Who Cares? Emotional Interaction, Support and Ageing in Transnational Families


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Who Cares?
Emotional Interaction, Support and Ageing in Transnational Families

Report for the Changing Ageing Partnership (CAP)
Institute of Governance, School of Law
Queen’s University Belfast

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25 September 2010
Acknowledgment

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Chapter 1
Introduction and methodology

Elderly parents often rely, at least partly, on their children for practical care and emotional support, especially as they become more dependent. They also frequently give support to their adult children, for example by helping out with childcare and giving other forms of hands-on and moral support. But how do such care relations develop and function when parents and children reside in different countries?

The project examined the social and emotional dynamics of care in transnational families in connection with age progression and changing relations of dependency. The research was particularly interested in how elderly persons in Northern Ireland (fail to) get support from their children when some or all of their children reside outside Northern Ireland, and in how adult members of transnational families who are based in Northern Ireland negotiate geographical distance in their attempts to care for their elderly parents abroad.

The aim of the research was to:

(1) provide insights into the social and emotional needs of older people in transnational families.
(2) offer knowledge about the challenges faced by adults who wish to support their elderly parents who live in another country.
(3) assess current policies that aim to facilitate care within transnational families.

Research Questions

Main question

What are the social and emotional dynamics of care in transnational families, and how are these dynamics influenced by age progression and changing relations of dependency?

Related questions

1. How do elderly persons in Northern Ireland (fail to) get support from their children when some or all of their children reside outside Northern Ireland?
2. What are their specific social and emotional needs?
3. How do adult members of transnational families who are based in Northern Ireland negotiate geographical distance in their attempts to care for their elderly parents who live abroad?
4. Which challenges do they face when they wish to support their elderly parents who live in another country?

Questions that were added in the course of fieldwork

1. How do elderly persons in Northern Ireland (fail to) give support to their children when some or all of their children reside outside Northern Ireland?

2. To what extent do these elderly persons derive a sense of well-being from involvement in care giving?

3. How do adult members of transnational families who are based in Northern Ireland negotiate geographical distance in their attempts receive support from their elderly parents who live abroad?

4. Which challenges do they face when they aiming to receive care from their elderly parents who live in another country?

When designing the research, I consciously avoided focusing solely on ethnic minorities, even though much of the literature on transnational families is dominated by research on migrants. Less is written on relatives who remain in the homeland. In my view, a limited focus on ‘migrants’ when exploring transnational family issues frames the theme as a ‘migrant’ issue, and ignores the challenges faced by those who stay behind, who might very well be ‘locals’ with relatives abroad. When taking the lived experience of transnationalism into account, it is clear that all members of transnational families, not just migrating kin, have to negotiate long-distance relationships.

Locals and migrants

This research included interviewees from two major groups of people, namely ‘locals’ (people with longer family histories in Northern Ireland) and ‘migrants’ (people with more recent family histories in Northern Ireland). For the purpose of the research, I regarded both the Republic of Ireland (a separate state, but bordering Northern Ireland) and England/Scotland/Wales (part of Britain like Northern Ireland, but one needs to cross the Irish sea to reach it) as places ‘abroad’.

Elderly parents and adult children

As separation between kin affects different generations within families in distinct ways, the groups of ‘locals’ and ‘migrants’ was each divided into sub-groups of ‘adult children with parents abroad’ and ‘ageing parents with children abroad’. The number of people interviewed in each group reflected the reality of migration, as more migrants had left their parents in their homelands, and more local elderly parents had children outside Northern Ireland. I aimed to speak with equal numbers of men and women, but ended up finding proportionally more women than men willing to talk to me (see Figure 1).
Biographical interviews
The biographical method used in this project was developed by Fritz Schütze, and is based on the assumption that there is a strong connection between the complex process of identity development and narration of life historical events. In this project, the focus was on how interviewees presented and reflected on their experiences of care giving and care taking within the context of transnational family life. Schütze’s method includes specific instructions regarding the autobiographical story telling process. Before the interview starts, the interviewer explains the general theme of the research. In my case, I gave my interviewees a sheet of information about the theme and aims of the project and briefly discussed them. In most cases, I had already explained my interests in a telephone conversation. Before the start of each interview, I explained that in telling their life stories, interviewees could mention anything they thought relevant to their life, and should not solely focus on the theme of care. During this first phase of the interview, the interviewer does not intervene, and wait till the interviewee indicates that the story is finished. According to Schütze, the resulting unsolicited material provides a purer insight into the interviewee’s own ‘gestalt’, an overall reflection on his or her life that often has a specific narrative shape. This shape is of course influenced by the interviewees’ present concerns, as well as by the social and emotional dynamics of the interview situation.

In the second and third parts of the interview, the interviewer takes a more active role, asking questions about the interviewee’s biography and posing more explicit questions relating to the theme of the research. In the case of this project, I focused on the interviewees’ family histories of care (going back to their memories of care for grandparents and sometimes great grandparents), their use and experience of communication technologies, and on the emotional and practical challenges of long-distance care. The interview material was transcribed and analysed in detail.

Semi-structured interviews
At times, the format of the biographical interview did not work, as some people did not feel comfortable reflecting ‘freely’ on their lives. In this case, I resorted to semi-structured interviewing, aiming to gain both knowledge about the interviewee’s life history and their experience of and involvement in care. I also used the semi-structured interview format when interviewing people involved in care-related professions and policy positions. These included:

Figure 1: Number of interviewees and gender distribution within the groups

<table>
<thead>
<tr>
<th>Groups</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local adult children, parents abroad</td>
<td>1</td>
<td>1</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Migrant adult children, parents abroad</td>
<td>9</td>
<td>6</td>
<td>15 (43%)</td>
</tr>
<tr>
<td>Local ageing parents, children abroad</td>
<td>7</td>
<td>4</td>
<td>11 (31%)</td>
</tr>
<tr>
<td>Migrant ageing parents, children abroad</td>
<td>5</td>
<td>3</td>
<td>8 (23%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22 (63%)</strong></td>
<td><strong>13 (37%)</strong></td>
<td><strong>35 (100%)</strong></td>
</tr>
</tbody>
</table>
- Two managers of Nursing homes
- Two gerontologists
- CARDI policy officer, Judith Cross
- Manager of Senior Citizens Consortium Sperrin Lakeland, Allison Forbes
- Coordinator of Community Programmes, Royal National Institute of Blind People, Northern Ireland, Olive Rodgers
- Advocator of blind awareness, Dorothy Cullen
- Spokesperson of the Indian Community Centre, Bidit Dey
- Former director of Chinese Welfare Association and MP Anna Manwah Lo
- Support officer Hong Ling Gardens, Esdanlar Wu
- Spokesperson of Senior group, Indian Community Centre

*Interviewees by group (all names are pseudonyms)*

**Figure 2a: Local ageing parents with children abroad, MOTHERS**

<table>
<thead>
<tr>
<th>MOTHERS</th>
<th>PLACE OF BIRTH</th>
<th>AGE</th>
<th>PLACE OF RESIDENCE</th>
<th>CHILDREN ABROAD</th>
<th>CHILDREN IN N IRELAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lucy*</td>
<td>N Ireland</td>
<td>80s</td>
<td>County Down</td>
<td>daughter in US</td>
<td>3 children in N Ireland</td>
</tr>
<tr>
<td>Mary</td>
<td>N Ireland</td>
<td>80s</td>
<td>Belfast</td>
<td>son in Germany, son in England, daughter in England</td>
<td></td>
</tr>
<tr>
<td>Anne</td>
<td>N Ireland</td>
<td>60s</td>
<td>Belfast</td>
<td>Son in England</td>
<td>Two sons in N Ireland</td>
</tr>
<tr>
<td>Carol</td>
<td>N Ireland</td>
<td>84</td>
<td>Belfast</td>
<td>Son in Australia</td>
<td>Son in N Ireland</td>
</tr>
<tr>
<td>Pat</td>
<td>N Ireland</td>
<td>80s</td>
<td>County Tyrone</td>
<td>Son in Oman</td>
<td>Son in N Ireland</td>
</tr>
<tr>
<td>Janet</td>
<td>N Ireland</td>
<td>61</td>
<td>County Tyrone</td>
<td>Son in Australia, Son in Norway</td>
<td>2 daughters in N Ireland</td>
</tr>
<tr>
<td>Jane</td>
<td>N Ireland</td>
<td>48</td>
<td>Belfast</td>
<td>Son in England, Daughter in England</td>
<td></td>
</tr>
</tbody>
</table>
Table 2b: Local ageing parents with children abroad: FATHERS

<table>
<thead>
<tr>
<th>FATHERS</th>
<th>PLACE OF BIRTH</th>
<th>AGE</th>
<th>PLACE OF RESIDENCE</th>
<th>CHILDREN ABROAD</th>
<th>CHILDREN IN N IRELAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian</td>
<td>N Ireland</td>
<td>89</td>
<td>Belfast</td>
<td>Son in Australia, Son in England, Daughter in England</td>
<td>Son in N Ireland</td>
</tr>
<tr>
<td>Peter</td>
<td>N Ireland</td>
<td>70s</td>
<td>County Down</td>
<td>Son in England</td>
<td></td>
</tr>
<tr>
<td>John</td>
<td>N Ireland</td>
<td>79</td>
<td>County Tyrone</td>
<td>Daughter in US, Son in Republic of Ireland</td>
<td></td>
</tr>
<tr>
<td>Shane</td>
<td>N Ireland</td>
<td>74</td>
<td>County Down</td>
<td>Daughter in Switzerland, Daughter in Wales, Son in Wales, Son in England</td>
<td></td>
</tr>
</tbody>
</table>

Table 3a: Migrant ageing parents with children abroad: MOTHERS

<table>
<thead>
<tr>
<th>MOTHERS</th>
<th>PLACE OF BIRTH</th>
<th>AGE</th>
<th>PLACE OF RESIDENCE</th>
<th>CHILDREN ABROAD</th>
<th>CHILDREN IN N IRELAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evelyn</td>
<td>England</td>
<td>84</td>
<td>County Tyrone</td>
<td>Son in US</td>
<td></td>
</tr>
<tr>
<td>Fiona</td>
<td>USA</td>
<td>58</td>
<td>Belfast</td>
<td>Son in England</td>
<td>Dependent son in Belfast</td>
</tr>
<tr>
<td>Amala</td>
<td>India</td>
<td>73</td>
<td>Belfast</td>
<td>Daughter in Dubai, Son in England</td>
<td>Daughter in N Ireland</td>
</tr>
<tr>
<td>Asha</td>
<td>India</td>
<td>70s</td>
<td>Belfast</td>
<td>Daughter in Canada</td>
<td></td>
</tr>
<tr>
<td>Siu</td>
<td>Vietnam</td>
<td>70s</td>
<td>Belfast</td>
<td>Daughter in Canada</td>
<td></td>
</tr>
</tbody>
</table>
**Figure 3a: Migrant ageing parents with children abroad: FATHERS**

<table>
<thead>
<tr>
<th>FATHERS</th>
<th>PLACE OF BIRTH</th>
<th>AGE</th>
<th>PLACE OF RESIDENCE</th>
<th>CHILDREN ABROAD</th>
<th>CHILDREN IN N IRELAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wang</td>
<td>Hong Kong</td>
<td>70s</td>
<td>Belfast</td>
<td>Children in Hongkong</td>
<td>Daughter in England</td>
</tr>
<tr>
<td>Barindra</td>
<td>Kenya</td>
<td>77</td>
<td>County Down</td>
<td>Daughter in Canada</td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td>Netherlands</td>
<td>50s</td>
<td>County Tyrone</td>
<td>Daughter and son in the Netherlands</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 4a: Migrant adult children with parents abroad: DAUGHTERS**

<table>
<thead>
<tr>
<th>DAUGHTERS</th>
<th>PLACE OF BIRTH</th>
<th>AGE</th>
<th>PLACE OF RESIDENCE</th>
<th>PARENTS ABROAD</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ute</td>
<td>Germany</td>
<td>53</td>
<td>County Antrim</td>
<td>Parents in Germany</td>
<td>4 children</td>
</tr>
<tr>
<td>Maria</td>
<td>Germany</td>
<td>42</td>
<td>County Antrim</td>
<td>Parents in Germany</td>
<td>2 children</td>
</tr>
<tr>
<td>Louise</td>
<td>France</td>
<td>46</td>
<td>Belfast</td>
<td>Parents in France</td>
<td>3 children</td>
</tr>
<tr>
<td>Anna</td>
<td>Poland</td>
<td>28</td>
<td>Belfast</td>
<td>Parents in Poland; sister in Poland</td>
<td></td>
</tr>
<tr>
<td>Elly</td>
<td>Malaysia</td>
<td>35</td>
<td>County Antrim</td>
<td>Parents in Malaysia; husband in Hongkong</td>
<td>2 children</td>
</tr>
<tr>
<td>Mizuki</td>
<td>Japan</td>
<td>32</td>
<td>County Londonderry</td>
<td>Parents in Japan; sister in Japan</td>
<td>2 children</td>
</tr>
<tr>
<td>Laksha</td>
<td>India</td>
<td>30s</td>
<td>Belfast</td>
<td>Parents in India; sister in US; sister in England; brother in India</td>
<td>1 child</td>
</tr>
<tr>
<td>Yantong</td>
<td>China</td>
<td>40s</td>
<td>County Down</td>
<td>Parents in China; sister in China</td>
<td>1 child</td>
</tr>
<tr>
<td>Salma</td>
<td>Iran</td>
<td>39</td>
<td>Belfast</td>
<td>Parents in Iran</td>
<td></td>
</tr>
</tbody>
</table>
### Figure 4b: Migrant adult children with parents abroad: SONS

<table>
<thead>
<tr>
<th>SONS</th>
<th>PLACE OF BIRTH</th>
<th>AGE</th>
<th>PLACE OF RESIDENCE</th>
<th>PARENTS ABROAD</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>Netherlands</td>
<td>50s</td>
<td>County Down</td>
<td>Parents in the Netherlands; siblings in the Netherlands</td>
<td>2 children</td>
</tr>
<tr>
<td>John</td>
<td>USA</td>
<td>45</td>
<td>Belfast</td>
<td>Parents in the USA; sister in the USA</td>
<td>1 child</td>
</tr>
<tr>
<td>Wang</td>
<td>Hongkong</td>
<td>70s</td>
<td>Belfast</td>
<td>Parents in Hongkong</td>
<td>1 child</td>
</tr>
<tr>
<td>Sachin</td>
<td>India</td>
<td>40s</td>
<td>Belfast</td>
<td>Parents in India; siblings in India</td>
<td>1 child</td>
</tr>
<tr>
<td>Baru</td>
<td>Bangladesh</td>
<td>30s</td>
<td>Belfast</td>
<td>Parents in Bangladesh; sister in Canada</td>
<td></td>
</tr>
</tbody>
</table>

### Figure 5: Local adult children with ageing parents abroad: DAUGHTERS

<table>
<thead>
<tr>
<th>DAUGHTERS</th>
<th>PLACE OF BIRTH</th>
<th>AGE</th>
<th>PLACE OF RESIDENCE</th>
<th>PARENTS ABROAD</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emma</td>
<td>N Ireland</td>
<td>52</td>
<td>County Down</td>
<td>Parents in Australia</td>
<td></td>
</tr>
</tbody>
</table>

### Questionnaire

To get a better idea of family dynamics and care arrangements in the case of Chinese migrants, a questionnaire was given out by a Chinese Research Assistant to residents of Hong Ling Gardens, a residential home for Chinese (mainly Hakka-speaking) migrants in Belfast. Twelve females and eight males responded to the questionnaire. Information was asked about their migration background, language skills, employment history, visits abroad, age, gender, profession and place of residence of children, age of grandchildren, frequency of communication, frequency of visits, types of support given by children. Other questions asked concerned their residential setup before moving to Hong Ling Gardens, their reasons for moving there, and their experience of other Hong Ling Gardens’ residents and activities. They also were asked to give details about their contacts with and support from non-relatives and care giving institutions. In addition to the questionnaire, a Cantonese speaking Research
Assistant two biographical interviews were conducted with one male and one female resident by.

