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Present – Absent
Older people in the family

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Fernando Barragán Medero¹

Elderly women in the family: the ethics of care

Keywords: gender sensitivity, violence, women, gender bias, education

Abstract

The forms of relationships and behaviour in families with elderly women need to be re-examined and the ethics of care must be mainstreamed to ensure that they receive the help and care that they need. Multidisciplinary approaches and gender studies are analysed. The longevity of women is a fact and there is now an urgent and unavoidable need to include values such as solidarity, equality and ethics of care in the education system.

Research projects and educational interventions have been developed in various countries of the European Union. They consistently demonstrate the emergence of a new adolescent who is breaking with the hegemony of patriarchal masculinity and breaking down gender stereotypes, making it possible to express feelings and live in freedom.

Introduction

A broad analysis of the concept of family – mainly from a patriarchal, heteronormative perspective – is in stark contrast to the role of women, almost always referred to in terms of sexual reproduction, and their role as caregivers and the scant attention paid to the welfare of elderly women in that very same social and cultural organisation. Anthropology and Sociology have traditionally dealt with these issues (Gough, 1975; Hérítier-Augé, 1996; Kottak, 2011); but there has been little attention paid to the sexuality of adult women in the family beyond the mere consideration of them as reproducers. From the perspective of feminism, certain analytical approaches have been key, and it is these that we will use in our study to question the patriarchal model of family organisation (Millet, 2010; Martín, 2006).

While it is true that to address the issue of the family we require much space and time, we shall have to limit our work to women in families and not to men. We shall

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have to focus on the provision of care by family members as ethical values linked to love, support, cooperation wherever possible, understanding that sometimes specialised outside help from professionals is required.

Longevity and health are associated with cultures. The sociology of knowledge has clearly established the link between biology and culture (Berger & Luckmann, 1984). The improvement in comprehensive health care, dietary factors and social protection services have undeniably increased the average life expectancy in most of the countries we call “developed” (Szarota & Maćkiewicz, 2015; Leszko & Bugajska, 2015).

However, if we consider *gender sensitivity*² (Justice European Commission, 2015) to analyse the phenomenon of longevity and the elderly, “Some people have pointed to the existence of a “double standard of aging” (Sontag, 1972; Berman et al, 1981). [...] when a man reaches a certain age, and after, he may seem more distinguished and well-mannered, but it does not seem that a woman of the same age is more beautiful [...] the value of a woman in her youth is judged by her appearance, which may decline with age” (Hyde, 1995, p. 166).

There are more elderly women than men, and if we consider civil status “there are many more widows than widowers” (Hyde, 1995, p. 166). On the other hand, migration in Europe has enabled women to benefit from health care services when they belong to member states of the European Union and to receive health care services and medical assistance that they did not previously have access to in the case of those that come from non-EU countries. For once cultural roots are not necessarily a disadvantage for women.

It is no coincidence that a majority of the elderly are women because, as described by Harris (1995, p. 357) in his article *The Hidden Cost of Machismo*, the higher risk element in men’s lives, a greater consumption of drugs and alcohol, reckless driving and the search for high-risk experiences mean that women live longer than men. But paradoxically, women whose social function is to “care” are those who suffer most from violence, from what we call gerontophobia and misogyny. The invisibility of elderly women is a form of explicit violence.

Elderly women who suffer from violence

Violence against elderly women may be physical, psychological, sexual, economic and political or institutional (Brown, Kingston and Wilson, 1999; Glendenning, 1993; Barragan, 2006a; Bazo, 2004). Interculturality and the new definition of disability as social diversity (García, 2005) are emerging areas of violence because they are entering into the sphere of public knowledge, not because they did not previously exist. In some extreme cases – women who have suffered from gender violence for almost their entire married lives – the consequences of violence are still a cause of

² Gender Sensitivity encompasses the ability to acknowledge and highlight existing gender differences, issues and inequalities and incorporate these into strategies and actions

suffering even when the offender within the family has died. The menacing presence of male abusers is perpetuated in these consequences: they have destroyed the woman's ability to answer back, eroded her self-confidence, and, especially, subjected her to constant fear.

