

Caring for Elderly Parents: A New Commitment of the Third Age*

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Abstract: The article explores the practices of elderly care in the Czech Republic from the life-course perspective, using qualitative research methodology: biographical interviews with women providing everyday care to their parents. The case of elderly care presents an opportunity to critically examine the concepts of the 'third age' and 'young old', that have figured prominently in theoretical and political debates concerning the life stage in which the need to care for one's parents seems most likely to arise. In the 'collective story' based on the narratives of women aged 50-66 who provided everyday care for their elderly mother, I identify and describe the factors that influence how this stage in life unfolds and the decisions women make about their life/life course. I argue that in contemporary Czech society 'young old age' cannot be defined in terms of the absence of work commitments or the absence family care commitments, and that the original concepts dealing with this new period in life did not take the new commitments of care or the gendered aspect of them into consideration.

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Introduction

In the debates on informal elderly care, there are two important categories of thought that deserve special attention: the gender and age of informal carers. There is extensive literature on the gendered character of informal care, including care for the elderly [Guberman, Maheu and Maillé 1992; Finch 1983; Bracke, Christiaens and Wauterickx 2008; Stark 2005]. Less is known about the implications of the age of carers for the practices of caregiving, or of the positioning of caregiving in their life course. In this article, I will explore the practices of elderly

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care in the Czech Republic from the life-course perspective using qualitative research methodology: biographical interviews with women providing everyday care to their parents. The case of elderly care presents an opportunity to critically examine the concepts of the 'third age', 'young old', or 'active ageing', that have figured prominently in theoretical and political debates concerning the life stage in which the need to care for one's parents seems most likely to arise. After introducing the theoretical background and methodology of my research, I will present the 'narratives of care' obtained from women in interviews and show how the time of caregiving fitted in their life courses, what implications it had for their experience of the life stage of 'young old' age, and what are the possible wider consequences of the link of this life period and informal family care for elderly.

Theoretical background

The prevailing opinion in demographic and sociological scholarship is that the current system of caring for seniors may be unsustainable. The public demand for care is growing and shall continue to do so into the future, while the number of people who can potentially provide this care is declining [Merrill 1997]. Sociologists and demographers have identified several reasons for the swelling 'care deficit' [Hochschild 2003], some of which are interconnected. First, continuing demographic changes are a factor: people are having fewer children but also living longer. As a result, more and more people are living to an age when they become dependent on others and require care, but more and more of them have no children of their own to help them. At the other end, children of ageing parents are finding themselves increasingly burdened by care duties, but have no one to share them with.

The structure of informal care has also been influenced by changes in the structure of family life. Individualisation [see Beck and Beck-Gernsheim 2002] has led not just to a decline in fertility but also to a later marrying age, so that the nuclear family is no longer the only socially recognised form of intimate life and human cohabitation. Families are not only smaller, they are also less stable. Intra- and inter-generational solidarity and the system where spouses or partners and their children provide care within the family may also be undermined by the fact that an ever growing number of people reaching their senior years are divorced. Added to this is the growing number of people who have no partner and grow old without children [Audenaert 2001; see also Sýkorová 2008]. Women have been more affected than men by these demographic changes (for instance, women are more often the head of lone-parent families) and have less time available to them to provide informal care. And this decreased availability on their part is not being offset by an increase in the availability (or willingness) of men to provide care [Sullivan 2004]. Migration and increasing geographic mobility mean that members of one family often live farther away from each, which again makes it more difficult to provide family care for an ageing relative.

J. Finch [1983] and H. Graham [1983] have shown that although the provision of care within the family is guided and motivated by feelings of affection and concern and by a sense of personal and moral obligation, the assumption of this task entails subtle, but nonetheless very real costs for the person who assumes it. Furthermore, care is gendered: the capacity to form affective bonds and thus a predisposition to provide care, in both the domestic and public spheres, has traditionally been associated with women. Graham notes that women (especially in capitalist patriarchal societies) are socialised to be carers, to the extent that care and concern for others become defining features of a woman's identity and activities in life [Graham 1983: 30]. All over the world, far larger numbers of women than men provide care. According to Czech scholars, women are primary carers in 75–80% of cases [Přidalová 2007; Zavázalová 2001; Svobodová 2006]. The preliminary results of an analysis of SHARE¹ data show a somewhat smaller difference (about 60% of women and 40% of men providing elderly care), but men spend less time on caregiving and specialise on tasks other than personal care [Dudová and Volejníčková 2014].

Women are globally still more likely than men not to have a paid job, and those who are employed are more willing to give up their job or reduce their working hours if the duties of care require it [Stark 2005]. Nevertheless, changing patterns of women's economic participation are another factor that is having an impact on the provision of care within the family and leaving women less able and willing to take on this task. The demands that paid labour places on people's time mean that women are in less of a position or even unable to devote themselves to providing unpaid, informal care to old, dependent family members and relatives [Stark 2005: 32]. This creates a difficult situation in countries like the Czech Republic, with its culture of long working hours and full-time employment (which given the low wages is oftentimes a necessity). In most countries, women adapt to the increased demands care duties place on them by cutting back on their job hours [Spies and Schneider 2003; Gerstel and Gallagher 2001; Kotsadam 2011]. But the duties of unpaid care leave them in a more difficult position in the labour market, so they must often accept lower wages and they have fewer good job opportunities open to them, and as a result they ultimately reach retirement with smaller retirement pensions [Stark 2005: 13]. Although the economic participation of women in the Czech Republic has been relatively high since the 1950s, women are still less likely than men to participate in the labour market (the economic participation of women reached 50.9% in 2013, which is close to the OECD average, while the participation rate of men was 68.1%). However, recent data indicate that in the Czech Republic, most people who are in productive age and provide care

¹ SHARE is an international database of microdata concerning the health, socio-economic status, and social and family networks of persons aged 50 and over. Czech Republic participated in the 2nd, 3rd and 5th waves of data collection, with a representative sample of 6000 respondents (4500 households) based on probability sampling.

on a regular basis are economically active and combine caregiving with their employment [Klímová Chaloupková 2013: 118]. The offer and availability of formal services (public and private) is limited. Data from the SHARE study indicate that the Czech Republic (along with Poland) has the largest share of care provided informally in Europe: 97% of occasional care needs and 78.5% of daily care needs are met by family members or friends [Bettio and Verashchagina 2010].

