lower SES, 32 years old) proud herself since she helps someone to at peace with life:

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<sup>145</sup> Sabah kalktığında yüzünü gördüğüm zaman mutlu oluyorum. Bana kızım demesi dünyaya bedel. Hani söyle düşünüyorum gün gelecek bir gün o yataktan hiç kalkamayacak... (ağlıyor)

<sup>146</sup> Bazen mesela kalkıyorum ölü gibi yatıyor annem. O zaman üzülüp ağlıyorum anacımın sonu böyle mi olacaktı. Annem çok iyi bir insandı. Komşuluk ilişkileri, diyaloglari çok iyi bir insandi. Sabırlydi. İyilerin sonu bu mu Allah'ım diyorum. Öbür dünya da mı böyle diyorum. Öbür dünyada çekirme bari diyorum dua ediyorum.[...] Şurada bir bahçeye çıkartıyorum hemen koltuğa yığılıp kalıyor. Yani bitkin bir halde. Allah'ım diyorum iki kapının birisini diyorum anneme, hangisi hayırlısısa onu kısmet et Allah'ım diyorum. Çekirme diyorum. Çünkü çekmesi zor. Ağruları çok oluyor kemik erimesi olduğu için. Artık parmakları eğildi, dizinde derman yok. Onun acı çekmesini istemiyorum. O acı çekince ben de mesela üzülüyorum. Kalkırouz mesela bakıyorum böyle hiç gülmüyor bitkin yorgun. Anne diyorum ne olur birazcık diyorum, bugünümüze şükredelim diyorum. Yavrum dayanacak gücüm kalmadı diyor. O üzülünce ben de üzülüyorum. Bu sefer ben de ağlıyorum. Dayanamıyorum onun acı ekmesine. (Ağlıyor).

It's a great feeling to look after her. I make someone hold onto life. Her meals, her hunger, I look after her. Actually I am proud of myself.<sup>147</sup>

Elderly-caregiving brings a big responsibility to these people's lives: a responsibility of a person. Yet, being responsible for a grown up differs from taking care of a child. As Necla (57 years old, middle SES) stated "elders said that responsibility of a human being is hard". Almost all of the respondents mention that it is a huge responsibility to take care of an older adult. They are not responsible for and to their older adults, but, they are also responsible to their siblings:

This is something like stress, and also responsibility sweetie. Even though we have good relations with my siblings, I dropped her. They might say she should have been more careful, am I not right? So things like this might happen (Nihal, 67, middle SES).<sup>148</sup>

Concerning their parents' health, wellness and lives is a source of apprehension for caregivers in this study. Caregivers afraid to hurt them and be the reason of worsening health status, and, even though they cannot explicitly say, by implying, they are worried about to be the occasion of death.

Surely it's hard. You take responsibility. Pressure. Since there is no one else and you take all the responsibility, it makes you nervous and angry (Melek, 50, lower SES).<sup>149</sup>

Looking after an elderly is a great responsibility as he is entrusted to me (Gül, 32, lower SES).<sup>150</sup>

This great responsibility and being entrusted put extra duty on the shoulders of primary caregivers. Elderly-caregiving itself is a huge responsibility for the respondents of this thesis, and being entrusted from someone concentrates this

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<sup>147</sup> Ona bakmak çok iyi bir duygudur. Bir insanı hayatı karşı tutturuyorum. Ne bileyim yemeği olsun, karnı olsun, ona sahip çıkmak istiyorum. Kendimle gurur duyuyorum açıkçası.

<sup>148</sup> Şey oluyor kuzum yani gerginlik, sonra sorumluluk, her ne kadar kardeşlerinle ilişkin ne kadar iyi de olsa düşürdüm, düşürmemeseydi derler değil mi. Yani bu tür şeyler oluyor.

<sup>149</sup> Zor tabii. Sorumluluk altına giriyorsun. Baskı. Mecburen kimse olmadığı için sorumluluk sen de olduğu için sınır stres gerilim yapıyor.

<sup>150</sup> Yaşlı bana bir emanet olarak büyük bir sorumluluk.

feeling. Furthermore, parents are not only entrusted from siblings to them yet they are also entrusted from the loss parents to caregivers:

As I told you, as my father passed away all of a sudden and I had to take all the responsibility, it made me surprised and caused panic. Also I consider her as my father's entrust and this causes stress (Melike, 53, middle SES).<sup>151</sup>

As a result of shouldering a person's responsibility causes stress, anxiety and unrest to primary caregivers. According to narratives of the primary caregivers, due to feeling of unrest, caregivers are like a cat on hot bricks. As Filiz (middle SES, 59 years old) said "All they following her. Feeling of responsibility makes you uneasy. For example, say, when I wake up, the first thing that I do is checking my mother. Is he breathing? Is he okay? Without waking her up. Or when I get up at nights, I always check her" Female caregivers (none of the male respondents mention about such feeling) are abandoned to this huge responsibility. They are alone not only in providing care, however, they are on their own to compete with this feeling.

It was a responsibility. An extra one. Because my mother was able to live on her own before. She could manage her daily tasks. She was a talented woman. I took a responsibility. I have to care her no matter how. Then of course you can't manage the other thing (Gülşah, 52, middle SES).<sup>152</sup>

Responsibility of elderly-caregiving becomes the centre of life as all respondents in this study mentioned and as Suat (middle SES, 42 years old) emphasized "you even give up from your own life". His mother has a life depends on the caregivers; Suat, his father and paid caregiver, but she is also dependent to respiratory device. This situation, willingly-or unwillingly, put his mother in the centre of Suat's life:

Well it can't be defined; you can only understand it when you experience the same thing. You even give up your own life. In order to make her survive. If they asked me to make a choice between her and myself, I would choose her. You love her so much that you can give up your own life for her. So I was

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<sup>151</sup> İşte dediğim gibi bir anda babamın şey olması bütün sorumluluğun kalmış olması öncelikle bir insanı şaşkına çeviriyor yani panik hali oluyor insanda. Sonra onu annemi babamın emaneti gibi görüyorsun onun verdiği stres oluyor.

<sup>152</sup> Sorumluluk oldu üzerime. Ekstradan bir sorumluluk oldu. Çünkü annem daha önce tek başına yaşayabiliyordu. Kendi işini. Çok becerikli bir insandı. Bir sorumluluk geldi üzerime. Mutlak surette onunla ilgilendirmem gerektiğini. Tabii o zaman da bir sürü şey yapamıyorsunuz yani.

trying my best but there's nothing worse than not being able to do anything. It's such a terrible feeling if your hands are tied.<sup>153</sup>

Caregiver role does not only mean to organize their daily routines according to them. It means also devoting and dedicating your whole life to your parents' care. Sema (lower SES, 40 years old) does not have anything for herself and cannot spend time for herself:

I have a fear that they can't handle, I can't handle. I can't just leave. You looked after them for years. How can you leave and carry on? For example I'm here at home [...] it's a feeling like if I leave, nobody can survive.<sup>154</sup>

For example, Gülsah (middle SES, 52 years old) made plans for herself, but, after being a caregiver, her own plans went back to second place:

Of course I was able to care for myself more in the past. After my mother's situation, when I made up my mind about doing something new, my mother started coming to my mind. So her needs are primary for me and after managing those, I manage my own tasks or make plans for myself. Her shopping for example. If I am to go somewhere, I wonder if her medicine are complete, if her shopping is complete. After thinking about these and fulfilling, "Oh great! Now I can do what I want to do" I say.<sup>155</sup>

By moving from these experiences, I asked my interviewees their deprivations. Due to care burden, primary caregivers have to limit their lives, especially the ones who do not have any support network and provide care to physically dependent older adults.

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<sup>153</sup> Yani anlatılmaz başına geldi zaman çok şey yaptı. Kendi hayatından bile vazgeçeşiyorsun yani. inşallah kurtulsun diye. Yani o an deseler ki sen misin o musun sen kendi hayatını verecek kadar seviyorsun. Yani elimden geleni yapmaya çalışıyorum hiç bir şey yapamamak kadar zor bir şey yok. Şöyleden bakıyorsun çok kötü bir duygusal kolu bağlı şey yaşaması.

<sup>154</sup> Bunlar yapamaz ben yapamam korkusu var. Bırakıp gidemiyorum. Yıllarca sen bunlara bakmışsin. Nasıl gidip de yapacaksın. Yani mesela ben buradayım evdeyim [...] ben gidersem herkes kalacak düşüncesi olmuşmuş.

<sup>155</sup> Tabii önce kendime daha bir dönüktüm. Annem bu duruma düşündükten sonra ilk etapta yani bir şey yapmaya karar verdigim zaman annemi nasıl olacak. Yani ilk etapta onun ihtiyaçlarını, onun şeyini düşündükten sonra kendi şeyimi yapıyorum, planımı yapıyorum. Çünkü onun hani alışveriş tamam mı? Bir yere gideceksem; ilaçları tam mı, alışveriş tam mı? Onları düşündükten, onları yerine getirdikten sonra oh tamam! Artık yapabilirim istedigim şeyi diyorum.

According to Antonopoulos and Hirway (2010) poverty of time due to burden of care by exhausting their human capacity evokes limitations on free-time, personal care and bedtime (as cited in Özateş, 2015). In this study, primary caregivers deprive forfeit from time and motion. Primary caregivers deprived of time, space, and motion. As I have discussed deeply in the above section, caregivers have to sacrifice themselves in order to continue their caregiving role. Many of them suffer from sleeplessness, tiredness, stress, and being depressed. These leads a deprivation of freedom as some caregivers clearly stated.

Except two of the interviewee, all of the caregivers suffer from deprivation of time. This results with lack of social life and sparing time for themselves. Since primary caregivers allocate time for themselves according to their parents, it becomes hard for them to spend time for themselves. Elderly-care and domestic tasks take female caregivers' all day to finish. At the end, no time left for their own sake.

I only make time for myself 2 hours a day at most (Perihan, 42, lower SES).<sup>156</sup>

Do you know when I make time for myself? The time when I put my head on the pillow and start sleeping. Probably then (Hülya, 52, lower SES).<sup>157</sup>

I leave my kid to the school. I come home. My mother-in-law has breakfast at 08:30-09:00 am. I prepare her meal. I feed her. I tidy the house. For example, I do the things like cleaning, when needed. After doing these, as elderly get hungry very early, I start cooking the meal just before 11 am. A little before 12 or at 12:30 maximum. At 1 pm, it seems like evening to them. I feed them. It goes on just like this as a standard. I make time for myself from time to time. Supposing that I prepared the lunch and I want to visit a friend. I say "Mom, I got bored very much, I'll go visit a friend." She says "What will I do at home?" Actually I am strongly against those marriage shows on tv, but she watches them. She turns on her TV, she has her own in her bedroom. While she watches it in her bedroom, I find the chance to go and wander around a little bit (Sema, 40, lower SES).<sup>158</sup>

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<sup>156</sup> En fazla 2 saat kendime ayıriyorum.

<sup>157</sup> Ben kendime ne zaman vakit ayırırım biliyor musun? Başımı yastığa koyup da uyuyorum ya herhalde o zaman.

If caregivers want to allocate time for themselves, then they need to find strategies like Sema found. Another strategy is hiring domestic worker such as Ayşe (middle SES, 70 years old). She has been providing care to her mother for five months, and she stated that since she get too tired, she could not even find time to read a book, which she did every night before go to bed. She lost her daily routine. Yet, she, her spouse and her daughter decided to hire a domestic worker in order to make time for herself.

Well everything has stopped. I can't do anything and I just focused on caregiving. I guess at some level, I'll be able to leave her and go out. I'm thinking of making time for myself from now on. I want to go out and wander around at least. I miss window shopping. I hope I will (Ayşe, middle SES, 70 years old).<sup>159</sup>

These strategies vary across social classes. Since it is not possible for Sema to hire a domestic worker or care worker, she needs to find her own ways to make time for herself. On the other hand, Ayşe knows that at some point she can leave her mother to go out, but it is impossible for Sema to know it for sure. Poverty of time underpins the wish of time to spend oneself. Almost all of the respondents state that they miss to act as if they want and whenever they want. Responsibility of their parents results with acting accordingly to them. They have to make plans with regards to them. For example, Nuriye (lower SES, 67 years old) has to arrange her all day according to her mother's medications:

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<sup>158</sup> Çocوغumu okula bırakıyorum. Eve geliyorum. Kayınvalidem 8:30-9:00 a doğru kahvaltısını yapar. Ona kahvaltısını hazırlıyorum. Yemeğini yediriyorum. Evimi barkımı toplayorum. Mesela yapılacak işlerimiz genellikle temizlik olarak. Onları yapıp, yaşlılarımız çok kaçabuk açıldığı için 11 demeden yemeklerinin ocağa koymuyorum. İşte 12 ye doğru 12:30 gibi en fazla. Öğlen 1 de akşam olmuştu onlar için. Yemeklerini yediriyorum. Aynen böyle standart bir şekilde gidiyor. Ara ara şöyle kendime zaman ayırbiliyorum. Öğlen yemeğini verdim işte, bir arkadaşıma gitmek istiyorum. Diyorum ki anne ben çok sıkıldım şu arkadaşıma bir uğrayacağım. "ben ne yapacağım evde?" diyor. Şimdi şu evlendirme programlarına çok karşıyım ama onları iyi takip ediyor. Televizyonunu açıyor, odasında televizyonu var. O odasında televizyonunu izlerken ben o şekilde gidip biraz gezip tozup gelebiliyorum.

<sup>159</sup> Yani her şey durdu. Hiç bir şey yapamıyorum ki sadece bakıma odaklandım. Belli bir seviyeye geldikten sonra bırakıp çıkabileceğim herhalde. Bundan sonra kendime zaman ayırmayı düşünüyorum. En azından dışarı çıkışın aylak aylak dolaşmak istiyorum. Vitrinlere bakmayı özlüyorum. İnşallah olacak.