The paradox that we see today when we describe these elderly women in the family is, on the one hand, the "emergence of grandmothers (and some grandfathers)" who are useful not only as educators and carers but as contributors to the household economy when they receive their pension; and on the other hand, those same people when they are considered "dependent" or have some type of mild or severe disease. The "deficiencies, limitations in activity and restrictions in participation" (Gómez, 2005, p. 247), may become or indeed already are limitations in the presence and the absence of women in the family.

Gender differences: presence versus absence

In the centrality of the family, women are always the organisers of connections, a fact that enables them to build friendships with and amongst other women, namely, sisterhood; while men have greater difficulties communicating and are even hampered by the social prejudice of homophobia in the sharing of private and public spaces. However, consideration of the patriarchy as an invisible category in all age groups makes the presence-absence dichotomy a constant.

Let us remember that "The sociosexual hierarchy of the workplace" – key to the gender differentiation of sex – and the social manipulation of natural differences in the procreation function may lead us to conclude with Gayle Rubin (1975) that "at the most general level, the social organisation of sex is based on gender, compulsory heterosexuality and the coercion of women's sexuality" (Mathieu, 1996, p. 269).

As Gayle explains with clarity: "Gender is a socially imposed division of the sexes. It is a product of the social relations of sexuality" (Gayle, 1975, p. 179)

The extended family and the diversity of families today, for which many countries have now introduced legislation, lead us to consider also that the functions and roles of the components of these forms of organisation have partially changed and may change even more. Qualitative studies are required on families formed by elderly lesbian women.

Common forms of invisibility of women

In family contexts exclusion manifests itself in negligence in hygiene and health, abandonment, loneliness. But more subtle than that is the exclusion from decision-making even when in their own home, ignoring the presence of women, placing them apart at events involving family or friends with excuses that are unacceptable. The microviolence of "I have nothing to talk to her about" or "she does not speak to me". In the most extreme cases, forms of physical, psychological and economic vio-

lence are perpetrated, interfering with individual freedoms and showing disrespect for human rights.

Separation from the centrality of family life and the relationship with the outside

This may, perhaps, be a common form but it is one that has not been investigated at all. Women are excluded from decision-making even in their own homes; they are not included in family discussions or debates, or in general comments.

Economic violence that consists of other members of the family administering the money they receive as cash remuneration of any type, or arbitrary use of their money.

Education as a way to liberate elderly women from oppression

Understanding the iniquity of men educated in a patriarchy entails a current and necessary reflection on inequity and its transformation from within the family and the education system.

At the apparent beginning of the first wave of feminism – albeit from an Anglocentric viewpoint – Mary Wollstonecraft (1759-1797) in her work *A Vindication of the Rights of Woman* (1792), in its chapter *On National Education*, described it thus with absolute clarity: “My observations on national education are obviously hints; but I principally wish to enforce the necessity of educating the sexes together, to perfect both, and of making children sleep at home that they may learn to love home; yet to make private support, instead of smothering, public affections, they should be sent to school to mix with a number of equals, for only by the jostlings of equality can we form a just opinion of ourselves” (Wollstonecraft, 1975, p. 105). Education seems to be the key.

Education is the future

For several decades we have been working on practical projects in primary and secondary schools in several European countries, as well as with teachers, in preparation for a study of family violence and strategies to resolve it. The ethics of care and co-existence and the implementation of human rights in the family have been included since 1995 (Barragán & Tomé, 1999a; Barragán, 1999b; Barragán, F; de la Cruz, J.M.; Doblas, J.J. & Padrón, M., 2001; Barragán 2006b) with regard to preparing both boys and girls to transform family relationships in the present and to ensure their futures as responsible caregivers.

