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INTERRUPTED RECIPROCITY. EXCHANGING INTERGENERATIONAL CARE IN RURAL ROMANIA.

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Abstract

This working paper begins with observations of how villagers in rural Transylvania talk about their kin in an apparently ‘cold’ and instrumental way. Grandmothers’ refusal to provide childcare has resulted in a long-term change in family ties. They interpret the state-provided childcare as a source of change among intergenerational circles of support in the family. I juxtapose this experience with an ethnographic case study of apparently ‘warm’ intergenerational solidarity in which a grandmother agrees to care for her grandson in Italy and receives healthcare in return. In sum, I argue against over-positive visions of care and demonstrate its potential ambiguities, especially in the lives of women.

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Introduction

Over the past ten years I have worked on a project focused on healthcare provision for older people in rural Romania, which has included the importance of families in providing care. While interviewing the respondents, I was repeatedly surprised by the difference between the image of intergenerational care they project, and the ‘coldness’ of the practice of the supposedly ‘warm’ kin relations. In some cases, the older generation expressed outright refusal to care for their grandchildren. In fact, all the grandmothers with whom I spoke mentioned that they only cared for their grandchildren because the parents could not afford childcare. I was surprised that they indeed never mentioned other possible reasons for providing care, like emotional closeness. Instead of expressing joy at being with their children and grandchildren, they described feeling pressured, especially if they were retired, and they stressed that caring was obligatory. The people I talked with made me realize that I, myself from an urban background, had a rather romantic view of village life and kinship care. This experience led me to think about what is at stake when grandmothers age but still have to care for their children and grandchildren. In a second project, my research interest shifted to gender construction, which gave me the opportunity to trace some of the cases and their more complex webs of care in more detail. Following the specific families for a longer period allowed me to consider how the decisions they make about care are made, and how they are justified or challenged by those involved. In their answers, my interlocutors pointed to economic insecurity, migration, and increasing monetization as encouraging an instrumental approach towards intergenerational exchange. This paper draws on this ethnographic material to explore individual pathways of intergenerational care and responses to the challenges of migration and state policies, and the ‘coldness’ of private intergenerational care. This exploration follows a strand of literature that seeks to move beyond a binary view on intergenerational care.

I will start by discussing some of the works that deal with the topic of intergenerational care and, more specifically, with the choices implicated in relations of care. To do so, I will draw on the debates over the concepts of reciprocity, on the debates over intergenerational solidarity, and on the broad discussions over displaying and doing families. To present how intergenerational care has changed, I have chosen two cases that respond in contrasting ways to the challenges of care. My analysis of these cases draws on the scholarship on care, often conceived of as being ‘part of the long-term reciprocity between the generations’ (Empson 2020; Narotzky 2015; Thelen 2015b, 139), on intergenerational solidarity, and on the concept of doing family through migration. In the presented cases, the conditional factors are *need* (for

both healthcare and childcare) and a *cultural–contextual structure* (the youngest child, the local pattern of childcare) that builds two of the three forms of intergenerational solidarity – functional solidarity (money) and emotional solidarity (visits, telephone calls). However, it loses the third kind – associational solidarity – since the family members no longer share common activities (Hărăguș and Telegdi-Csetri 2018; Szydlik 2008). The other theoretical model draws on the concepts of ‘doing family’ and on the ‘display of family’ in the case of transnational families (Morgan 2011; Zontini and Reynolds 2017). One case invokes narratives and shows the intricacies and fallacies between doing and displaying a family relation, while the other case refuses both of them.

My approach contributes to the body of literature that transcends dualist views on care. It thus moves beyond the idea of opposing warm to cold or private to public care, and it searches for a more complex view on the ideas of warm or cold care, and of family or public care (Thelen et al. 2014). In the next section, I will present two cases of the dilemmas that one grandmother and one great-grandmother face with the reciprocity of care amid migration. I will then consider the intervention of the state through parental leave and follow with a conclusion that will summarize the topic under discussion.

Like many regions worldwide, the Romanian region of Transylvania is characterized by an ageing population. In addition, the industrial sector slowly died after the fall of the communist regime, bringing significant economic and social changes. After Romania joined the EU in 2007 and its citizens gained access to Western Europe, much of the working-age rural population moved, leaving their ageing parents on their own. Consequently, most of the population in many Transylvanian villages is of advanced age with children and grandchildren living abroad. This process echoes developments in both neighbouring Bulgaria and the wider region characterized by a process of population decline (Blagojević and Bobić 2014).

My earlier research has shown how practices around healthcare for older people and childcare lie at the intersection of individual, familial, and cultural processes (Bărbulescu 2010).² To be clear, my current research is not about permanent-care agreements, where parents have left their children at home to be brought up by their grandparents and only see them occasionally (Bezzi 2013; Robila 2011; Yarris 2017). In the transnational case that I focus on here, children live instead with their parents in the destination country and stay with their

² This working paper presents two ethnographic cases from rural Transylvania: one in a mountain village (where I conducted research on gender construction from 1995 until 2005 and on healthcare in the summers of 2009 and 2010) and the other one in the plain region where I completed fieldwork on healthcare between 2010 and 2020.

grandparents in the Romanian countryside only for short periods during their summer vacation. In some cases, grandmothers have moved temporarily abroad to take care of small children living with their parents. In such cases, the parents represent these intergenerational circles of care as conveying a financial advantage. In their old age, these women felt compelled to move from their earlier mothering into ‘grandmothering’, which was itself reshaped and became more burdensome because of transnational migration. A similar instrumental attitude was expressed in another case of intergenerational care under conditions of not migrating from Romania. It shows that even geographical proximity and cultural norms may not be enough for ‘doing’ family, because of individual interpretations of state interference.