If I miss her medicine time... As I said, I can't do it. This is all about inner conscience. I go to the bed wearing my watch, and get up with it. In order to give her medicine on time. For her survival.<sup>160</sup>

Allocating all time according to older adults causes the routine and monotonous lives. Planning whole days according to time of medicines is a huge burden. Nuriye does not have any body to split this neither a child nor a sibling. Her spouse helps her with lifting up her mother, yet he is not part of the allocating time according to medicines. Thus, he does not deprive from time and motion, while Nuriye does. She has to be a punctual like her clock. On the other hand, Gülşah hire a domestic worker and she just fill the medicine box and care worker follow all of them. Thus, middle socio-economic status provides her opportunity to allocate time more freely and be mobile. But, not as much as her spouse, since she keeps her mind always on her mother.

Only two of the respondents do not complain from this routinization (they stated that their lives are already like this before elderly-caregiving). Rest of the caregivers complain about this change in their lives since it affects their social lives profoundly. Even though social activities vary across families, almost all of them state that they cannot continue their social lives as before caring responsibility. Merill (1997) argues that, in her case, caregiving can be combined with activities in lower class families, while in middle class families' leisure time activities are intertwined with caring. In this study, it is explored that dependent older adults affect families' lives from both middle and lower socio-economic status and restrict time spent to themselves which causes poverty of time and monotonous lives but in different ways. While some of them have to limit their going out to cinema, theatre and holiday, some say that they cannot visit their neighbours and their own families, in case they are taking care of their parents-in-law.

It affects very much. You can't go out. As if there's a kid at home. You're always together in case she falls down. You worry that something bad might happen to her. [...] You had a patient, a wedding ceremony to go. My mother is also old, I was visiting her. There were social activities for sure. Now I

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<sup>160</sup> İlaç saatini geçirsem... Diyorum ya yapamıyorum. Bu vicdan meselesi. Saatim kolumna yatıyorum, saatim kolumna kalkıyorum. Çünkü onun ilaçlarını yaşatmak için. Yaşaması için.

can't attend. You return the invitation, you can't just close the door and leave. (Melek,50, lower SES).<sup>161</sup>

Another one mentions that:

For example, I can't go out easily. I can't leave easily. If I do, I always think about him. If you take him with you it's hard, if you don't it is also hard. Three kids and an elder. It interrupts me in every aspect. For example, if he goes somewhere, he gets bored in five minutes. As I know that he does so, I can only stay very little, then immediately leave. I can't stay too long. When I am sitting for example, he constantly says, "Come on my girl, let's leave, let's leave" (Gül, 32, lower SES).<sup>162</sup>

It is clear from the interviews that elderly-caregiving does not only cause deprivation of time, yet, it also limits their movements. They cannot leave their parents at home, or even when they can it continues to limit. Moreover, it must be underlined that socio-economic status of the families also affects the deprivation of mobility and social life. Family and neighbour visits are restricted due to responsibility of older adults in families with socio-economic status. On the other hand, primary caregivers with middle socio-economic status state that they cannot continue to go to theatre, shopping or holiday easily. However, being able to pay someone to take care of older adults makes it easier for families with middle socio-economic status to continue their other social activities such as sport, shopping, and beauty salon. The ones who have siblings can go to holidays only in rotation with their siblings. Yet, they mention it limits their ability to continue their lives as if they want:

Honestly my social life is nearly over. Guess I'm going to cry now... For example at the moment I have... I can tell you that we have been going on a holiday in turns with my sister since approximately 10 years. I have a summer house by the sea. But I can't stay there more than one month because we can't leave our mom alone. We do it in turns. So in other words, I have no

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<sup>161</sup> Çok etkiliyor. Bir yere çıkmıyorsun. Evde aynı çocuk var gibi. Devamlı yanındasın düşecek mi kalkacak mı. Hani bir şey mi olacak o anda.[...] Hastan oluyordu, düğünün oluyordu. Annem de yaşlı işte ona gidip geliyordum. Etkinlikler oluyordu tabii ki. Şimdi gidemiyorum. Ya davetiyesini gönderiyor sun, yoksa öyle kapıyı örtüp de çekip gidemiyorsun.

<sup>162</sup> Mesela rahat gezemiyorum. Rahat gidemiyorum. Gitsem gözüm arkada kalıyor. Götürsem öyle, götürmesem böyle. 3 çocuk, 1 yaşlı. Her yönden engelliyor beni. Mesela bir yere gider 5 dakika sıkılır. Sıkıldığını bildiğim için ben de annemgil olsun hemen gidip kalkarım, kalmam öyle çok, otururum ama mesela hadi kızım gelin, hadi kızım gidelim

social life. [...] It's like my independence is limited. So I can't do anything, anytime I like (Gülşah, 52, middle SES).<sup>163</sup>

During this period I've never been on a holiday since 5-6 years. Because, it might sound like gossip, but when I took the responsibility, all the duties became mine (Filiz, 59, middle SES).<sup>164</sup>

Only Fatma with socio-economic status deprived also from other things, due to her spouses' attitudes towards care she is not able to arrange caring as she wants, she has to run back and forth between two houses which results with even no time to read a book a go walking in the mornings that she really likes doing. On the other hand, four of the respondents say that their caregiving role did not affect their social life so much. They can continue their social activities, but they also mention that "sure it affects, but did not much". Moreover, health conditions of the older adults and existence of paid caregiver also decrease the deprivations. For example, Adnan and Melike say that since there is a domestic worker with their parents 24 hours, they can continue their social activities easily, but they have to still consider their parents when they are making plans.

Since caregivers' mobility and time are regulated according to older adults, it also affects their employment status. Only two of the respondents are working. Yet, three of them mention that elderly-caregiving affect their employment status. Hülya (lower SES, 52 years old) cannot work because she has parents at home that she needs to take care of. For several times she tried to start working, but she cannot continue both caring and working at the same time. Both Filiz (middle SES, 59 years old) and Adnan (middle SES, 59 years old) mention that if they do not have such responsibility they can continue working. Filiz has to close her art gallery, when her assistance quit the job and she cannot joggle both caring and job. Another one mentions that:

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<sup>163</sup> Vallahi benim çok sosyal hayatım kalmadı. Şimdi ağlayacağım... Mesela şu anda benim şeyim var.... Yaklaşık şöyle diyeyim size 10 seneden beri tatil bile nöbetleşe gidiyoruz ablamlı.Evim var benim deniz kıyısında. Ama orada da bir aydan fazla kalamıyorum çünkü annemi yalnız bırakamıyoruz. Nöbetleşe gidiyoruz. Sosyal hayatım yok denilebilir yani. [...]Özgürüğüm kısıtlanmış gibi oldu. İstediğim her şeyi her anda yapamıyorum yani.

<sup>164</sup> Bu süre zarfında ben mesela 5 6 sene hiç tatil yapamadım çünkü dedikodu gibi olacak ama ben üstlenince tamamen bana kaldı.

If one has to look after him, I am the most suitable for that, I'll retire. If dad wasn't so ill, maybe I wouldn't have to retire so early. It's something that kind of changed my life. I was in such a situation that I had to retire earlier than normal (Adnan, 59, middle SES).<sup>165</sup>

Besides, centrality of older adults in lives results with the obligation of being reachable all the time, which limits caregivers' social lives and time spent for themselves. As Fatma (middle SES, 67 years old) stated you do not need any more plans; caregiving is, now, your life. Organizing days according to old family members underpins drained of strength of caregivers: "there is no energy left for yourself". And, as Melek (lower SES, 50 years old) said caring labour equals to life means loss of self:

For example you can't be irresponsible, you can't just dress and go out. You can't just let things slide. You also become exhausted just like that elderly. You give up yourself. You feel tired. You start to disappear.<sup>166</sup>

Increased amount of dependency of the older adults enhance equalization of life and caregiving roles. Melek is also in this situation. Caregiving role and life becomes so equal to each other that caregiver lost their raison d'être. Like Hülya (lower SES, 52 years old) says:

I am the care worker, the whole neighbourhood knows it. You can just go out and ask anyone.<sup>167</sup>

Just as Melek sacrifice herself by becoming old; Hülya also disappears by becoming care worker. For the very reason, unequal distribution of caring and limited number of social policies converts women's own lives to lifelong care workers. Due to tremendous amount of burden, female primary caregivers lost their joy of life, since

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<sup>165</sup> Buna muhtemelen bir kişi bakacaksa en uygun kişi benim ben emekli olayım. Peder hasta olmasaydı ben belki emekli olamayacaktım o kadar erken. Böyle belki bir hayatı değiştiren bir şey oldu. Yani erken emekli olmak gibi bir durumda kaldık.

<sup>166</sup> Hani mesela bir giyinip çıkışım sorumsuzluk yapayım her şeyi oluruna bırakayım da olmuyor. Kendini yorgun bitkin işte aynı o yaşının durumuna dönüyorsun. Kendini bırakıyorsun. Yorgun hissediyorsun artık. Yok oluyorsun artık...

<sup>167</sup> Bakıcıyım ya bütün mahalle biliyor. Çık şuradan herkese sor.

they transform their own energy directly to centre of another person's life, even it is a beloved one. At this centre, they cannot exist no longer:

I don't have the urge to do anything. My hair is full white. I just dye it because my daughter wants so. Otherwise I won't. I even thought of a buzz cut once, I can't lie. They get angry with me that I gave up myself. Since they know my old days. My friends can't recognise me now for example. (Hülya, 52, lower SES).<sup>168</sup>

Emotionally... I only feel like I'm collapsing. You can understand it from these words I guess. I feel like I'm collapsing. I feel like I am melting down day by day (Perihan, 42, lower SES).<sup>169</sup>

In the interviews, female caregivers state that they are in hurry all day, they run back and forth to finish their duties. As it is discussed in the above parts, this makes them "like robots". Providing care to family members, feeding them, and cleaning raise the rush hour of women. They have to be like robots to fulfil their duties. Running back and forth like a robot restrict, limit and expel love labour. Fatma (middle SES, 67 years old) has to go and return in between two houses; thus, her filial responsibility becomes a duty, which "takes away both morally and materially":

Well I don't see it perfect. I know it best. I always speak the truth. I can't fool. Because I don't have a clean conscience about it. I just perform my duty. I do it in a hurry all the time. [...] I just perform my duty. I feed him and if i have to do so, I give bath. I change his clothes, disinfect if needed. These are the duties I perform. So I'm not tender at all, like I don't kiss or hug him, I can't. [...] People around me say that "Aysel, you do a good deed." I answer them "Oh no, I don't. Cause I know that I can't treat him so tenderly." I can't do it much, this is the truth. Because I have no patience left. I wonder why I get tired here. Cause I whirl around, get tired, complete the tasks here but I can't get the understanding I expect. I can't get in return even I give of myself. I go there and if any slightest thing is missing, like you forget to do it, he becomes aggressive and doesn't show mercy at all.<sup>170</sup>

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<sup>168</sup> Canım bir şey istemiyor. Saçlarım bembeyazdır kızım istiyor diye boyatıyorum. Yoksa boyatmayacağım. Hatta kazıtmayı bile düşündüm bir ara yalan yok. Bana da kızıyorlar niye kendini bırakın bu kadar. Hani önceki halimi bildikleri için. Benim arkadaşları beni tanıyamıyor. Mesela.

<sup>169</sup> Duygusal olarak... Ben çöktüğümü hissediyorum sadece. Bu kadar söyleyeyim anla. Ben çöktüğümü hissediyorum. Günden güne eridiğimi hissediyorum.

<sup>170</sup> Ha çok mükemmel bakmıyorum. Onu ben biliyorum. Ben bildiğimin doğrusunu söylerim. Kandırıramam. Çünkü buram çok rahat değil benim vicdanım çok rahat değil. Görevimi yapıyorum.

Feeling burden tremendously underpins primary caregiver's stuck in between burden and love labour. Tiredness and have to be a robot to fulfil duties precludes love labour which, as we see in Fatma's case, result with emotional, physical and mental loss. Indeed, high amount of devotion ends with self-sacrifice. At that moment they cannot give value to themselves:

You should esteem yourself. You should love yourself, and esteem yourself more than others. I just didn't do this. I thought of my husband, mother, father, sister, child more. Did I get something in return? No, from no one. Sometimes I ask my father why he acts that way, tell him not to do, tell him that I leave my home, my family for him. He tells me that I have to as a response. I tell him that I may not do it. He says "No, you will." "You have to, you'll see what happens if you don't." These people are cruel so (Fatma, 67, middle SES).<sup>171</sup>

Though they sacrifice themselves, being not of value from the approach of care receivers triggers another weary situation. Because the feeling of "I am sacrificing myself but I cannot gratify anyone" expands the emotional burden as I have discussed above. Besides, lack of support despite self-sacrificing caring labour lead stay under stress, since this time, they stuck in between caring and their feelings:

I have lost both of my siblings. Between two years. I never got support those times. My husband supported me though. For example, two years before, it was a feast day so I called my siblings and told them that my sister was in a bad condition and was just lying there. I called them and wanted to come and take her as I was not ok. I told them that I was going to leave and couldn't bear staying there anymore. I reflected my tension to her unintentionally. I lost my nerve. I was both crying and rebuking my siblings as they weren't

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Koş koş koş görevimi yapıyorum [...] Sadece görevimi yapıyorum. Yemeğini yediriyorum yıkamam gerekiyorsa yıkıyorum. Üzerini değiştiriyorum işte sağını solunu dezenfekte, bunlar görev bunları yapıyorum. Yani hiç öyle çok sevecen sarılayım öpeyim veya şu onu babama yapamıyorum. [...]Hani yaptığımın hani derler ya çok büyük sevap işliyorsun mesela bana sağdan soldan öyle diyorlar. Aysel, ay yok diyorum ben işlemiyorum ben biliyorum çünkü çok sevecen davranışnamıyorum. Çok sevecen davranışnamıyorum o bir gerçek yani. Çünkü yani sabırm kalmıyor niye burada yoruluyorum koşturuyorum burada bir takım bir şeyleri tamamlıyorum yani burada anlaş bekliyorum burada anlaş bulamıyorum. Verdığım karşılığını alamıyorum. Oraya gidiyorum yine babamın dediğim gibi az bir şeyini eksik yap bak nasıl sana dikleşiyor ve o bana hiç acımıyor.