All the factors mentioned here (demographic changes and the transformation of the organisation of family life and of labour-market participation) can be interpreted as changes to the life course of men and women who are faced with the responsibility of providing care for an ageing parent. The ability and willingness to do so to some extent depends on what age a person is, on whether the carer has dependent children or grandchildren who need care at the same time, on whether the carer has a partner to lean on for support while providing care, on whether the person has siblings with whom to share some care duties, and, in particular, on whether the carer is already retired, is eligible to take early retirement, or has to leave his or her job to provide care. Where a person is situated in his or her career or family trajectory when the need to provide care arises determines what consequences assuming the task of providing intensive, full-time care has on his or her life later on. Biographical research is therefore a very useful method for studying and understanding this phenomenon. It is also an approach that (at least in Czech sociology) has not been used to study long-term care and may therefore produce new and valuable findings.

According to the EUROFAMCARE study² [Eurofamcare 2006] conducted in six European countries, care for elders was being provided in 76% of cases by women, and the average age of these women was 55. In the Czech Republic, based on data from the ISSP 2012,³ the burden of care rests most on women in the 55–64 age group [Klímová Chaloupková 2013]. This means that when the need for care for a dependent elderly person in the family arises, women of pre-retirement (or early retirement) age are those who are most often expected to fill this need. In a life-course perspective, for women in particular the period in life spent caring

² EUROFAMCARE is an international research project funded under the 5th Framework Programme of the European Community. The study was conducted in 2003 in six European countries (Germany, Greece, Italy, Poland, Sweden, United Kingdom). Each country collected data from about 1000 family carers who care at least four hours a week for their dependent elderly (65+) family members in different regional sites. The family carers were interviewed face-to-face at home using a joint family care assessment.

³ The International Social Survey Programme (ISSP) is a continuous programme of cross-national collaboration running annual surveys on topics important for the social sciences. In 2012, the ISSP Family and Changing Gender Roles module was realised, dealing mainly with attitudes towards women's employment, marriage, children and financial support, household management and partnership. In the CR, the representative sample of 1804 respondents was questioned (based on probability sampling).

for elderly parents most often falls within the newly emerging life-course stage described as 'young old' age [Neugarten 1974] or the 'third age' [Laslett 1991; Baltes and Smith 2003]. This is a time when a woman's career trajectory is drawing to a close or has already ended and children are leaving the parental home to start their own families. Young 'seniors' however still have plenty of physical and mental strength. The 'third age' tends to be defined in opposition to the 'fourth age', when people begin to have health problems and become more or less dependent on the assistance of others [Baltes and Smith 2003].

The concepts of the 'third age' and 'young old' age began to emerge in the 1970s, when progress in health care, improvements in the living and economic conditions of seniors, a more effective education system, more accessible media, and higher education levels (including computer literacy) led in advanced societies to an increase in the length of life lived in good health and physical condition [Baltes and Smith 2003: 126]. Given the circumstances in which they arose, these were optimistic concepts premised on a basic transformation in the perception and experience of old age. In 1974 the emerging group of 'young olds' were, according to B. L. Neugarten, typically between the ages of 55 and 75, in relatively good health, in good material circumstances, free from the traditional demands attached to work and family, and increasingly more educated and politically active. In 1991 Peter Laslett expected an expansion of the 'society of the third age', when the focal point of life shifts from the second (productive and reproductive) age and its obligations and commitments into the third age, when people can freely pursue their own goals and satisfaction in life [Laslett 1991]. Neugarten and Laslett linked the onset of the third age to the time when people leave paid employment and enter retirement, and they believed that the time spent in this period of life would gradually become longer to the point where it might extend to a period of thirty years [Laslett 1991: 153].

The concept of young olds contributed to altering the image of old age in the public, political, and scientific discourse: young olds began to be viewed as actors, as people who have something to offer to society (e.g. in the form of volunteer activities), as consumers, whose interests are worth accommodating, or as a group with its own specific political agenda. The focus on the third age pushed the 'fourth age' and its potential problems into the background. Laslett's concept in particular possessed the optimistic conviction that by living the 'third age' properly it may be possible to defer the 'fourth age' for as long as possible and minimise its negative aspects [Laslett 1991: 154]. Current demographic development, however, suggests that these optimistic ideas need revising. Baltes and Smith have shown that the process of successful ageing in the 'third age' has its limits. Although in the life course it chronologically defers entry into the 'fourth age' or 'old old age' (currently to around the age of 80-85 in advanced countries [Baltes and Smith 2003: 125], there are a number of negative consequences to living this long. People at this age often psychologically lose many of the abilities essential for the preservation of human dignity: intentionality, autonomy, personal

identity, the ability to maintain social ties [Baltes and Smith 2003: 128]. At the same time, the number of people living to the fourth age is significantly growing. Although in Europe life expectancy at age 65 is on the rise, the number of years lived in good health (without restrictions on physical activity) and life expectancy free from chronic illness both stagnated between 2005 and 2011, which means that the number of years lived with constraints on activities or in illness is growing. A similar trend is also apparent in the Czech Republic [ÚZIS 2013].

Rising life expectancy and improvements in health care may mean nonetheless that the 'third age' can be expected increasingly to be spent caring for older-aged parents. According to Atchley [1999], as the population ages an ever larger share of 'young olds' will be faced with the need to care for older, dependent parents, and people will have to take this need into account when they are planning their lives. Brody [1985] refers to the phenomenon of 'filling the empty nest' [see also Přidalová 2007: 8]. J. Outshoorn [2002] has even shown how this stage in the life course is coming to be reflected in government plans for addressing the shortage of care for seniors. It is thus acquiring a normative dimension: a Dutch government report from 1993, revealingly titled *Ouderen voor Ouderen* (Seniors for Seniors), proposes using the care labour of 'young olds' in the framework of intergenerational solidarity as one possible solution to the problems connected with an ageing population and the shortage of public resources for providing care. However, the expectations this entails rest implicitly on the shoulders of women. Peter Laslett did not in any way incorporate this new family commitment of caring for elderly parents in the description of the 'third age' in his concept, nor did he deal with the gendered aspect of care. In his concept the third age is on the contrary described as freedom from any—including family—obligations or commitments, both for men and for women [see Lasslet 1991: 7]. Conversely, in her reflections on 'young olds' B. L. Neugarten was aware that an increasing share of people in this age group have at least one living parent, given that the number of 'old olds' is growing even faster than the number of 'young olds', and that care for this generation can present new demands during this stage of life. At the same time, however, she stressed that the fact that a person still has a living parent reinforces a feeling of still being young in this stage of the life course [Neugarten 1974: 193–194]. The original definitions of the third age or young old age as a new stage in the life course did not take into consideration the possibility of new obligations arising during this period of life and did not at all consider the gendered aspect of these commitments.