**Focus groups**

On Monday 19 October 2009, I organised the workshop ‘Overcoming distance: transnational families, ageing and care’ at the Centre of Migration Studies, Ulster American Folk Park, Omagh, in cooperation with the historian Dr. Patrick Fitzgerald. A group of about 35 invited Northern Irish senior citizens listened to two presentations given by the latter on Irish migration to the US, the first entitled ‘Across the Briny Ocean: Historic Emigrants and the Issues of Distance, Age and Care’. The second presentation included a ‘question and answer session’ around art works depicting emigrant scenes. Assisted by Deirdre Docherty, who was in charge of memory work projects in the museum, the participants of the workshop were asked to reflect on their experiences of family life after their children had moved out. Only some of them had children abroad, but the issue of proximity and distance and its effect on kin relationships was relevant to all. They discussed the theme in groups and produced poems inspired by the topic.

On Monday 16 November 2009, I organised another version of the workshop ‘Overcoming distance: transnational families, ageing and care’ at the Indian Community Centre for the Senior Group (50+). Twenty people of Indian descent participated in self-reflective discussions about their experiences as migrants, reflecting on their challenges of long-distance family relations when they were young, middle aged and senior. The participants were also asked to discuss types of practical, financial, hands-on and emotional support, and types of communication technology used, frequency of contact, and visits. In addition, they were asked to discuss policy issues.
Chapter Two

Literature review

The study has mainly drawn on work on ageing, care, human mobility and emotions from the fields of anthropology, sociology, psychology, cultural studies and globalization studies.

Ageing and care

Anthropologists studying ageing have emphasized that the predicaments of elderly people must be understood in the context of people’s changing roles and expectations in the course of their life cycle (Dawson 1990; Hockey 1993; Simmons 1970), and that changing relations of dependency influence the social and emotional dynamics within families (Finch 1989). This implies that when analysing the needs and expectations of aging kin, concrete family histories of mutual care must be taken into account, and ‘old people’ should not be isolated as a bounded analytical category. Care relationships can take various shapes and may include the provision of accommodation, financial and practical help, and emotional and moral support (Finch 1989).

Expectations: Receiving support

Elderly people’s quality of life, reflecting ‘both macro societal and socio-demographic influences (…) as well as the characteristics and concerns of individuals’ can be influenced by care dynamics within families. Walker and Hennessy (2004: 14) found that the elderly parents in their study often blamed their children when experiencing generally loneliness and lack of support. Other scholars have noted that lack of frequent contact with those elderly people are strongly emotionally attached to (in many their children), can lead to ‘social and psychological withdrawal or even breakdown’ (Pratt and Norris 1994: 109-10). As this CAP report will show, individual’s expectations regarding practical, hands-on and emotional support were shaped by cultural norms, gender expectations, family histories of care, and individual desires. The decision by adult children to provide specific forms of care for elderly kin at particular moments in time is similarly informed by negotiated commitments and obligations that develop out of family histories and personal relationships within families (Finch and Mason 1993). Many elderly parents and adult children felt that, ideally, there should be a balance between care-dependency and continuous independence.

Turnstall (1966: 11) undermined the idea that elderly people, living on their own, are necessarily lonely and isolated. He distinguished distinct dimensions of ‘living alone’, ‘social isolation’, ‘loneliness’ and ‘anomie’. His research found that many senior citizens preferred to live independently, especially if being able to see their children regularly. This is of course more complicated in transnational families, where one or all of the children live abroad. In the case of most of the families in this CAP research, at least one child lived locally, not far from their parents, mother or father, mostly visiting frequently. This alleviated the pressure on migrant children to make frequent trips home.

In Turnstall’s study, having more than one child did not increase elderly parents’ decision to move in with their offspring.
There is no significant difference in living alone between those with only one living child and those with two, three or more children alive. Presumably this is due to stronger ties of mutual affection or a stronger sense of obligation on the part of only children. Another possible explanation is that some widowed elderly people with several children, despite being invited, intentionally refrain from going to live with one particular child – in order to retain an equal relationship with the other children (Turnstall 1966: 51).

Expectations: Giving support

Elderly parents do not only receive, but also provide care, not only for their adult children, but also as grandparents. As will be clear in the CAP Report, the ability to give support boosted many elderly people’s sense of well-being and belonging. Clarke and Roberts (2004:200) study of British elderly people aim showed that, grandparenthood has symbolic significance to many grandparents, as it created a sense of ‘continuity and immortality’. Involvement with grandchildren created the need to reorganise one’s time around grandparental routines, and was regarded by most grandparents as emotionally satisfying. One interviewee in their study said, for example, that being appreciated by her grandchild made her feel like a whole person. ‘It’s just the love that she gives back to you, you feel, well it just makes you feel complete somehow’ (Ibid. 203). Some grandparents, however, complained that their children expected too much of them, and they felt overburdened and resentful (Ibid 206). In this CAP research, various interviewees mentioned that grandparent should be given the opportunity to find a level of involvement that was right for the whole family, and possible within the constraints of its transnational predicament. Numerous examples of long-distance care arrangements and hands-on support during visits will be given in the chapters that follow, focusing on different generational directions.

Mobility, emotions and care dynamics

As this CAP report will show, individuals often settle, move and resettle in different geographical places throughout their life time. As a result, parents and children may find themselves in distant locations which may complicate their care relations (Baldassar 2007; Baldock 2000; Lin and Rogerson 1995; Parrenñas2001). This does, however, not mean that proximity is a precondition for caring relationships, a biased assumption in family studies and gerontological literature (Lin and Rogerson 1995; Aldous, and Klein 1991). Family members can experience ‘intimacy at a distance’ Rosenmayr and Kőckeis (1963), a perspective adopted in studies of transnational family life (Baldassar 2007; Baldock 2000; Vlček 2010).

Living outside the homeland, away from larger family networks, shapes processes of identity formation and thus influences affective bonds (see, for example, Ahmed 2003, Appadurai 2003; Bauman 1998, Burrell 2006, Fortier 2000; Gardner and Grillo 2002; Reddner 2004; Robertson 1992; Sassen 2002; Tatsoglu and Dobrowolsky). Transnational care exchanges do not just ‘happen’, but are ‘mediated by a dialectic encompassing the capacity of individual members and their culturally informed sense of obligation to provide care, as well as the particularistic kin relationships and negotiated family commitments that people with specific family networks share’ (Baldassar et al., 2007: 204; see also Baldassar 2001). In addition, care dynamics are also influenced by personal desires and structural (political, economic) possibilities and constraints (Vlček 2010).

Care research is enriched by a focus on the emotional dimensions of (mobile) social life, as it addresses the experiential dimension of ‘being-apart-in-the-world’ (Svašek 2005; 2006; 2007,
A perspective that combines a discursive approach (Abu-Lughod and Lutz 1990; Lutz 1988; Rosaldo 1980; Cancian 1987; Schepers-Hughes 1985) with an approach that emphasizes the embodied nature of emotional processes (Jackson 1983; Lock 1993; Lyon and Barbalet 1994) is particularly useful, as it accepts that ‘emotions’ undermine the Cartesian split of mind and body (Leavitt 1998). Such a perspective acknowledges that disparities can arise between culturally-encoded expectations around care-giving and receiving, and people’s ambiguous feelings about having to give or receive various forms of support. While people learn to feel emotions through habitus and practice (Bourdieu 1977), their learnt behaviour does not always come ‘natural’. They often need to consciously manage and perform expected emotional engagement, suppressing their less accepted feelings (Hochschild 1983). This CAP research found that while elderly parents and children often like to give each other mutual support, care obligations towards other family members, work pressure, and a dislike of having to take on the role of carer or dependent parent, can create conflicting feelings. Such contradictory feelings about the pleasures and pressures of care were expressed in numerous biographical self narratives, either through conscious reflection or as insentient slippages (Schütze 2005 [1984], 2008a, 2008b; Daly and Lewis 2000; Svašek 2008).

Ageing, care and gender

One of the social dimensions that potentially influences care dynamics is gender. Gender studies initially ignored the fact that much care is provided by older women. In the 1970s and 1980s, feminist scholars mainly focused on young and middle aged women’s efforts to care for kin, including elderly parents. As Ginn and Arber (1995: 3) noted:

The methodological imperatives of feminism have ‘inadvertently objectified older women as a burden to be cared for by working age women (Finch and Groves 1982; Nissel and Bonnerjea 1982; Lewis and Meredith 1988), as well as reinforcing the invisibility of older women and purveying negative images of ageing. Later quantitative research by feminists has begun to redress this by demonstrating the considerable contribution to caring for older people made by older women and men (Arber and Ginn 1990).

Elder women do not only look after other elderly kin, but also do care work for their children and grandchildren. This CAP report, though not taking ‘gender’ as its main perspective, will demonstrate that female elderly members of transnational families were frequently engaged in care work, not only by providing support from a distance, but also through hands-on care work during visits. Looking after grandchildren and cooking were the most frequent form of care mentioned by elderly grandparents. This is not surprising as childcare and food provision are commonly regarded as women’s tasks, associated with women’s supposedly ‘natural’ inclination to nurture. Some grandfathers, however, also helped out doing similar tasks, for example taking their grandchildren to and from school. A Chinese grandfather, his Northern Ireland based daughter explained, did not only look after his granddaughter, but also did all the cooking whenever he was over from Beijing. In addition, he did jobs she perceived as traditional male, such as DIY jobs in the house.

Chronological age, gender and care

The ageing process can be approached from several perspectives. ‘Chronological age’ refers to age progression in years. This study includes interviewees in their twenties, thirties, forties, fifties, sixties, seventies and eighties. Various scholars have argued that chronological ageing
implies changes to people’s structural position in society, due to changing responsibilities and privileges, some of which are legally enshrined; for example, liability for military service, eligibility to vote and to claim state benefits and the age of retirement all depend on age (Walker 1980; Townsend 1981, Ginn and Arber 1995: 5). In terms of care dynamics, chronological age matters, as parents are legally obliged to care for and support their children up to a certain age. By contrast, children are not bound by any official laws to look after their ageing parents. This study shows, however, that many adult children felt motivated or pressured by informal moral ‘laws’ to take responsibility for their ailing parents.

Ginn and Arber (1995: 6) have argued that chronological age is to some extent gendered, for example because the official retirement age is different for men and women in various countries (ibid. 6). It is, however, hard to define a social group as dependent on the basis of chronological age alone, as this

ignores the wide diversity among older people, in terms of their employment status, material resources, their physiological age, their health, their lifestyles and social networks (ibid 7)

In terms of care, a sole focus on paid labour ignores older people’s unpaid kinwork, physical and emotional efforts related to care for children, grandchildren and spouse (Arber and Ginn 1990; Greene 1989; Ginn and Arber 1995:7). Crucial to this CAP research is the unpaid work elderly people do in terms of long distance support (moral, emotional, financial) and hands on care such as grandparenting. While most elderly interviewees in this research enjoyed doing this work and derived a sense of wellbeing from it, it also took its physical and emotional toll in certain cases. Older people also provide informal care to their spouse (Arber and Ginn 1990). The burden on couples to look after each other can be increased when one or all of their children live abroad, as shown by some of the life stories presented in this report.

Social age, gender and care

A second perspective on ageing is provided by the notion of ‘social age’, a concept that emphasises that age is socially constructed. Age discourse, in other words, are normative. A distinction can be made between people’s subjective perception of their own age, and their ascribed age that is as attributed by others. An 83 year old interviewee in this study protested loudly to what she saw as other people’s suggestions that she was ‘too old’ to do certain things. As Ginn and Arber (1995:7) noted, ‘[a]ge-based norms, like gender norms, are maintained by ideologies which are resistant to change’. In terms of gender and care, dominant norms and expectations may define who should or should not take the responsibility to provide particular types of support within families. Various Northern Irish interviewees in this study, for example, said that female kin were expected to provide more hands-on care to their ailing parents than their male siblings. Another interviewee scolded a son for expecting his 80+ year old mother to travel from Northern Ireland to Australia to look after his children. Age-based norms are also partly informed by class and ethnicity (Ibid). As demonstrated in this study, elderly individuals
may, however, resist age related expectations, for example by travelling long distances to visit their children at an age when most elderly people would rather stay at home.