Intergenerational care – reciprocity traps

There are by now several strands of literature on intergenerational care that call into question one-dimensional approaches to and binary categories of public and private care; they instead stress the fragmentarity of it. These publications also benefit from a ‘kaleidoscopic framework’ that Liljeström uses in ‘exploring heterogeneities *within* as well as similarities *across* categories of difference’ (Kay, Shubin and Thelen 2012, 58). In a recent article Thelen (2015a) revisits Marxist and feminist theories as well as studies of disability, demonstrating how processes of care could be understood as exchange. Moreover, she argues that care ‘evolves around what is understood as legitimate need and as deserving receivers’, pointing out that the need is negotiated. I take from her the idea of negotiation to understand how it works in cases of accepting or denying intergenerational care in Romania. In addition, multiple studies have focused on the gendered nature of intergenerational care (Haber Kern et al. 2015) by discussing the causes of gender inequality (Blagojević and Bobić 2014), while others have focused on how intergenerational care is differentiated according to types of solidarity. In an earlier work, Marc Szydlik shows that autonomy rather than conflict is the opposite of solidarity. He uses a three-dimensional model of solidarity (functional, affectual, and associational) to argue against the temptation of idealizing intergenerational solidarity. He then identifies four factors that influence intergenerational solidarity: opportunity, need, family, and cultural–contextual structures (Szydlik 2008). His model provided me with a framework through which to compare the situation of non-ideal solidarity, where some of the factors, e.g. the cultural–contextual structures, are challenged at the individual level.

There is still a lack of empirical research on care in Eastern Europe; a region that has needed to adapt to great challenges since part of it joined the European Union. While the

Romanian mass media report incessantly on the ‘exodus’ of medical staff towards Western Europe, a stream of untrained women is also emigrating from Romania to work in the Western medical system. This is consistent with the general migration trend but seems to have a particular influence on intergenerational care. It may take the discussions beyond binary patterns and demonstrate individual responses to these challenges as well as how these women continue with caring amid depopulation, low fertility rates, and intense ageing and emigration inside a ‘specific gender regime, concentrated on a self-sacrificing micro-matriarchy model’ (Blagojević and Bobić 2014).

Some studies explore different perceptions of intergenerational care. Elizabeth Yarris uses narratives to present feelings of sacrifice and abandonment in two Nicaraguan families (Yarris 2017). Two of her interlocutors, Norma and Angela, each had to manage the migration of their husband and then of their daughters, while struggling to care for their grandchildren. Tatjana Thelen and Carolin Leutloff-Grandits (2010) compare how grandmothers interpret their care practices as either self-sacrifice or charity: in Novi Zagreb, a part of the Croatian capital built in the mid- to late-twentieth century, grandmotherly care is presented as a cultural ideal, while grandmothers in East Berlin feel compelled to perform care in order to help their employed daughters. Marc Szydlik and Corinne Igel’s (2011) study shows that grandparents help with childcare more intensively in Southern European countries but more frequently in Northern European ones. The authors show how this difference in intensity correlates with a lack of institutional help, while the frequency of grandparental care correlates with its presence. In the latter case, the strongest connection is created between the female members of the family. Still, this work remains indebted to a binary pattern, and new empirical research done in Eastern Europe might show a mixture or mingling of the two types of care as a response to improper or insufficient public arrangements regarding care (Dykstra 2018; Igel and Szydlik 2011). However, I am interested in these studies as they foreground a female connection in the provision of intergenerational care, and in feelings of sacrifice and abandonment. These studies also consider a possible discussion over the presence or absence of solidarity.

In an ethnographic study of practices of ‘state kinning’ in Serbia, which integrated state-paid carers into the personal realm of the household, Thelen et al. (2014) question the normative distinction between kinship care as *warm* (good) and state care as *cold*. This is useful in considering my cases of ‘cold’ private-care relations as well. This general tension can increase with transnational migration, which has given rise to an exploration of ‘different dimensions and expressions of care across distance’. Here, topics like ageing abroad, or people who return

home from migrations, or a reliance on new technologies to maintain contact with the physically distant members of the family have been minutely analyzed (Hromadžić and Palmberger 2018). The new technologies have led to debates on ‘doing’ and ‘displaying’ in the relationships between grandparents and grandchildren (Ducu 2018, 2019; Hărăguș and Telegdi-Csetri 2018; Nedelcu and Wyss 2016), especially with the increased number of transnational families (Baldassar et al. 2007, 2017; Ducu 2018; Evergeti and Ryan 2011; Morgan 2011; Walsh 2015). More importantly, they draw attention to the fluidity of gendered family relations, including for those members who do not migrate.

While Elisabetta Zontini and Tracey Reynolds follow the concept of ‘doing family’ from the perspective of the children born in migration within Pierre Bourdieu’s frame of ‘habitus’ (Zontini and Reynolds 2017), Viorela Ducu follows Walsh’s studies and asserts, with regard to her own interviews on grandparenting in transnational families, that the two concepts overlap and that only the internal motivations of the grandparents can make a visible difference between doing and displaying families (Walsh 2015). Consequently, I am interested in the same concept from the perspective of grandparents who remain in their native country. By offering an ‘emotional response’ (Yarris 2017) in the blurred area of ‘doing’ and ‘displaying family’, they succeed in (re)creating or fail to (re)create family relations across geographical boundaries. However, the actual care-related choices made in intergenerational relations show that they are not necessarily positively experienced even if they are normatively seen as such. Pursuing this critique of the normative distinction between warm and cold care within other types of state intervention, such as parental leave, may prove to be fruitful.

