

Łukasz Krzyżowski

lukasz.krzyzowski@agh.edu.pl

Transnational care and intergenerational relations in migrant cultures

PhD thesis abstract

In this doctoral dissertation I have focused on the functioning of the transnational intergenerational care system. This is dynamic, as it is bound up with the life cycle of the transnational family, and on the one hand, denotes practices associated with any assistance parents provide to their migrant children and on the other – in the event of elderly people being faced with health and basic living problems – with the phenomenon of migrants caring for their parents in old age. However, in this dissertation I am more interested in the care provided by migrants to their elderly parents than any assistance given by parents to migrants. The transnational system of care also incorporates the involvement (or lack of involvement, as far as this triggers consequences that are of relevance here) of relatively immobile people, for example the siblings of migrants who provide (or not, as the case may be) domestic support for their elderly parents. In this dissertation I adopt the thesis that geographical distance is not in itself as important an influencing factor as commonly thought when it comes to the possibility of caring for elderly people. Distance limits opportunities for providing some forms of care, but the actual fact of migration and its associated benefits make it possible to take advantage of other forms of care. Applying a transnational perspective to the investigation of intergenerational relations enables us to reveal the diversity of care practices which fail to disappear even within an economic migration context.

My main research question was: *How are patterns and types of intergenerational relations among elderly parents and migrating adult children and strategies of care providing maintained, modified and produced in transnational social spaces?* Research was conducted over a three-year period (2010-2012) of field work. Multi-sited ethnography was implemented and qualitative interviews were conducted with Poles living in Iceland and Austria and with their elderly parents in Poland. Qualitative research methods were augmented by quantitative

methods such as internet questionnaires, computer-assisted telephone interviews and secondary data analysis.

In the event of parents requiring care, the assistance provided by migrants involves forms of support (and/or social and financial remittance) which have been categorised into three types on the basis of the degree of transformation occurring within the Polish stationary care culture: a) practices which, despite the migration, can be pursued equally by migrants and the relatively immobile actors in the family network, for example: emotional support, consultation, assistance in locating legal information relating to health and various services; b) practices which, in transnational spaces, are subject to modification, for example: monitoring their parents' living circumstances using Skype (e.g. making doctor's appointments), shopping by Internet, paying a person who is assisting their parents with practical day to day activities such as cleaning and cooking, paying bills by Internet; c) new practices resulting from migrants functioning in transnational spaces, for example: providing financial assistance (both direct and mediated) for their parents, which never occurs in principle within the Polish stationary care culture; technical assistance, for example installing new articles in their parents' flat which have been imported from the countries of immigration and are meant to make their lives easier; medical consultations in the countries of immigration on their parents' state of health and the sending of medicines; teaching parents how to use a computer and the Internet.

Migrants are therefore normally responsible for financially supporting their parents, helping them to pay bills and to finance extra visits to the doctor. Those members of the family network who do not migrate support their parents, mainly by assisting in the household, and help them to get around and maintain their personal hygiene if this is required by their parents' state of health. Even though a division of labour between siblings with regard to care duties may appear rational and functional, it may lead to tensions (particularly *gender* tensions) which are an integral part of this very division. In the event of the only daughter migrating, the son rarely takes over the responsibilities that are culturally ascribed to his sister, which leads to tension and conflict. The fulfilment of commitments in a migration context therefore sometimes requires multiple sacrifices on the part of migrants, particularly from women, especially if they are to be faced with the double responsibility associated with the additional need to care for their own offspring. Such a situation not only precipitates a need to make difficult choices connected with whom to help and in what capacity, but also triggers a need to acquire additional funds, e.g. by taking advantage of charitable assistance in the receiving country.