Phillipson (1982: 167-68) argued that social age is also related to class issues:

The experience of growing old must be viewed as an event heavily influenced by class and gender relations; to view it as a period where the biological process of age assumes a primary role is to ignore the cumulative power and significance of life in a class society; similarly, the form which experiences of retirement take (tensions in transition from work to retirement; poverty in old age) are not a consequence of individual characteristics or the process of ageing, but reflect the influence of numerous forms of inequality within capitalism; ideologies of retirement and the care of the elderly within homes and hospitals thus become examples of the way in which growing old is constructed through a range of policies imposed upon the older population.

As couples age and retire, care related gender expectations often weaken (Rossi 1986; Sinnott 1986). Some studies (Rossi 1980; Gutmann 1987) showed that older men demonstrated ‘more affiliative, nurturant tendencies than younger, while older women are more independent and assertive than younger’ (Ginn and Arber 1995: 8). In the case of transnational families, gender roles may also change during visits, when elderly couples spend time with their migrant children in a new and unfamiliar environment. Lacking language skills and finding themselves outside the social network of an extended family, they may feel equally disempowered, an experience that can (temporarily) undermine their ‘normal’ power relation.

**Physiological age, gender and care**

A third dimension of age is the physiological process of ageing, which relates to the challenges of decreasing physical strength and mental ability. Arber and Ginn (1991a; 1993b) have noted that the relation between chronological and physiological age can be diverse, as lower class workers may be earlier affected with ill health than their higher class peers. This study will show that the onset of age-related illnesses and decreasing strength can impact upon the relations between parents and children in transnational families, especially when elderly parents become too frail to travel. This is often the moment when the perceived advantages of transnational life (opportunity to travel, experience different life styles) no longer balances out some of the experienced negatives (inability to physically meet up, having to miss out on face-to-face emotional support, and lacking the possibility to provide hands-on care on a daily basis).

Physiological age can also be affected by gender, as women generally outlive men. This means that women are most often the ones who spend time caring for an ill and dying husband, and stay behind as widows, having to cope without the help of one or more of their (migrant) children. Arber and Ginn (1991) found that

Older women are more likely than older men to have their activities of daily living impaired by functional disabilities, yet women are far less likely to have a spouse to
provide care and enable them to remain living in the community (Arber and Ginn 1991a). Whereas men can largely rely on their wives when care is required, with all the advantages this brings, women more often have to call upon adult children for help and are twice as likely as men to enter residential care (Ginn and Arber 1995: 11; Scott and Wenger 1995).

In this CAP research, however, two men had lost their wives at a relatively early age, and had cared for them during their illnesses. They also took the responsibility to bring up their children. Confronted by the absence of children on the doorstep, elderly mother and fathers in this research often partially relied on assistance by friends, neighbours, members of religious groups, and other support networks.

**Emotional Needs and the Life Course**

Various scholars have conducted comparative research on age perception. O’Donnell (1985) selected the following five universals.

1. In all societies, some people are classified as old and are treated differently because they are so classified.
2. There is a widespread tendency for people defined as old to more sedentary, advisory, or supervisory roles involving less physical exertion and more concerned with group maintenance than with economic production.
3. In all societies, some old persons continue to act as political, judicial and civic leaders.
4. In all societies, the mores prescribe some mutual responsibility between old people and their adult children.
5. All societies value life and seek to prolong it, even in old age.

While I would not like to make assumptions about universality, old age and care, the fourth universal, referring to (changing) webs of dependency and mutual responsibility throughout the life course, is most relevant to this study. Erickson (1963) distinguished five stages of psycho-social and emotional development that also allude to the need for certain types of support (see Figure one, modified in Hilgard 1979: 95, quoted by O’Donnell 1085: 12).

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**Figure One: Erickson’s Developmental Model**

**Stage 1:** First year of life

- psycho-social crises: trust versus mistrust
- significant social relations: mother or mother substitute
- favourable outcome: trust and optimism
<table>
<thead>
<tr>
<th>Stage 2:</th>
<th>Second year of life</th>
</tr>
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<tbody>
<tr>
<td>psycho-social crises</td>
<td>autonomy versus doubt</td>
</tr>
<tr>
<td>significant social relations</td>
<td>parents</td>
</tr>
<tr>
<td>favourable outcome</td>
<td>sense of self control and adequacy</td>
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<th>Stage 3:</th>
<th>Third-fifth years of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>psycho-social crises</td>
<td>initiative versus guilt</td>
</tr>
<tr>
<td>significant social relations</td>
<td>basic family</td>
</tr>
<tr>
<td>favourable outcome</td>
<td>purpose and direction; ability to initiate one’s own activities</td>
</tr>
</tbody>
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<tr>
<th>Stage 4:</th>
<th>Sixth year to puberty</th>
</tr>
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<tbody>
<tr>
<td>psycho-social crises</td>
<td>industry versus inferiority</td>
</tr>
<tr>
<td>significant social relations</td>
<td>neighbourhood, school</td>
</tr>
<tr>
<td>favourable outcome</td>
<td>competence in intellectual, social and physical skills</td>
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<tr>
<th>Stage 5:</th>
<th>Adolescence</th>
</tr>
</thead>
<tbody>
<tr>
<td>psycho-social crises</td>
<td>identity versus confusion</td>
</tr>
<tr>
<td>significant social relations</td>
<td>peer groups and outgroups; models of leadership</td>
</tr>
<tr>
<td>favourable outcome</td>
<td>an integrated image of oneself as a unique person</td>
</tr>
</tbody>
</table>
### Stage 6: Early adulthood

**psycho-social crises**
- Intimacy versus isolation

**significant social relations**
- Partners in friendship; sex, competition, cooperation

**favourable outcome**
- Ability to form close and lasting relationships; to make career commitments

### Stage 7: Middle adulthood

**psycho-social crises**
- Generativity versus self-absorption

**significant social relations**
- Divided labour and shared household

**favourable outcome**
- Concern for family, society and future generations

### Stage 8: The ageing years

**psycho-social crises**
- Integrity versus despair

**significant social relations**
- 'Mankind'; 'my kind'

**favourable outcome**
- A sense of fulfilment and satisfaction with one’s life; willingness to face death

O’Donnell (1985: 127) rightly criticised Erickson’s model, arguing that its universalising perspective assumed a predestined progression of tasks, and ignored structural, cultural and demographic factors that influence identity formation. This study adds a further element that needs to be taken into consideration, namely the fact that human beings are mobile and may migrate to other countries. This further complicates the kind of psycho-social crises individuals are confronted with, their efforts to create and sustain social relationships, and the type of outcomes they regard as favourable.
According to Dorothy Rogers (1972) and Bernice Neugarten (1974), when people age, the awareness of their own mortality (and the use of the remaining time) become of central importance, and people start counting backwards, assuming the year of their death. The ‘empty nest’ syndrome also challenges middle-aged people, something that is more radical when children move and settle abroad. O’Donnell (1985: 126) noted that the crisis of middle age, as opposed to earlier crises that involve active struggle and outcome, stimulates ‘introspection and stocktaking – stopping and thinking’. This CAP research found that the biographical interview provided an opportunity for introspection, where some narrators tries to weigh out the positives and negatives of both their life course and the realities of transnational family life.

**Third Age, Fourth Age and increasing dependency**

In numerous societies, especially economically better-off social groups live longer and more active and independent lives than previous generations. The relatively healthy post-retirement years before the onset of age-related illnesses have become know as ‘the Third Age’, to be distinguished from ‘the Fourth Age’. Laslett (1989) described the latter period as years of ‘dependence, decrepitude and death’. Cultural theorists such as Featherstone and Hepworth (1989) and Blaikie (1994) have used the concept of ‘deep old age’ to refer to this period.

Acknowledging the superficiality of rigidly divided categories, most of the elderly parents interviewed for this research fit in the box of Third Age. These individuals were fit enough to travel, physically able to provide childcare for their grandchildren, and while they might have needed some practical support, for example when dealing with computers, they were relatively independent. In terms of dependence and physical abilities, others showed characteristics of both the Third and the Fourth Age, as they needed special support, for example because of problems with their sight.

Some scholars have suggested that ‘normative expectations about appropriate lifestyles among older people are weakening as improved health enables more people to have a Third Age of active leisure between retirement and the onset of frailty’, but Ginn and Arber have has warned that ‘it is important to remember, however, that the rosy scenario of a Third Age of self-development, autonomy, consumption and youthful lifestyles is essentially a bourgeois option, unavailable to those who have low incomes or poor health.’ (Ginn and Arber 1995: 8)

**Looking back: a golden age of old-age care?**

When describing care arrangements for elderly people in earlier times, some interviewees suggested that ‘things were better in the past’. Against the myth that in the past, when families were close-knit units of interdependency, old people were treated better than today. O’Donnell has argued against this assumption, claiming that

the notion of a close-knit, caring extended family is undermined by the fact that this type of family system was much less common than has previously been thought. At the same time, the pessimistic view of lack of care in the ‘modern’ era was challenged, for
example by Peter Townsend’s (1957) analysis of family life in east London. He argued that ‘the elderly were typically much involved with their children and grandchildren, from whom they received both emotional and practical support’ (O’Donnell 133).

Carole Haber (1983) similarly noted that there was never a golden age of care for the elderly in the USA, but pointed out that elderly people had been increasingly differentiated and alienated from the 19th century onwards, through the introduction of fixed categories of old age in medical and social work professions, and the decreasing likelihood of participation in the job market. Legal changes have made social and economic interdependency within families less pronounced. In Britain, for example, the old age pension was introduced in 1909, which allowed many older people ‘achieve virtual independence within the context of family interest and support’ (O’Donnell 1985: 133).

O’Donnell outlined three reasons why it may become more difficult in Britain to provide support for the elderly. First, age increase puts pressure on the medical budget. Second, demographic and social changes such as declining birth rate, an increase in divorce and one-parent families, and a larger number of women in paid employment, ‘may weaken the kinship network as a source of care for the elderly by reducing the potential number of care-givers’ (O’Donnell 1985: 133). The latter is important as care is often gendered, and it is mainly daughters who care for their elderly parents (ibid. 134). O’Donnell also wondered whether women’s liberation ideology might make women more hesitant in automatically taking on the role as carer.

All these factors need to be taken into account when exploring care dynamics in transnational families. Obviously, this CAP research is limited in its scope, but nevertheless offers some useful insights in the process of care-giving and care-receiving amongst distant kin.
Chapter 3

Emotional interaction and care giving/receiving as indicator of wellbeing

In the biographical stories produced for this study, references to care giving and receiving were often presented as indicators of wellbeing. Most of the older parents emphasised their need for an ongoing active intimate care relationship with their adult children, and if such a relationship was absent, this was presented as a loss. Stories of successful active engagement with their children, grand children and great grand children were central to positive self narratives and experience. Adult children also noted the importance of an ongoing supportive relationship with their parents. Migrant sons and daughters expressed their appreciation for parents coming over to help out with childcare, and many worried about their parents getting older, trying to arrange visits when one of them got ill. To some, the inability to provide frequent hands-on care was a source of guilt, which motivated them to give as much long-distance support as possible.

Care was expressed in many different ways. Most frequently it was given by simply staying in touch, showing interest in each other’s lives, empathising when kin were faced with difficulties, sending presents during ritual occasions such as birthdays and religious festivals, helping out in emergency situations, and by spending time and money to realise mutual visits. To many of the elderly in this study, the need for moral and emotional support was stronger than the need for practical and financial support. This reflects the personal situation of the group of parents interviewed for this study, as most of them were fit enough to live independently, and did not suffer from major disabilities. This classified them as people belonging to the Third generation.

Instead of giving brief examples from various interviews, as I will do in the next chapters, in this chapter I will present one in-depth case study to substantiate my findings. I shall focus on the interview with Anne, a Northern Irish female interviewee, whose eldest son had lived in England for numerous years, and whom I had known for over a decade. My background knowledge of her situation helped me to interpret her narrative. Anne’s case is interesting because her story included information about four generations of kin, highlighting the impact of changing communication technologies on short- and long-distance social interaction. In addition, Anne was both the mother of a son who lived abroad, and the daughter of a mother who lived five minutes away from her, and was thus able to compare her experiences of locally-based and transnational care dynamics. Her story also shows the importance of grandparenting to her sense of well-being.

Anne’s background and story gestalt

Anne was a 62 year old and had recently retired. She lived with her second husband in a quite town in County Down. Her youngest son, a student at a Northern Irish university, still lived at home. Her second son had moved out a few years earlier and lived at a distance of about 30 minutes by car. Her eldest son lived in England with his second wife and children.
I met Anne in her home, and we talked for two hours sitting at the kitchen table. In the interview, she raised many issues that were relevant to this CAP research, discussing the dynamics of care giving and receiving in her family. The overall narrative form of the first part of the interview was as follows. She started off defining herself as a ‘local’ person, despite having spent some years in Belgium during her first marriage. Stressing the importance of family values and care obligations in her biographical narrative, she used the occasion of the interview to work through what was for her a somewhat painful fact: her eldest son’s and grandchildren’s absence from Northern Ireland. In her generally upbeat story, she supported him, even though she said she preferred them to live locally. She partly justified his decision to settle in England by saying that as a child, he had supported her emotionally and practically after her husband had left them, which showed that he was a ‘caring son’. Defining him as a ‘loving person’, she emphasized that he always stayed in touch and had good reasons to stay abroad. Expressing her worry about him during various stages of his adulthood, she gave many examples of how she had tried to provide long-distance support and hands-on care during visits. She also noted that he had received help from the church and his family in law, which made her less anxious about his wellbeing.

In the second, question-answer part of the interview, we talked about care arrangements for her grandparents, the help she had received from her father with regards to childcare, and her everyday care relationship with her disabled mother and sister, who lived down the road. Having struggled with ME for many years, she explained that being a close-knit family and living near to them, the three women had a strong relationship of mutual support. Touching upon the issue of gender, she noted that she missed having a daughter, as she would have expected a more intensive emotional and hands-on care relationship from daughters than she had with her sons.