Another strand of literature is much more closely entangled with the concept of reciprocity, and it shows the ambivalences of care. Rebecca M. Empson has described a web of debts keeping Tuyaa, a woman in a district centre in Mongolia, in a trap of reciprocity. There is no escape for her from this cycle of obligations, just as there was none for her mother and there will be none for her son (Empson 2020). Since recognizing the legitimacy of a need and deciding on whether someone is entitled to care is a matter always to be negotiated (Thelen 2015a, 505), the ‘positive normative framework’ becomes ambiguous. It makes space for an ‘open outcome’ that allows reciprocity to take on a fairly broad spectrum of other shapes. Susana Narotzky’s detailed examination of the concept of reciprocity highlights the ambivalence and tension generated by ‘an irresolvable entanglement of social values and material interest’ (Narotzky 2015, 250).

In a general overview on the topic Pearl A. Dykstra has asserted that studies of intergenerational care should focus more on the influence of the macro-level processes such as public-policy arrangements. The overview also relies on other scholars in the Survey of Health, Ageing, and Retirement in Europe (SHARE) project that has introduced a comparative perspective (between Northern and Central/Southern European regions) while encouraging the use of other data sources as well. While considering transnational comparison a ‘valuable strategy’ in this endeavour, she also draws attention to its limitations, calling for a refinement of the method and for assessing the connection between the ‘changes in types and levels of public provisions and the intergenerational practices’ (Dykstra 2018). This strand of literature has drawn my attention to the limits of comparison that call for empirical research to contribute to these debates on intergenerational care and more specifically to those on reciprocity. How does it work or not in particular cases? How do people involved in acts of reciprocity feel and talk about it? Is reciprocity self-understood, and how does it react to temporality? In the following examples, I trace some processes in relation to case studies linked to particular economic and social situations, and I show their particular temporalities.

Unpleasant circles of care

Lelea Mariuta,³ born in 1927, was one of my most important interlocutors over the years before she died in 2004. I paid her a visit each year when returning to the village.⁴ It was obvious that she enjoyed both my presence and the fact that I was interviewing her. She was a small and agile woman, a widow for many years. Sometimes she would take me to her home from wherever she found me in the village; on other occasions I would find her by her loom weaving in her tiny house made of a hall, a kitchen, and a room. Proud to show me what she was working on, she would pause and start talking. In a long discussion about the relationship between mothers-in-law and daughters-in-law, she cited child-rearing as the most important aspect. Asked how she had managed to raise her children and complete the household chores, she formulated an answer that refocused the conversation on her relationship with her mother-in-law (who actually took care of the children):

I came home in the evening from working in the field and there they were, eating like little piglets,⁵ all from the same dish. I didn’t say anything to my mother-in-

³ All the names used in this working paper are pseudonyms.

⁴ She lived in the mountain village.

⁵ In Transylvanian villages, little children are always compared to piglets. The word is meant to express something positive and negative at the same time.

law and so we were good; I let her raise my children how she wanted and so we had peace in the house, not like others who make comments all the time about it.

While her tone softened when speaking about her children, we see also a certain ambiguity in her narration. Although she disapproved, in a sense, of her mother-in-law's mealtime practices, she let go for practical reasons: she needed her help with caring for the children. While many studies portray care as a positive thing, my research attests to its more ambiguous and sometimes cruel side. My older interlocutors describe how they were pushed to provide care in order to receive healthcare or prevent the dissolution of relations. I have chosen two typical cases to illustrate how women within families and against the background of insufficient financial resources agree (or do not agree) over care for their grandchildren.

Paula and Lelea Floare: denying care-dissolving ties?

I knew both Mircea and Paula for several years before interviewing Paula, as she was related to my host in the village in which I completed fieldwork on gender constructions. She is a beautiful slender woman, with a reserved personality. After she married Mircea, with help from their fathers they built a two-room house on a piece of land that she received as a dowry. They both used to work their plot of land, cultivating mainly potatoes, but they both refused to breed any animals after they had given up the one-horse wagon and bought a second-hand car. Their house is on the main road not very far from the middle of their small village. I used to visit her when in the village, and she became my host for one month when I did research on healthcare. She was always curious about my research, and one sunny afternoon I interviewed her while swinging her daughter Ramona in a cradle by the house.

I learned that Paula was born in 1975 as the oldest and only daughter in a family of three children. In her childhood, she recalls, Paula was the one who took care of her brothers, because her mother always had eye problems:

My mother couldn't see. I mean she can see, but very little and not clearly, it's blurry, so I had to take care of my brothers, and I cooked, washed, cleaned the house, went to the fields. I thought I'd never have kids of my own, it seemed so tough to me at that time!

Although she also had a maternal grandmother, this grandmother neither helped during Paula's childhood nor after she gave birth to her own daughter, Ramona:

There was my grandmother, Lelea Floare, but she didn't come to help my mother, only [to help] my uncle. Lelea Floare liked him better and she took care

of his daughter, my cousin. Lelea Floare doesn't help me now, or my mother, either. And it's hard with the little one, you know? I have to cook for her every day. Ramona is a good girl, but I'm tired of making her soup every day. And if I have to work in the garden, Ramona isn't patient, and I can't ask anyone to look after her.

Here, Paula expressed how she feels over-burdened by the responsibility to take care of her daughter Ramona alone: although the child's father, Mircea, is self-employed and willing to do various household tasks, he does not get involved in any kind of care for his daughter except for occasionally playing with her.