More recent studies have put the accent on the fact that life courses vary between different social groups as well as historically. Questions have been raised about the value of stage-based models, especially in the context of ideas about the 'de-standardisation' and greater fluidity of life course transitions [Vincent et al. 2006: 9]. The theory of the 'third age', seen as the the liberation of elders freed from both work and family responsibilities, has been subject to criticism claiming, for instance, that 'such liberation will be only for the privileged few so long as the

vast majority remain trapped by the constraints of the work society' [Blaikie 2006: 13]. The future complexities of such elements as changing family obligations, in a world where 60-year-olds have parents still alive and may have grandchildren to care for as divorce, non-marriage, and living alone increase, were simply not evaluated in these models [ibid.: 18]. The question is whether instead of the emergence of the 'third age' society we are perhaps witnessing the deepening of inequalities between elders according to social class, age, and gender, and between elders in the developed world and those in underdeveloped regions.

The construct of human development as a series of identifiable stages or phases has been criticised on a number of accounts, especially for the generalisations which were drawn when gender differences were not acknowledged [Bernard et al. 2000: 13]. Sara Arber [2006: 61] noted that older women in the future are likely to expect greater independence and autonomy. However, many are likely to continue to be constrained in their aspirations and expectations by low financial and material resources and by the demands of caregiving. Given the predominant focus on retirement as primarily a male phenomenon in which work is a central life interest, we know little about women's experiences. 'While some may be able to pursue hedonistic lifestyles, others may lead lonely and financially stricken lives.' [Fairhurst 2003: 31] According to Bury [2000 in Närvänen 2005: 73], theories on the post-modern society paint an overly romantic picture of ageing and the life course, yet are not particularly well-founded empirically, which would require that empirical studies be done on how people define their lives and their opportunities in life. Anna-Liisa Närvänen calls for more qualitative studies on the diversity of experiences of ageing, age, and identities; ethnicity, class affiliation, and gender should also be made more of a focus in these studies, as they are as interesting as the differences and similarities that exist between and within life phases [Närvänen 2005: 75]. A central problem is that women's lives fit least readily into models that compartmentalise life stages. Women are in danger of being left out of, or misunderstood through, linear masculine models. Instead, it is more useful to think in terms of interwoven life-course strands, employment being but one of these, and thereby represent more fully the complexity of women's lives [Skucha and Bernard 2000: 31]. Furthermore, it may be more appropriate to think of women's life courses in terms of interdependent or 'linked lives'. Human development takes place in the context of intertwined social relationships and the shape of one's life course is influenced by life courses of others. 'Actors do not behave or decide as atoms outside a social context ... Their attempts at purposive action are instead embedded in concrete, ongoing systems of social relations.' [Granovetter 1985: 487]

All this gives rise to the following questions for research: How are Czech women's decisions whether to care for an ageing mother influenced by their position in the life course? How do the practical implications of this decision differ depending on where a woman is in her life course and career, implications in the sense of the structural barriers that women in different life circumstances

are faced with? And more specifically, how does the timing of when the need to provide care arises in the life course affect how far a woman is able to combine the duties of care with her work? Conversely, what does caring for a dependent mother mean for women in a life-course perspective, that is, how do they view this stage in relation to the course of their life?

From an analysis of interviews with women carers it is possible to reflect on what the third age or young old age in the life course is like for them. How do they see and interpret this stage in their lives and what role does caring for a dependent elderly parent play in this period of life? How much does the lived reality of these women correspond to the categorisation of ages and life stages proposed by P. Laslett and B. L. Neugarten? Based on an analysis of the narratives of women carers in what way might the theories dealing with this stage in life be revised?

Methodology

The research focused on women who are or were caring for an elderly, dependent mother. This research sample design was chosen on the basis of available demographic and sociological data on the most frequent elderly care arrangement. The research was centred on older women: in this study the communication partners caring for an elderly mother were in their fifties and sixties, and the mothers they cared for were aged 75 and over. Some of the communication partners were of pre-retirement age while others were already retired. Their children (if they had any) were between the ages of 16 and 35, which meant they were at an age where they would soon leave the parental home but still needed some parental support, or they had already moved out and some had already started their own families, in which case the communication partner might also be needed to help care for grandchildren. Given the diversity of the sample it was possible to expect that different women would experience the life event of caring for an elderly mother in different ways and would face distinct structural barriers and obstacles. However, one thing they had in common was that they found themselves faced with the need to provide care for a frail or dying mother, while they approached the next phase of their lives, marked by the approaching end of their working career and their children gradually leaving home.

The research sample (24 women in total) was deliberately selected to ensure that there were some cases (16) in which the mother who had received care had already died, and other cases (8) in which the woman was still caring for her mother at the time of the interview. In this way it was possible to view the period of care as a life stage, with a duration and an end, and to be able to look at the subsequent period and the consequences that life stage subsequently had on the life of the communication partners. The inclusion of women still in the stage of providing care made it possible to analyse the specific conditions, structural bar-

riers, and resources that affected their ability to provide care and in particular to analyse how they experienced and assessed that stage while they were actually in it. The snowball sampling method was used. First, narrators were recruited among our acquaintances that then referred us to others in their social networks. Special attention was paid to including women with diverse socio-economic backgrounds, education levels, and family situations (so that not only married, but also divorced, never married, or childless women were included). The interviews were conducted in the capital city and in mid-sized and small communities in its vicinity and in two, more remote, rural regions.