<sup>171</sup> Bir insan kendine verir değeri. Kendini seveceksin kendini şey yapacaksın kendinin değerini önce kendin bileceksin. Ben bunu işte yapmadım. Eşim dedim annem dedim babam dedim kardeşim dedim çocuğum dedim. Karşılık aldım mı alamadım hiç birinden alamadım. Mesela işte babam bazen baba neden böyle yapıyorsun diyorum ya neden baba yapma diyorum bak ben evimi bırakıyorum şeyimi bırakıyorum, mecbursun diyor bazen. Erkek erkek, yapacaksın diyor. Baba yapmaya bilirim diyor hayır yapacaksın diyor. Mecbursun diyor bir yapmada göreyim diyor. Bunlar böyle acımasızlar işte

coming to help. They never helped. But my husband got a day off from work, so I was able to go. So you can't attend the funeral with your husband. It has been twenty days, since I lost my sister, my husband stayed at home and I attended the funeral alone. There were times that I got angry with my brothers-in-law as well. I had a funeral. The closest relative. My sibling. That moment I told them that if they helped, I would relax a little bit. My husband came to visit in order to express his condolence one week later. [...] Being on your own and going with your husband is different for sure. It's more comfortable with your husband. This is why I had difficulties so much. I expected support at that point for example, as I was in grief. God knows, my neighbours told me to leave, leave her to them. But how can you leave a woman who is in such a condition? You worry. My husband took leave from work for one week and he stayed. Even when you're in such a grief, you feel stress. You can't just go, you can't feel free to react (Melek, 50, lower SES).<sup>172</sup>

Rushing behind different tasks, sleeplessness, stress, being depressed makes primary caregiver feel stuck in between burden and love labour. In the interviews, the caregivers that can escape from the overdose burden continue emotional service and get rid of the feeling of sticking in between burden and love labour as Fatma (middle SES, 67 years old) wishes "As I said, I wish there was somebody at home. And you can just go for loving and seeing, supporting morally not physically, not both of them. I would be happier. Since I do both of them, it does not go well, I cannot fulfil my duty." For example, Adnan (middle income, 59 years old) and Filiz (middle SES, 59 years old) by shifting their physical duties to others; i.e. paid caregiver and nursing house, respectively, state that their duty is now only emotional support:

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<sup>172</sup> Benim işte iki tane cenazem kardeşlerimi kaybettim. 2 yıl arayla. O anda hiçbir destek göremedim. Eşim oldu ama. Mesela 2 yıl önce bayramda kardeşlerimi aradım dedim ki benim ablam yattı, durumum iyi değil gelin dedim artık götürün. Ben gideceğim artık evde duramıyorum. İster istemez kadına sınırlarımı yansıtıyorum. Sınırlarım boşandı. Bir taraftan ağlıyorum, bir taraftan kızıyorum onlara gelip de yardımcı olmuyorsunuz diye. Olmadılar. Ama eşim izin aldı gittim. Hani eşinle cenazeye gidemiyorsun. Geçen işte yirmi gün oldu, ablamı kaybettiğimde şey yaptım artık eşim evde kaldı ben kendim gittim cenazeme. Hani bir yakınlık oradan kızdığım oldu kaynambil gafan. Benim cenazem var en yakınınım. Kardeşim. O an şey dedim bari yardımcı olursanız bende bir rahatlama olacak. Eşim benden bir hafta sonra geldi başsağlığına [...] Bir tek başına olmak bir de eşinle beraber gitmek daha rahat daha başka tabii. Ondan çok zorlandığım oldu. Bir destek görmek istedim mesela o şeyle canın açısından o anda bir yardım bekledim. Allah var komşularım var yine Melek Abla sen git dedi bırak dedi de nasıl bırakırsın öyle bir kadını. Aklın kaliyor. Eşim izin aldı o kaldı bir hafta. En acında bile böyle stres altında kaliyorsun. Çekip gidemiyorsun rahatça hareket edemiyorsun

It's the easiest period now. I don't do anything. My duty is the moral support from now on. I just go and spend time with her (Filiz, 59, middle SES).<sup>173</sup>

Besides, contrary to all these deprivations, primary caregivers cannot leave behind their parents, their motivation continues and they continue their decision to take care of their parents despite their deprivations, since there exist also happiness.

According to narratives, being able to provide emotional support more freely and with fewer burdens can be done with the support of others. Due to patriarchal relations, in lower income families, spouses support female primary caregivers insufficiently which put them in care-cage, unfortunately. On the other hand, care workers stand in breach in middle income families and fulfil the lack of support from spouses. First of all, interviewee state that despite jarring situations of caring, they learn how to be patient. This is an important gain to continue their filial responsibility. Even for Nuriye it is the only gain of the caring. Moreover, as I have discussed in another part of this thesis, duty of loyalty plays a crucial role in the decision process. Thereby, in this study, according to narratives, they satisfy this feeling by fulfilling their duty even though it takes a lot from them. According to Birgül (lower SES, 53 years old), "like you are taking care of a child. You feel exactly that satisfaction and happiness." Another one, Ayşe (middle SES, 70 years old) thinks that her conscience is clear since she fulfills her duty. According to Nihal (middle SES, 67 years old),

Allah knows that, whenever I go next to my mom, give her a bath and prepare her meals, I sleep peacefully that night. This is it.<sup>174</sup>

Fulfilment of duty makes care givers peaceful and happy, since, as one of the respondents states, *they make their older adults hold on to life*. Furthermore, two of the respondents state that by providing care to their older adults they acquire merit. While Betül state that her mother-in-law's pray is enough for her to continue to support her, Necla thinks that Allah will give her goodness and glory. Addition to

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<sup>173</sup> En kolay hal şimdi. Ben hiçbir şey yapmıyorum. Manevi destek artık benimki gidip onunla vakit geçiriyorum.

<sup>174</sup> Allah biliyor ya ne zaman anneme gidip yıkayıp, yemeğini yapsam o gece huzurlu uyuyorum. Yani bu böyle.

these positive sides of caring, two of the male respondents state that thanks to caring, now, they have more medical knowledge. Only two of the primary caregivers state that elderly-caregiving does not bring any happiness to them. According to Melek, it is due to the high level of burden of caring:

Oh, you can't. You can't say it. Since your burden is too heavy (Melek, 50, lower SES).<sup>175</sup>

Deprivations and happiness are related to dynamics of elderly-caregiving, and at the same time gender and socio-economic status of the primary caregivers. Being man and with middle socio-economic status open the doors of different options and they can choose from these options which lead fewer deprivations. On the other hand, a woman with low socio-economic status not only deprives from time and motion but also from herself due to sacrificing her whole life to other one. The caregivers in this study provide continuous caring even they have been suffering from tremendous burden. The continuation of this support and responsibility despite high levels of sticking in between burden of care and love labour shows that love overweigh burdens in this study. They are doing this in the name of love and reciprocity and they seem determined to continue this support even though forms of it may change; i.e. at home, with domestic worker or nursery home.

Yet, as Lynch(2007) argues unequal distribution of affective labour will result with burden on women, since they have to handle the both solidarity and hardness of the caring, in this study, it is observed that women stuck in between love labour and burden of caring. As I have discussed so far, being from low socio-economic group result with more burdensome care for female caregivers. Limited or lack of support also reinforce burdensome and cause limited time spend to one's own self. Thereby, for female caregivers, especially the ones with low socio-economic status, it becomes hard to enjoy "the pleasurable aspects of love, care and solidarity work", as Lynch (2009) proposed. Sustaining life by caring labour results with unable to maintain their lives due to unequal distribution of physical, mental and affective labour. Primary caregivers' wishes and expectations under these conditions are elaborated in the next part.

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<sup>175</sup> Diyemiyorsun ya. Diyemiyorsun. Çünkü çok ağır olduğu için yükün.

## **CHAPTER 6**

### **CAREGIVERS' IDEAS AND EXPECTATIONS ON STATE'S ELDERLY CARE POLICIES AND PRACTICES**

Elderly-caregiving arrangement is an important point that has been discussed widely in the ageing scholarship. In this part of the thesis, I elaborate ideas on elderly care and expectations from state from the perspectives of primary caregivers. Before move on with the display of expectations and ideas, I briefly discuss existed social policies and practices in Turkey in order to show how they are insufficient with regards to primary caregivers' expectations.

Welfare state in Turkey is in a transformation phase, “the role of the state has been transforming from provider of the public services to the funder of them” (Buğra and Keyder, 2006). Göçmen (2006) refers to welfare state in Turkey as an immature one due to several reasons: “low level of social security coverage, the centrality of informal mechanisms in social assistance and low levels of social protection expenditures” (pg. 719). This immature welfare stat also lacks and be insufficient in the provision of elderly-care. It can be stated that AKP government’s policy understanding is a neoliberal conservative one. As a neoliberal state, it cuts the budget on caring, which attains a place in market. Additionally, as a conservative state it supports the familialisation of caring. Buğra (2012) highlights that by putting families in the centre of caring responsibility; state also makes women the primary caregivers. In Turkey, caring responsibility is on the shoulders of women and government implicitly reinforce this position. This new system is reinforcing the familiasitation by supporting families with home care fees and positing families as main unit of provision of care according to Buğra (2012).

Care is one of the most obvious key issues in the AKP governments’ conservatism (Göçmen, 2016). Due to expansion of conservatism on the state level, there is an increase in the emphasis on families and solidarity networks for the provision of welfare (Göçmen, 2016). Even though government shifts its responsibilities on

caring to families, state avoids from defining and recognizing the labour and relations in the household. For example, even though Turkey is one of the signatory of the ILO, government did not sign the ILO C183. This is an important issue to “promote equality of all women in the workforce and the health and safety of the mother and child” (ILO C183). By not signing this, Turkish government refrains from interfering domestic sphere. The government reveals that it abstains from describing the domestic sphere by rejecting to sign this agreement. Therefore, the inequalities because of familialized care labour become doomed to remain invisible.

Due to decrease in the fertility rate and increase in the ageing population, there have been several political moves. One and most in mind is the speech of President Erdoğan in 2009 “At least three children must every family have before it is too late. Be sure that the more population we have the more powerful will we” (Uluslararası Örnek Kıdemli Vatandaşlar Kongresi, 2009). The first speech was on 2009, after the National Action Plan on Ageing was declared in 2007. Instead of declaring National Action Plan on Ageing and the aims of it, the focus was on giving more birth. The same speech with emphasis on “at least three children” has continued till today. This shows clearly that, even though AKP government has started to deal with ageing population, their way of problematizing and solving in a conservative matter. And the policies and practices will be far away from gender equality, and indeed they are.

However, it must be stated that several regulations done by state; in 2007, Family and Social Policy Ministry set a National Action Plan on Ageing. It is stated in there that the aim is to provide care for older adults at their houses, close to their social environment and by meeting their needs. Thus, before public care services National Action Plan gives place to home care by family members primarily. Home care services; health checks, and home care fees, which is given to families who care for the disabled or older adults. In order to take this amount of money, severely handicapped, 50% and more, stated medical board report, the criteria of need for support must be complied with income criteria by caregivers. Criteria is monthly earning of the household must be two-third of the minimum wage and the ones who meet the criteria take one monthly minimum wage (Türkiye'de Yaşlıların Durumu Ve Yaşlanma Ulusal Eylem Planı Uygulama Programı, 2013). These social policies

regulated as social aid rather than right. Moreover, these regulations include only “vulnerable” and “low socio-economic status” member of the society. Hence, the role of families as caregivers continues in Turkey. Care at home services and fees deepens the gender inequality by “protecting the traditional family structure” (Göçmen, 2016) and reinforcing the gender ideology. In other words, familialisation and commodification of caring, depends on social class positions and gender, goes hand in hand Turkey. Moreover, care insurance within the social security system is also emphasized in the action plan 2011-2013 regards to ageing (Tufan, 2011).

On the one hand, these policies provide visibility of the care givers’ labour; on the other hand, it is not enough. Women who take care of the older adults stuck at home and take care of them. In general, National Action Plan on Ageing focuses on the ageing and development, to improve older adults’ active lives; increasing health and welfare in old age. Older adults-friendly cities are also in their plans. However, these policies are far away from the application and these policies are not regulated as social rights instead they are aids.

Nursing homes are on the agenda, but, generally for the ‘aidless’ older adults. Moreover, there exist limited number of public care homes, and free service provided only when older adults have no one to provide care for them, have no pensions, or any property. In case, they have family members to take care of them then the income of the family must be under the poverty threshold (Article 62/1, 2001 as cited in Göçmen, 2016).

Being decisive to continue caregiver role and at the same time suffering from extensive amount of deprivations leads primary caregivers to change the conditions of caring labour. Since it is not always possible, it may remain in the borders of wishes. Yet, I believe it is important to reveal wishes and expectations of primary caregivers in order to prevent high level of burdens. Primary caregivers wish to allocate time according to themselves and they wish to be move more freely. Since their parents’ are in the centre of their lives, their mobility and time is restricted by this centeredness; thus, they wish to loiter also. This is mainly due to the fact that they have to rush after the older family members and they want to slow down things

in order to relax. Caregivers miss to act without worrying about anything. Yet, their biggest wish is that their parents have better health conditions, in this way, they can be reunited with their ‘freedom’ again.

On the other hand, two of the respondents also wish to be healthy and not losing strength in order to provide care since without them provision of care will be in risk:

I pray Allah as he's the most glorious; pray him to protect me so that I can look after my mother. I sometimes feel sorry when I think nobody might look after her instead of me. (Nuriye, 64, lower SES).<sup>176</sup>

Yes, I say, Allah, please give me health and power. One day when he told me something, I rebelled at Allah, I'd told the same. I prayed Allah to give me a long life as he needs me (Fatma, 67, middle SES).<sup>177</sup>

Moreover, three of the caregivers, Perihan, Sema and Hülya, wish peace after tremendous deprivations and workload. As it is clearly seen from narratives' of the respondents that I discussed in the above section, it is not possible to combine their social activities with caring labour also for lower SES families contrary to what Merrill(1997) argues. Yet, socio-economic status, gender and the health status of the elderly underpin the deprivations and wishes of the primary caregivers.