Both parents make a modest income from agriculture, mainly potatoes, and Paula also receives childcare payments from the state because Mircea worked for a local firm for one year, prior to Ramona's birth. By the time I was doing fieldwork, Ramona was nine months old. Her parents had their own home, not far from Ramona's grandparents and her great-grandmother, Lelea Floare. Since Paula spent all day alone with the child, she seemed exhausted and the little amount of time I spent changing or strolling or playing with Ramona was a blessing for her mother. Indeed, in the entire month I stayed there, I did not see Paula getting any help from her mother, mother-in-law, or Lelea Floare. I was amazed as I had expected what is considered usual in Romanian villages: daily visits and help from family members, especially from older female relatives. However, this mystery was solved when I interviewed her grandmother, Lelea Floare, about health issues one day. At the end of the interview, she asked whether a particular neighbour was going to town since she wanted to ask him to buy some medicines for her as a favour. When I told Lelea Floare that her (grand)son-in-law Mircea was about to go to town, she replied that she couldn't ask him for anything, because she did not help with Ramona's care. Unsolicited, Lelea Floare continued to explain:

Paula has nothing to do but take care of the girl and she gets *paid* for it! Nobody paid me, and I raised two, and worked in the fields, and took care of the animals, and worked hard all day! If Paula wants me to stay with the child, she should pay me from the money she gets from the state.

At the same time Paula had told me that Lelea Floare took care of one of her cousins (the daughter of her uncle). She indicates that there may have been other reasons, such as emotional closeness, for her refusal. Still, the grandmother explained her decision not to care for her granddaughter –despite the granddaughter living nearby – instead with an argument about money offered by the state for childcare. Szydlik discussed how even in cases when the generations do not remain in close contact, they may feel closely connected. What Lelea Floare

says and how she acts directs us more to the idea of autonomy as opposed to solidarity; she simply refuses all three dimensions of solidarity: affectual, functional, and associational (Szydlik 2008). While in the Serbian case (Thelen et al. 2014), we see that emotional ties can be created between non-kin through care, here, Lelea Floare is ready to hold back care and thereby potentially dissolve the relation. While Paula implies that she lacked an emotional closeness with Lelea Floare, it is the latter who explicitly brings the reciprocity under discussion. We might make the interpretation that there is somehow a sense of guilt towards Lelea Floare, similar to that of Norma or Angela in Yarris's Nicaraguan cases, whose protagonists struggle with conflictual feelings of sacrifice and abandonment (Yarris 2017). On the one hand, Paula feels abandoned by her family, while at the same time the state support does not meet most of her needs in taking care of Ramona. On the other hand, Lelea Floare feels that long back, when she was a mother, the state abandoned her to a life full of deprivations and hard work, similar to Norma's situation in Nicaragua after the Sandinista movement (Yarris 2017). Further, this emotional complexity is always doubled by the idea of *work*. These women understood care as work: Lelea Floare and her generation placed child-rearing alongside other chores she had to do in the household, and now the parental wage offers a special place to childcare through a certain recompense. One issue here is the refusal of an immediate reciprocity understood as an 'irresolvable entanglement of social values and material interests that need to be addressed in their ambivalence and tension' (Narotzky 2015). Narotzky appreciates this concept in its 'underscoring of a generalized system of mutual dependencies and obligations that contribute to forms of collective social belonging'. Lelea Floare refuses a mutual dependency with Paula, interpreting the tension as generated by state intervention understood as a possible cause for the dissolution of ties.

Paula and Lelea Floare's case is, in fact, one of *not* exchanging childcare for healthcare in a Transylvanian village, and it thus underlies how important the minor details are in this arrangement of family relations. Lelea Floare's reluctance to ask Mircea for help buying medicine because she had previously refused to help with Ramona's care led her to ask another young neighbour with whom she had previously exchanged some favours. Nonetheless, Lelea Floare still considered her refusal to take care of Ramona to be justified. She sees the money the state pays through the childcare benefit not as compensation for lost income or as an allowance to pay for the child's needs, but as remuneration for the work of child-rearing, redefining reproduction as a job (Bard 2011, 215–243; Mihai 2017). In the days when Lelea Floare was a mother bringing up children, the attitude towards childcare was completely

different to today, as were the arrangements for family care. At that time, a mother of young children lived with her in-laws and close to her siblings, and she could benefit from various types of help available to her. (After all, Lelea Floare did help out with another grandchild of hers). To date, I have found that people shift between merely implying care reciprocities and discussing them explicitly. Other women would contribute to childcare only if they were paid for it out of the cash that the mother receives from the state. On the other hand, in the village where I live, there is a paternal grandmother who is looking after her twin grandchildren even though she did not approve of the marriage and initially rejected her daughter-in-law. Since the mother of the twins receives the childcare wage from the state, the neighbours asked the grandmother if she was being paid from that money. She replied, 'No, because they're poor anyway'. Neither of the twins' parents are employed, so they use this amount of money to support themselves. There is no doubt that the fact that this young couple no longer lives with either of their parents brings some changes in how the act of care is perceived. The women helped one another because they were all in the same difficult situation and were mutually dependent, but now some of them receive a childcare allowance. This unevenness is reinforced by the fact that there are now 'jobs' wherein caring for children as well as for older people is compensated. Nonetheless, it appears that money from the state short-circuited the older patterns of care within the family. The public-policy arrangements relate only to the childcare wage and not to other possible types of help (e.g. kindergartens), which results in an enormous pressure on third-age women to provide both intense and frequent childcare (Igel and Szydlik 2011). Lelea Floare may compel us to see that 'avenues of comparing' may move not only between East and West (Thelen 2015b) but also diachronically or inside the temporality present between generations in the same space.