A 'quasi-biographical' approach was used in the interviews. The interview opened with the question: 'I know that you are caring/cared for your mother when she is/was no longer able to care for herself. Can you tell me how this came about, what was going on in your life before that, what this stage is/was like, and what do you think will happen/what happened afterwards?' The interviews were conducted by the author of this article and one colleague, both women younger than the interviewees. The interviews usually took place in the home environment of the narrators where the caregiving also took place (so the data from the interview were enhanced with field notes on observations about the arrangement of the household space and interiors, material circumstances, or interactions with other household members). Exceptionally, the interview took place at the workplace of the author of this article if the narrator preferred this option. Each interview took approximately two hours.

The approach I used is 'quasi'-biographical in that it did not strictly adhere to the methodological rules of biographical interviews laid out by F. Shütze or G. Rosenthal [see Schütze 1999; Rosenthal 2004]. Most notably, the life-course narratives were not recounted in a linear chronology. Because the interviews focused on the subject of caring for a mother, the narrative was relayed 'in rounds': the communication partners first described the part of their life during which they were providing care, usually starting with the event that had signalled one of their parents needed their assistance or care, and then they recounted their story of care up until the death (or the impending death) of the care recipient. In the second round the communication partners were invited to expand on the story and add to it in reference to their career and family trajectories. In the third round the narrative was further extended to take in the past and the future. The three rounds of narrative ultimately managed to cover the entire life course of a communication partner.

In the first stage of the analysis, I worked with literal transcripts of the interviews. Following G. Rosenthal's approach, I focused first on the 'objective' biographical data that could be gleaned from the interviews and written materials. I ordered the events according to their chronological occurrence and with as precise a dating as possible. These data were then related to real historical events that probably had an impact on the life of the narrator. After summarising and sequencing the biographical data, I was then able to compare the data to the

communication partner's life story as narrated, and to the narrator's interpretation and assessment of individual events (and to determine, for example, which stages and events were highlighted in the narrative and which, by contrast, were neglected).

In the second step I focused on the life story as a whole, as narrated by the communication partner. I reconstructed the entire story in reference to the order of events and the narrator's interpretation and assessment of them. For each interview I created a 'storymap' [Richmond 2002], schematically organising the narrative in the form of a table, where one column contains 'objective' biographical data, the second presents how individual life events and stages are described and ordered by the narrator, the next column contains the narrator's interpretation and evaluation of events and stages, and the final column contains my notes on possible theoretical interpretations of (sections of) the narrative.

In the third step I turned to the coding and creation of categories used by the advocates of grounded theory [Charmaz 2003; Maroy 1995]. To this end I conducted a cross-sectional analysis of all the interviews, leading to the inductive construction of categories. In conformity with the interpretive sociological approach, I approached the interviews as offering representations and definitions of a social reality that reflect the personal experience of the communication partners and inform their interpretations of the social world [Charmaz 2003; Gubrium and Holstein 2003]. While coding based on grounded theory was at the centre of my analysis, the annotated tables with data on important life events made it possible to relate the material of the texts, dissected into individual categories, to the wider context of individual life stories and other events in the biographies.

In the next step I focused on linking the analysis of individual life stories and the system of categories into a single interpretive framework that describes and explains the situation of caring for an elderly, dependent parent (mother) as a stage in the life course of a woman. The aim is to show how this stage in life is influenced by when it occurs in the life course, and how the nature, understanding, and experience of this stage are shaped by the structural barriers a woman faces and the resources she has available to her at the time. Given my chosen methodology, the interpretive framework takes the form of a 'collective' or analytical story [Charmaz 2003: 237] summarising individual stages in life and their structural context.

Assuming the role and identity of primary carer

Despite the differences between the narrators' individual stories, it was possible to mark out and extract the basic 'plot' of how the stage of providing care for a mother unfolded in the narrator's life. Each narrative began at the point when it became apparent to the narrator that her mother was in need of assistance from others to cope with everyday tasks. That moment usually represented a turning

point in the life of the person who became responsible for providing that care (i.e. the person who was understood by him/herself or by others as responsible for care).

This moment most often arrived in the form of a 'crisis': a senior family member suddenly experiences a decline in health (in most cases as the result of an injury) and is then left needing intensive care and assistance. This presents a family with a situation they need to resolve rapidly. The situation is usually new and unexpected and the family has had no time to prepare for it (although, in light of the senior's age, they may have already given some thought to what to do in such a situation, those thoughts had remained vague). The family then needs to make some quick decisions and in interaction between offspring and other family members the 'primary responsibility' for care comes to be interpreted as lying with one particular person. The process of deciding who shall provide the care may take the form of intense and open negotiations between family members; or it may take the form of self-negotiation, where a person asks him/herself—'Do I have what it takes to provide complete care full time?', 'Can I afford to leave my job?', 'Do I really want to do this?' Or it may even occur by unseen means, where the choice of primary carer simply appears obvious:

... and by then I was gripped by a kind of powerlessness and I suddenly realised that it seemed I must care for her, that there was no one else. (Anna, age 55, upper secondary education, employed as a care worker/assistant in a hospital).

However, a comparison of individual narratives shows that people in very similar situations reach different conclusions, and no decision is therefore 'obvious'; each one is grounded in motivations and value orientations and arises out of the relations that exist within a family. The presumed 'obviousness' of the decision to take on the role of the primary carer indicates that it was not a result of an active choice. In most cases, women simply accepted what seemed inevitable. Only in retrospect, in the situation of the biographic interview, did the participants attempt to articulate the rationale behind why they became carers.

The interviews with the women in the sample revealed various types of motives, which have been described in the literature on intergenerational solidarity [Nye 1979; Rossi and Rossi 1990; Cicirelli 1989; Cicirelli 1993; Bengtson and Roberts 1991; Luscher and Pillemer 1998]. The respondents explained their decision to assume the responsibility for care as motivated by a sense of commitment or duty, the bond or tie they felt with their mother, family tradition, or reciprocity. Some of the women considered the decision to care for their mother an obvious one and had no need to identify any motives for it; nevertheless, later in the interviews some motives surfaced in their narratives [see Dudová and Volejníčková 2014].

