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> I never like to fall into doing the things I make fun of in others. Deep down I loved her. God knows how much I love her even now. A mother is a mother, no matter what some children say, blood is thicker than water (Costas Taktsis, *The Third Wedding Wreath*, 1985, 205).

The stars look different in Melbourne than in Toronto. The constellation Orion is upside-down and reclining in the west, about to set. Scorpius is at zenith rather than hugging the southern horizon in the warmer months, and the ecliptic, that is, the path the planets follow along the sky, follows a northerly path, rather than a southern path as it does back in Toronto. My discombobulation and disorientation do not end with nocturnal celestial musings. In addition to jetlag, I do not know where to put the overlying guilt of being a transnational expatriate living in Toronto, far from my mother in Melbourne, where the care work is required.

Not everyone far from family has the time, ability, means, or desire to do care work. Many outsource it, move older adults into institutional settings, or ignore it altogether, as Joan Tronto (2013) eloquently lays out in *Caring Democracy; Markets, Equality and Justice*. Yet, I have found many people (mostly middle-aged women such as myself), share my feelings of responsibility, guilt, stress, and fatigue, including those I met in Greece in June 2023, while I was conducting my fieldwork. My research focused on what performing care is like for people who are in midlife. I was curious what echoes of my own life experiences I would find in other geographical and cultural contexts. I am currently assisting with my mother's care in Australia, commuting from Toronto annually, to share caring responsibilities with my sister. Motivated by these personal experiences, I traveled to Athens, Greece, as part of a York University social anthropology undergraduate course designed to teach fieldwork skills through a research project, which I centred on these ideas of care. The course was taught and supervised in Athens, and I conducted research for one month.

"How are you, love? Are you getting enough sleep?" Mum asks by phone after I arrived in Greece. She goes on to tell me about her day; how her physiotherapist visited her at home, and got her to do some walking up and down the driveway of her suburban house with her walker, although she changes the subject when I ask if she can walk a few steps further, onto the footpath. The COVID-19 pandemic eroded her access to care due to lockdowns in Melbourne. Her stubbornness keeps her going, but also makes any change difficult. Polymyalgia Rheumatica and a host of other conditions complicate matters.

Whether it was from loud squawking birds, squealing cars, motorbikes, demonstrations, yelling neighbours, or ambulance sirens, Athens was always abuzz. For the first few days, I felt a sensory overload from the vibrant cacophony. I had to learn how to live in this place where the sights, but also sounds and smells, were different from what I was used to: the never-ending hills, the bright sun, the smell of the ocean; drinking coffee and observing people cooking while sitting on my balcony, absorbing life in the Pangrati neighbourhood. It took me some time to adapt to this new environment. Julian Murchison (2010) writes that "the first step in ethnographic research is often the hardest" (92). This was true for me, particularly because I did not have sufficient time to learn the Greek language properly for my brief fieldwork period.

Walking around the Athenian cityscape, I observed the Jacaranda trees in bloom, their purple petals falling to the ground like confetti littering the sidewalk. The tree is not indigenous to this part of the world. It comes from South America. A fierce nationalism notwithstanding, outside influences are present from ancient times, through Greek independence to the present day. It is not just the trees that have come from afar. When it comes to caregiving, a lot of women come to this part of the world to find work in the service industry. More than that, many Athenian families depend on these workers to help older adults remain in their own homes and out of institutional facilities. I could relate to the struggles of these families juggling daily life and caring for their elders when no one else can help. I could also relate to the women who crossed national borders to care for someone; I have cared for other people's older family members in the past, in which I had to develop rapport and an instantaneous relationship with the whole family. Now, it is my own mother that I am traveling to help.

Ostensibly, the Greek state is supposed to take care of its citizens,[1] but in practicality, it does not always work that way. Since the Greek economic crisis of 2009, there has been a lack of political will in addressing practical and administrative challenges in overcoming health care barriers, including supporting care work at home. As explained by Nikolaos Oikonomou and colleagues (2011), "Analysis of the problem shows that the major sources of inadequacy are the severe structural weaknesses in Greek public administration, economy, and society, which lead to bureaucracy, corruption, low quality of services, and high costs" (28). Greece is still seeing the long-term effects of ongoing austerity measures, in which social services and healthcare suffered cutbacks. State-run nursing homes are shunned by some families because they are considered inferior to the residential family home, and there is a social stigma to using them because it's seen as a failure of the family unit. Austerity measures have also been shown to increase workload on health care professionals and negatively affect care delivery in Greece's institutional settings (Theofanidis, 2017, 601).