Aurica and Laura: exchanging childcare for healthcare

When I moved to the village on the outskirts of Cluj-Napoca, I soon realized that the life there was different (more 'traditional') than anything I had met before throughout my research in rural areas. This fact stirred my curiosity and I decided to start interviewing people, first on the topic of gastronomy, then on children's games, and more recently on healthcare. As I and my husband were new to the village we were not perceived as neighbours but as newcomers (our experience upon moving there will be discussed in a different work). Accordingly, some people were more open than others to discussing their life experiences. I met Aurica thirteen years ago. She is an overweight woman, a fact that makes her move with difficulty and impairs her ability

to do gardening. Instead, she does all the other chores considered feminine: cooking, washing, and cleaning. She has an open personality and is very talkative – her husband even more so. They live alone in an old peasant house (composed of one room, a kitchen, and a pantry) on a large plot of land except for during the summer and weekends when her husband's siblings come and work the land together. As most of their chores keep them out in the yard, where they have a big table and two benches at the sides, this was the place where I first interviewed her husband. He is a pleasant person to be around and one can see that he likes to tell stories and is also gifted at telling them. Aurica was often present at these interviews, and at some point she agreed to be interviewed as well, and so we met occasionally over the years for repeated interviews and informal talks. The compiled life story presented here is based on the numerous talks we had.

Aurica was born in 1949 in Cluj-Napoca. She and her husband Ionel moved to her in-laws' house in the village after they retired, and they have lived there together for fourteen years now. The couple has three children: two sons, Mihai and Florin, and a daughter, Camelia. Camelia is unemployed, lives in the city, and although she lives closest to her parents she visits them at most twice a year. Mihai lives in a different city and does not visit at all, while the youngest son, Florin, has now lived in Italy for about twenty years. Of her three children, Aurica seemed to like talking about Florin the most. She summed up Camelia's life in one or two sentences: 'She worked on a sewing machine at a small factory but now that factory's closed and she's out of work. Even when she worked, she made so little money'. And regarding Mihai she was even more terse: 'Mihai lives in Bucharest, very far away; he has one daughter, finishing high school now'. Florin seemed to be well off, which may be why she preferred talking about him; he had also extended financial aid to her during that time:

Well, Florin has moved now to a different town in Italy. When they first left, they lived near Rome, but then Laura – she's ambitious, you know – she went to nursing school, and they moved to a small town in the north where she found a job as a nurse. She said that if nobody helped her, she was the one to take care of herself. We talk over the phone, not daily but often, and Florin always asks if we need money... Now they've bought a house with a small garden in the town where they work. They got a loan from the bank. I'll see them when they come during the summer vacation.

Interestingly, Aurica usually referred to Florin and Laura as 'the Italians': 'The Italians are coming in August. We talked over the phone and they said they'd come for two weeks', as if she had already acknowledged their belonging to that place.

Florin and his wife Laura have two sons. One was born just after they emigrated and the second was born in 2010. Florin is a truckdriver and Laura works as an assistant in a hospital. Aurica cared for her first grandson, just after her grandson's parents had emigrated, by taking him to kindergarten and watching him afterwards. The subject of her health problems came up when I was interviewing her husband, Ionel about health issues he has had in his life. Consequently, I started to discuss the same topic with Aurica and she told me:

You know, I had problems with my thyroid after my children were born, so I have to take all these medicines and go to regular check-ups, and I have this son in Italy and, well, they always buy medicines from there. Laura works in a hospital and she said that their medicines are better – ‘Don’t you pay for medicine in Romania! Tell me which you need and I’ll send them from Italy’. They are so thoughtful towards us.

Her health crisis made her frightened of death:

You know, when I saw all those medicines, and I couldn’t breathe and I didn’t know what was happening, I thought I would die. I started going to the clinic for ‘nuts’, they give me medication there that calms me down. But I’m still not how I should be. Next week, I’ll go with the priest and the church on a pilgrimage to some monasteries.

During the same period, Laura gave birth to a baby boy and asked Aurica for help:

They keep begging me to go and take care of this little one, but I don’t want to go, how can I leave the house here? Who would take care of the things here and make food for my husband? Who would take care of my husband? How could I leave him alone?

And bitterly: ‘Why did they have to have this second child? You know what? The ones who made the children should raise them too!’

During the first year of her grandson’s life, Aurica consistently refused to go to Italy to care for him. Eventually, in his second year, she agreed to go. Ionel took a hard line in convincing her:

I told her to go, because as you see she’s ill; she’ll go there and Laura will take her and manage all the appointments. Better than here. I’ll manage here somehow, my sister will come and cook something to eat, Camelia will come, too, and make something at the end of the week, and I could even make some things for myself!

Although Camelia was said to hardly visit her parents, he used her as an argument to convince his wife that their grandson would need her care more. When Aurica returned, we discussed her time in Italy: ‘Oh, it’s nice there. They have a big house and a little garden, and I stayed with the child there and spoke a few words in Italian. Their neighbours knew me as *nona*; *nona*, this

is what they (the Italians) call a grandmother'. When I asked if she did anything besides care for the grandson she replied:

I stayed in the house with the child all day long. Sometimes I would take him out for a walk. They have nice neighbours there, but I couldn't speak to anybody because I don't know Italian. What is there to do if you can't talk with anyone? Laura and Florin only came home late at night, then had some dinner and got ready for bed. We didn't do much together, they worked all the time, and Florin takes after Ionel – he's strict, you have to do what he says. I didn't do much there, Laura did everything – cooking, washing, and cleaning – all I had to do was to stay with the child, and he also slept in the same bed with me.