Besides 'internal' motives (reciprocity, a close bond) and normative influences (duty), two conditions emerged in the narratives that the narrators cited as

key to their assuming the role of primary carer: their availability (in terms of time, and spatially in the sense of proximity) and the belief that no other solution was possible (a belief shaped by their views about institutional care in general and by the real options, availability, cost, and quality of any formal care that might come into consideration, and the situation in the family—the availability of other family members to provide care). These three groups of factors—the absence of any other (acceptable) solution, availability to provide care, and ‘ethics of care’ [see Flores et al. 2009], and the closeness of the relationship—were ultimately closely intertwined and mutually reinforcing, so that the outcome was the ‘obvious’ decision to assume responsibility as primary carer:

So this was probably the right solution and maybe it had to do somewhat with family tradition, that mum had basically looked after her parents, then had helped me all my life, so it was my natural responsibility. And there was no one else here. (Hana, age 65, university education, working pensioner—teacher)

The narratives revealed, though, that if one of the above-mentioned conditions were absent, assuming the role of carer was not as automatic or obvious a decision. If, for instance, the prospect of quality institutional care had arisen, many of the women interviewed would probably have decided differently. Seven of them had first inquired extensively into the availability and quality of public services and only after they had appraised them as unsuitable decided to provide care themselves:

... I took it on just, not out of a feeling that I owe them this, but out of a feeling that it's something I simply had to do. Because I'd sought information from all sorts of those care institutions and that, and I don't know, maybe someone would've found them to be satisfactory but I didn't. (Tamara, age 62, vocational education, retired, previously a factory worker)

As regards availability, a crucial factor was whether the narrator was still working or not, or whether she could afford to stop working or was in a position to be able to combine work and care. Almost all the communication partners stated that if they had had to continue going to work or if their work had not accommodated their need to combine work and care, they would not have become primary carers.

And I said I'd try it out at home. Since I was retired, I'd give it a try. (Věra, age 63, secondary education, working pensioner—teacher)

And we used to wonder how we would have managed [if I weren't retired]. Mom would've had to go somewhere else during the time until I got home, because it really wouldn't have worked. (Lucie, age 60, vocational education, retired, previously a factory worker)

They also explained that other family members (siblings and partners) could not become primary carers because their work or other care responsibilities prevented them from doing so:

[My sister] had her work, children, and was looking after her grandchildren, she also had a lot of animals and that, so she also had a lot of work and she was commuting to work all the way in XX, right, so I didn't want to ask it of her ... (Halina, age 60, vocational education, retired, previously a cook)

Alongside the issue of availability in terms of time, another general argument for assuming the role of primary carer was spatial availability, in the sense of the proximity of the mother's home to that of her daughter, and particularly in the sense of the possibility of moving the mother into the daughter's home in the last phase of her life. Although the carers' narratives indicate that some mothers initially rejected the idea of moving into their daughter's home, gradually, as the mother's health deteriorated, this proved to be the only possible solution (other than institutional care). For those women who had shared the same home with their mother all their life, of course, this matter was already settled.

Assuming the role of primary care is also influenced by whether there is anyone else in the family who could take on the task. If the communication partner had siblings, in the narrative she either mentioned clear reasons why those siblings could not assume the role of carer or explained why, in her view, it was fair that she assumed primary responsibility for care:

My brother's younger than me, he's just turned 51, so he's quite a bit younger. He couldn't stay home from work all day either, my sister-in-law couldn't either, they're young. And even if he'd had to take mom up there to his place, there'd have been no one at home. There was no other way. (Lucie, age 60, vocational education, retired, previously a factory worker)

However, if there was no justification of this nature, the narrator expressed strong feelings of bitterness and dissatisfaction with the situation. If in her view a sister or a brother had the capacity and the duty to partake more in providing care but refused to do so, she described her relationship with that sibling in negative terms and looked on her care work in a more difficult light (especially given the lack of assistance that in the view of the narrator she was entitled to as primary carer):

Well, I have to say it, maybe it sounds terrible, but my brother said that they'd looked after my kids so I should be the one to look after our parents. (Veronika, age 50, vocational education, employed as a factory worker)

The absence of any siblings made the decision to become primary carer easier. This finding contradicts the generally shared expectation that more child-

ren mean better chances of receiving informal care in old age. If there was no one else who could do it, the narrators were somehow more willing to assume the role. There was a relatively large share of carers in the sample of respondents who were an only child. The fact that there was no one with whom to share the responsibility of care probably had something to do with the fact that women without siblings described their relationship with their mother as a life-long story of close contact and helping each other out. Women accepted the role of carer more naturally and automatically if they had no siblings.

There was no one, that's the problem, when you're an only child, caring for your parent is up to you. There's no one else around. (Hana, age 65, university education, working senior—teacher)

I'm an only child, my husband is an only child, so there's nowhere else to look. Mum was an only child. [laughter] (Darina, age 51, university education, works freelance as a journalist)

The communication partners construed some situations as 'fair' and 'natural' based on their own gender stereotypes and notions of what constitutes a fair division of care between men and women. Although gender was never made an issue in the narratives (i.e. the narrators did not question why they as daughters provide care while no one—including themselves—has the same expectations from sons), this offers a possible explanation as to why women predominate so largely among carers. Sylva's story shows that, even though her brother was expected to take on a larger part of the care, his wife was expected to do more:

The way I look at it, when a woman marries into a family, she's a part of that family, if she's able to live in and use the property that those people have built up and live in it, then I guess ... or if she's living with the son of those parents, then in a way it's her duty and that woman should contribute some to providing care. (Sylva, age 57, university education, employed as a branch manager)

Those communication partners who had a brother in most cases accepted it as obvious that care is 'women's work' and above all their responsibility as daughters. They placed great value on any assistance a brother did contribute—for instance, if he visited his mother, gave financial support, or helped out doing errands, shopping, or providing transportation. They viewed these contributions as adequate and sufficient. The narrators considered it a 'natural' and 'fair' arrangement for the daughter to provide care and for the son to provide a more 'remote' form of assistance [see also Dudová and Volejníčková 2014].

The place of care in the work career

Other major factors that influenced the narrator's decision to become the primary carer for her mother is what stage in her career she was at, what kind of position she had at work, and what her job conditions were like at the time. The communication partners noted the demands of paid employment as another important reason and legitimisation of why, in their view, not everyone can assume the task of caring for elderly parents. In the paragraphs below, I shall present different groups of women, each of which took a different approach to the problem of combining employment commitments with caring for an ageing mother. The analysis of these different strategies found a key factor in this to be whether or not the women were already retired when the need to care for their mother (or in one case mother-in-law) arose.