**Justifying distance through evaluative statements about love and support**

Born in Belfast and having married when she was eighteen years old, Anne had moved with her husband to Belgium in 1965 and had two sons. When her marriage broke down, she returned to Northern Ireland. She noted that her eldest son, who had moved to England, had taken responsibilities of care in the absence of his father.

A: My oldest child John, would have, the one that would have the most memories of his father. But he was always very supportive of me. When I was on my own, he was always the one that would say, ‘don’t worry mummy, I’ll lock the doors before you go to bed, and do this, that and the other’. So he grew up very quickly, he became more or less the man in the family, very quickly from an early age, so through his seven, eight, nine, ten. When he was at school and all, he took a lot of the responsibility in the house off me. And then, he was very good with his brother, his younger brothers.

She created a contrast between John, who had moved away to England, and her other two sons, two ‘home birds’. In the overall narrative, the contrast served to justify why her eldest son had left for England. According to Anne, he had proved that he cared for her but also needed space for self-development.
A: He knew right from the very start what he wanted to do, and where he wanted to go. Peter was completely different, he’s a home bird, he doesn’t like to be away. And the youngest one, Sam, he has no idea of what he wants to do yet. But he won’t, he won’t be leaving home either, he’s very much a home bird too.

Anne pointed out that she had been worried when John got his first job in England, and was thankful when he used a Church network to make sure that he was being looked after. Her account demonstrated her emotional attachment to her son, and her concern about his well-being.

A: In the year out, when he went over to work for the year, his church that he’s in here phoned the pastor of the church near to where he was going, and arranged his accommodation. So he actually stayed with one of the elders from the Baptist church, who put him up. So he was in with the Baptist church there, so he had friends right away, as soon as he arrived. And everybody was very friendly so he wasn’t really on his own, so to speak. The elder’s wife looked after him, did his washing and cleaning, and one thing and another. So he was well looked after for that year.

Family histories of care: Anne’s recollections

People’s attitudes to care are often at least partially influenced by family histories of care, so I asked most of the interviewees to tell me something about care arrangements for their grandparents. When Anne’s maternal grandfather died, her aunt, who owned a big house, took her grandmother in. In Anne’s words, ‘My grandmother then lived with my mother’s sister in [town in Northern Ireland]. They had plenty of room in their house, so she lived with them, so my aunt took care of her’.

The paternal family had a tradition of living together in one farmhouse, and one of the sons, Anne’s uncle, stayed on the farm and looked after them.

A: And my father’s parents, they, he, grandfather was a farmer and they lived, they, obviously they lived in the country. But they have a long history back of living in the same house. They lived in the same house for generations upon generations (…). But they lived in the same house, so they lived up, obviously up in that house. And then they, my father’s brother, my uncle, he was the youngest, so he stayed on the farm to help. So he’s now growing up in that house and his children and grandchildren are all now in the same house, in the same farm. So they had a history of living into their 90s, so they were into their 90s before they died.

The family functioned as a support network, in which relatives (mainly women) provided child care and care for the elderly. Every Sunday Anne and her siblings spent the day with the extended family.

A: Oh yes, oh yes, [we met] very frequently, and especially with the ones on the farm when we were children, every Sunday without fail we had to walk. And it’s about what
two and half, three miles, my father put us out and we would have walked there,
because there was a Sunday school there in the afternoon. But with the cousins now, we
all got together at the farm on the Sunday afternoon. And that was just more or less
traditional for us. Mostly up at the farm we went, we did go down to my other
grandmother’s during the week and that, and other occasions.

When Anne’s father had a heart attack, the family decided to sell the parental home. Anne’s
parents bought a house previously owned by one of their daughters, almost opposite Anne’s
house. Her father was well enough to support Anne, providing some childcare for his youngest
grandson.

A: when I was working full time, my father, even though he’d had the heart attack and all,
he was, while he was home, we made him give the shop up. But [my youngest son who
was six at the time] went to a school that was, it’s about six, seven miles away from
here. It’s out in the country, a country school. There were only six children in his class,
including himself. So a neighbour across here, her child went too and she would have
taken him down in the mornings. And then my father would go and pick him up from
school and take him to his child minder and come home again. So my father did that
every day, and I think he looked forward to it. It was something that he just wanted to do.
So he was great with him too. So that that was the only way that I could get Sam to and
from school.

It is important to note that people outside family networks also sometimes take up the role of
‘grandparent’, as unpaid carer. As Anne recalled:

A: When Sam was six months old, and my dad had his heart attack, I took him down to
this lady to say, would she look after him until I got daddy, my father sorted out?
Because I went to hospital and things with him. So she kept Sam then for two days and
she said to me, bring him down to me in the mornings, bring him down to me any time.
So she looked after him, she didn’t want anything for it. So she just, so Sam has grown
up as more or less adopting her as his other nanny. And he would go down quite often to
her and sit with her, and take her out. Because she’s nearly blind now with her eyes, and
she’s a kidney complaint. But he looks on that as his other grandmother and he’s more
or less adopted her. And he just regards her as, because he’d never really know [my
husband’s] mother because she died when he was two months. So he’s adopted this
other lady as his other grandmother.

Geographical proximity: the ability to provide every-day hands-on care

When Anne’s father died in 1997 and Anne’s sister Gillian’s marriage broke down, Gillian moved
back into her old house to live with their mother, who was 86 at the time of the interview.

A: instead of living on her own round there and my mum living on her own round here,
they decided, well Gillian sold her house and she came round to live with mum. So she’s
been with mum ever since, but it’s just lucky enough I’m across the road. So many times she’s had to phone me and say, can you come quick? And I just drop everything and get across the road, because my mum’s either fallen or she’s sick, or something like that. Because my sister would panic a lot, so I go over and then make a quick decision to phone the ambulance or not phone the ambulance.

The care relationship was very intense, but Anne did not complain. She seemed to enjoy being able to help out, doing her duty, playing an active part in a close kin network. When I asked Anne whether she had contact on an everyday basis she said:

A: Oh every day, yes, every day, I was over just before you came over, I went over just to make sure she was all right. Yes, she would tend to do things that she shouldn’t be doing like she loves the fire on, she would poke the fire or she would go out to try and sweep in the garden, and maybe fall over. She’s fallen over a few times when there’s been nobody about. And we’re just frightened so we try and make sure she doesn’t, she’s not on her own for any length of time.

This kind of daily hands-on care is of course impossible for adult children who live far away from their parents. As we shall see in the next chapters, many migrants in this study found it hard to deal with this emotionally, and tried to compensate their absence in other ways.

**Combining paid and unpaid care: professional help versus mutual obligations**

I asked Anne if her mother received any form of paid care. She replied that she did, also because Anne’s sister who lived with their mother was disabled, suffering from back problems.

A: Yes, we’ve got care because she’s a very independent woman, but she took a heart attack herself. And had to go into the hospital and have some stents put in her heart. So we got a care package when she came out. So she has a carer who comes every morning to make her her breakfast and help her get dressed. And then she’ll come back in the evening to help her get ready for bed. And the carer would light a fire for her in the morning and things like that, simply because with Gillian being disabled too, if Gillian’s not well and can’t get out of bed, we need to have somebody coming into the house, to make sure there’s somebody coming into the house to look after her.

Anne, her sister and mother clearly had an informal mutual arrangement of care, negotiated in the spirit of their family history of support, where kin were expected to help each other out in times of need. Anne explained that her disabled sister could look after herself and normally kept their mother company, and that Anne herself increased her care efforts when her sister felt too ill. In return, whenever Anne’s ME got on top of her, her sister helped her out.

A: It’s only when [Gillian] takes ill and she can’t get out of bed because of her back, then yes, I have to go over and help her get up and get dressed, and anything else she needs. If she’s not well then I have to go over and look after mother as well. So it’s a
case of, when I’m not well then she comes and looks after me. So it’s just a case of everybody looking after each other.

The ideology of mutual responsibility amongst kin came out as one of the major themes in Anne’s interview.

**Autobiographical narration and emotional ambiguity**

I wondered how Anne’s belief in supportive family life was related to her son’s decision to leave Northern Ireland. I asked her how she felt about his departure. She replied:

A: Well I didn’t feel too bad whenever he went to work on his year out because it was with [Company name], and he was going over there as a rep for [Brand]. And it was in the [English town] area, he had his own area to cover and I was quite happy because I knew he was going to stay with people from the church. And that was just before he had his 21st birthday over there, with all the people over there. So that wasn’t too bad. And he, because he came back, I knew he was coming back home again.

When he had decided to stay in England, she had found it harder to accept. Her emotional ambiguity came out in her narration, which was somewhat broken up (see italics) as she worked through her mixed feelings. In the end, she took an upbeat perspective, saying that he ‘always kept a room’ for her. In other words, she was eager to point out (to me, but also to herself) that his departure did not signify a lack of love.

A: But then when he decided to go over to England, he said that the jobs just weren’t here, for what he wanted to do. *There just wasn’t the, so, but he seemed quite happy about, he wanted to progress in what he was doing. And he seemed quite happy to go but I do still try and go over, when I, when he went over at the first, his marriage broke up and he met someone else.* But he had his own house over there, so when his marriage broke up, he had lodgers in his house. He had two lodgers in the house to help him pay the rent and things like that. But he always kept a room for me, every time I come over, and I would go over quite often. That was before he had any other children, I would go over quite often [and look after his first child].

In her autobiographical story, she identified her frequent visits to her son as an opportunity to share time, and play a useful role as caring mother and grandmother. It was clear from her tone of voice and choice of words that this experience boosted her sense of wellbeing, and was essential to her realization as female kin. Interestingly, her relationships with her other sons in Northern Ireland, who had no children yet, could not compensate for the absence of her eldest son.
Grandparenting as emotionally satisfying experience: visits and long-distance communication

Visits to England provided Anne an opportunity to build a relationship with her grandchildren. She tried to go as often as she could, despite her illness.

A: Well I would have tried, well, I suppose I would have went over maybe every couple of months. But there wasn’t really very much for me to do over there before the children were born. But once the children came along, I’m over there every opportunity I can get. But, I’m over there at least, well I try to get over, with my health now, it’s not just as easy. But I was over in Christmas, and I was over again in January. I was over in June, so I’m going back again July. He’s coming over in July, so, then I’m going back again. And I’ve already booked again for September. So each one of the children’s birthdays I try and get over for. Or if he needs me for anything, he’ll phone and say, I’m getting work done in the house, can you come over and house sit for a week. With, and having nothing to do now, I can say, yes, I can. And I would go over and do that.

Her son, in fact, relied on her to come over in emergency situations. As Anne explained:

A: he knows, that, he knows if he phones me, if there’s anything really, really urgent I can get the first plane over. He’ll pay for it and I can take the first plane over, which he’s said before. And whenever they, whenever his middle child was very ill, she took ill, when she was only about three months old she caught some kind of a virus. And had to be taken into hospital, rushed into hospital. So as soon as I, as soon as he phoned me, and I found out, I just booked the first flight over (...). But I needn’t have worried because his church were very good. Every night his church arrived with a full meal for him, a starter, a main meal, and a sweet for two, which meant him and I got a meal. We were at the hospital most of the day and he came home and then they were there with, they called every evening with the meal.

In her self narrative, Anne stressed how she dealt positively with the geographical distance between herself and her grandchildren, avoiding to dwell on the physical problems ME caused her. When asked how she would engage with them if they would live nearby, she acknowledged however that she would by far prefer it.

A: Oh I would be seeing them every day, I really miss them over there, because they grow so quickly. And even talking to them on the phone, it’s the not same, it’s not the same.

Anne used the postal system to create a meaningful relationship with her grandchildren. Sending and receiving letters and parcels compensated for physical everyday contact.

A: But I would, especially with the children now, every two or three weeks I would do an envelope up for them. Joyce now can read a letter, she likes to read a letter. So I would send her a letter with a couple of little things in the parcel, and the same, I would do
another one for Ellen. And I would put little bits of make up or colouring things in for her. So I’m doing that now for Christian as well, he’s into pirates. So anything I find, stickers and things, just pop them in a wee envelope and post them over to him.

MS: Very nice, and would they react? Would they send something back or?

A: Oh yes, Joyce now has started to write me letters back again, because what I would do, I put a stamped addressed envelope in the envelope. So all she has to do is write the letter, put it in it and the post box is just round the corner from her. So she’s quite safe to walk to the post box and back. Ellen, no, she’ll write little things or, and put it into the envelope too, but the other ones don’t, but they love to get them. I can remember Ellen phoning me one day and saying, ‘granny, Joyce’s envelope arrived but mine hasn’t’. And I said, ‘it will be there’, I says, ‘the postman just, he’ll bring yours the next day’. She thought I’d sent something to Joyce and not to her. But they do like to get, it’s not very much, I would give them maybe a pencil or something. But they do like to get every now and again, and

MS: How often would you send something out?

A: Oh every couple of weeks, every, I’ve some, I’ve envelopes there now to send to the three of them. I’ve bought animals, he’s very much into animals, so I’ve got a couple of wee animals for him. And I’ve got stickers for, High School Musical stickers for the girls, they’re all into that. So I just pop them in the envelope and

MS: That’s very nice. And what kind of things would they send you?

A: Oh I get letters and pictures, they would paint me pictures, or Joyce’s very much into making cards, the oldest one at eight, she’s very much into what I do.

Being interested in similar things created a strong intergenerational link, and being able to nourish such interests increased Anne’s sense of wellbeing. She expressed pride about her grandchildren’s accomplishments, which she partly saw as a return for her own caring engagement.

A: Joyce’s very much into making cards, the oldest one at eight, she’s very much into what I do.

MS: Taking after you.

A: Yes, she’s already won two prizes.

MS: Really?

A: Yes, at the big craft fair, the children were all to make a card and put their name and address on the back. And leave it up for people to look at, and at the end of the day, they chose three cards and the children got £25 worth of card making materials.
MS: Very nice.