I knew from previous discussions that the two women disagree about food: Laura cooks in a new health-conscious style based on fruits and vegetables, while Aurica has stuck to the old peasant pattern of using plenty of animal fat in her cooking: 'Oh, Laura is like you [me the interviewer], all the time she says *verdure, verdure*, [vegetables, vegetables], but isn't a piece of meat or some lard melted over the fire so good?' Thus, Laura took care of the household chores and other than watching the child when she was at work, Aurica was like a guest in her daughter-in-law's house.

Even though Aurica described emotionally how much her son- and daughter-in-law were helping by buying medicine and so forth, she declined to go to Italy when first invited, at the time of her grandson's birth. Her dilemma was mostly because in order to help she would have to move to her son's house in Italy for at least one year and leave her husband and household unattended here in the village (Ionel had categorically refused to accompany her). Consequently, it was Laura's mother who spent the first year with the infant in Italy. During this time, Laura's position as a nurse in a hospital enabled her to arrange a series of medical examinations for her mother. This accomplishment became extremely important in negotiating Aurica's departure for Italy. After the first year, the pressure on Aurica to go to Italy and help with the childcare became more intense, and it came not only from all the adults in the family but also from other people in the village, who likewise advised her to go. Ionel was the firmest voice, insisting that it was especially important that Aurica go to Italy because Laura could help her get the kind of medical attention that she had obtained for her own mother while she was there with the grandson. Laura's job allowed her to arrange various healthcare services for both her parents and her parents-in-law during the period before her child was born, a fact that made Aurica speak in high terms of the healthcare obtained by her daughter-in-law.

According to the local norms, this situation should have benefited both the mother and grandmother. Aurica's struggle between her love for her husband and for her son was resolved eventually in favour of the son, in what was basically a socially imposed decision (Narotzky 2015). This choice did indeed affect her marriage: in retrospect she sees her choice to care as having been the starting point for the relationship that her husband took up with a younger neighbour. Despite the migration, Aurica's case enacts village-care norms that would prescribe that a young couple should live with the husband's parents in their house and that the paternal grandmother should care for the child. However, under current conditions the house belongs to the young couple and the relation of power between the two women is thus reversed: Aurica assented to Laura's wishes. Why, then, did Aurica finally agree to go to Italy and care for her grandson?

The ideal of old age in rural Romania was mostly perceived as a process of becoming that was similar to what Anita von Poser (2011) described for contemporary north-eastern Papua New Guinea. Ageing family members would work and take care of themselves for as long as they could, in order to avoid becoming 'a burden' on the family.⁶ Even twenty years ago, when I started my fieldwork, older people were visited only when and if they had something to offer, but today out-migration seems to have made their loneliness more visible. Even when they have something to give, their children are too far away and cannot drop by in the event of a crisis. Especially when these ageing parents need medical care, gaining access to it can be a real odyssey in contemporary rural Romania. In most villages, there is no doctor or even a clinic and residents must go to the nearest town to find a primary-care physician. However, there is also inadequate transportation connecting most villages with urban areas, and this is the case where Aurica lives. When patients do finally reach the waiting room, they spend many hours waiting in long queues for a very brief and impersonal examination. As it is common knowledge that the medical system is better abroad, Aurica agreed to leave her home and her husband for a period of one year, mainly because of the immediate benefit of having various medical exams arranged by her daughter-in-law, which illustrates the tension between social values and material interests (Narotzky 2015). Since she is in her sixties and has some health problems, with much uncertainty regarding her condition, she agreed to go to Italy in hoping to find out more about her health. After all, her daughter-in-law, an insider in the medical system, would introduce her to the best doctors! Although she had other reasons as well, it looks

⁶ The phrase 'not be a burden on my children' featured in almost every interview with older people in the villages.

like the possibility of exchanging different kinds of care services was central to her decision to depart for Italy. It is as if Aurica could not escape her ascribed care obligations, yet at the same time this gave her a chance to profit from this cultural ideal.

Florin and Laura visit Aurica and Ionel twice a year during the winter and summer holidays (Nedelcu and Wyss 2016). According to the local norms of reciprocity, the youngest child should care for the parents and in exchange will inherit the house and the land around it. Thus, with the youngest son at such a great distance, all family members try to adjust and compensate for this situation by ‘reordering [their] cultural expectations’ (similar to what Yarris 2017, 63 describes in the case of Nicaraguan generations). Instead of Florin and Laura living under the same roof with Florin’s parents and Aurica taking on the childcare obligations, Laura and Florin lived by themselves and Laura’s mother contributed by taking care of their children. This arrangement underscores the lived importance of the mother–daughter relation in contrast with patrinatority (Igel and Szydlik 2011). With Laura and Florin living in Italy, the two grandmothers took turns at caring for the second grandchild (Evergeti and Ryan 2011), but this arrangement was not entirely voluntary and was rather caused by economic necessity. While Laura and Florin had a much better financial situation in Italy than in Romania, it was still not good enough for them to be able to afford paid childcare.

Laura’s case of exchanging care is connected to a great wave of emigration from Romania to France, Italy, and Spain, which has led to significant changes in family relations. In some cases, women emigrated from the countryside in Transylvania after having graduated from nursing schools. Most of the women, however, left as unskilled workers and on arrival followed the employment needs of the destination countries, where jobs were available in the healthcare sector. Thus, they attended schools there (mostly nursing schools) to fill in this gap in their training. The jobs they found have proved extremely useful to their family members who have remained in Romania, as those working abroad send money or buy goods and services (including medical ones) for those left at home.