Those women who were already retired when their mother began to require care cited the fact they were retired as the main factor that made them decide to assume the task of caring for their mother at home. Had they not been retired, they claimed that they would probably not have taken on the demanding task of care. All these women had retired at a relatively young age, before they had turned sixty, and they were still healthy and energetic when they began caring for their mother. Most of them had continued to work for a time even after retiring, but only in a part-time or temporary job. When their mother needed care, they had either left that job or tried to combine it with the duties of care. This made the situation easier for them than if they had had to combine care with regular full-time work (as the vast majority of those narrators of pre-retirement age did), because their working hours were usually more flexible and shorter. Since they had already fulfilled the conditions to qualify for the full pension they would be entitled to, they did not have to worry that by leaving their job their future pension and thus future income would be permanently reduced.

Věra, for example, stated that the main reason why she decided to care for her mother at home was that she was already retired when her mother had an accident, broke her hip, and became in need of care (Věra was 58 years old at the time). Nevertheless, after her mother's condition stabilised, she decided to work part time at her previous job—as a preschool teacher. For the next two years she worked several hours a day, during which time she was able to leave her mother alone at home. If she had not yet been retired and had still been working full time, she believes that she would not have decided in favour of home care.

This means that even the retired women caring for an elderly parent had to deal with the problem of how to combine work and care and how to time their work trajectory. Retirement did not necessarily signify the end of their work trajectory, not even when the role of primary carer for an ageing mother had fallen on their shoulders. Thirteen of the twenty-four narrators remained economically active even after retirement, because their work provided them with a sense of fulfilment (like Věra, whose work with children enabled her 'relax' and 'get away

from' the routine concerns associated with caring for a mother diagnosed with senile dementia). Moreover, at least nine of them felt income from work as essential to the household budget after retirement.

Early retirement was not a strategy commonly used by the narrators to cope with the need to combine work with caring for an ill parent. It was an option for those women who, thanks to their partner's income, were not in a position where the decrease in their pension caused by early retirement would hurt them financially in the near future, and who may have been thinking about retiring early anyway: Tamara and Helga retired early so that they could spend time looking after their home and garden, and Tamara moreover confided that she was 'fed up with working'. Early retirement was not considered by those women who could not rely on a partner's income. When the need for intensive care arose, they opted instead for institutional care, as in the case of Helena, who is single and childless:

... and at that time I was, I don't know, 54 I think. So I had to go on working towards my pension, I had to look after myself. (Helena, age 66, university education, working senior, previously worked in an office)

If these women had opted for early retirement, the risk was that if the need for care ended a short time after they retired, as in the case of Jana, they would have seen their pension income 'pointlessly' reduced for the rest of their life. Jana's mother died soon after she decided to accommodate her employer and take early retirement. Jana's case shows how complicated the decision about what form of care to opt for is given that there is no way to know how demanding the care will be and how long it will be required. It is therefore impossible to make an informed decision at the outset about whether and how to assume the role of carer and how to adapt one's work trajectory to this decision.

Only one narrator, Anna, saw the decision to care for her mother as such an obvious one that at age 50 she left a good and satisfying job as a specialised worker in industry to devote herself to care. Even prior to that she had occasionally had to accommodate her work to perform care duties, but as soon as her mother became terminally ill with an oncological diagnosis she realised that she would no longer be able to combine work with caring for her mother:

... my boss was replaced by another woman, and with her it became clearer to me what I want, if I want to be a caregiver and or that, and she kind of, though she was a lot younger than me, she kind of gave me a hard time psychologically, so I knew that I wouldn't last long there with her anyway, right, there was this, I don't know why, this kind of pressure. (Anna, age 55, upper secondary education, employed on a short-term contract as an assistant in a hospital)

Anna therefore decided to leave her job. She regarded care as a new job for her, as a path by which to acquire new abilities and learn new skills. She cared

very intensively for her mother for a total of three years, during which she decided that she would continue to devote herself to caregiving on a professional level, as she could not return to her previous profession. After her mother's death she registered as a job-seeker with the labour office and decided to requalify as a worker in social services. At the time of the interview, however, she seemed to have lost hope: after years spent caring for her mother she was only entitled to a very small unemployment benefit. After requalifying she worked in temporary jobs unsuited to her skills. At the time of the interview she still had almost nine full years before she would be eligible to retire with a full pension. At the same time, despite her requalification, given her age and the region she lived in she was almost unemployable, which was made obvious to her by a member of staff at the labour office:

It was so, they didn't mean to be harsh, but they actually said to me: 'You see, you're too old to get a job.' And I said: 'So retire me then.' 'You're too young for that.'

Anna's story offers a good illustration of the problems that women (and men) who decide to leave the labour market for a time to care for a senior may have to face. Given the provisions of the pension system, those who leave work to care for a parent later have to go back to work for some years more before they can retire. It may be impossible for them to do so, however, in the current economic climate of rising unemployment, increasing job insecurity, poor working conditions, and a combination of gender and age discrimination [see Vidovičová 2008]. Perhaps this is why only one person in the sample had opted to leave her job. The other narrators, who explicitly calculated these risks, decided instead to remain in their job and sought ways in which to combine work with care.

Those women who were still working and had not yet reached retirement age when the need to care for their mother arose most often adopted the strategy of combining work and care. More than one-half of the sample were in this situation. All of them were aged 50 or over during the care stage, an age viewed as 'pre-retirement' age. They held different types of jobs, and, according to my exploratory research, neither their education nor their position at work had an influence on their decision whether to continue working.

The only difference that could be identified is that women in less qualified positions tended to be more motivated to continue working for financial reasons; they knew that it would be difficult for their household to manage financially without their income. These women did not see or use the care allowance they received from the state as a substitute for their income from work, as to a large extent they used it to cover the costs of the health needs of the senior (in particular for products to deal with incontinence).