Our early research³ into the “ethics of care” revealed the emergence of a model that we call *postmasculinity* or *transformation*, corresponding to a considerable number of male teenagers who do not “want to continue to conform to patriarchal gender ste-

³ Broadening Male and Female Horizons through Adolescent Masculinity (1995–1998) Commission Européenne. Direction Générale XXII Education, Formation et Jeunesse.

reotypes". These are boys and young men who are free of prejudices and stereotypes (Barragán, 2002; Barragán 2006a; Barragán, 2006b). Against the heteropatriarchal norm, teenage boys want to succeed in schools, to look after themselves physically and aesthetically, take on traditional female roles and express their feelings. In parallel, research and educational interventions related to the subjects of family and care, and to non-violent conflict resolution strategies, have led to a deeper understanding of the social and sentimental dynamics that govern codes of behaviour towards the elderly. Gender stereotypes among secondary school students have been shown in recent research to be a predictor of self-concept and academic achievement (Igbo; Onu & Obiyo, 2015).

Subsequent educational programmes continue to show a natural acceptance of caregiving roles by both boys and girls in adolescence, opening the door to a future of equality (Barragán, 2006a) and demonstrating that, against the supposed prevalence of a hegemonic model of masculinity, criticism is growing from within the model itself amongst a clamour for the freedom to be different.

The ethics of care as a fundamental value

"Sexism is the ideology of the inferiority of one sex. In a patriarchal society – namely, all societies past and present – this is the female sex. Androcentrism is part of sexism but is more subtle. It is a partial male point of view that makes the male and his experience the measure of all things" (Puleo, 2011, p. 223).

The contradiction occurs most obviously in the consideration of women as inferior, but also in the care that they provide and yet may not receive when it is they who are in need. The debate between morality and ethics has enormous relevance today despite the fact that it has been mulled over for decades. "As an ethical orientation, caring has often been characterized as feminine because it seems to arise more naturally out of woman's experience than man's. When this ethical orientation is reflected on and technically elaborated, we find it is a form of what may be called *relational ethics*" (Noddings, 1988, p. 218).

The sexual division of labour has meant that the caregiving role is usually assigned to women. However, in the "parenting revolution", many men have become caregivers (Badinter, 1993). Recourse to the idea of men's "incompetence" as parents could be extended to men as carers of the elderly. A great deal of conflicts and contradictions arise when posing the idea of "men as caregivers" either as parents or as sons. "In the 1980s, two surveys demonstrated that fathers who would have wanted to become much more involved had not been encouraged to do so: between 60 and 80% of wives did not want them to" (Quinn & Staienes, 1977). "To justify their attitude, many women allude to the incompetence of their husbands, who create more work for them than they save" (Badinter, 1993, p. 219).

"The ethics of care can lead to conformism and the exaltation of virtues produced by submission, the uncritical assumption of a pseudoliberating transgression consti-

tutes acceptance of values that conceal a gender subtext” (Puleo, 2011, p. 233). A consideration of affective inequality in legal theory has been highlighted (Lynch, Baker & Lyons, 2014, p. 45), an indication that feminist theory has postulated a conflict between the private and public sphere of care. “The responsibility of ensuring that the provision of care does not lead to poverty and social exclusion should be removed from the private sphere and become a collective responsibility”.

The Secret Garden of the Heart

This is the only place of belonging for women linked to the construction of affections, feelings, desires, and whose parallelism is the flower garden that only they share with people who do not oppress them and with the people they love all their lives. My own experiences as a caregiver for the elderly in my family as well as the proximity of figures of love, such as grandmothers, aunts and mother, have allowed me to experience and reflect on issues including the ethics of care and forms of expression of love. Boys and adolescents of today’s world can become and will thus always be caregivers for the elderly. But this requires an education, both in the family and at school, that places the emphasis on the importance of care and its relationship with values such as love, solidarity, commitment, belonging and sisterhood.

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