In this study, most of the respondents have suffered from sticking in between love labour and burden of caregiving, especially the ones who cannot find physical and emotional support. However, none of the respondents want to give up from their filial responsibility. Yet, they want other forms of arrangements; i.e. care worker, other sibling's contribution or nursing homes. In this study, only two of the respondents send their parents to nursing homes due to worsening heath conditions. However, even these two respondents underline that they would prefer to provide care for their parents at home, and they are not pleased of their decision. As Hande

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<sup>176</sup> Allah'ım sen büyüsün diyorum. Bana bir şey olmasın da sağlıklı olayım da anneme bakayım. Anneme kim bakacak diye üzülüyorum bazen.

<sup>177</sup> Hah şöyle diyorum, Allah'ım diyorum bana sağlık ver güç ver bir gün isyanımda da öyle demiştim bana bir şey dediğinde. Allah'a dedim babam için bana ömür versin, bana çünkü çok ihtiyacı var onun dedim.

(middle SES, 59 years old) stated “Well they look like they are weary of life. This made me really sad”, respondents think that nursing homes are not good places for their parents, because they will not be happy there. And as I discussed in the above chapter it is crucial of primary caregivers to take into account older adults’ feelings and emotional satisfaction. The other respondent is Filiz (middle income, 59 years old) prefer the placement of nursing homes due to her mother’s femur fracture. But, she is certain that she would not prefer this, if she was not diagnosed with femur fracture. Only, two of the respondents state that she would prefer to take care of their parents in nursing homes. This is mainly due to the fact that they cannot endure to the burden of the caring responsibility anymore:

Only if I had a job, had a salary. Now I expect money from my husband. If I had a salary, I would hand my mother over to a nice place. I wouldn’t have to worry for her. I would visit her once a week. I would also sometimes bring her home and look after her myself. At least there are some cameras in the care homes now. I would like to hand my mother over to such a place. But as I have no salary. [...] I would look after her better. Maybe I would hire a caregiver who could also help me as I got old too. But I don’t have such an opportunity since my husband is retired and I am a housewife. We make out as we are obliged to. (Nuriye, 64, lower SES).<sup>178</sup>

Another respondent is Fatma (middle SES, 67 years old) who prefers nursing home, yet her father is rigorously against nursing homes and when she asked him he got really upset. This runs in with the below discussions that older adults’ preferences affect the arrangements of elderly-care.

Nuriye also prefers for herself the residence at nursing homes in order not to ‘ruin’ her children’s own lives. She stated that she does not have any private life anymore, thus, she does not want her children to live through same conditions. This is not only

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<sup>178</sup> Şansım olsaydı ben çalışsaydım bir maaşım olsaydı ben şimdî eşimin eline bakıyorum. Benim bir maaşım olsaydı annemi mesela güzel bir yere teslim ederdim. Gözüm arkada kalmazdı. Haftada bir ziyaretimi ederdim. Eve getirirdim anneme bakardım yine. En azından denetimli kameralar var şimdî bakım evlerinde. Böyle bir yere bırakmak isterdim annemi. Ama benim maaşım olmadığı için.[...] Anneme daha çok bakardım. Belki bir bakıcı alırdım en azından bana da bir faydası olurdu çünkü ben de yaşılandım. Ama o imkanım yok çünkü eşim emekli ben ev hanımıyım. Mecburen idare etmek zorundayız.

preference of Nuriye. Most of the respondents in this study also prefer not to be cared by their children, since they have already experience a huge amount of burden and does not want their children to live through same problem. According to TAYA (2011), *life preferences for Old Age among Individuals Aged between 18-60* there is a change in the preferences of individuals in Turkey. While still most of the people prefer to be cared at home, approximately 17% of individuals aged between 18-60 prefers nursing homes. This percentage rises to 31.6% for the aged between 18-24. Therefore, it can be concluded that in Turkey, people's preferences of life for their old ages is changing. Yet, the problem is that nursing homes do not have such capacity as I have stated in the fourth chapter.

Even though respondents, the ones, who do no prefer nursing homes for their older parents, in the conditions of unable to caring anymore; they prefer this arrangement for themselves. It is mainly because of the approach to the nursing home. For these respondents, they do not think that it is a place of abandonment. Yet, it is not like that for their parents:

My dear, if possible caregiving at home is very well. All of my friends chose the care home, took their mothers there so even the healthiest one lived only 6 months. Unfortunately this is the truth. Cause that generation consider living in the care homes as being abandoned. It's not the same for our generation. I hope you never experience it as well, but it's also not the same for your generation. So, sweetie, this is my own recommendation. By the things I have seen. They can never be peaceful in a care home (Nihal, 67, middle SES).<sup>179</sup>

In Turkey, in the televisions, it has been always showed that nursing homes are bad place for the older adults and the care workers beat them there. These views also affect caregivers' decisions as Birgül (lower SES, 53 years old) mentions:

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<sup>179</sup> Canım benim olabildiğince evde bakım çok iyi. Benim çevremde ne kadar arkadaşım varsa huzurevine gittiler, annelerini götürdüler, en sağlıklısı bile 6 ay yaşadı. Ne yazık ki bu böyle. Çünkü o nesil huzurevinin sokağa atılmışla eşdeğer görüyor. Bizim nesil için böyle değil. İnşallah, siz de olmaz da sizin nesil için öyle değil. Onun için kuzum benim tavsiyem veya gördüğüm olabildiğince çocuklar yani ben bu ilgiyi huzurevinde de göstersem hiç huzurlu olmaz.

I recommend it to everyone. After watching the things that are happening in care homes on TV, I wish that their own children look after them.<sup>180</sup>

Yet, the main reason why they do not prefer nursing homes is the preferences of older adults and the approach that their parents will not be happy there. Respondents in this study think that residential care is the best for their parents' moral:

Caregiving at home is crucial for the patient. It's crucial in order to make the patient feel good, for their mood. It's crucial for them to be in a good mood. It's crucial for them to pass this period at home. If my mother hadn't broken her bone, I would never send her there. If she hadn't been suffering from Alzheimer and hadn't perceived there as a hospital, I would never send her there. She would be unhappy. I would try to arrange the home somehow. Even now, we hardly recovered. We couldn't get used to her absence (Filiz, 59, middle SES)<sup>181</sup>

However, the burden of care both emotionally and physically lead primary caregivers to arrange or wish to arrange other forms of caregiving such as paid caregiver or provide care from separate houses. In this study, none of the primary caregivers prefer other kinds of caregiving, if they hire caregiver.

As I told you, we were going to bring her home and look after her in turns, in our own houses. Caregiving at her own home is certainly better. Apart from that, we didn't think of any other alternative such as care homes and stuff. As we had no opportunity for these, we didn't (Melike, 53, middle SES).<sup>182</sup>

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<sup>180</sup> Bütün herkese tavsiye ederim. Bakımevlerini televizyonda gördükten sonra isterim ki herkesin çocuğu kendine baksın.

<sup>181</sup> Evde bakım hasta için çok önemli. Hastanın morali, kendini iyi hissetmesi çok önemli. Ruh halinin düzgün olması çok önemli. Bu süreci burada evinde geçirmesi çok önemli. Annemin kırığı olmasa asla asla koymazdım oraya. Alzheimeri olmasa orayı hastane gibi düşünmese de koymazdım. Mutsuz olurdu. Evde bir şekilde ayarlardım bir şeyler. Şimdi bile kendimize zor geldik. Alışmadık yokluğuna.

<sup>182</sup> Başka bakım yöntemi derken yani dediğim gibi ya eve getirecektik sırayla bakacaktık kendi evimizde, kendi evinde bakım kesinlikle daha iyi. Onun dışında bir alternatif de nedir yani güçsüzler

On the other hand, the ones who cannot afford this underline other strategies such as separating houses or shifting duties in between siblings in order to allocate time for rest. For instance, Perihan (lower SES, 42 years old) strictly against nursing houses, but she wishes to take care of her mother in a separate house, which is close to their house and she also wants her siblings to take responsibility just one week in alternate. According to Perihan: “I cannot think another kind of caring. The only place that mothers and fathers can live is the heart of their children, nowhere else. Absolutely, I do not consider nursing homes or alike.” Another strategy is also, as Perihan stated, separating the house but continuing the responsibility, this way the problem of privacy would be solved:

I would like to live a different life. To watch from a distance. In a close place. Because when you close your door, it's your own zone. I would like to shout at my child freely. To discuss the problems. Not to live vaguely. There's a slight difference between talking in the bedroom and chatting freely in the living room. Between whispering and talking comfortably (Sema, 40, lower SES).<sup>183</sup>

In this way both older adults and primary caregivers can continue to live their private lives, while support and care can be continued. This is in line with the Aytaç's (1998) argument that living closer is a way of preserving privacy and at the same time strong family ties. While this can be more easily arranged in the middle income families, it is hard for the lower income families due to lack of financial resources, since two different spaces mean extra expenditures. And in this study, the ones who complain about co-residency due to privacy concerns are the ones start living together due to lack of economic sources.

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yurdu bilmem özel şeylerini onları hiç düşünmedik çünkü böyle bir imkanımız olduğu için onu düşünmedik yani.

<sup>183</sup> Ayrı bir yaşantı isterdim. Uzaktan bakmak. Yakın bir yerde. Çünkü kapımı örttün mü senin alanın. Çocuklarımı istedigim gibi bağırmak. Sorunları tartışmak. Üstü kapalı yaşamamak. Bir odanın içinde konuşmak vardır. Bir salonun içinde rahat rahat sohbet etmek var. Fiskos konuşmak var rahat konuşmak var.

Yet, almost all of the respondents, even though they prefer residential caregiving, highlight that there is need of increase in the responsibilities of the state.

Elderly caregiving must be institutionalized by the government; there should be some new regulations about the matter and finding a caregiver. There should be a public institution which concerns only this elderly caregiving. For example, some have salaries and pays the money, so they can get a better caregiving. Some have no financial possibility but they should be treated equally. Of course there is a common belief that the ones who pay the money and the ones who don't can't be the same. What can we do? We live in this neighborhood, the others might be living in Çankaya. Residential caregiving is really harder. In my opinion, a system should be built. Cause you know what, your mother and father are ill, you spend all your energy on them and you collapse psychologically. You can't mind your own business. You don't have a private life. You don't have a social life. What can you have? Then mentally ill people can emerge in the society for sure. In my opinion [...] We can't even find nurse for injection. You are going to take the patient to the clinic, you need taxi. They get annoyed since it is short range. It costs 5 liras but we pay 10 liras. But it's a problem for my mom to get out of the house and go down. So you call the person, he-she injects and leaves. That's not all of course. (Hülya, 52, lower SES)<sup>184</sup>

Compatibly with Hülya's demand, middle SES families also wish institutionalization of elderly-caregiving. They also state that it is fine for them; they can arrange other sources, but what about the ones, who deprived from these sources:

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<sup>184</sup> Evde bakıcı bile bulman bunun tamamen kurumsallaştırılıp böyle bir yaşlı bakımının artık bir şey olması lazım. Başlı başına yaşıllarla ilgilenilen kurumsal bir şey olması lazım. Mesela kimisi maaşlıdır, maaşını verir daha düzgün bir bakım alır. Kimisinin maddi şeyi yoktur ama eşit davranışlımadır bence. Tabii para vermeyenle veren bir olmaz düşüncesi var. Ne yapalım biz bu mahallede yaşıyoruz o Çankaya'da yaşar. Evde bakım gerçekten daha zor. Bir şeye oturtulması lazım bence. Çünkü niye biliyor musun annen baban hasta sen bütün şeyini onlarla harcayarak ruhsal çöküntüye uğruyorsun. Hiçbir işinle ilgilenemiyorsun. Hayatın olmuyor. Sosyal yaştantın olmuyor. Ne olur ki. İşte o zaman topluma bir sürü böyle hastaklı insan yetişim yani. Bence öyle.[...] İgne vurulacak hemşire bulamıyoruz. Sağlık ocağına götürüceksin taksi lazım. Kısa mesafe kızıyorlar. 5 lira tutuyor biz on lira veriyoruz. Ama annemin evden çıkip da aşağıya inmesi mesele. Eve çağırıyorsun iğneyi vurup gidiyor. Bu kadarla sınırlı değil

Furthermore, you have the financial possibility so that you can buy. I have the financial possibility so that I can hire a caregiver. What should the ones who don't have money do? Will they pass away? I don't want any financial support, I want service. (Ayşe, 70, middle SES).<sup>185</sup>

Will they protect those elderly as a social state? It's only for show. We were never able to benefit from this government. Even from the ambulance. Is it so hard to come and draw blood from him? His both knees are prosthetic. (Fatma, 67, middle SES).<sup>186</sup>

While only one of families with low socio-economic status wants institutionalization, families with middle socio-economic status made complains about the insufficient services provided by the state. On the other hand, lower income families found their own strategies, and their expectations are shaped around them. In this study, without matter of socio-economic status most of the primary caregivers suffer from burdensome of care. But, middle income families have more opportunities than lower income families in order to decrease the level of burden and continue their love labour more freely. Despite high levels of difficulty, as it is seen from the above narratives, children are decisive to continue this duty with regards to closeness, filial responsibility and family obligation. But, they want support either from family members or from state in order to continue this responsibility more easily.

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<sup>185</sup> Ayrıca imkanın var da alıyorsun. Benim de imkanım var da getirtirip baktırıyorum. İmkani olmayanlar ne yapsın ölsün gitsin mi? Ben para yardımı istemiyorum ki hizmet istiyorum.