Women in more qualified positions also continued to work because they found a value in their work, it gave them a sense of fulfilment, and/or they felt a responsibility and loyalty to their employer. Another important reason for their

remaining employed (as mentioned above) was the fear that they would not fulfil the eligibility criteria for a pension and if the person they were caring for died before they reached retirement age it would be almost impossible for them to find another job:

Well, I was working, I had already reached pre-retirement age, how old was I, I was already in my fifties.... If I had stayed at home I'd have been on support, so I wouldn't have the pension I have today. (Ludmila, age 63, secondary education, retired, previously head of operations)

For at least eight of the women work moreover represented an opportunity 'to get a break' from the very demanding task of caring for a senior. At work they were engaged by other activities and concerns that they found less gloomy and monotonous. Work allowed them to be in contact with other people besides just the person they were caring for or other family members and to build their personal identity on a foundation other than care.

The narratives reveal three key factors that enabled the women to continue working while also caring for their parent. The first factor was an accommodating employer and the opportunity for flexible working hours. Being able to adjust their working hours or place of work in a way that allowed them to fulfil their care duties was crucial to their ability to combine work and care. The second factor was assistance from other persons, above all from a husband. The narrators described their husband's assistance as more significant than any help from their siblings (i.e. the other children of the mother receiving care), mainly owing to his everyday presence in the home where the care was provided. Assistance from siblings was more occasional and intermittent, and moreover, especially in the case of brothers, centred on just certain activities—driving the mother to the doctor or obtaining necessary equipment or medicines. In some cases there were sisters who helped out more, but this was by no means the rule.

Institutional care was the third factor that allowed the narrators to combine work and care. Institutional care provided them with a solution during some difficult periods while they were providing care. At these moments they saw full-day institutional care as a way of ensuring their mother was cared for without having to give up their job. Institutional care became a part of the lives of carers and their mothers at different stages in the care period. They did not report the use of any homecare services (if so, then only very briefly), either because they were unavailable, too expensive, or they knew others who had had bad experiences with homecare.

According to the carers' narratives, institutional care does not contradict the choice of informal care; it supplements it, filling in at various times in the care period to meet the specific needs of the senior and his or her family at those times. For those carers still working in particular it was sometimes the only solution, one that allowed them to go back to providing informal care again later on

(e.g. when they were finally retired), or let them remain in the job after the care became too demanding. Using institutional care did not mean that all care activities were transferred from the informal carer to an institution; the informal carer continued to make frequent regular visits to the institution. Confronted with the poor quality of services in (some) state public institutions, the narrators were convinced that without their everyday involvement their mother would not have survived in good condition in institutional care for as long as she did.

When the care ended

Although the narrators had been in constant contact with their mother and had watched her 'fade before [their] eyes', they were surprisingly unprepared for her death, or at least were unprepared for what would follow after she passed away. While the mother's death constituted the sad loss of a loved one, it was more than that: it marked the sudden end to all the exhausting activities that to that time had given order and direction to the narrator's life. Some of the women talked about how they had to get used to 'doing nothing':

And the idea that I don't have to buy little cakes for anyone, and that I don't have to look after anyone, and that now I have so much time for myself, felt almost strange to me. On the other hand, even the idea that I can't even, the way she was always: and what's been going on with you and what's happening in the world? So even that idea that I can no longer share these things with anyone, that was strange, or even now it still is a bit strange. (Darina, age 51, university education, freelance journalist)

Some narrators felt the death of their mother as a fundamental turning point in their own life trajectory. They suddenly went from belonging to the 'middle' generation to the 'oldest' generation in the family. They ceased to be daughters; some of them had suddenly no one to turn to for advice or to share their problems with, as they had hitherto been accustomed to doing.

The death of the mother also made the narrators more aware of their own age and of the precariousness of their own good health. They witnessed how their mother had fallen ill or injured herself, and though before that she had been relatively healthy and full of energy, her health then deteriorated rapidly to the point where she needed care. Some of the women began to wonder how much active time they had left themselves. They had spent several years looking after their mother and some of them realised that those had probably been the last 'good' years of their life, when they might still have been able to fulfil their plans and dreams. It was not that they regretted the time they 'sacrificed' to care for their mother—not a single case of this was found—but with the death of their mother they realised they were suddenly old themselves.

... now we're old too, so where would we go off to, hmm? We're content at home here, and if we want to go somewhere we go there. And my husband can't much either. Now I have to go alone, because he had a serious head operation ... and I wouldn't dare now either, on those motorways in that traffic, so now I think about what I feel up to and what I don't feel up to. (Halina, age 60, vocational education, retired, previously a cook)

In many cases the women had originally had very different ideas about how they would spend this stage in life, once their children had left home and no longer needed them as much, and, ideally, before the birth of any grandchildren; while they were still working and had sufficient financial resources (or, like Tamarara and Helga, when they stopped working, taking early retirement to devote themselves to improving their home and garden). And above all before they began to have health problems of their own that would prevent them from doing what they enjoy. In the majority of cases the care stage occurred at a time when the children had already left the parental home and when the carer was either several years before retirement or a short time after retirement. After the care stage ended they felt they had to accept the fact that given their age and health they could no longer make any great plans for their own hobbies or activities.

This shows that while 'young olds' may be in a period where they find themselves freed from some family and work duties, this time newly available to them may bring them new obligations. The narrators repeatedly cited the fact that they no longer had to care for children and had started their retirement (and had a real opportunity to reduce their work burden) as the reasons why the role of primary carer had fallen to them and why they accepted it. If the 'third age' is defined as the period in life when a person can focus on his or her own interests and goals [see Laslett 1991], then the majority of the women interviewed had skipped this stage and, after the death of their mother, had moved directly into the 'fourth age', defined as a time when a person experiences health limitations and begins to depend on the help of others.

Interviewer: 'Can you imagine what it will be like once she [the mother—author's note] is no longer here, whether things will ease up for you in some way, or what you'll do that you're unable to do now?'

Zdena: 'I think I'll have such problems with my own health that I'll be glad if I'll be able to get around.' (Zdena, age 66, vocational education, retired, previously a factory worker)

In the lives of the narrators the stage of caring for a mother and then her death constituted much more of a real turning point in life than, for instance, retirement did. It moved a woman onto the top rung of the generational ladder as she and her husband became the oldest living generation in the family. At the same time (enlightened by the experience of their mother's illness) the narrators

became aware of their own mortality and the precarious and temporary nature of their current physical condition and health, and they began to notice new physical ailments, which they neglected and ignored when they were caring for their mother.