An example of someone who eschewed one of these state-run facilities in favour of encouraging ageing at home was Hestia,[2] a semi-retired actor and teacher in Athens, who I met through my York University professor, Othon Alexandrakis. We enjoyed afternoon coffee and *kourabiedes* together, laid out by Hestia, and we talked as the buttery, sugary cookies spilled a confetti-like mess on my pants. Hestia helped care for her mother in her later years. When I asked her why she did this care work, she described the good relationship she had with her mother and shrugged: "She was my mother," she said, evoking the words of Costas Taktsis at the opening of this paper. They had a birth-bond, and there was a familial debt that could never be repaid. As she spoke of her late mother, Hestia admitted to mixed feelings, sacrificing much of her own life in the process, and that she "didn't want to age with [her] mother" as life passed her by. I could relate to these feelings – a complicated mix of love, guilt, resentment, and a more intimate connection to the care. Caring for an older adult puts the issue of ageing and our own mortality front and centre. It puts life on hold for the carer and can lead to feelings of frustration and anger.

For Hestia, part of these feelings came from the social shunning she experienced from some of her friends who did not like to be around her mother: “I lost my friends.” They were uncomfortable to be in the presence of the aged who are a visible manifestation of their own mortality. She became more isolated in her care work and turned outward to find more human connections. Not everyone in Hestia’s life isolated her or were bothered being around older people. Hestia had acting students who would visit the home and were happy to be around her mother, providing an emotional counterpoint to the friends she had lost in her caring journey. She lost some of the emotional support she had previously held, but others stepped in to fill that void. The social isolation of care work was an aspect of this research that overlapped with my own experience. I have noticed in my own family that there are many quiet, fallow hours of inactivity, with no one else around or checking in. My sister and I have often experienced a deep frustration that our able-bodied brother who lives nearby doesn’t care to help, but we are also likewise extremely grateful for friends and neighbours who step forward and ask how they can assist us. An emotional sensitivity and desire to do this work is required; if forced, resentment brews. Further, in our experience, while we may have lost some of our friends who could not relate to our situation in the same way that Hestia has, it also led to the forging of stronger bonds with others who took the time to check in.

Hestia raised another example of potential familial hardship when managing older adults’ care at home: what happens if they need immediate emergency help? Hestia spoke of the ambulance service, and that when one calls for an ambulance, it “won’t come if the person is old,” forcing families to try to find help from private doctors. She talked of the effects of the economic crisis, and how doctors have subsequently been driven out of Greece, exacerbating an already stressed public health system. My own mother has required emergency care, such as the time when she fell and was not able to get up but was too heavy for me to lift. An ambulance was called, but we were left waiting for a long time due to emergencies elsewhere and a lack of ambulances or paramedics. Staffing issues seem a chronic problem, regardless of location. But at least the ambulance did eventually arrive.

Joan Tronto did “not want to reproduce the view that care is only about gender, because care is also about race, class, and other ways of separating citizens into more and less important groups” (2013, 12). In this instance, however, I argue that care is about gender but also about how the older citizens are the “less important” group. The older adult is physically separated from society much of the time and sometimes requires others to represent their needs. This problem was exacerbated during the COVID-19 pandemic, which Michael Fine and Joan Tronto described as leading to additional burden on carers “through massive sacrifice of unpaid and primarily female carers, most of whom are family members” (2020, 304). Many families chose home care over institutional care throughout the pandemic, partly due to increased mortality associated with the virus in assisted-living settings. Caring thus was brought into the light during the pandemic, whereby carers were no longer an “afterthought,” (Fine and Tronto 2020, 302) but were hailed in a hero-type fashion; nevertheless, in this post-pandemic world, caring seems to have been forgotten about once again.