<sup>186</sup> Bir sosyal devlet olaraktan bu yaşlılara sahip çıkılacak mı? Hepsi göstergemelik. Biz hiç bir şeyinden bu devletin yararlanamadık ne bir ambulansından ya. ne var şu iki dizi protez gelip bir kan almak.

## **CHAPTER 7**

### **CONCLUSION**

As Turkey is rapidly ageing, just like the other issues that are related to ageing, elderly-caregiving has become an important subject to study. Elderly-caregiving arrangements; placement of older adults; and people who provide this care have been widely discussed in the literature. However, the experiences and process of elderly-caregiving as a part of caring labour must also be highlighted in the literature in order to understand the interlock of social inequalities that arise as a result of being caregiver. In other respects, the approach of welfare state in Turkey is shaped around families and social networks. On the other hand, with the increased need of provision of elderly-caregiving, the need of other kinds of arrangements such as care workers and nursing homes arise. These circumstances made me analyse how families' lives and primary caregivers' lives within different socio-economic groups are affected by the provision of elderly-caregiving where state shifts all responsibilities to families.

This study grounds on how families (whose access to different kinds of arrangements in terms of older adults' care varies) from different socio-economic groups experience elderly-caregiving, and how their family relations are affected by this responsibility. In order to understand these questions and reveal the possibility of altering unequal circumstances, I used feminist methodology; and I also approach life-course perspective to understand changes and continuities both in the level of individuals and families and the way they interrelate. Within the scope of research, I conducted interviews with 8 primary caregivers with lower SES and 10 with middle SES and in total 18 interviews were conducted with in-depth interviews.

Care includes several activities that we employ in order to be part of sustaining and maintaining the one's life that we *care for* and *care about*. Being a part when meeting the needs of others includes physical, mental and emotional labour. Thus, this study also shows this varied and complex web of relations establish caring

labour. The primary caregivers provide direct physical care to their parents but they also try to improve their emotional wellness and emotional satisfaction by being in contact with them, making them feel happy, amusing them, valuing them. Thus, caring labour does not deal only with ‘health problems’, it is a more complex issue that we experience in order to continue our lives by the time we are born.

By employing this theoretical framework and methodological approach, I started analysing the meaning of being an elderly-caregiver, what did cause the provision of care. I believe that without understanding these dynamics, getting the whole picture from the perspective of the primary caregivers would be skipped. Thus, the first thing that I examined was how they became caregivers. Regardless of socio-economic status, health condition of the older adult is one of the most important factors that attributes caregiver role. In addition to this, especially among the lower SES families, sharing the same apartment beforehand leads the family to take the responsibility when direct and intense care is needed. Thereby, economic conditions or co-residence in an extended family makes way for the continuation of caregiving in an extended form. Yet, I have to highlight that the loss of one of a parent makes the responsibility shift to their children. In this regard, affectionate relation between parents and children might be a filial responsibility but it is sometimes an obligatory situation, as there is no alternative especially for lower SES families. While there is no difference between lower SES and middle SES families in terms of taking the caregiver role, how they experience varies from each other. Lower SES families have to continue this responsibility even they do want to stop or continue with different forms of arrangements like in turns with their siblings or extra-residence care.

When the results of this study are taken into account, elderly-caregiving fits the premises of a life course perspective. Life events of the family members are interrelated to each other. Elderly-caregiving is a process related with both older adults’ and the primary caregivers’ lives. A life changing event that occurs in the older adults’ lives affect their children’s lives as well. In this study, it means becoming a caregiver. And once they become caregivers, their lives start to revolve around their parents and; thus, their roles in other relations also change their trajectories. For instance, being a mother of a young child and a caregiver of a parent

at the same time affect these women's motherhood. They mentioned that it becomes hard to continue this relation and, in order to continue this relation; they have started to put more effort, while male family members do not put such an effort. Therefore, I conclude that life courses of the family members are interrelated to each other and this interrelatedness mainly affect women's life courses; as they dedicate their whole lives to care for and care about others. In order to fulfil expected family roles, women spend time, energy and effort throughout their entire life-course.

In accordance with the findings of this study, socio-economic groups do not vary from each other when it comes to filial responsibility. However, middle socio-economic status provides some advantageous positions for these families. For example, when there is a need to ease the burden of care, hiring a care worker is easier for them. In fact, almost all of them get assistance from a care worker or they put the family members in the nursing homes. On the other hand, lower SES families are all alone during the process of elderly-caregiving. Since caring labour is a gendered issue, no attempt to divide caring labour equally between spouses is observed in this group. While middle SES women who are under favour of material and financial resources are able to pay someone to ease the burden that require physical tasks, lower SES women do not have such an option. Thereby, unlike their middle SES counterparts, these women are in a disadvantageous position. Lack of financial resources put lower SES women in a disadvantageous position just because of their gender and lower SES results with an exploitation in the gendered order of caring labour.

Family as an institution preserves its strength through the caring responsibility despite the increased burden. Although the relations are affected by the caregiving responsibility, female primary caregivers are decisive to maintain these relations. They take care of their beloved ones not only with cooking, feeding, cleaning, but also emotionally. Yet, due to unequal distribution of both burden and pleasurable aspect of caring labour, women stuck in between love labour and burden. By unearthing the family relations, this study shows that elderly-caregiving is not only relevant to the relationships with older adults and primary caregivers. Indeed, due to its new dynamics in the household, female primary caregivers take extra roles to

maintain relations, which reinforce affective inequalities. And this is not only in the sense of elderly-caregiving, in all conditions that the family is involved.

If the findings of this study are taken into consideration according to the relation dynamics and labour processes, it can be clearly seen that women, especially lower SES women, continue being at a disadvantage position in this hierachal mechanism of power relations, where the gender and socio-economic status interlock. Due to lack of support and unequal distribution of caring, women suffer from physical, mental and emotional burdens. They put themselves in the second place, and sacrifice their life for other family members in the name of ‘love’. Yet, shouldering all responsibilities and maintaining all relations make women stuck in between love labour and burden of care. This conduces them to melt down and give themselves up. They don’t only face the caring labour but also the burden of this huge responsibility, as there exists nobody to share this feeling of huge responsibility even some might be there for direct needs.

Dedicating life to older adults causes the deprivation of time, and motion; decrease in the time spent for social activities and for oneself. However, giving up from yourself is different than deprivation of time and motion. According to their own words, they are melting down day by day. Therefore, filial responsibility, duty of loyalty, feelings to the parents motivate the primary caregivers to handle their role. Eventually, this role blurs the meaning and experience of love due to overdose burden. How can a person continue love labour, when she gives up her life? Lack of support and feeling isolated which are not provided enough by other family members or the state, are great burdens that boost primary caregivers’ need of caring for themselves.

All these relations and dynamics on elderly-caregiving responsibility show that state shifts the responsibility to the families, especially to the women in these families. . As a result, elderly-care becomes a duty and underpins the alteration of intimate relations. But, as these relations are aimed to be continued, women, especially lower SES women who lack opportunities are all desperate.

Therefore, primary caregivers wish to allocate time according to their own plans, move freely, and they also want better health conditions for themselves and their

parents in order to continue providing care. Additionally, they don't want to worry all the time, they want to have a peaceful mind and they demand support both from family members and the state. As it can be understood from these wishes and expectations, both social policies and equal distribution of care are essential. According to the mainstream understanding it is clear that caring is women's duty so more essential steps must be taken in order to rid of gendered division of labour. Otherwise, policies related to elderly-care such as home care fees, ease the burden of women's care labour, actually it reinforces the idea that it is the 'duty' of women. Although financial sources provide different kinds of elderly-care arrangements and ease the burden of care, most of the respondents expect to see state's more efficient regulations about elderly-care. In this study women respondents experience time deprivation as they can't be able to spare time for themselves. It is obvious that home care fees do not solve the time deprivation problem. Furthermore, due to the fact that elderly-caregiving has become more and more complex with the increasing life expectancy and increasing number of oldest old persons, it becomes harder for the caregivers to satisfy physical, emotional and medical needs of older adults. With lack of support both from the state level and family members, it reinforces women's, especially lower SES women's, primary caregiver roles which requires intensive hours. Furthermore, this unendurable burden and deprivations creates transformation in the love labour. In this study, primary caregivers want to continue to be caregiver, but it becomes harder and harder for them and particularly in continuing the affection with their parents. The methods to evade being stuck in between the love labour and burden are, approaching gender equality, developing an understanding against all inequalities that spread in any tiny cell in the lives and establishing welcoming care policies for all citizens. Otherwise, social policies will just remain in the border of maintaining care services.

But still, according to the wishes of the primary caregivers in this study, there is a need of social regulations that are related to ageing and also new policies to be applied. For example, there is a need of regulations on nursing homes, as it is understood both from this study and the other studies, there will be more demand for nursing homes in the following years. Nursing homes provide free services only to

limited number of citizens and people complain about their unhealthy conditions. Furthermore, private nursing homes are also possible but for the affluent ones. Thus, a group of citizens who cannot afford private nursing homes but also not ‘poor enough’ benefit from public nursing homes in the state level. Although, ageing in place is crucial for older adults, regulations must be created about nursing homes to make them more reachable places for the quality of caring in the following years.

Furthermore, the number of daily care centres and their services should be expanded. If daily care centers that provide both social and medical services can be established in each neighborhood, then the burden of families will be eased. So the older adults will not feel isolated from their own lives, friends and families in a nursing home, if each neighbourhood has one home day care services, then, it will become easier for the families to provide care and enjoy the pleasurable part of it more, rather than carrying burden. Additionally, shuttles should be arranged for older adults to transport, since it is one of the biggest complaints from the primary caregivers regardless of SES. Last but not the least, regular and qualified home health checks should be regulated. In this way, policies that do not cause isolation and deprivations should be established both for the caregivers and the care receivers. Although National Action Plan on Ageing (2007) targets such strategies, primary caregivers, in this study complain about their reachability, quality and access. Therefore, an action plan should be made which embraces all different statuses and relations in the society. Indeed, community based care services must be established, contrary to family based or commodified. Otherwise, as we see from the analysis of this thesis, over-responsibility on families, and on women within these families, affects all relations within the families and primary caregivers’ lives as well. Thus, because of the heavy burden, families might not be able to continue this responsibility in the near future.

Welcoming and inclusive care services should be provided by the state as a right of the citizenship, as Hooyman and Gonyea (1999) highlighted, since women are mainly and intensely responsible from caring, their expectations on elderly-care must be listened and included in the policies. While middle SES families can arrange private ambulances for transportation, lower SES families have to carry older adults

by themselves, even they are weighty. It becomes harder if there is no elevator in the apartments. These circumstances deepen the unequal relations and positions both for caregivers and older adults. Therefore, policies related to elderly-care should start from the design of the houses, apartments, transportation system, and then circle should expanded to other services, and should include all citizens. In these circumstances, patriarchal capitalist system together with the neoliberal conservative policies deepen women's, especially lower SES women's problems, where limited access to care services can be achieved, 'secondary citizenship'. Furthermore, there is no proof that families will continue their caregiver role forever under the rule of conservative politics. Thus, if the burdens will not be eased, than there is a possibility that primary caregivers might act exclusionary like their siblings did.

As narratives reveal being a woman with lower SES reduces options for them as primary caregivers of older adults. Even though both women with lower and middle SES do not hesitate to become caregivers, due to limited policies targeting elderly-care and patriarchal capitalist system, they are the ones who suffer more from burden of caring. There is an important difference between socio-economic groups: while there is a chance of choose different options for the affluent ones, others have to continue the caring duty while melting down. Choice should be an option for families, otherwise with the increasing number of oldest old persons and complex needs of elderly-care, primary caregivers will suffer more from burden and enjoy the pleasurable aspect of caring less.

This study shows that the process of caring must be highlighted in order to reveal arising inequalities and needs rather than living arrangement about elderly-caregiving. Due to increase of life expectancy and oldest old in the population, elderly-caregiving has started to consisting more complex tasks and relations. And since state's role is insufficient to regulate these needs, families are in the centre of elderly-caregiving. Still, in the studies about ageing, family relations are not taken into consideration. This is mainly because not interpreting the caring labour as a form of emotional labour and the fact that it is related with the family relations. By taking family relations into account during the caregiving responsibility, this study contributes to literature as elderly-caregiving grounds on complex web of relations

and these relations are also affected by this responsibility. Moreover, by analysing the process of elderly-caregiving, this study reveals the intersection of social inequalities and affective inequalities. This thesis shows that alongside gender and socio-economic status differences, women with lower SES stuck in between love labour and burden of care, and thus, enjoy the pleasurable aspect of caring less than middle SES counterparts. The important contributions of this thesis are the analyses of commitment, connectivity and relations between the family members which are surrounded by power relations that reveal affective inequalities.

Within this study I analysed the interlocking socio-economic status and gender with regards to elderly-caregiving. However, it is suggested for further studies to focus on other social positions in order to unearth other social inequalities that arise due to caregiver role. The ones who does not have family relations and social networks, in this sense who are open to abuse and lack of quality of life in later years of life must be taken into consideration in the literature in order to reveal the chemistry of elderly-caregiving in the shrinking welfare state and the lack of families as a source of support. Thus, it is suggested for the further studies to observe caring as a right of a citizenship, in order to take one more step to unearth injustice and unequal power relations that surround elderly-care as a form of caring labour.

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## APPENDICES

### APPENDIX A: IN-DEPTH INTERVIEW QUESTIONS

Mesleğiniz?	
Haneye giren toplam gelir?	
Oturduğunuz ev size mi ait? Kiracı misiniz?	
Eğitim seviyeniz?	
Medeni durumunuz?	
Çocuğunuz var mı? Kaç tane?	
Evde kaç kişi yaşıyor?	
Bakım yaptığınız kişinin kendisine ait geliri var mı? Varsa nedir?	

- 1) Bakım yaptığınız kişi neyiniz olur?
- 2) Ne zamandan beri bu kişinin bakımından sorumlusunuz?
- 3) Bakım sorumluluğu ile ilk karşılaşığınızda ne yaptınız? Bakım kararını alma süreciniz nasıl gelişti? Bu süreç kendi kararınızla mı oldu? Evetse, bu kararı vermenizde herhangi birisinin etkisi oldu mu? Olduysa ne şekilde?