The narrators considered their own futures in the light of the experience of providing care to dependent parents and were drawn to reflect on how they would experience the last stage in life and on the possibility of needing care themselves. They wondered whether they would be cared for once they grew old and incapacitated, and considering their own experience of providing care they gave thought to the kind of care they envisioned for themselves. The communication partners had different ideas about this. Those who had never married and had no children (three of the women interviewed) realised they would have to depend on a public institution for care. Women who had children were split into two groups: On one hand, there were those who expected that the tradition of providing home care within the family would continue and that their children would follow their example and care for them just as they had cared for their mother. On the other hand, there were those for whom the experience of caring for a mother (or mother-in-law) had been so gruelling that they declared they would not ask the same of their children and would instead choose to be placed in institutional care. This, of course, says nothing about what they will really want when the time comes. It shows, however, that they viewed caring for an elderly person to be so physically and mentally demanding that they did not wish that experience on their own children. What the narrators expected from their children differed also depending on whether they had sons or daughters. They much more often expected future care to be provided by their daughters. They either did not mention their sons at all or they stated explicitly that they cannot expect care from their sons—simply because they are men.

Conclusion

In this article I used an 'analytical narrative' created on the basis of the biographical narratives of twenty-four women to outline the course of the period in life when women care for an ageing and dependent mother and the place that period occupies in the life course of these women. This period usually occurs in the second half of the life course, when people become 'young olds', that is, a time when a woman (or man) is reaching the end of her career and her children have left the parental home, but when they are still relatively healthy and active. In this analytical narrative (or collective story), I identified and described some factors that influence how this stage in life unfolds and the decisions women make about their life or life course.

As soon as a senior member of a family comes to require care, the family is faced with the decision of how to provide it. According to the women's narra-

tives, the following conditions had to be met to assume the role of primary carer: the possibility to leave one's employment or combine it with care duties without incurring any great losses; the absence of other important care obligations (towards children or grandchildren); the absence of any suitable alternative (quality institutional care or a sister in better circumstances); geographic proximity and residential conditions; and a certain value orientation. If any of these conditions were absent, the woman probably would not have assumed the role of primary carer, or if yes, she would experience this role rather negatively.

The women shared the gender stereotype that care is 'women's work' and accepted it as obvious that they could not expect much assistance from their brothers. The gendered expectations were then reflected in the women's different expectations from their sons and daughters. The narratives thus illustrate the process by which the gender order in society is reproduced.

An important issue during the period the women were providing care was that of combining care with their employment. Twenty-one of the twenty-four narrators were economically active in some way and needed to combine work and care commitments. Sixteen of them were not yet retired when the need for care arose, and they were well aware of the risk involved in taking early retirement (or interrupting their labour market activities): most notably, the decrease in income and the difficulty returning to the labour market once they no longer have to care for their mother.

The analysis of the biographic interviews with women of 'young old' age shed light on the individual experiences of an important life-course transition and thus contributed to the literature examining the gender dimensions of the life course. The results cast doubt not only on the overly romantic visions of the theory of the third age, presupposing emancipation of the elders from both the work and family responsibilities [Laslett 1991]. It also calls into question the concept of life-stage models, assuming a linear life course with clear transitions between different stages [Kohli 1986]. The biographies of our narrators show how the phenomenon of 'linked lives' [Elder 1985] works: this concept refers to familial and other personal attachments that create contingencies and interdependencies between individuals in their life-course circumstances and transitions. The lives of the daughters are linked to the lives of their mother who need care, as well as to others who participate (or do not participate) in the caregiving. The way in which they live their young-old age, how they construct their life path and how they see themselves situated in it depends on these links. The development of their life courses is not marked by retirement or transition from economic activity to inactivity, as the theoretical paradigm in which conventional, linear, masculine models of employment and retirement (seen as 'deserved leisure') stipulate [Kohli 1986; Laslett 1991].

The transition from economic activity to inactivity was not a straightforward and irreversible transition in the life of the interviewed women. The end of a person's working career is not dictated by the age of retirement but by the

specific situation and needs of an individual (health, the need to care for a dependent family member, the inability to combine work and care, an employer's demands, a person's financial situation). The women who left work to fulfil care duties would, in their own words, have continued working under different circumstances. Caring for an elderly parent, in their view, puts them at a disadvantage to others who have no care duties, and this is true even in the case that they have already reached retirement age.

For the narrators, the period of providing care represented a more significant transition in life than taking retirement. The women experienced the dependence, decline in health, and death of their mother as a transition into a new phase in their own lives, when they found themselves at the peak of the notional ladder of a single living generation and began to be aware of their own mortality, of the limitations to their opportunities in life and their future, and of their own likely eventual need for care. This influenced how they looked at their own life and where they stood in it.

The need to care for a mother usually occurs when a person is a 'young old' or in the 'third age' in life, a period presumably free from the traditional obligations of work and care for children and the family [Laslett 1991; Neugarten 1974], when people ought to be able to focus more on their own interests and goals before deteriorating health prevents them from doing so. The women interviewed, however, had spent this time in life devoting themselves to the needs of someone else. They were nonetheless aware that once this care period was over (i.e. after the death of their mother) they would need to begin thinking about their own health limitations and they themselves would begin to need assistance from others. The stage of providing care thus took them directly from middle age into old age.

My analysis therefore strengthens and empirically nuances the argument that life courses are diversified, non-linear, and gendered [see also Brückner and Mayer 2005; Widmer and Ritschard 2009]. It also shows how lives are interconnected and linked: the development of one's life course depends on the life courses of the close others [see Elder 1985]. The period of 'young old' age can take very different forms and meanings for people in different social, economic, and family situations. Current demographic data and the most recent research indicate that this period, instead of being characterised as a time free from any obligations connected with work or family, may rather entail the transformation of these obligations in the direction of caring for an ageing family member. It is a period in which people still have plenty of energy, but their work and family obligations are winding down, and it can be expected that some of them, especially the women, will begin to assume responsibility for caring for a senior family member. The original concepts dealing with this new period in life did not take these commitments or the gendered aspect of them into consideration. Further research is now needed to cast light on the intersections of age, gender, social class, and ethnicity in this time of life.

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