Live-in carers are often subjected to chronic stress – be it physical or emotional - with a potential for burnout which could be harmful to both the carer and caree (be it family member or someone else). Stewart (2006) talks about the detrimental health impacts of stress; the implications of allostatic load (or the ‘wear and tear’ of the body) and the overall effect that stress has on “predicting senescence and mortality” (133). Hestia described periods where she did not sleep much as she would have to “sleep with one ear out” in case her mother needed her at night. My sister, who cares for our mother most of the time, describes the “constant bags under [her] eyes,” and how she cannot make life plans because her life focus is our mother. Indeed, I have also witnessed the requirements of care in the early hours of morning. I recall one of the many times I was caring for Mum back in Melbourne, when she called out to me during the night hours, needing help to get out of bed to go to the toilet. "Katrina, hello, I need to get up." I grabbed both her wrists, and gradually, carefully, pulled her to a seated position, shifting her legs off the side of the bed, and making sure she was stable before grabbing her walker. I placed slippers with rubber soles on her feet, so she would not slip on the bathroom tiles. Easing her to a standing position, she began to shuffle towards the bathroom... and my sleep escaped me.

Helping older adults in the home is a struggle not only for my family and for Hestia's. Another interlocutor at a nearby hair salon, Hera, agreed that home care is a struggle. We met by chance one morning in the Pangrati neighbourhood, when I decided on an impromptu hair trim after my morning coffee. Hearing me speak English to the hairdresser, she struck up a conversation while we both received treatments: "I am fifty-three. I work as an economist. I have a mother and a mother-in-law living at home, both have Alzheimer's." She described the importance of family in Greece, saying that Ancient Greek culture had a large influence on modern Greek values, or in Sharon Kaufman's words, contemporary life is "woven with the ancient past" (2020, E22). Hera continued: "We're traditional. We love to get together and have large dinners." Hera's words resonate with what Judith Triantafillou and colleagues wrote about Greece back in 1994: "Greece is an example of a relatively developed country which still relies overwhelmingly on the informal networks of family, kinship and neighbourhood support for the care of older, dependent people" (1994, 875).

When I asked how she was coping with providing the care for her mother and mother-in-law together, Hera described how it worked outside of the public care system in Greece generally, speaking from her own experience: "We [Hera's family] hire a girl, maybe from the Ukraine, and she lives with us. It costs a lot of money. Maybe fifteen hundred or two thousand Euros a month." As many women work outside of the home and more people are living longer, scholars such as Francesca Diguili (2007) describe situations like Hera's family and others as being increasingly common: the "need for eldercare assistance is growing and migrant women increasingly fill these positions" (Diguili 2007, 193). The state-run older adult care facilities were used as a last resort in Hera's estimation, but she was lucky they could afford help; many do not have the finances for this. However, people "want to die at home," says Hera. So, as Hera describes, the burden falls more directly on women performing care. Othon Alexandrakis talks about the gender imbalance in care, explaining, "the women and girls I know in Athens bear most of the weight of holding their households in order – against all odds" (2022, 101).

> *I've been speaking to Mum while doing Athenian fieldwork; I feel worry and guilt while occupied with fieldwork. Pain in her neck and shoulder is extreme after having a tooth removed; the dentist turned her fragile neck too aggressively and she is now in severe pain. There's nothing I can do. She's going to the doctor tomorrow. Luckily my sister has a day off work and can take her.*

My mother, and her carers, are in a liminal state. For my mother, she is transitioning from independence to dependence *vis* à *vis* her increased reliance and dependance on other people. Her carers are going through their own changes of midlife and menopause, so quaintly referred to as "the change" in times past. So much has changed since I started writing this manuscript, evolving around declining changes to her health, and the ability of her carers (primarily my sister but occasionally me) to cope. At the moment she is in hospital with a rare neurological condition among other things, and not in her own home, so I leave Toronto soon again to travel back to Australia. I think about the financial burden of flights and taking time off work; it is significant. Once I arrive, I will help my mother with the physical therapy I am trained to do in my day job in Toronto, with the guidance of her hospital team, and help my sister, who is struggling emotionally, physically and mentally. The burden she has undertaken to help our family has had a large toll on her. However, she fights to keep our mother in her own home.

My research in Athens confirmed my expectations and personal experiences of performing care for my mother in Australia: that is, that midlife women bear a large burden in performing care in the home for their older adult family members, often having to find their own support systems and making do the best way they can.

Notes

1. https://ec.europa.eu/social/main.jsp?catId=1112&langId=en&intPageId=4570
2. Pseudonyms were used for all interlocutors.

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About the Author

Katrina recently completed an Honours B.A. in social anthropology at York University in Toronto, and works in the same city as an RMT (Registered Massage Therapist) when she is not caring for her mother in Melbourne, Australia.

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