If in Thelen’s research on the two Romanian villages (Thelen 2015b), one of the communities takes pride in caring for older people – although in reality this does not happen – in Aurica’s case the community interferes by triggering ‘appropriate’ feelings. However, this does not contribute actively to childcare or healthcare, but is making Aurica view a need as belonging to legitimate and deserving receivers (her daughter-in-law and grandson). These are all points that Norma and Angela (Yarris 2017) and Mrs Becker acknowledged in the first place (Thelen 2010, 2014, 2015b). The concept of doing family would bring some insights into such

a habitus created within transnational families (Walsh 2015; Ducu 2019), but Aurica's case shows that in individual cases this is more a future outcome than a fully enacted process. We see instead conflictual emotional responses. What was once understood as duty is now questioned; this is why Aurica stresses the chores that would prevent her from going to Italy. In fact, if Ionel would have accompanied her, all the impediments would have vanished. Instead, he stayed and while Aurica was in Italy taking care of her grandchild, he started a relationship with a younger neighbour who would visit him on a daily basis. According to her, they displayed an inappropriate closeness even after her return. Consequently, this demonstrates the persistence of gendered care norms as discussed by Haberkern, Szydlik and Igel (Haberkern et al. 2015) through which women are inscribed in a warm emotional realm more often than men. This proves similar to the case of Norma's or Angela's Nicaraguan husband, who refused in both cases to engage in childcare when asked directly, even if they had already given up the ascribed role of breadwinners (Yarris 2017). Consequently, while Norma, Angela, Mrs Becker and Tuyaa all have a fairly strong assessment of what they are participating and why as concerns intergenerational care, Aurica still struggles to assess her situation and becomes an unwilling participant. Yet in the other case study, Lelea Floare is strong in her assessment of a refusal of reciprocity, solidarity, and kin relations. These emotional responses compel us to view the extent to which contextual variables yield open outcomes when it comes to practices of care. The temporality is different across the cases: Norma and Angela and Mrs Becker, or Tuyaa's cases all inhabit a long-term time sequence while Aurica and Lelea Floare's cases play out in a short-term time sequence. The economic aspect of the relation is different in each case; while Tuyaa is caught in a web of debts with neighbours and friends as a means of surviving the pressure of her needs, Aurica is negotiating an exchange of services, and Lelea Floare finds an impediment to reciprocity present in public provision. In my ethnographic cases, reciprocity is neither self-explicatory, nor a duty, but seems to be a challenged, dependent, or negotiated depending on the context.

Conclusion

In Romanian villages, one saying that has circulated for the past century mirrors the widespread ideal of deferred reciprocity: 'one should have a child so that in your old age he or she will bring you a cup of water'. Intergenerational care is described here as an investment, and indeed villagers tend to use an instrumental language when they talk about their care relations. In a setting with only a few state or private-care services and also an insufficient number of

kindergartens, many care practices are situated within webs of kinship. While many adult children are working in other European countries, older villagers try to cope with health problems by relying on the remnants of a medical system that was once free to all. When this is not enough, the money sent by their children from abroad can help them afford a private medical treatment or buy additional medicine. While the increasing geographical distance between members of families has made material care (sending money) and emotional solidarity (expressed through phone calls and rare visits) the most common forms of reciprocity (Szydlik 2008), my research reveals something else. Despite the need for childcare and healthcare having been earlier separated in time, new factors (migration, economic problems, and political changes) are having individual effects (delaying having children), and this can result in having to deal with the two simultaneously.

This working paper contributes to the strand of literature that questions the dichotomies of public/private or warm/cold in intergenerational care, by adding a perspective on the long-term dynamics of reciprocity and the importance of negotiation in care practices. Moreover, this paper is an attempt to move us closer to an understanding of individual responses to feelings of sacrifice and abandonment, and to practices regarding the ‘doing of family’ and intergenerational solidarity in a migration context.

The two cases in this working paper are presented as two pairs of women: (1) Paula and Lelea Floare (a granddaughter and grandmother); and (2) Aurica and Laura (a mother-in-law and daughter-in-law). The cases place an explicit focus on the financial situations involved in the exchange of childcare and healthcare between two poles inside the family – the very young and the very old. My choice of examples points to a possible reframing of relationships and not to their uniqueness. These cases are not exceptions. The rural communities in which I have been completing fieldwork do not view any form of externalization of care for older people positively, but at the same time they do not get involved or take pride in caring for older neighbours as Thelen (2015b) has described for other Romanian villages. Rather, the inhabitants represent care as an individual family matter and not as a community one. An interplay of geographical and cultural distance is implicated in a shift within the temporal field of ‘care’, in which healthcare and childcare continue to be viewed as assigned to the feminine domain.

Aurica’s case showed how two needs coincided: the need to care for a child until he reached the age to go to kindergarten, and the need for healthcare on the part of the grandmother, Aurica, who was asked to help with the baby’s care. The response given to the needs of each

highlighted the ‘reproduction’ of a significant relationship – that of mother and son, in this case (Thelen 2015a, 504–505, 508). Though Aurica had multiple reasons for travelling to take care of her grandchild (such as norms regarding the female obligation to care), she was finally only persuaded to go to Italy because of the immediate benefit she would have (medical care arranged by her daughter-in-law). However, she presents this as an act of self-sacrifice very much like those of the Nicaraguan women Angela and Norma (Yarris 2017), or Mrs Becker in the German case described by Thelen and Leutloff-Grandits (2010; see also Thelen 2005). Even though she never actually mentioned the word sacrifice, she kept returning to themes that would keep her from going to Italy – taking care of her husband and her household – while asking rhetorical questions like ‘How could I go?’ in an annoyed tone. She stressed sacrificing her role as *wife* for that of *mother* (as an Anti-Medean myth).⁷ This case demonstrates how migration changes patterns of care and brings complicated ramifications when Romanian women who emigrated as unskilled workers, attend nursing school in the destination countries and now – like Aurica’s daughter-in-law – arrange care for the members of the family left in the country of origin.