[Evde bir bakıcı var ise:

- Bakıcıya nasıl karar verdiniz? Bu kararı tek başınıza mı aldınız? Kararını verirken zorluk yaşadınız mı?
- Bakıcıyı nasıl buldunuz?
- Bakıcı evde hangi işleri yapmaktan sorumlu? Siz bakımın nelerini üstleniyorsunuz? ( Bakım sürecinde sorumlulukları değişti mi?) Bakıma dair kimin hangi sorumluluğu üstleneceği nasıl belirlendi?

Kimler hangi sorumlulukları üstlendi? Herkes sorumluluğunu yerine getiriyor mu? Getirmedeinde ne oluyor? ]

- 4) Yaşlısına dair kararları kim veriyor? Bu kararları kimin verdiği konuya göre değişiyor mu? ( yemek, temizlik, sağlık gibi konularda)
- 5) Bakım esnasında neler yapmanız gerekiyor?
  - \* Banyo yaptırılması
  - \*Tuvalet ihtiyacını gidermede yardım edilmesi ve gerektiğinde temizliğinin yapılması
  - \*Tırnaklarının kesilmesi
  - \* Saç bakımı
  - \* Yemek ve içecek ihtiyacının giderilmesi: malzemelerin sağlanması, yemeğin hazırlanması, yedirilmesi
  - \* İstenmeyen tüylerin temizlenmesi
  - \*Giyim
  - \* Oda ve çamaşırların temizliği
- 6) Bütün bunlardan yalnız siz mi sorumlusunuz? Sorumluluğu paylaştığınız kimse(ler) var mı? Bütün bunların yapımı kendi hayatınıza ayırdığınız zamanı ne şekilde etkiliyor?
- 7) Bir gününüzün nasıl geçtiğini anlatabilir misiniz? Bakımdan önce bir gününüz nasıl geçiyordu?
- 8) Ev işleri, bakım, çocuğunuzla ve eşinizle ilişkilerinizi de içерerek bana bir gününüzü nasıl planladığınızı anlatabilir misiniz? Bir günü tek başınıza mı planlıyorsunuz? Sizinle birlikte planlayan birileri var mı? Kim? Sizin istediğiniz gibi mi planlıyor yoksa bazı noktalarda istemeseniz de uzlaşmak durumunda kalıyor musunuz? Böyle durumlarla karşılaşıyorsanız, örnek verebilir misiniz?
- 9) Bakımın dışında gündelik hayatınızda neler yapıyorsunuz? Kendinize zaman ayırabiliyor musunuz? Ne kadar ayırabiliyorsunuz? Neler yapıyorsunuz?

- 10) Hafta sonlarınız nasıl geçiyor? Bakımdan önce hafta sonları neler yapıyordunuz?
- 11) Yaşlınıza bakmadan önceki yaşamınızdan en çok neleri yapmayı/ yapmamayı özlüyorsunuz? Bakımdan sonra hayatınızdan çıkartmak zorunda olduğunuz bir şeyler oldu mu? Neler?
- 12) Bu kişinin bakımını üstlenmeye başladığınızdan beri hayatınızda neler değişti? [Çevre ile ilişkiler, aile ile ilişkiler]

Aileyle geçirilen vakit? Daha önce neler yapıyordunuz? Şimdi?	
Eşinizle ilişkiniz bakımdan etkilendi mi? Pozitif ya da negatif etkileri oldu mu?  Birlikte daha önce neler yapıyordunuz? Bunlara zaman ayırmakta problemler yaşıyor musunuz? Bakım konusunda sizi anlayışla karşılıyor mu? Bakım konusunda size yardımcı/destek oluyor mu? Bakım ile ilgili aldığı sorumluluklardan memnun musunuz? Başka neler yapısın isterdiniz? Eşinizin bakım sorumluluğunu aldığıınızdan beri ev işleri (çocukla ilgilenme ) ile ilgili sorumluluklarında bir değişiklik oldu mu? Daha önce ev işlerinde iş bölümü nasıldı? Bir değişiklik oldu mu? Neler? Ev işlerine ne kadar zaman ayırıyorsunuz? Eşiniz ne kadar zaman ayırıyor? Neler yapıyor?	

Eşinizle duygusal ilişkinizde değişiklik oldu mu? Olduysa, neler?	
<p>Çocuğunuzla/Çocuklarınızla olan ilişkileriniz nasıl etkilendi bakımdan sonra? Pozitif ya da negatif etkileri oldu mu?</p> <p>Anlayışla karşılıyorlar mı bakım sürecini? Bakım yapılan kişinin sorumluluklarına dâhil oluyorlar mı? Bakım ile ilgili aldığı sorumluluklardan memnun musunuz? Başka neler yapısın isterdiniz?</p> <p>Çocuğunuzla/ Çocuklarınızla ilişkilerinizde duygusal anlamda değişiklik oldu mu? Olduysa, neler?</p>	
<p>Eşiniz/ çocuğunuz / bakım yaptığınız kişi ile ilişkinizde duygularınızın ve davranışlarınızın çeliştiği oldu mu? Olduysa, hangi durumlarda? Bununla nasıl başa çıktınız?</p>	
<p>Sorumluluklar (Kendisine, ailesine, dışarıya(arkadaşlar, iş...))</p> <p>Hayatınıza hangi sorumluluklar eklendi?</p>	
<p>Bakım sorumluluğu ile birlikte temizlik, TV izlemek, evin düzeni, yemek düzeni gibi şeyler nasıl etkilendi? Bu değişimler sizi nasıl etkiledi?</p>	

Öncelikler ve İhtiyaçlar	
Harcamalar	
Sizce evde bakım ailenizi nasıl etkiledi? Keşkeleriniz, mutululuklarınız nelerdir?	

13) Sizce ailenizdeki herkes ( kimler içinde, kimler dışında) yaşlı bakımını gerektiği gibi üstlenebildi mi? Kendi aile hayatınızın bakımından nasıl etkilendiğini düşünüyorsunuz?

14) Bakım sorumluluğunu üstlendikten sonra baktığınız kişi ile aranızdaki ilişki nasıl değişti? Bakım sürecinden önce ilişkiniz nasıldı? Peki, bakım sürecini sizin üstlenmeniz sizi nasıl etkiledi? [Çalışıyorsa; iş yaşamınız bundan nasıl etkilendi? ]

15) Yaşlınıza bakım sağlarken yaşıyla aranızda zorluk, gerilim yaşadığınız durumlar oluyor mu?

Oluysa problemlerinizi nasıl ve ne şekilde çözüyorsunuz?

16) Bakım esnasında yardıma ihtiyacınız olduğunda neler yapıyorsunuz? Bakım meselesinde size en çok zorlayan şeyler neler? En çok hangi anda zorlandınız? Bu zorlukları yaşarken yanınızda yardımcı/ destek olan birileri var mıydı? Nasıl yardımcı oldu?/ Yardım bulamadığınızda bu durumu nasıl atlattınız?/ Atlatabildiniz mi? Atlatamadığınızda neler yaşadınız?

17) Bu zorlukları kimseyle paylaşabildiniz mi? Kiminle? Ne ölçüde?

18) Bakım vermenin size kazandırdıkları oldu mu? Neler?

19) Duygusal olarak bu süreçte sizi en çok zorlayan şey ne oldu?

20) Yaşlıya bakan kişi olarak kendinizde bir değişiklik görüyor musunuz? Kendinizde bir değişim/ dönüşüm yaşadığınızı düşünüyor musunuz? Bugününe ve

geleceğinize dair “ben artık böyle bir insan oldum” dediğiniz değişimler oldu mu hayatınızda? Son [...] yılda kişiliğinizde değişiklikler oldu mu?

21) Sizce evde bakım nasıl bir deneyim? Başka bakım yöntemleri olabilir mi? Neler?

22) Siz neyi tercih ederdiniz başka bir şansınız olsa?

## APPENDIX B: METU ETHICAL COMITEE APPROVAL PAGE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ  
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30 MAYIS 2016

Konu: Etik Onay

Gönderilen: Doç.Dr. Fatma Umut BEŞPINAR

Sosyoloji

Gönderen: Prof. Dr. Canan SÜMER

İnsan Araştırmaları Etik Kurulu Başkanı

İşti: Etik Onayı

Sayın Doç.Dr. Fatma Umut BEŞPINAR'ın danışmanlığını yaptığı yüksek lisans öğrencisi Gizem Irmak SEL'in " Milestone of the families: How caregiving to elderly affect the relationality of the families" başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görüлerek gerekli onay 2016-SOS-106 protokol numarası ile 30.05.2016-23.05.2017 tarihleri arasında geçerli olmak üzere verilmiştir.

Büyüklerinize saygılarımla sunarım.

Prof. Dr. Canan SÜMER

İnsan Araştırmaları Etik Kurulu Başkanı

Prof. Dr. Meliha ALTUNIŞIK

IAEK Üyesi

Prof. Dr. Mehmet UTKU

IAEK Üyesi

Yrd. Doç. Dr. Pınar KAYGAN

IAEK Üyesi

Prof. Dr. Ayhan SOL

IAEK Üyesi

Prof. Dr. Ayhan Gürbüz DEMİR

IAEK Üyesi

Yrd. Doç. Dr. Emre SELÇUK

IAEK Üyesi

Bu bölüm ilgili bölümleri temsil eden İA Etik Alt Kurulu tarafından doldurulacaktır.

Project No: 2016 - 825-106

#### İAEK DEĞERLENDİRME SONUCU

Sayın Hakem,

Aşağıda yer alan üç seçenekten birini işaretleyerek değerlendirmenizi tamamlayınız. Lütfen ikinci ("Revizyon Gereklidir") ve üçüncü ("Ret") değerlendirmeleri için gerekli açıklamaları yapınız.

Değerlendirme Tarihi: 30.05.2016

İmza:

1.	Herhangi bir değişikliğe gerek yoktur. Veri toplama/uygulama başlatılabilir <input checked="" type="checkbox"/>
2.	<b>Revizyon gereklidir</b> _____ a. Gönüllü Katılım Formu Yoktur _____ b. Gönüllü Katılım Formu Eksiktir _____ Açıklama:  c. Katılım sonrası bilgilendirme formu yoktur _____ d. Katılım sonrası bilgilendirme formu eksiktir _____ Açıklama:  e. Rahatsızlık kaynağı olabilecek sorular/maddeler ya da prosedürler icerilmektedir. _____ Açıklama:  f. Diğer _____ Açıklama:
3.	<b>Ret</b> _____ Açıklama:

## **APPENDIX C: TURKISH SUMMARY / TÜRKÇE ÖZET**

### **GİRİŞ:**

Bu tezin amacı Türkiye'nin gittikçe yaşılanmaya başlamasıyla birlikte yaşlı bakımından birincil derecede sorumlu olan aileler tarafından yaşlı bakımının nasıl deneyimlendiğini açığa çıkarmaktır. Ailelerin bakım sorumluluğunu üstlendikleri dönemdeki pozisyonları yaşlı bakımı sürecinin nasıl deneyimlendiğini etkiler. Bu bağlamda bu tezde, toplumsal cinsiyet ve sosyo ekonomik statüye dayanarak yaşlı bakımının farklı ailelerde nasıl deneyimlendiği çalışılmıştır. Çünkü biliyoruz ki Türkiye'nin girmiş olduğu bu demografik değişim, aileler geniş aile formunda olsalar bile, her ailede aynı biçimde deneyimlenmiyor.

Yaşlı bakımının daha iyi anlaşılabilmesi için bakım aranjmanları ve kimin sorumluluğu alacağı sorularının ötesine giderek bakım emeği sürecini de analiz etmenin gerekliliğini gördüğüm bu çalışma aynı zamanda ailelerin bakım sürecini üstlendikten sonra aile ilişkilerinin nasıl değiştiğini de ortaya koymaktadır.

80 yaş üzeri nüfusun da artmasıyla birlikte Türkiye'de yaşlı bakımın gereklilikleri ve süreçleri de farklılaşmaktadır. Yaşlı bakımı onlarla sadece aynı evi paylaşmak, masaya fazladan bir tabak koymak ya da eve bir yatak daha eklemenin ötesindedir. 80 yaş üstü insanların yaşlılığa bağlı değişen sağlık durumları bakımın içeriğini dolayısıyla deneyimlerini de değiştirmektedir. Bu deneyimleri anlayabilmek adına bu çalışma bakım emeğindeki fiziksel, duygusal ve mental emek süreçlerine bakmıştır. Öte yandan, bu çalışma, bakımın sadece fiziksel meseleler içermediği aynı zamanda bakım verilen kişilere değer vermekten kaynaklı, yani sevdiğin kişiye bakmanın da nasıl bir deneyim olduğunu ortaya çıkarmaktadır.

Farklı sosyo-ekonomik grupların deneyimlerine bakarak farklı sosyal pozisyonlardaki ailelerin dezavantajları ve avantajları analiz edilmiştir. Bu bağlamda da düşük sosyo-ekonomik statüdeki kadınların sevdiği kişiye bakım vermek ve bakım nedeniyle ortaya çıkan yüklerin arasında düşük SES grubundaki kadınlardan daha fazla sıkışlığı görülmüş. Ama en nihayetinde bakım emeğin kadının "doğal

görevi” eşleştirmesinden ötürü erkeklerin bakımdan azade (bakımdan uzak) alanlarını korurken kadınların bakım “kafeslerine” sıkıştırıldığı görülmüştür.

#### TEORİK ÇERÇEVE:

Bakım emeği sadece fiziksel aktiviteleri içermez, fiziksel aktivitelerin yanında duygusal ve mental emeği de içerir. Hatta bazen hiç fiziksel aktivite içermeyebilir. Bu nedenle bu tez boyunca bakım emeği bütün bu farklı bakım türlerini içерerek ele alınmıştır.