A: So Joyce was one of the winners of that, and then there was a design a poster competition for her school. So she won that and was presented with a big giant Easter egg by the mayor, at a special event. So that, she was very pleased with that. But she is getting very good, she’s getting quite artistic and

MS: Is it little bit also your input, do you feel?

A: Yes, every time I come over, she’s got a craft bag the same as mine, which I bought her. And it’s all filled, bits of materials, which I’ll send her some every now and again too. But I went to the craft fair with her, the last time I was over. And because she was only seven then and very much into the crafting, no matter which stand we went to, to see what they were demonstrating, they would give her something. And she’s carrying her bag and it’s putting all this stuff into her bag, so she came home with about £20 to £30 worth of stuff in her bag but, which she didn’t have to buy. So, well she’s very much into that too but she’s very independent. She’s definitely going to be a teacher because she lines up all her teddies and things, and instructs them all in what to do. And she has the paper all in front of them, now, I want you to do this and I want you to do that. But, very independent, the other one’s completely different. She’s, she wouldn’t be into much paper crafting as she would be painting. She likes to sit down with the paints and colouring, or what, but she’s only five yet so she’ll develop.

Conclusion

In her self narration, Anne expressed a strong need for an ongoing active intimate care relationship with her absent son and his children. Her stories of active engagement with them through concrete examples of care giving and care receiving were a crucial to her story, which portrayed her as a loving and loved mother and grandmother. Her expectations of mutual support were rooted in a family history of mutual care. As with all life histories, Anne’s story was selective. She focused on positive examples of care and support, leaving out more negative experiences and under-emphasising the struggles she had with her health. Her mainly upbeat story was clearly normative, defining ‘the family’ as a network of emotionally attached individuals with mutual care obligations.

In the interviews conducted for this study, care was expressed in many different ways within transnational families. Most frequently it was done through regular visits, eating and drinking together, helping out in case of need, providing emotional, moral and hands-on support. As with Anne, many of the interviewees explained that they responded to transnational care obligations by staying in touch, showing interest in each other’s lives, empathising when the other person was faced with difficulties, sending presents during ritual occasions such as birthdays and religious festivals, helping out in emergency situations, and by visiting each other. In Anne’s case, the balance seemed to be somewhat unequal, with Anne putting more energy into the care relationship than her son. Imbalances appeared more often in this study, especially when migrating children were in their 30s and early 40s, devoting much of their time to building careers and having small children. Their elderly retired parents who were still able to travel had more time to come over for visits, and were eager to build relationships with their small
grandchildren. Even though Anne was affected by ME, and often bedridden, she was still strong enough to travel to England.
Chapter 4
Care dynamics, kin work and emotional management

The previous chapter showed that care arrangements within transnational families are shaped by family histories and perceived obligations of care, by negotiated commitments that are partly gendered, and by individual desires and fluctuating health. It demonstrated that to gain in-depth understanding of this process, it is vital to do qualitative research and explore how care relations develop in individual lives.

This chapter will argue that transnational care must be regarded as kin work, as care givers and care receivers are necessarily engaged in social and emotional management, operating within the constraints of enfolding interpersonal histories, conflicting demands and expectations, practical and budgetary constraints, as well as time pressure. Care arrangements develop over time and are often reciprocal though fluctuating needs, with parents supporting children and grandchildren, and adult children providing support to their ageing parents at different moments in their individual life histories.

Three case studies will be presented and compared. The first makes clear that the decision to migrate can be part and parcel of long-term strategies of family care. The second case is an example of what seems to be a relatively successful long-distance care arrangement, seen from the perspective of a migrant daughter. The third example presents the sad story of an elderly male migrant whose children, who relocated to different countries, were far less supportive.

Migration, parental support and family obligations

Prior to migration, some parents in this study had strongly stimulated their children to leave the homeland. They had urged them to take the opportunity to create a better life, escaping poverty and lack of jobs (in particular the Hakka speaking Chinese), moving away from a situation of violence and political tension (specifically Northern Ireland), or progressing in terms of their professional career (Indian and Bangladeshi interviewees). Migration and temporary migration, in other words, was intertwined with pre-migration dynamics of intergenerational emotional interaction and care. Not surprisingly, parental support to move to another country, away from the extended family, evoked mixed feelings in both parents and children.

When I interviewed Laksha, who, coming from India, had done part of her medical studies in the UK, I had the opportunity to also talk to her parents who were over for a visit. It was clear that her father had strongly motivated her to leave India and have a successful career abroad. Laksha now worked as a medic at a hospital in County Down. Her father (F) had not been able to fully realize his own career dreams, and partly as a result, had tried to create possibilities for his children to do so. He explained that for himself, ‘so many barriers and problems came, but I had a target, that target was [to realize the dream through my] children, children rather then me.’ He added:

F: When I failed in achieving some of the items I wanted to make my children to be, achieve the items which is not achieved by me. Then I tried a lot, I sacrificed myself for almost all the items. And … and money is more important here, I did not … whatever I earn, otherwise almost all the money which I earned I went on putting on my children.
And they also supported me a lot in making a plan success. I have put the money on them, if they could not succeed I would have failed. Now they’ve made a great success in my life, I am very proud of my children.

He had to motivate his children, create the financial means to pay for their education, and prepare them mentally for a future abroad. He noted that while he had worked very hard to financially support his children, only seeing them during the weekend, his wife had made many more sacrifices, knowing that all her children would eventually leave India. The following interview fragment also shows a gendered understanding of care, with the male speaker taking on the task of ‘family manager’ and main breadwinner, and his wife being portrayed as main source of emotional support.

F: My wife she also sacrificed a lot in almost all the items of self satisfaction. (...) I was away from the family for 30 years, but weekly once, weekends I used to visit my family and then look after the items which they needed, and I had to support them monetarily. But emotionally my wife has supported a lot both children. She’s 70% more successful in every aspect than me. But I’m the planner in the family, what to do and what not to do. Then I’ve succeeded now, I am very happy, I am seeing my children living in a better position than me in their life. Even compared with other people in my whole family area, and we are in a better place. But then other people may be very jealous about us definitely. And then we, comfortably … now.

MS: And if you describe the achievement of your children is it in terms of education or is it in terms of working abroad or?

F: One thing, firstly the best thing is education. With the education we can achieve anything, that was my plan. In my whole family circles nobody has achieved [what I have achieved]. I’m the first medical graduate in my whole family. In the beginning, they were all very jealous about me (...). But I had a lot of plans to become a graduate, medical graduate. I thought that I can also go and work abroad and become a famous surgeon, but I could not because since 1954 I was trying, then lastly I could not achieve it. (...) I thought that at least my children can get into the medical line and then they can achieve the broader education as well as the fame and money.

To motivate his wife and children to send the latter abroad, he did not only need to finance his off-spring’s education, but also had to convince them that this was the best way forward for the whole family. As Laksha told me, she much appreciated her parent’s moral and financial support, but had also felt anxious and sad about leaving her home country. Making the move was not just a great opportunity to develop her career. She also had to work hard to respond to her parents’ expectations, and show she was worthy of her parents’ pride. Like other young migrants who had crossed continents to study, she had to cope with numerous difficulties and pay an emotional price, being faced by homesickness, fear of failure, and encountering the challenges of long-distance communication and interaction. In Laksha’s case, she was not only separated from her parents and siblings, but for the first two years also from her husband and baby daughter (see also next chapter).

Laksha and her husband were planning to return to India at some point, to be able to look after their parents once they would become less independent. As with Yantong, who case will be discussed in the next section, they stressed that providing care for their elderly family members was their duty, a moral obligation that was rooted in cultural traditions.
Cultural traditions, family dynamics and negotiated care commitments

Chinese Yantong (40s) had moved from Beijing to the UK in her late 20s. She had followed her husband who studied for a medical degree, and had finished a Masters degree herself. When her husband got a job in Belfast, they relocated. They had a daughter and Yantong found full time employment in the educational sphere. At the time of the interview, her husband who had always travelled much for his job, had just moved to Hong Kong for career reasons, leaving his wife and daughter in Northern Ireland. He hoped that they would join him within a few years.

Yantong received considerable support from her Beijing-based parents, in particular from her father, who came over on a regular basis. He was extremely fit, and enjoyed helping her and her family. During such visits, he did DIY jobs in the house, looked after his granddaughter, collecting her from school, and often cooked. In China, her parents gave similar support to Yantong’s younger sister, who was married and had a son. The parental roles were somewhat divided, with Yantong’s mother mainly focusing on her sister back home.

Visits to China were part and parcel of the family commitments. Every summer, Yantong took her daughter to China to spend two months with her maternal and paternal grandparents and her aunt, uncle and cousin. Yantong and her husband felt this was important, not only to stimulate the development of intimate family relations, but also to teach their daughter to feel comfortable with Chinese culture. To assure that she could communicate with her grandparents, her parents spoke Mandarin with her, and sent her to the Chinese Language School in Belfast on Sundays.

Y: It’s quite usual that parents [of migrants from China] come over here, and that also during the summer time we bring our kids back to China to join the summer school holidays, to learn improving their Chinese, to keep the relationship bond tighter. You can say that because as far as we live with the previous, older generation, then it’s much better if you live with them then you’re getting to know each other very well, to enhance the relationship rather than tighter.

When I asked her about the support she gave and received from her parents, Yantong said her family was more or less following Chinese traditions in which parents and children accepted mutual care responsibilities.

Y: In the Chinese family it’s quite traditional that people help each other within the family. Normally the pattern is when the adults, when the children, particularly for example, if there are three generations in the family, that is quite usual that the grandparents, they try to give a hand to their daughters and sons, helping them, giving them a hand to bring up their grandchildren, which is like my case. Like my parents, they come over, particularly my father, because my mum, she has to look after the other, my younger sister’s son. So, it’s quite normal as a kind of family supportive, really it’s quite a natural thing that the grandparents give help, to helping in different ways, like doing the housework, supporting you, giving you a hand.

She noted that according to these traditions, when she was a child, her grandmother had also looked after her. Consequently, she had developed a very close relationship with her.

Y: I still remember, [when I was a child], I was living with my grandmother rather than living with my parents for a few years. Again, for the similar situation is this older
generation try to give a hand of the young couples, because the young couples they are working, they don’t have enough [time].

She pointed out that care responsibilities were mutual, so that parents would normally join their children to be looked after when they became frail and dependent.

Y: But in return, when they’re getting old, much older that, like us, we will definitely have the responsibility to look after them. It’s quite, you don’t need to say, it’s not good to say you send the old people to a nursing home or employee, somebody to help you, it’s much better to live with them together. That’s what is expected, rather than let them survive or just give them financial support, because the family band is quite important. It’s really like a reverse way, while you are young and need help the parents help you and when you are getting, when they are getting older, again, when you’re a child growing up you have the effort in return, it’s, you try to look after them as a kind of, it’s a natural thing.

Commenting on her own situation, in which the geographical distance made it harder for her parents to provide hands-on support, she said:

Y: I don’t think there is any really key responsibility for my father to come here to give me a hand. It’s not, it’s not that way, but it’s kind of very naturally, I’d never ask him to say, can you please come? He likes to come because that’s what he wants. He feels he needs to be here.

In the above quote, duty and desire were merged into an internalized affectionate drive that felt ‘natural’. Yantong argued that she would respond to the same drive in the future, when her parents would need more support. She conceptualized the care dynamics as a three generational ‘cycle’.

Y: And also, the similar thing in the future, I will certainly try to look after him if he needs my help, there is not, the family is the first priority, the relation, the bond between those three generations I have to say, mixed together, in different way like a cycle. Originally it’s from top, up to down and now gradually it’s from medium to up, so in terms of the ageing.

She wondered, however, whether her daughter would have the same sense of cyclical mutuality, as she was growing up outside China.

Y: Am I expecting my daughter to do the same thing? Maybe not, because of the cultural difference, because she’s grown up here and then she, I don’t expect him, expect her, say after she has a whole family, she would come to look after me when I’m getting older.

She was looking forward to the opportunity to look after future grandchildren, as it strengthened the intergenerational affectionate bond.

Y: I would be really keen to help her if she needs, to help her generation. So, I guess that’s a kind of bond, a responsibility and a mixture of love,
Yantong explained that it was quite common for grandparents to come over from China to their migrant children to help out with childcare, although the length of their visits differed and was limited to six months.

Y: It’s again, not just myself, the other families have the similar thing, particularly as I say we are working and studying abroad. We have our small families, the family is normally like us, it’s very small. I’m not the only example, there are some others, similar like us, a couple with one child or two children and then it’s quite normal, normally the majority of the parents also used to come to give them, particularly when the child was young. But the lengths can be various, some of them a few months, some of them can be a half year. You can’t stay longer because of the immigration.

Transnational family life and the necessity of kinwork

Yantong recognized that keeping up long-distance intimate connections needed kin work. Lack of engagement could result in the ‘cooling down’ of relationships. She gave the example of one of her aunts, who had failed to stay in touch. She explained that the success in maintaining intimate relationships partially depended on personality and interpersonal emotional dynamics:

Y: One of my aunts, she works in Canada. OK, many years ago, she’s an immigrant to Canada many, many years ago, and she, we seldom contacted her, and then that caused the link, the bond to be very, very cold. This also depends on personality I have to say. We don’t feel she’s needed by us or we’re needed by her, so it’s cooled down, quite cooled down.

In Yantong’s view, frequent visits were necessary to assure a warm relationship, and if relatives were able to travel, they could take the decision to invest in the continuation of family bonds. She contrasted her aunt’s case with her parents’ eagerness to keep up kin relationships.

Y: Occasionally, many, many years later [my aunt] came back to China and visited my parents, but it’s not, it’s too cold I have to say, you do need to keep the links very closely together, by visiting each other. So, yeah, if you’re leaving home too far away, loose [the] link, loose contact. And then that will cause somebody…quite a few [are] isolated. But now these days people are traveling a lot, there is no boundary, you can decide whenever you want to go home and then again, my parents can decide whenever is suitable for them. I think they’re coming to visit me again very soon, in the summer, perhaps in August. So every year, actually every year they do come. My father [visits us] at least once, sometimes twice.