In contrast, the other case is an example of a refusal to sacrifice oneself for the sake of family relations in light of new state support for childcare, and this helps to contextualize the argument in Aurica’s case. Both cases reflect the tension between these two needs and this tension’s resolution by resorting to the cultural motifs available (the care obligation for the youngest child and the obligation to care for grandchildren), with all their possible points of failure. Paula’s case shows an interruption or at least intermittent suspension of usual family relations until the need for childcare disappears. During this phase, family members continued to visit each other, but less frequently.⁸ Here, the provision of childcare conditions the healthcare: when the first is missing, the second is refused – reciprocity is interrupted. While the Serbian cases described by Thelen et al. present how a public-policy arrangement can reach kin valences, the Romanian public policy regarding childcare is taken as the reason for de-kinning. In both cases, these processes lead to a blurred boundary between supposedly warm private and cold public care (Thelen et al. 2014). While there is certainly no need to romanticize past care relations, migration and economic pressure seem to have accelerated a trend towards

⁷ While the mythological character Medea killed her children out of jealousy and despair in her relationship with her husband, Aurica was forced to subordinate her relationship with her husband to commit totally to her relationship with her son.

⁸ In my one month of participant observation, no grandmother or great-grandmother visited Ramona’s mother, even though they live less than one kilometre apart.

seeing care exchange instrumentally in the Romanian villages. These instrumental circles of reciprocal care exist mainly among women, who perceive caring as work rather than a pleasure inside a 'self-sacrificing micro-matriarchy'. This 'economy of care limited to women's resources' brings both childcare and care for older people into competition on the same temporal axis (Blagojević and Bobić 2014, 535–536).

The exchange between childcare and healthcare brings sacrifice and different types of abandonment into close contact: Laura sacrifices by moving and working in a Western country, making Aurica feel abandoned in her old age even though she acknowledged that under the economic circumstances there is no other choice for the younger generation: 'What should they do here?' On her part, Aurica feels that moving for one year to Italy and losing her grip on her marriage is a sacrifice. Paula and Lelea Floare both sacrifice their family relations, but Paula feels abandoned by her family at a moment when she needs them the most, because of what appears to be a misreading of a public policy on her part. All the women in this research seem trapped in the ambivalences of reciprocity: Laura gives financial support and arranges medical services in order to reciprocate the care Aurica provides for her child. Both practices that were previously understood as a matter of course need to be renegotiated in new circumstances. Lelea Floare rhetorically uses the parental wage policy as a reason to refuse childcare and thereby interrupts what is supposed to be a reciprocal care relationship with Paula. In this renegotiation of the cycle of care, the power relationship between the young women and the old women is reversed: whereas according to the old ideal, the daughter-in-law entered the territory of the mother-in-law, in the migration situation it is the mother-in-law who becomes powerless in the house of her daughter-in-law. There, the daughter has the power to decide how she will offer help to her sick mother, and when Lelea Floare clings to her power to decide, the connection with Paula is interrupted if not broken. This working paper has focused on female dyads as it is rare for men to be involved in childcare or healthcare. Moreover, it is a modest attempt to illustrate how practices of intergenerational care indeed gave no reason for the 'excessive optimism regarding the nature of reciprocity as invariably expressing a positive aspect of social relations' (Narotzky 2015, 252).

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Zusammenfassung

Das vorliegende Arbeitspapier beginnt mit Beobachtungen der scheinbar ‚kalten‘ und instrumentellen Art, mit der Dorfbewohner*innen im ländlichen Transsylvanien über ihre Verwandten sprechen. Die Weigerung von Großmüttern, die Kinderbetreuung zu übernehmen, führte zu langfristigen Veränderungen familiärer Beziehungen. Sie verstehen staatliche Kinderbetreuungsangebote als Ursache von Veränderungen intergenerationaler Sorgereisläufe innerhalb von Familien. Diesen Erfahrungen stelle ich eine ethnographische Fallstudie scheinbar ‚warmer‘ intergenerationaler Solidarität gegenüber, in welcher sich eine Großmutter bereit erklärt, sich um ihr Enkelkind in Italien zu kümmern und im Gegenzug medizinische Versorgung erhält. Zusammenfassend argumentiere ich gegen übermäßig positive Visionen von Sorge und lege deren potenzielle Ambivalenzen, insbesondere im Leben von Frauen, offen.

Biographical Note

Elena Bărbulescu completed her MA and PhD at the Faculties of History and Letters at Babeş-Bolyai-University (Cluj-Napoca, Romania). She graduated with a master's thesis on abortion during the communist period in Romania. Her PhD thesis revolves around the topic of gender construction in a Transylvanian rural community. In her research, she ethnographically examines topics situated within the anthropology of childhood, gender studies and medical anthropology. Her regional focus lies on rural areas in the region of Transylvania (Romania).

Biographische Notiz

Elena Bărbulescu hat ihr Master- und Doktoratsstudium an den Fakultäten für Geschichte und Philologie der Babeş-Bolyai-Universität (Cluj-Napoca, Rumänien) abgeschlossen. Während sie sich in ihrer Masterarbeit mit dem Thema Abtreibung während der kommunistischen Periode in Rumänien befasste, setzte sie sich in ihrer Dissertation mit Gender-Konstruktionen in einer ländlichen Gemeinschaft in der Region Transsylvanien (Rumänien) auseinander. Ihre Forschung basiert auf der ethnographischen Untersuchung von Themen, die in der Anthropologie der Kindheit, Gender Studies und Medizinanthropologie verortet sind. Regional liegt ihr Fokus auf ländlichen Gebieten innerhalb der Region Transsylvanien.

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