Nelson’ın (2015) belirttiği gibi biz canlılar ne birbirimizden keskin bir biçimde kopuk, ne de sıkı sıkıya bağımlıyızdır. Aksine birbirlerimizle ilişkili canlılarızdır. Tam da bu yüzden bakımın kendisi olmadan varlığımızı sürdürmemeyiz. Doğduğumuz andan öldüğümüz ana kadar farklı yoğunluklarda ve farklı biçimlerde bakıma ihtiyaç duyar ve aynı biçimde buna ihtiyaç duyan tanıdıklarımızın bu ihtiyaçlarını tatmin ederiz. Bu yüzden de bakım emeği önemdedigimiz ve değer verdigimiz insanlara gösterdiğimiz emektir. Himmelweit’ a (1999) göre bakım emeğin iki önemli dalı vardır. Bunlardan ilki *care for* (bakımını üstelenmektir) ki bu fiziksel ve duygusal emeği içerir. İkincisi ise *care about* yani değer vermek. Bu ise birisinin daha iyi yaşayabilmesi isteğimizin motivasyonu olarak tanımlanır. Bakım vermek bir başkasının sağlığını ve iyiliğini sürdürmesi için bulduğumuz davranışların bütünü olarak tanımlanabilir. Engster (2005) için bu eylemler bir diğerimizin hissetme, duyumsamak, hareket etmek, konuşmak, düşünmek ve hayal etmek için ihtiyaç duyduğu en temel yetilerin gelişmesinin ve devamlılığının sağlanmasıdır.

Duygusal emek kavramı bu çalışmanın en önemli vurgularından birisidir. Bakım emeğini ilişkiler üzerinden temellendirerek karşımızdaki kişiler için yaptığımız her eylemi ve kurduğumuz her cümleyi bu tanıma dâhil etmiştim. Hochschild’ün (1983) çalışmasından sonra özellikle ücretli emek tartışmalarında da karşımıza “duygusal emek” kavramı sıkça çıkar. Hochschild’ın tanımlaması birçok noktayı ele alarak aile ilişkileri analiz edilmiştir. Ücretsiz bakım emeği tartışmaları içerisinde ise Daniels (1987 akt. Erickson, 2011) şöyle tanımlar “kışiler arası ilişkilerin kurulumu ve dengelenmesindeki yakını duygular ve bakım açılarıdır”. Lynch’ye (2007) göre,

duygusal emek dinlemeyi, desteklemeyi, olumlamayı ve karşı durmayı aynı zamanda da biriyle ilişki halinde olup onu stresli anlarında duygusal anlamda desteklemeyi içerir. Dolayısıyla, sadece duygusal bir iyilik hali değil aynı zamanda da kişiler arasındaki ilişkilerin devamlılığı ve dengelenmesi için sarfedilen çaba, emek ve zamandır. Bu tezde yapılan görüşmeler, temel olarak bu tanımlamalar çerçevesinde değerlendirilmiştir.

#### LİTERATÜR TARAMASI:

Türkiye yaşlanan bir ülkedir. Birleşmiş Milletler'e (2015) göre, 60 yaş üzeri yaşı oranı %11,2 iken, bu oranın 2050 yılında 26,6% olması bekleniyor. Bu da bizlere kısa bir süre içerisinde yaşlı sayısının hızlı bir biçimde artacağını gösteriyor. Bu nedenle de ileriki süreçlerde daha da fazla ihtiyaç duyulacak olan yaşlı bakıma dair bir çalışma elzem hale gelmiştir.

Yaşlı bakımı çalışmalarına baktığımızda bu çalışmaların şu konular üzerine yoğunlaşlığı görülür: evlatlık görevi, bakım yükü, aile stresi, kardeş ilişkileri ve bakım aranjmanları (bakınız Brody, 1985; Merrill, 1997; Connidis, 2001; Keith, 1995; Piercy, 1998; Montgomery, et.al. 1985, 2012; Bengtson, et.al., 2002). Yaşlı bakımı her ne kadar ücretli bir şekilde karşılanması başlanmış olsa da aileler hala bu görevin en büyük sağlayıcılarıdır. Aileler bu görevi üstlenmeye dair sorumluluk hissederler. Keith (1995) çalışmasında ailelerin bakımı üstlenmede farklı aranjmanları olduğunu söyler. Ona göre bu farklı sistemler bazen tek, bazen iki kardeşin sorumluluğu eşit biçimde üstlendiği, bazen de bir grup çalışması gibi bütün kardeşlerin görev dağılımı yaptığı bir biçimde ilerler. Ama Horowitz (1985) bizlere hatırlatır ki, eşit bir biçimde dağılmış bir kuraldan çok bir istisnadır. Ama bu kuralın içinde değişmeyen neredeyse tek bir şey vardır ki, bakım emeği kadınlar tarafından gerçekleştirilir. Zaten bu yüzden de bakımın yükünü ve olumsuz yanlarını en fazla onlar yaşıar ve hisseder. Kadınların bu konudaki "görevleri" onlara adeta yaftalanmıştır. Bu da kadınları alternatifsiz bir biçimde üstlenilen bakımla karşı karşıya bırakır.

Yaşlı bakımında bir diğer tartışılan mesele de bakımın yükü meselesidir. Eşitsiz bir biçimde dağılan bu görev kadınların bakım yüküyle karşılaşmalarına neden olur

(Lynch, 2009). Bakım emeğinin yorucu yükünden ötürü bakım yapanlar fiziksel, duygusal ve mental sorunlarla baş başa kalırlar. Stres bunların en başında gelen meseledir. Bakım emeğini yoğunluğu arttıkça kişiler duygusal ve fiziksel sağlıklarında sıkıntı yaşamaların yanı sıra sosyal hayatlarında ve ekonomik durumlarında da zorluklar yaşarlar (Faison ve diğerleri, 1999).

Bakım emeği daha çok kadınlar tarafından yüklenildiği için onlar bu sorunlarla daha fazla baş başa kalırlar. Ama literatürdeki bir diğer önemli tartışma da sınıf ve toplumsal cinsiyetin nasıl kesiştiğidir. Orta ve üst sınıf kadınlar bakımın yükünü azaltmak için bakıcı tutabılırken, alt sınıfından kadınlar bakımın bütün farklı dinamikleri ve süreçleriyle tek başlarına mücadele etmek durumunda kalırlar. Yani Lynch'in (2009) dediği gibi varlıklı olanlar piyasa ilişkilerinden yararlanabilirken, bazlarının bakım servislerine ulaşması mümkün değildir ve bakımı kendileri gerçekleştirmelidirler. Arber ve Ginn (1992) ise bu meseleyi şöyle değerlendirir; farklı sosyal sınıfların birbirlerinden farklı bakım yöntemleri vardır ve işçi sınıfından aileler daha az parayla daha çok yükün altından kalkmak durumunda kalırlar. Merrill (1997) ise bizlere orta sınıf ailelerin yaşılı aile bireylerine bakmakta zorlandıklarında, alt sınıf ailelerden daha yaygın bir biçimde, onları huzur evine yerlestirdiklerini söyler. Öte yandan, alt sınıf aileler yaşılı ebeveynleriyle birlikte yaşamaya daha yatkınlardır. Bu çalışmalar bizlere farklı sosyal sınıfların yaşılı bakımı meselesini farklı biçimde deneyimlediğini ve farklı aranjmanlara sahip olduğunu söyler.

Türkiye'de yaşılı bakımı tartışmalarına geldiğimizde maalesef kısıtlı bir çalışmaya akrabı karşıya kalırız. Rittersberger-Tılıç ve Kalaycıoğlu (2012) çalışması yaşılı bakımında ailelerin en önemli destek mekanizması olduğunu söyler. Zaten hâlihazırda birlikte yaşamakta olan ailelerin ise birlikte yaşamaya devam ederek yaşılı bakımını üstlendiği görülür. AKP hükümetinin politikalarına bakıldığı zaman kamusal bir bakımın bir istisna olduğu ve aile üzerinden bakımın sürdürülmesinin hedeflendiği görülür. 2007 yılında çıkarılan ulusal eylem planında ortaya konulan hedeflerden bazıları bunu açıkça göstermektedir. Örneğin; evde bakım ücreti. Bu ücret yaşıının bakımını üstelenen akrabasına verilen net asgari ücrettir ve bu ücreti alabilmek için ekonomik yoksunluk aranmaktadır (Göçmen, 2017). Diğer bir değişle devlet sadece belli bir gelir seviyesinin altındakilere ücretli yardımda bulunmaktadır.

Bu politika bizlere göstermektedir ki, Türkiye hızlı bir şekilde yeniden bakımı ailevileştirmekte ve kamusal çözümlerden uzaklaşmaktadır. Buğra (2012) ise bu durumu şöyle özetler “ böylelikle yeni sistem, aileyi bakımın temel birimi olarak varsayarak, kadınların bakımından sorumlu konumlarını zimnen ama bariz biçimde güçlendirdi”.

#### METODOLOJİ:

Daha önce de belirtildiği gibi bu tezin temel amacı farklı sosyo-ekonomik gruptan ailelerin yaşlı bakımını nasıl deneyimlediğini ve bu sorumlulukla birlikte aile ilişkilerinin nasıl etkilendiğini anlamaktadır. Bu soruyu anlayabilmek için şu sorular takip edilmiştir:

- Bakım görevini üstlenmenin arkasında yatan bireysel ve ailesel etmenler nelerdir?
- Yaşlı bakımının farklı boyutları ve dinamikleri bakım verenler tarafından nasıl deneyimleniyor?
- Toplumsal cinsiyet bu süreçleri ve boyutları nasıl etkiler?
- Farklı sosyo-ekonomik statü gruplarından olmak nasıl dezavantajlı pozisyonlara yol açar?
- Bakım verenlerin aileleriyle ilişkileri bu süreçten sonra nasıl değişmiştir?
- Yaşlı bakımının bireyler üzerindeki etkisi bakım verenler tarafından nasıl deneyimlenir?
- Bakım verenlerin yaşlı bakımına dair bekłentiler nelerdir?

Bu bağlamda Ankara'nın iki farklı semti olan Çankaya ve Mamak'ta 18 kişiyle derinlemesine mülakatlar gerçekleştirılmıştır. Bu çalışmada sosyo-ekonomik statü Kalaycıoğlu ve diğerlerinin (2010) çalışmasında ortaya koydukları indeks çerçevesinde belirlenmiştir. Gelir düzeyi, eğitim seviyesi, mülkiyet sahipliği ve meslek grupları sosyo-ekonomik statünün belirlenmesinde kullanılmıştır. Bunların yanı sıra Güvenç'in (2000) çalışmasında ortaya koyduğu Ankara şehrindeki bölgelerin nasıl ayırtıldığından da yararlanılmıştır. Bu çalışmaya göre Çankaya ilçesindeki Ümitköy ve Ayrancı semtleri yoğunluklu olarak orta SES grubunun

yerleştiği bölgeler iken, Mamak bölgesi yoğunluklu olarak düşük SES grubunun oturduğu bölgedir.

Bu çerçevede tasarlanan bu çalışmanın verisi iki temel yöntem ile açıklanmıştır: yaşam döngüsü perspektifi ve feminist methodoloji. Yaşam döngüsü perspektifi çalışmada içeren ailelerin hayatlarının birbirleriyle nasıl ilişkisel olduğunu gözler önüne serer. Merrill'in (1997) de belirttiği gibi yaşam döngüsü perspektifi bakım vermek ve kişilerin hayatlarındaki diğer rollerin nasıl ilişkili olduğunu anlamakta önemli bir olanak sağlar. Kişilerin hayatlarındaki önceki deneyimler sonraki deneyimlerini etkiler (White ve diğerleri, 2015). Bu çalışma çerçevesinde de yaşlı aile bireylerinin bakıma ihtiyaçlarının artmasıyla birlikte çocukların bakımını üstlenme durumları açığa çıkmıştır. Zaten bakımı üstlenmenin kendisi başlı başına bu kişilerin sonraki hayat gidişatlarını etkiler.

Tezde kullanılan bir diğer yöntem ise feminist methodolojidir. Çalışma hem bakım emeğine, hem de aile ilişkilerine bakması açısından benim için feminist yöntemi kullanmayı kaçınılmaz kılıyor. Her ne kadar bakım emeği bu çalışma çerçevesinde kişilerin değer verdikleri kişilerin iyiliği ve sağlığı için gösterdikleri emek olarak tanımlansa da sosyal yapı içerisindeki güç ilişkilerinde bu görev kadınlar için adeta kaçınılmaz bir görev haline geliyor. Bu nedenle de, toplumsal cinsiyet ilişkileri çerçevesinde bakım emeğini ele almak kadınların dezvantajlı pozisyonlarını anlamak, onların/bizlerin deneyimlerini dinlemek ve açığa çıkarmak açısından oldukça önemlidir. Bir diğer nokta ise: aile ilişkileridir. Aileyi “kutsal” bir yer olarak değerlendirdip tartışmadan ve güç ilişkilerinden bağımsız ele almak burada ortaya çıkan eşitsizliklerin görülmesinin önüne bir perde indirecektir. Tam aksine, bu alandaki bütün ilişkileri bakım emeği çerçevesinde görmek ve aileyi uzlaşmalar, tartışmalar ve çatışmalar çerçevesinde analiz etmek gereklidir ki, eşitsizliklerin en gizli kalmış yerleri bile açığa çıkarılabilisin.

Bu çalışma farklı sosyo-ekonomik grupların ki bunlar yaşlı bakımında farklı kolaylıklar ve zorluklarla karşılaşırlar, yaşlı bakımını nasıl deneyimlediğine bakım süreçlerine bakarak analiz etmesi bakımından önemli bir yere sahiptir. Ayrıca bu tez bakım sürecine bakarak toplumsal cinsiyet ve sosyo-ekonomik statünün kesişiminde

bakım deneyimi nasıl etkileniyor sorusunu açığa çıkarmakla ve bakım emeğinde açığa çıkan duygusal eşitsizliklerin altını çizmekle iki önemli katkıda bulunur. Bütün bunların yanı sıra bu çalışma, aileler bakımın en önemli kaynaklarından birisi olmasına rağmen, Türkiye'deki çalışmalarda bugüne kadar aile ilişkilerinin yaşlı bakımı sorumluluğundan nasıl etkilendiğine dair bir vurgu yapılmamış olması bağlamında da önemli bir katkı sunar.