The next section will compare Yantong’s narrative with Wong’s story, and will highlight the psychological importance of mutual care. Tellingly, Wong’s background was quite different to Yantong’s. While the latter was a middle class, university educated Mandarin speaking intellectual who had come over from mainland China as a student at a time when China became an important economic power, Hakka speaking Wong was born in Hong Kong in the 1930s at a politically unstable time. He migrated to escape poverty in the 1970s, and had made a living in England and Northern Ireland in the catering industry.
Poverty as push factor for migration

Wang (72) was one of the Hakka speaking Chinese residents of Hong Ling Gardens, a residential home in Belfast (see also Chapter 6). His biographical account was a story of poverty, struggle and disappointment. To understand more about his background, I shall provide narrative passages in which he talked about his youth and his final decision to move to the UK. The interview was conducted in Cantonese by a Chinese research assistant (I).

W: I was born in 1937. When I was five years old, the Japanese had already taken Hong Kong. Back then I was in my village in China. My village is just next to Mainland China. At that time, my third sister brought me along to find pig food, stuff to feed the pigs with. When we saw the Japs, the road was completely blocked. My sister was worried that I would be noticed by the Japs, so she watched me really closely… During the Japanese era we really suffered. We really suffered, we couldn't get enough to eat. If the Japanese had left the place six months later, I wouldn't be alive today. I would be long gone.

He explained that after the war, the family was very poor and that he had only started education when he was eleven years old.

W: When I was nine years old, it was already peaceful, that was back in year 1946. Yes, that was in '46. The Japs had already surrendered by that year. A lot of the kids in my village went to school at that time, but I didn't. That was because my parents were very poor, and so they weren't able to support my education. At that time there was an aid team, just like the ones that are saving the Africans now. At that time, all the kids from the school got a box of essential items from the Salvation Army. After my mum saw that, only then did she send me to school, but it was too late already. I only started my education when I was around 11 years old. I studied for 5 years. I only started my education around '48 or '49, I don't know.

He struggled to get a job.

W: After I graduated, I had no job. It was really terrible. It wasn't like now, when you can find a job easily, and there are factories everywhere. Now it is really easy to get a job. Back then, it was almost impossible to get a job.

Wang applied, for example, for a training position at the police and the army, and for a job at a sand factory, but was unsuccessful. After working for two years for his brother in law, he decided to go to Britain, following a relative.

W: So I went back home and wait, doing nothing again. I waited until I was about 20 years old or whatever age I was. Then I worked for my brother-in-law next door. He was making flour. That was in 1957, the year of the riots. Back then, I worked for him for about two or three years until my third brother-in-law went to Britain. Back then, it was much easier to go to Britain. All you needed was a guarantee letter. My sister asked my brother-in-law to write me the letter. Then I came to Britain.
He noted that he had had a supportive relationship with his mother, who had financed his relocation to the UK.

W: My mother even borrowed money for my wedding reception, and for the transportation costs to Britain. I managed to pay off the debt.

In the UK, he had found a job in the take-away business and after a few years, his wife joined him. They had three children, and Wang said he had worked hard to support them.

**Broken down care relations: dealing with disillusion**

The marriage did not work out, however, so he got divorced. He complained that his daughter, whom he had looked after for many years, had turned against him, and that his sons, whom he had supported financially, had given nothing in return. His daughter lived in the UK and his sons had moved to Hong Kong. Wong was bitter when he said,

W: My eldest son, when he wanted to build a house, he called me every week and asked me to provide him evidence and documents because he wanted to build a shop house. At that time he needed to get my signature before he could build it. The government required him to have my letter of authorisation and provide all my document copies, such as my birth certificate, and so on. He said whoever comes back to Hong Kong can stay in this house, and he will give everyone a set of keys. He didn't even give me a call after the house was completed. That really made me angry. Even my own son is using me. Sometimes my daughter only calls me when she is trying to cook some dishes like pork ribs, she will call me to ask how to make it. Then I told her you only call me when you need to use me, if not I don't even get a call from you. Then she will laugh and giggle on the other end of the phone. I'm really angry. Everyone is like that, even my own children.

He gave various examples of how other people had also let him down, and contrasted his life to other Chinese people he knew, who had been economically and socially successful. Talking about his children, he said with a bitter undertone:

W: They have their own world now they are adults. I have mine. For me, I am just waiting for my time. Waiting to die. I have lived until now, there is nothing else to ask for anymore. It is my fate, I was destined to have a bad fate. I didn't used to believe in fate, but now I do. For example in my business, everyone made good money except me. None of the business I was involved in was successful. That's my fate. All my life, I never had a good life. (...) My daughter, I took care of her since she was a baby until she was in her twenties, supported her. Now look at her. I didn't used to believe in fate, but now I do. Really. There is nothing left, everything has failed.

The Chinese interviewer, who knew him quite well, tried to imagine a way out of the impasse, but Wang felt it was too late.
I: You could try to contact your children proactively.

W: Proactively do what?

I: Proactively contact your children.

W: There's no point in contacting them, because they are … they already don't care. What's more I am almost...

I: 70 is still very young.

W: Still young?

I: Nowadays people live longer.

W: I don’t want to have such a long life. If I was living a good life, had a good family and was rich, I wouldn't mind. Now what would I want with a longer life? Without living a good life, with family love, there’s no point in living such a long life. If my children are nice to me, it’s good. It’s better to die sooner than later. What’s the point in me having a long life?

When the interviewer suggested that his daughter might have a hard time herself because of the economic crisis, he retorted, ‘My daughter always says she doesn’t have money, but she spends too much. Let her suffer.’ To try to push Wong to see things from a more positive side, the interviewer said she knew that his daughter had plans to visit him in August. Wong, however, remained cynical. 'Regardless of whether they come to visit me or not … It doesn’t matter. Once people have gone through that stage of life…'

Giving some more examples of how friends had let him down, he reflected on his negative attitude towards life.

W: My good qualities have been slowly washed away by this kind of cruel reality. Some people appreciate help from others, some people just take it for granted and take advantage of it. Some repay your kindness with cruelty and revenge, regardless of the help they received before. Some appreciate others' kindness, you know … But others, really … I have been living for so many decades, I have seen everything. I didn’t get much in return. My life is terrible. I was always being used by others. It is difficult for people to help me, but it was so easy for me to help others.

The interviewer made a last attempt to shift Wong’s mood, but was unsuccessful.

I: You sound so sad and grey. Life is not over yet.

W: Can you start life all over again?

I: No, I said your life is not over yet. 70 over is still considered very young now. Nowadays people normally live into their 80s or 90s.
W: I don’t want to have such a long life. It’s better to die sooner. If you are rich then it’s a different story. A long life means I will suffer more. I still have my mobility, but if not … and eating also …

I: Try to take the initiative to talk to your children. If they don’t talk to you, you could talk to them first.

W: There’s no point.

I: That’s impossible to say. Thank you so much for accepting this interview. I hope it didn’t upset you to think back on these events.

W: I wouldn’t get angry over this now. This kind of thing doesn’t bother me anymore.

**Siblings at home; siblings abroad**

Wong’s story stood in sharp contrast with the positive narrative presented by Yantong. In both situations, there were more siblings, some living closer to their parents than others. In the first case, both Yantong and her sister seemed to have a meaningful and affectionate relationship with their parents. In the second case, only one of Wong’s children made an effort to see him dad, and Wong was not particularly grateful.

The negotiation of care commitments between brothers and sisters is an interesting theme that could be explored further. In one of the interviews for this study, a Northern Irish woman, Bridget (30s), whose sister lived in Scotland, alluded to the fact that a transnational family set up can cause tensions between siblings. She was always the first port of call if her mother needed some help, which put quite a bit of pressure on her. Her sister, however, thought that she just profited from having their mum close by.

MS: Do you feel like, oh God it’s all me and?

B: Yeah I tend to think ‘it’s all me’, my mum doesn’t need any kind of great, she needs, there’s certain things that she’ll ask me to do that I do and every year. I say, ‘I’m not doing this for you’, I don’t know whatever it, is car tax or something, my dad’s dead a long time and whatever it is. And I say, ‘you can do this yourself’, but I, I suppose I’m enabling you know or I just do it for a quiet life but that’s very much me and she would never, my sister would never be asked to do any of those things you know.

MS: And is that because she’s away?

B: It’s because she’s away, whereas I think my sister would think that I have access to mum all the time. [But] my mum doesn’t child mind my kids, my kids go to a child minder I was very, they’ve always gone to a child minder because my mum raised us and I was very clear that it’s not my mum’s job to keep my kids and if I need her she’s there and that’s the way I like it. You know if my child reminder is sick or something and I have a meeting or, I mean today she picked up my daughter for me from school today and
things like that and that’s fine, but she’s taken her to the child minders, so she’s not tied down to my kids. And I think sometimes my sister thinks that I must have this instant access to my mum and instant access to this babysitting service which I don’t because my mum’s out, very rarely in, very hard to get to baby sit. So I don’t, so I think it does have an impact on us with her.

According to Bridget, her sister felt somewhat jealous of her close relationship with their mother, but did not acknowledge the time and effort she invested in the relationship, which was not easy as she had a full time job for which she needed to travel a lot. Interviews with some of the migrant adult children for this study alluded to similar tensions, where migrant children felt that they missed out on the attention and support their non-migrant brothers and sisters received from their parents. It is clear that, to keep a harmonious relationship in such families, both parents and children need to sometimes strategically manage their feelings.

Conclusion

The above has shown that transnational support and care involves kin work, as family members need to spend time, energy, and financial means to keep up their intimate relationships, and coordinate long-distance family life. The majority of interviewees in this study said they were reasonably happy with their overall situation, and argued that they had found ways of staying in touch, adopting mutual obligations of care to their specific transnational predicaments. This attitude was exemplified by the cases of Yantong and Lakshma, who had ongoing supportive relationships with their parents. Despite the challenges of long-distance communication (see also Chapters 5 and 6), they felt they played an active part in their families, and were able to respond to their care obligations.

The elderly parents in this study who lacked an emotionally satisfactory relationship with one or more of their distant children, expressed strong disappointment. As coping mechanism, they often focused their attention on their more available remaining children, or concentrated on friends, neighbours and/or supportive community groups. Wang’s case was the most extreme, and demonstrated the negative impact of a perceived lack of interest in and support by adult children on elderly parents’ sense of psychological well-being.

As with Chapter 3, this chapter demonstrated that care arrangements develop over time and are often reciprocal through age-related fluctuating needs. Depending of the specific phase individuals are in in their life course, they support children, grandchildren, and/or providing care for ageing parents. The urge to stay in touch with one’s elderly parents is often driven by a complexity of feelings of love, responsibility and sometimes guilt. Transnational kin frequently referred to culturally specific traditions of mutual care that were, or still are, common in their homelands. They sketched (arguably overly optimistic) images of ‘harmonious give and take’ to judge their own situation. Some of the interviewees acknowledged that the reality of ‘traditional’ family care was more complex than some dominant ideologies suggested, as will be discussed in Chapter 7. The following Chapters 5 and 6 will give an insight in some of the challenges of maintaining contact through long-distance communication technologies and during visits.
Chapter 5
Long-distance communication, emotional interaction and technology

This chapter will explore how elderly parents and adult children in this study used different types of communication technology to communicate and interact emotionally from a distance. Frequent contact was vital to many of the interviewees, not only to exchange information, but also to give and receive moral support and ensure a feeling of emotional connectivity and transnational belonging. Both migrants and kin who stayed behind felt the need for this, and most of them emphasized the importance of direct communication by phone.

A voice from home: dealing with homesickness

Migrant kin used telephone conversations with their relatives to feel a sense of belonging in a new environment, especially after they had just arrived. Northern Irish Baru (30s) from Bangladesh remembered, for example, that his sister who had moved to Canada had phoned a lot in the beginning, but rang less frequently when she felt more settled.

B: now she’s much settled, much better off so she actually doesn’t bother to pick up the phone every now and then and give a call back home. But initially it happened to be like once in a week or once in every fortnight she used to phone, call back home.

Hearing a familiar, encouraging voice helped most migrants who participated in this study, not only to tackle homesickness and create a sense of ‘home from home’, but also to feed their determination to succeed abroad. Indian Laksha (30s), who had left her parents, husband and one year old daughter behind when moving to the UK for further study, explained:

L: Oh phone, I phone a lot yeah, I would ring a lot.

MS: So what is ‘a lot’ for you?

L: I would ring almost when, I would ring [my husband] everyday when I was on my, living on my own, sometimes twice a day, it could be three times a day as well.

MS: Yeah?

L: Yeah, and then, so my phone bills are astronomical, I’m sure it doesn’t matter. And, no I would ring at least, but obviously if I was busy with exams or something then I might not ring for a week. But initially when I was on my own, like before I had a job it was quite, it was a struggle to ring as well because phone cards, the phone cards would cost a lot of money. But once I got a job I would, I’d ring very, very regularly, yeah.
When I asked her why she felt the need to communicate so often she said:

L: just to talk, just for even like [letting them know] what I was doing, if I made something nice or even if bought something I would, even silly things I would just ring.

MS: Just to feel the presence, whatever?

L: Yes, to feel the presence yeah, to feel the presence. Like my sisters as well, because my sister lives in the US, another sister of mine lives in England you see, she lives in London, so I would ring as well. And then if they, because sometimes I still remember once I wanted to hear this song and my laptop wasn’t working so my sister played it for me. So it might sound really silly but just, no we would, all three of us would ring each other quite a lot.

The sense of shared time, and the ability to interact emotionally through the phone strengthened the inner emotional presence of her relatives, and created fresh memories of frequent and ongoing interaction with her husband, parents, and indirectly with her baby daughter. The latter had stayed with her parents, and the separation from her child had been hard to cope with. ‘I missed part of her growing up, when she was very young, and those times will never come back’, she said with tears in her eyes.

When Laksma’s husband and young daughter joined her in Northern Ireland a few years later, she could again enjoy the experience of everyday contact, sharing the joy of seeing their daughter develop. As a result, she felt far less lonely. She did, however, continue to have frequent telephone conversations with her parents and sisters, taking the advantage of cheaper calls. Her husband, Sachin (40s), told me that despite being less costly, phone calls were at times frustrating. During one of my visits to the couple’s flat, his mother rang. They talked for about ten minutes, and afterwards, he entered the room with a slightly desperate expression on his face. He explained that his cousin’s wife was expecting a baby, but had had problems with earlier pregnancies. Sachin and Laksma were both medics, and had urged their pregnant relative to go to the hospital. His mother had replied that it was wrong to do so, as it was an inauspicious month. ‘We try to help by giving advice’, Sachin said, but my family lives in a rural area and are superstitious. They sometimes don’t accept our medical knowledge, and we are too far away to be able to do anything about it’.

**Life transitions and long-distance practical and moral support**

When confronted with important life transitions, migrant adult children often have an increased need for practical and emotional support from their absent parents. Iranian Salma (39), who came to Northern Ireland to follow her Iranian husband and continue her own studies, explained how, after their first child was born, she turned to daily phone calls to tackle her feelings of loneliness.

S: When I had my first child I thought, oh my God, I’m so lonely. I never thought I felt so lonely here and then I used to go home every, twice a year, because every time we went
home and I came back I felt more homesick. It was quite difficult. I don’t know if it was after she born I found it very emotionally difficult to cope with everything but somehow I got through that then my mum and that, between my mum and my dad and they came and they visit, they stayed here, we went home, calling, being on the phone 24/7 basically sometimes. I would call home every day for an hour because I was thinking if I pay the ticket to go home I could only see them for three weeks but I could pay all this money and could still talk to them as if they were still here. So that was my way of coping with everything, just calling home and talking for hours and hours and they used, they would call as well, it was just both ways.

**Fluctuating frequencies of calls: time management and circulating news**

In 2009, being a working mum with three children and the wife of an extremely busy entrepreneur, she had less time to make calls, but would still be on the phone almost every day.

*S:* even today, just I phoned today, yesterday, and the day before, weekend, that’s my whole, that’s my way of keeping contact with my family.

When I asked her what kind of things she discussed, she said:

*S:* Everyday, oh everything, everything, [like] ‘Oh [my youngest daughter] has a cold, what do you think we should do?’

She also had relatives in other parts of the world with whom she stayed in touch, and especially through frequent phone connections, family news circulated quickly:

*S:* I have one cousin living in Norwae and another cousin lives in California, we’re so close to each other, not the one in Norway, the one in California, we phone each other every day. On the phone for hours and hours because it’s quite cheaper phoning America so it’s like calling home and I would just tell my mum, oh I was talking to [name of cousin] and she said this and by the way my aunt is … you know talking about everything as you would go to your mum’s house and then you would like as if I’m living there. You know you would go to see your mum every day, that’s all the conversation, but when I have trouble of course I would phone maybe three times a day, it depends what’s going on.

*MS:* And do you feel very close because of that do you think? That you can hear their voices?

*S:* Oh yes.

The phone conversations were as important to her relatively young, but ageing parents, who had to miss out on frequent contact with their daughter and rapidly growing-up grandchildren. They did, however, have other children in Iran, noted Salma, who provided help when
necesary. In almost all cases in this study, parents with at least one abroad, had an additional child, or children, who lived close by.

Indian Pradeep (early 40s), who had moved to the UK to complete his medical studies, felt that phoning home was vital to staying in touch with his parents. He pointed out that he had arrived in Northern Ireland twelve years ago, when ‘internet wasn’t really the method of communication’.

P: You communicated by phone and I would probably say, yes, I spoke with [my parents] probably weekly at that stage, because of course, probably a little bit more expensive at that time. It’s much cheaper now, obviously it’s now a matter of whether you get time in the day to speak to them. If you have the time you could speak to them every day for pretty much next to nothing. It’s extremely cheap.

The management of shared time is crucial to members of transnational families, who need to reserve time slots to interact directly with relatives and friends in different countries. When I asked Pradeep how he dealt with this, having a busy job, leaving at 7.00 and coming back at 19.30 on weekdays, he commented:

P: Well, for example, I spoke to them today, and I spoke to them the day before yesterday. Today is Sunday, and then I spoke to them Friday and then I spoke to them through the week. During weekdays, if you get time, yes, you speak to them. The time difference can be a little bit of a factor. By the time in the winter you come back home, it’s already close to midnight, so you wouldn’t get to speak to them. But, yes, if you get time ... you can speak to them briefly.

Asked what kind of things he discussed, he replied:

P: I think you check up on how are you, is everything going OK? And then, how are the children doing and, is there anything new happening at this end or is there anything new happening at the other end. Certainly a lot about children and if travel plans are coming up, that sort of stuff. And then if it’s a longer conversation then, how’s X doing, and how’s Y doing, and what did you eat and, you know, we were doing this today. So, I think if it’s a short conversation you just find out if there’s anything new and make sure that everything’s OK. But when it’s longer then you speak about all other things, which relative is doing what, and which friend is doing what, and who did they meet during the week and what were we doing, so.

Contact by phone and managing emotions

Pradeep noted that if possible, he would keep quite about things that would upset his parents. This kind of emotional management was also mentioned by some of the other interviewees.

MS: And what if something is not going so well? Would you easily talk about it, or would they tell you, or?
P: Well, I think there is a natural protective mechanism to try and not bother the person who’s at a distance. So, yeah, if it was something minor, maybe I wouldn’t tell them that and if it was something minor they wouldn’t tell me, but if it is something important, I expect them to tell me. I would obviously tell them, so I have no hesitation in asking for advice about the way things from there. But yes, it is a little bit of protective feeling that I think most parents have, not to bother their children with something that, if they think it’s going to upset their children. So, yeah, they tell me everything but I suspect if there was something which they think would upset me they would probably think twice.

As with Salma, Pradeep used the telephone conversations to generate feelings of belonging and transnational connectedness.

P: You can be surprised that I have a lot of relatives in [Indian city] as well as my parents who are near. I could be speaking to one of them and they could tell me, oh we met your dad at X place or your mum at that place, and you give them a ring and you say, what were you doing there? So, yes, you have a fairly good idea, pretty much on a week to week basis as to what’s happening.

Knowing and discussing what was going on in the wider family increased Pradeep’s sense of wellbeing as migrant.

P: It’s really important because, now, I was there for, say, whatever, 25 years or 20 years, and that was most of my life so I feel [I am the product of that society]. If you are in touch, yes, you are linked to them, and you are reassured that everything is going OK, but also that you are part of their thinking and their activities and other things, yes. So, yes, so it keeps you in touch. I think it is important. Having said that, I think the thing with relationships is, even if you don’t contact on a regular basis, you’re still connected to them in a way, but yes, the fact that you can communicate easily and it has become easier with time in the last few years is extremely important.

As noted earlier, for the parents in this study, hearing the voice of their migrant children was generally equally important. Relationships with individual children often differed in terms of frequency and emotional quality. Northern Irish Shane (74) noted that the different types of relationships he had with his children were marked by different types of telephone conversations. While he was very close to one of his daughters, who lived in Switzerland, ‘who’s always been my right hand man, who rang me, she rings me almost every day, and of course, they’ve actually rang me there now’, his sons rang only occasionally, ‘and we talk about rugby, but they don’t communicate.’

**Dealing with the cost of calls**

Many interviewees mentioned that phoning was extremely expensive in the past. Transnational families took various strategies to manage the costs. Salma (39) from Iran remembered that her parents, who were relatively well off, phoned her when she could not afford it.
S: My mum, because we were here, both of us, right my husband was, he got the job, but it was very expensive to phone home at the beginning but my mum says, no, don’t you phone us because it’s so expensive for you, she used to phone every week, right? At the beginning she used to phone like every other day for half an hour and then she found out, oh gosh, it’s so expensive now. So she started phoning every week but every Saturday she would call and we would talk for hours.

S: It’s silly you know, my mum used to call me, before I got my job and all this new, the cheap calls from here was possible to Iran, before that they used to call me more than I call them because it was more expensive for us, it was cheaper for them. Although it wasn’t, it was cheaper but for me I could say like it was cheaper but it wasn’t really cheaper because nobody would pay all this money to call but they could actually manage it, money wasn’t a problem for them, and I thought, OK, let’s just do … as if I’m going, staying in their house and they’re preparing me a meal for one night or whatever so it’s OK, taking me to a restaurant every other week. So with just looking at it that way it was quite, I says, OK, as long as you can manage it then you call. So my mum says, no, no, don’t you call because it’s expensive. But now it’s all made possible. I call home, although they call me as well, my sister phones, this is the only way we communicate with each other and I feel like ever since all these cheap calls are made possible I feel more closer to everybody. Before that I used to only call home and talk to my mum and dad and that’s it. Now I call my sister, my brother, my auntie, my cousin, my friend, everybody. But before that because it was so expensive I would just make one person, it was like, OK I like to speak to my mum and she would tell me all about everybody but now I can actually phone my sister, my brother, or whoever I want, yeah, it’s better now.

Phoning and other ways of connecting

Many interviewees in this study combined phoning with other communication technologies, including computer based technologies and the postal system. Bangladeshi Baru (30s), having settled in Northern Ireland in 2008, phoned his parents frequently, but also used Facebook, and had taught his father to use it as well.

B: I prefer to make phone calls. Perhaps I would not be phoning that frequently compared to my sister but at the same time my, we have taught our father to use the Facebook, yeah, so he can have a look at our photos and time to time like happy father’s day is kind of message we exchange, so.

Baru’s wife was in charge of sending postcards and parcels, mostly for birthdays and other special occasions such as weddings.

The following interview fragment demonstrates how some elderly parents used different modes of connecting as they maintained care relationships with their children and grand children. Northern Irish Brian (89) and Mary (84) had stimulated their three children to move away from
Northern Ireland during the Troubles. One son had settled in Germany, their second son had ended up in England, and their only daughter lived in England as well. We talked about the difference between long-distance communication through Skype and an actual visit. It is clear that although they felt they could connect and express and receive love and care using various technologies, interaction from a distance could not fully replace the direct, multi-sensorial experience of being together in space and time.

B: Och aye it’s different. A phone call’s not like a personal call or face to face meeting with somebody.

M: Aye.

MS: Skype, it’s

B: It’s personal but

M: It’s nice, it’s very nice to have it, it’s great to have it, and the, well you can see how happy people are and what, no, it’s very good. [But] you can throw your arms round them there in the hall whereas on Skype, you can show your love and all that but it’s not the same.

B: It’s not the same, yeah.

MS: No.

B: But we’re thankful for it anyway.

M: Oh aye.

As with some of the other parents in this study, their children had taught them how to use a computer and helped them out with technical problems.

B: I think they’re all good into that sort of thing and they all help.

MS: So did they set it up for you and tell you how, or did you yourself find out?

B: Well we’re not too good with that, are we? I can’t do anything with it at all but we all, we manage, we get on the phone as well and they tell us what to do and what not to do, or we’re doing something wrong or, yeah.

M: [Our eldest son] actually, when we did have a problem with that, [he] set up whatever our programme is on our laptop with his in Germany and when we had any problem he can rectify it from Germany.

MS: Oh that’s handy, that’s very handy, excellent, yeah.

B: Yeah.
Laughter

M: That shows you how well we’re taken care of.

MS: Yes, yes.

B: And he would go to all that trouble where it says you’re server is not connected or something like that and he could do that without too much bother.

When I asked whether they also sent parcels or letters like Mary used to do to her parents when she had been working in Scotland in the 1950s, Mary said she did, and that she liked the physicality of letters, cards and presents. I told Brian and Mary that my own mother in the Netherlands, who had not wanted to learn how to use a computer, had similarly enjoyed receiving a letter or fax, seeing my familiar handwriting. Mary agreed that it was emotionally rewarding, ‘You just look at it and you know who it’s from.’ She joked:

M: I prefer Postman Pat to the laptop.

MS: Yes.

Laughter

M: And I think coming to the door is different from appearing on the [screen]

B: Yeah.

MS: Yes.

B: Awful hard to please, aren’t we?

Laughter

The couple joked throughout the conversation, which seemed a way of coping with the challenges they faced. They stressed the positive side of things, the fact that they had managed to stay together as a family, despite the distance.

**Demonstrating care: sending the right gifts**

When I asked whether they and their children sent each other parcels with presents, the couple indicated that, because of the distance, it was hard to know what the children were interested in, and what things they already had. Instead they sent money.

B: Yeah, not too often. We, for the children we usually send money because, well you lose touch

M: What they’re delighted to be playing

B: Even with your own family you do lose touch. You wonder well
M: And when they’re getting old

B: I wonder have they got this or have they got that, you don’t know what to send them or, and just sometimes it’s easier to send some cash and say, buy something you want to buy yourself, for yourself.

To avoid paying fees for international bank transfers, they lodged gift money in their children’s UK bank accounts.

The following account is a good illustration of how postal exchanges can function as expressions of care relations. Mary showed me several cards, sent by their grandchildren. They were displayed in the house as ‘presence in proxy’. A few were painted with watercolours that Mary and Brian had sent as a gift. These self-made cards signified an intergenerational connection between granddaughter and granddad, as Brian has painter paintings throughout his life.

MS: ‘Hoppy Easter’, oh that’s very nice …

B: She’s very artistic.

MS: She must have this after you, the water paint.

M: Yes, yeah.

(…)

M: But, and she gave us, letting us see the different colours that’s in the watercolour box, that dawned on me that’s why she put all those.

MS: Very sweet.

M: So …

MS: Nice.

M: Now, she said, ‘to granny, thanks loads’, she’s underlined loads, ‘for the watercolour set, hope you’re all OK over in Ireland and the weather is nice, it’s really sunny over here’, and she draws the sun with the thing, ’lots of love, [grand daugher’s name]’. And then ‘dear granny and grandpa’, the other, that’s the watercolour card, you see they’re made that she can just put a stamp on.

MS: Oh yeah, very handy.

M: She can paint them, put a stamp on and address them.