#### TEMEL BULGULAR:

Yaşlı bakımının başlama nedenleri aileler arasında farklılık göstermektedir. Ama neredeyse bütün ailelerde yaşlı bakımının başlamasını etkileyen en önemli faktör yaşlıların sağlık durumunun kötüleşmesi ve artık tek başlarına yaşayamayacak olmalarıdır. Bakımın kendisi karşımızdaki kişinin sağlığını iyileştirmek ve devam ettirmek üzerinden de kurulduğundan yaşlıların sağlığının kötüleşmesi çocukların bakım sorumluluğunun başlamasının en önemli faktörlerinden birisidir. Öte yandan ebeveynlerden birisinin kaybı da çocukların sağ kalan ebeveyne bakmaya başlamasına yol açar. Üçüncü önemli nokta ise hâlihazırda ebeveyn ile geniş aile biçiminde yaşıyor olmaktadır. Geniş aile biçimine daha çok düşük SES ailelerde rastlanmıştır. Ekonomik zorluklar nedeniyle birleştirilen hanelerde ebeveynler yaşlanınca bakımda bu ailelere kalmaktadırlar. Orta SES ailelerde ise yalnız bir aile evlendiklerinden beri ebeveyn ile yaşamaktadır ama bu durumda da bir eş kaybı söz konusudur. Yani ebeveynlerden birisinin kaybı “anne”nin evlatlarından birisiyle kalmasıyla sonuçlanır.

Yaşlı bakımını kimin vereceği kişinin kendi isteğinin dışında diğer aile bireylerinin kararlarına ve yaşıının kendi kararına da bağlıdır. Yaşlı aile bireyinin hangi çocuğuyla kalmak istediği, bakım verecek çocuğun kendi kararı ve eşlerinin bakıma ilişkin tutumları belirleyici etkenler olarak sıralanabilir. Her ne kadar SES farketmeksızın aileler bakım sorumluluğunu üstlenseler de, düşük ve orta SES gruplar sahip oldukları alternatifler bakımından birbirlerinden ayrırlırlar. Orta SES grubundan ailelerin her zaman bakıcı tutmak ya da bakım evine yerleştirmek gibi alternatifleri varken, hatta hemen hemen hepsi bu tercihlerde bulunmuşken, düşük

SES aileler zorunlu bir biçimde evde kendi emekleri ile bakmaktadır. Peki, bakım sürecinde neler yapılır?

Bu tezin sonuçları çerçevesinde fiziksel emek olarak oldukça geniş yelpazede görevler açığa çıkmıştır: banyo yaptırmak, yemek yedirmek, tuvalete götürmek, yemek yapmak, ilacını vermek, alışverişini yapmak ve diğer aktiviteler. Fiziksel görevlere bakıldığından bunların daha çok kadınlar tarafından yapıldığı, erkeklerin ise daha çok ilaç yazdırmak, markete gitmek, yaşılı ebeveyni hastaneye götürmek gibi yardımcı roller üstlendiği görülmüştür. Öte yandan orta SES kadınların bu zorlu görevleri hafifletebilmek ve muaf olabilmek adına bakıcı tuttuğu görülmüştür. Bu bağlamda da düşük SES kadınların orta SES kadınlardan daha dezavantajlı bir konuma sahip oldukları söylenebilir. Ama bakım emeği bununla da sınırlı değildir. Özellikle bakımdan birincil derecede sorumlu olan kişiler, bakım verdikleri kişileri bütün gün düşündüklerini, onlara göz kulak olduklarını, onların isteklerini ve ihtiyaçlarını akıllarında tuttuklarını belirttiler. Bu da bizleri zihinsel emek kısmına getiriyor. Kadın görüşmecilerin erkek aile bireylerine oranla bu meselelerle daha fazla ilgilendiği dolayısıyla da, daha fazla zihinsel yorgunluk yaşadığı görülmüştür. Kadınların bakım emeğinin her alanında farklı eşitsizlikler ile karşılaşıkları görülmüştür. Ama kendi dedikleri gibi, duygusal emek kısmı bu süreçte en fazla yalnız kaldıkları ve çok yoğun bir biçimde bakımın yükünü hissettikleri bir alan olarak karşımıza çıkar. Yaşlıların duygusal durumuyla ilgilenmek, onları mutlu etmek, gelgitleriyle ilgilenmek, ikna etmek, motive etmek duygusal emeğin bu çalışmada önemli parçaları ve yoğun emek isteyen kısımdır. Erkekliği bakımından azade diğer bir deyişle bakım sorumluluklarından uzak bir alan olarak tanımlamak erkek aile bireylerinin duygusal emekten kendilerini bertaraf etmeleriyle sonuçlanır. Bütün bu yükü tek başına üstlenmek ise kadınların bakımın zevkli kısmından tat almalarını zorlaştırır. Orta SES kadınlar bakıcı tutarak bakım çerçevesinde yapmaları gerekenleri azaltarak işin duygusal kısmıyla daha rahat ilgilenebilirken, birbirinden farklı bütün bu meselelerle ilgilenmek düşük SES kadınları daha dezavantajlı bir konuma koyar. Düşük SES grubundan kadınların sahip oldukları dezavantajlı sosyal pozisyonları ve ilişkileri onların duygusal eşitsizliklerle daha yoğun bir biçimde karşılaşmasına neden olur.

Bakım emeği ilişkilerle bağlantılı bir meseledir. Bu yüzden de sadece o an yoğun bir biçimde bakım verilen kişiyle ilişkili değil, diğer aile bireylerini de içerir. Bakım yapılan yaşlı aile bireyiyle ilişkilere bakıldığından en temel değişikliğin bir zamanlar çocukken şimdiki kendi ebeveyninin ebeveyni olmak olarak açığa çıktığı görülür. Bu değişim de bakım verenlerin kendi ebeveynlerine olan tutumlarını etkiler. Bu değişen ilişki gidişatını düzenlemek ve dengelemek ailedeki kadınlara düşer, erkek aile bireyleri bakım sorumluluğundan uzak konumlarından faydalananarak bu ilişkilerin düzenlenmesinde yer almazlar. Eş ile ilişkilere bakıldığından, aynı evi paylaşmanın kendisi eşlerin ilişki dinamiklerini etkiler. Düşük SES grubundaki kadınlar eşleriyle özel hayatları ve alanlarının kalmaması üzerinden tartışmalar yaşadıklarını ve bütün bu tartışmalarda dengeleyici rol üstlenmeleri gerektiğini söyleyler. Kadınlar ilişkinin devamı için çaba ve emek sarfederken erkekler bir kez daha bakım sorumluluklarından uzak pozisyonlarından faydalıdır ve bütün yükü kadınların omuzuna atar. Bakım veren ailelerde çocukların ilişkilere baktığımızda kız çocukların ve yaşı büyük çocukların annelerine fiziksel ve duygusal bakımında yardımcı olduklarını ve onlara rahatlamları için fırsat tanadığını görürüz. Düşük SES ailelere baktığımızda buradaki kadınların daha genç olduğunu görüyoruz. Bunun nedeni daha düşük eğitim seviyesine sahip olup daha erken yaşıta evlenmiş olmalarıdır. Bu durum da daha genç yaşıta çocuklara sahip oluyorlar. Dolayısıyla düşük SES grubundaki kadınlar yukarıda bahsedilen ilişkilerin yanı sıra çocuklar ve yaşıtlar, kendileri ve çocukların arasındaki ilişkileri düzenlemek gibi ekstra bir rol üstlenmek durumunda kalıyorlar. Yaşıtların bakımının yanı sıra bütün bu roller üstlenmek kadınların bakımın zevkli kısmını daha zor bir şekilde yaşamalarına neden oluyor. Ama bütün bu ilişkileri devam ettirmek istedikleri için de bakımın yükü ve sevgi arasında sıkışıp kalmış oluyorlar. Özellikle düşük SES grubundaki kadınların dezvantajlı pozisyonlarından kaynaklı olarak yaşlı bakımıyla birlikte bu grupta eşitsizliklerin yoğun bir şekilde yaşadığı görülmüştür.

Bütün hayatın yaşlı çevresinde dönmeye başlaması ve kadınların zamandan ve hareketten mahrum olması kendi hayatlarından vazgeçmelerine yol açar. Başka bir şekilde ifade etmek gerekirse, bu sadece zamansal ve hareketsel bir mahrumiyet hali değil aynı zamanda kendilerinden de mahrum olma halidir. Sevdikleri kişiye bakma

isteğeyle başlayan bütün bu ilişkiler en sonunda, eşitsiz iş bölümü nedeniyle, bakım emeğinin içindeki yakın /içten ile sevgi ilişkilerinin de anlamının değişmesine yol açar. Bakım verenlere yaşlı bakımına dair bekentileri sorulduğunda devletin daha düzenli ve daha geniş kapsamlı politikalara sahip olmasını beklediklerini dile getirmişlerdir. Yaşlıların bakım ihtiyaçlarının değişmesiyle birlikte artık aileler bu ihtiyaçları karşılamakta zorlanmaya başlamışlardır. Bu nedenle de sağlık hizmetlerinin daha düzenli ve daha geniş kapsamlı verilmesi; bakım evlerinin sayılarının ve niteliklerinin arttırılması; evde bakım hizmetinin sadece ‘düzensiz’ kontroller olmaktan çıkarılması bakım verenlerin devletten beklediği temel şeylerdir.

#### SONUÇ:

Bu çalışma bizlere göstermektedir ki, yaşlı bakımı ikili ilişkinin çok daha ötesindedir ve çoklu aile ilişkilerini içerir. Bu görevin toplumsal cinsiyete dayalı bir biçimde eşitsiz dağılımı kadınların, özellikle düşük SES grunundakilerin, bakımın yükünü daha fazla hissetmelerine neden olmuştur.

Bakım yapanların kendileri için istedikleri bakım aranjmanları bakım evlerine doğru kaymaktadır. Dolayısıyla devletin gelecekte yaşlanacak bu kesimin taleplerini dikkate alarak bakım evlerini yaygınlaştırması ve iyileştirmesi gerekmektedir. Öte yandan yerinde yaşlanma kişilerin çevrelerinden uzaklaşmaması ve yalnız hissetmemeleri adına önemlidir. Bu nedenle de her semtte gündüz bakım evlerinin açılması hem bakım verenlerin yükünün azaltılması, hem de yaşlanan kişilerin sosyalliklerine devam edebilmesi için gereklidir. Yine de bu değişiklikler yeterli olmayacak, daha temel değişikliklere ihtiyaç vardır. Bir vatandaşlık hakkı olarak bütün bireyleri içeren daha geniş kapsamlı politikalara ihtiyaç duyulmaktadır. Bunun önündeki en büyük engellerden birisi de bakım emeğinin cinsiyetlendirilmiş bir biçimde kadın ve erkekler arasında dağıtılmış olmasıdır. Ataerkil kapitalist sistemin neoliberal muhafazakâr politikalarla buluştuğu nokta da eşitsizlikler derinleşmekte ve kadınlar kendilerini *bakım kafeslerinde* bulmaktadır. Bu durumun ortadan kalkabilmesinin yegâne yolu ise Nelson’ın (2015) bize sunduğu doğduğumuz andan öldüğümüz ana kadar birbirimizin bakımına ihtiyaç duyduğumuz ve bunun insan olmanın gerekliliği olduğu algısının oturmasıdır.

Bu tezin literatüre katkısı SES gruplarına ve bunun toplumsal cinsiyet ile kesişimine bakarak aile bireyleri arasındaki bağlılık ve ilişkilerin güç ilişkileri ile çevrelendiğini ve bu nedenle de kadınların özellikle duygusal eşitsizliklerle baş başa bırakıldığını açığa çıkarmış olmaktadır. Öte yandan bu tez sadece belli bir grubu içerdiginden dolayı, diğer grupların özellikle aile ve sosyal ağların olmadığı grupların yaşıllık süreçlerinde nasıl eşitsizlikler çıktığına degenememiş olmaktan dolayı bazı eksikliklere sahiptir. Çünkü aile ve sosyal ağlara sahip olmayan kişiler, sosyal devletin zayıflaması ve ailevileşmesiyle birlikte mağduriyete açık hale gelmiştir. Bu nedenle de sonraki çalışmalarda bir vatandaşlık hakkı olarak bakım meselesinin ele alınması tavsiye edilmektedir. Ancak böylece bir bakım emeği biçimi olan yaşlı bakımının adaletsizliklere ve eşitsizliklere yol açan güç ilişkileriyle çevrelendiği görülebilir ve değiştirilebilir.

## **APPENDIX D: TEZ FOTOKOPİSİ İZİN FORMU**

### **ENSTİTÜ**

- |                                |                                     |
|--------------------------------|-------------------------------------|
| Fen Bilimleri Enstitüsü        | <input type="checkbox"/>            |
| Sosyal Bilimler Enstitüsü      | <input checked="" type="checkbox"/> |
| Uygulamalı Matematik Enstitüsü | <input type="checkbox"/>            |
| Enformatik Enstitüsü           | <input type="checkbox"/>            |
| Deniz Bilimleri Enstitüsü      | <input type="checkbox"/>            |

### **YAZARIN**

Soyadı : Sel  
Adı : Gizem Irmak  
Bölümü : Toplumsal Cinsiyet ve Kadın Çalışmaları Anabilim Dalı

### **TEZİN ADI (İngilizce) :**

Dynamics of Elderly-Caregiving Among Different Socio-Economic Groups  
in Ankara, Turkey

**TEZİN TÜRÜ** : Yüksek Lisans  Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.
2. Tezimin indekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.
3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz.

### **TEZİN KÜTÜPHANEYE TESLİM TARİHİ:**