MS: So that was part of the packet that you sent her.
M: Yes. ‘Thank you very much for the money you sent, I hope you are having a very nice Easter. I have just got home from Spain which I really enjoyed. Lots of love from [name of grandson].’

Skype: Technical problems

Several interviewees used Skype, but most of them preferred the phone. In the case of Northern Ireland based Baru, whose parents lived in Bangladesh, the problem was mainly technical and had to do with the problem of living in different time zones. He said:

B: Many of the Indians use Skype here but we never used it.

MS: And why is that?

B: Because of the poor connectivity and the ... so and also perhaps we, the timing is another major issue because my parents are very early, go to bed. They would have gone to bed by 10 o’clock so it’s more, it’s much convenient to pick up the phone and call rather than waiting for them to be online and Skype and other problems that, low electricity if you know what it means.

MS: Why is that?

B: It’s in, in some parts of India and Bangladesh because of the huge consumption of electricity the production cannot actually cope with that. So like every vicinity will have electricity off for two to three hours. So they try to rotate the electricity supply and that’s very, like you we were disgusted with that but that’s what people in Bangladesh are living with. So you never know when the electricity will go off and there’s a

MS: So in that sense Facebook is ideal because you can connect any time?

B: Any time, yeah, yeah.

MS: And does that affect the phone connection as well?

B: No, no, the one we have actually is a dial up but my parents don’t use that dial up connection anymore. My in laws also have a dial up but both my father in law and my father has got Broadband in their office, yeah.

Historical changes

Many elderly interviewees commented on the revolutionary impact of New Communication Technologies. Northern Irish computer literate Anne (62), for example, (see also Chapter 3) who often sent SMS messages to her son in England, pointed out that times had changed considerable. She remembered her grandparents having no phone nor even electricity.

A: My father had a shop so obviously he had the phone in, but my grandparents didn’t even have electricity. They didn’t get electricity for a long time, so when I was growing
up, it was the Tilley lamps that were up. Everybody would have sat in the one room and they had the Tilley lamp hanging in the window. And when they went out to milk the cows, you’d take the Tilley lamp out with you. And they had no electricity, so it was

MS: What's a Tilley lamp?

A: Tilley lamp, it's like an oil lamp. It has a burner on the top of it, very fine burner and gave off great light. So that’s what you would have gone, they would have gone out to milk the cows in the winter time with this lamp and hung it up in the barn. And everything was very subdued light. And one thing I can remember when I was a child, they had this big settee, but it was made out of horse hair, it was horse hair settee. And that was where they used to put the children, they’d put the chairs in front of it and the children would have lain on the horse hair settee to go to sleep, during the evening, while everybody chatted. But that’s how everybody got together then.

A: [We are a] very close family, and still very much in touch with all my cousins on that side. We still visit each other and go out for tea and all together, and walk in and out of each other’s houses, as we were, just all the time. You never need to, never need an invitation to go, you can just go any time. But we were always very close because of that, I think.

Talking about long-distance communication with her son in England, she explained the advantages of texting and emails.

A: I would text, now because [my son is] in his job, you never know when he’s in a meeting or anything. So if I need him, I’ll text and if I text a message to him then, when he’s free, he’ll phone me back to see what it is. But it, email is most, I would use email a lot too because he gets the email on his phone. So as soon as you send an email, it comes up on his phone. So if there’s anything urgent, like when my mother took ill, I was able just to text him or email him and he got the message right away.

Amala (73) from India, who had moved to the Middle East in the 1970s, leaving her parents in India, and who had later settled in Northern Ireland to be closer to one of her daughters, also stressed the advantage of having computer skills. She also noted that Skype could be frustrating, because despite seeing and hearing one another, there was no direct physical contact.

A: I have been communicating with my brother and mother on the, and my brothers and sister who are back home in India, on the telephone, through the email also, when the computers became, I became computer literate, which is nearly 20 years now, over, 25 years. And then, when the computer, the click, click age of computers started, the mouse age, then the computer became very handy as I got the webcam and internet came through. I got the webcam and my mother, my sister, my daughter, whenever my mother visited my daughter, and my daughter was in Poona, she would have her
webcam on and I would have mine on here. We would synchronise the timing and my mother, I would speak to her through that. And she, first couple of times she was really so amazed, she was saying, ‘I can see you, I can hear you, but I cannot feel you, I can’t touch you’. But it was like being near. And that was the best thing and that’s how we continued. Very often I used to speak to my mother.  

MS: So, on a daily basis, or once a month, or how often would you?  

A: No, once in a fortnight at least.  

MS: And would you just say hello and that’s it, or talk a lot about?  

A: No, we’d talk a lot, yeah. What is what, and this and that. We’d talk a lot.  

They also used the webcam to give a visual impression of things in the home, and made films with a camcorder during visits, to show back home.  

A: We did [use the webcam] and, whenever somebody went, like my daughter went away to India, or my grandchildren went away, they took their, with their webcam, no, camcorder, they’d taken the film of my house where I live and then they showed it to my people there. That’s it.  

The limits of New Communication Technologies  

There was, however, no real replacement for physical contact, Amala said, even though she frequently gave and received moral and practical support through the Skype conversations.  

A: Oh to see, to meet somebody in person and emailing is entirely different. It is a live contact. You are seeing a live person, so it’s much, much, much different, the warmth and the happiness that comes through that.  

Northern Irish Female friend: It’s family, Amala, it’s family.  

A: Yeah.  

Northern Irish Female friend: And there’s nothing like family.  

A: The warmth and the happiness that comes through the, through in person meeting, it is not on the cam, webcam or internet or email or anything like that, though we meet on the chat rooms and all.  

As will be further explored in the next chapter, although transnational families often combine the use of communication technologies with visits, the situation is not always satisfactory. Allison Forbes, who worked as Manager of the Senior Consortium Sperrin Lakeland (see also Chapter 7), noted that the needs of and possibilities elderly parents can be overlooked by their children.
A: I can think of one person that very so, who very rarely has her son home, he very rarely comes home and she does all the running, she would go to him and he lives miles away, thousands of miles away. And I always kind of think, why can't he come home? She's mid eighties, why is she the one who has to get on the plane? She never complains, she goes but I think I'm sure she would love him to come home, just for the odd visit but he's too busy. That's very sad, she has a club and she goes to the club and stuff and she, but I know that she must, she, the other day she was home to her own house on her own, she's on her own, very isolated of course she is as well.

MS: And is that somebody who would email and Skype and all that or?

A: If she knew how to email she would email I think, or she would email if she knew, well she would, yeah she has tried to email from here actually a couple of times. So she would but she doesn't have a computer at home and to get her to spend the money on a computer would be an absolute nightmare, she wouldn't do it. She could do it, but she wouldn't that would just be ridiculous she wouldn't do it. But she wouldn't come in here every day to practice either and she, I would encourage them all to go into the libraries to practice and she'll not do that because you can't get access, it's hard to get access to the computers in the libraries now because they're so booked up. It's very hard to get access to them, so it's not just a matter now of going in whenever you're in, you have to ring and book it. She wouldn't do that so there's all those different things that have a knock on effect. That's sad I mean she's, I worry about her she's very on her own, she's very good neighbours that look after her very well but she's very much on her own and he doesn't come home and I don't know how often he rings and stuff but not that often which I think must be sad.

Another look back in time: letter writing and language skills

Some specific historical predicaments also influenced long-distance communication. Indian Barindra (77), who was born in Kenya and, after having studied in India and Northern Ireland, decided to stay in Northern Ireland with his Indian wife, mainly communicated with his father by post when he was still studying. This was at a time when telephone calls were extremely expensive. Letter writing, however, provided a challenge, as is clear from the following interview fragment. Interestingly, while writing in a language the other could read was a challenge and took time and effort, the postal connection was excellent.

B: I used to have difficulty in communicating with [my father] because I learnt a different language in school and he had different language you see which he knew. So we used to have a bit of a problem communicating. He had to ask someone to write a letter. He'd dictate it and someone wrote the letter in English or in Urdu. That's the language which he was using in Pakistan… And I, if I wrote back to him you see he had to get that letter read you see by someone else, and sometimes you see of course between the father and the son there can be a few things which they didn't want anyone else to know and that was the biggest problem. So I had to learn my own language, Punjabi. That was self
taught as well you see. I just bought a few books because I could speak very well. And our Punjabi in Sikhs is very simple. The alphabet is so simple that whatever we speak you see it sounds the same. So I, because I could speak I knew the spoken language so I just got the books which taught me the A, B, C of my Punjabi language. [I was a student in] Bombay at the time. And so I started writing to my father in my own language which wasn’t perfect either for me or for him. But I think it worked very well because he didn’t have the perfect written language, my own language and I didn’t have the same, and so it matched each other. We could make it out what he means and I could write to him and he could write to me. So that was the communication. And funnily enough if there was anything urgent I wanted to tell him I used to write a letter, post it in the general post office between one and two and I was 100% sure that he is going to get that letter next morning. I found it out accidentally that if I wrote a letter you see and posted it between that hour, that letter arrived in Kenya, the first post in the letterbox you see. If I give a telegram to him it would, it would take longer. That was because my brother in law, my older sister’s husband he used to visit the post office letterbox about three times a day. He would go early morning and then he will go in the afternoon, at lunchtime, and then in the evening he used to, he was good. He liked walking so he went, used to go for a walk and the walk he did was purposeful walk, you see he went to the post office which was about maybe a mile, a mile and a half from home. So it worked very well.

The problem of illiteracy was not only a thing of the past. Many of the Hakka-speaking Chinese migrants involved in this study could not read or write in their own language. To communicate with their relatives in the homeland, they relied on the phone, or on someone else writing letters for them.

**Conclusion**

Many members of transnational families in this study used a wide variety of communication technologies to facilitate long-distance communication. They utilized telephone conversations, letters, emails and Skype to provide and receive emotional support, and also to organize visits and practical and financial support. A large group of elderly parents mainly relied on postal services and the phone as medium of long-distance communication. Some of the Hakka Chinese informants could not read or write, and various elderly people in the other ethnic groups lacked computer skills. Others (but not all) simply preferred talking on the phone, sending letters, and sending text messages.

Adult children, especially those with parents and siblings residing in more than two different locations, saw advantages of internet technologies such as Facebook, especially as it allowed them to share photographs of family events that had not been attended by all relatives. The experience of Skype varied. Some used it successfully to get a sense of shared time/space, for example when an Indian lady explained how she virtually ‘attended’ rituals held at a long distance. Many elderly people found the technology too challenging, and kin living in different time zones found it hard to find a mutually suitable time to set up the computer link.
Chapter 6
Visits and the importance of co-presence

This chapter will demonstrate that in transnational families, the physical dimensions of co-presence, allowing for the multi-sensorial experience of seeing, hearing, and touching one another, cannot be replaced by long-distance communication, and adds to the intensity of intimate relationships. As various cases will show, mutual visits helped elderly parents and adult children to reconnect and demonstrate loyalty and attachment, but could also be emotionally demanding. In addition, visits were for some an important strain on family’s financial resources.

The limits of long-distance communication

It was clear from several interviews that some elderly people were reluctant to tell their children if they had particular problems. This was also an issue for some of the adult children, as some found it hard to judge whether their parents needed help, so whether they needed to book a flight the next day. Allison Forbes, who managed a consortium of senior clubs (see also Chapter 5 and 7), said this could be hard for both parties. She commented:

A: It’s hard on the children too I think because they’re away and they’re not, they probably know that their mum’s to proud to tell her she’s not feeling well. My granny lives 80 miles away which isn’t very far but it’s 80 miles and my mum’s here and my granny wouldn’t be very good at telling you she wasn’t well, so it’s very hard to gage actually is she not well or is she just? You know it’s very hard to know. But again you’re not on the doorstep you can’t tell, she has a bad cough or something and if you’re not there you can’t so.

Similarly, some adult children pointed out they would not be fully open to their parents on the phone if they had certain problems. Some of the parents said that if they suspected their distance children to be faced with difficulties, they also would be eager to find out, how serious the problems were.

Visits were necessary to get a better sense of how kin separated by geographical distance ‘really’ felt. The wish to go and check, however, did not always result in an actual visit.

Planning visits: financial and practical constraints

One of the challenges was the financial constraints oversees travel put on individuals. Baru (30s) from Bangladesh, whose parents lived back home and whose sister had emigrated to Canada explained:

B: My sister will always find it more difficult to visit them because it’s very expensive for them to travel all the way from Canada to Bangladesh.
Wang (72), from Hong Kong (see also Chapter 4), explained that his parents had never come over to Northern Ireland because there was no money to finance such a trip. He stayed in touch through occasional letters. He explained that he had to work very hard, and did not have time for anything, and only went back to his home village when his parents were ill.

W: [I did not go back] until my father got sick in 1971. So I only went back when he got sick. I had been in Britain for more then 10 years, and I only went back at that time. Then I went back after another ten years when my mother got sick in 1981. I went back during that time. I just kept in touch through letters, mostly during the festival season. It wasn’t as convenient as it is now. Now everyone is just a phone call away, you can just talk any time you want. At that time I was working, always running around, I didn’t have a proper life. Life passes by so easily. A few decades went by in the blink of an eye. Time passes very quickly.

Some of the financially more successful migrants indicated that they had been able to make more visits once they had settled in their professional careers. Pradeep (40s), for example, who had lived in Northern Ireland for 12 years at the time of the interview, explained:

P: We go every year, and it has become a little more frequent in the last two or three years, probably averaging three visits in three years in the last two or three years, so previously every year and now, in the last two or three years, maybe every eight months on an average. As an in between, they’ve been here four or five times, now this is my own parents, and then my wife’s parents have been over as well, a few times, so.

Another problem that hampered visits to relatives in the homeland were the obligations migrants had in their new place of residence, for example in connection to work or studies. A Baru noted:

B: Well, we wanted to make a regular one-year visit but because I, when I was doing my field work in Bangladesh I spent four months [there, and that was] only in 2008. So I prefer not to go there right now and also with the academic pressure mounting so I cannot afford [to take time out].

Japanese Mizuki (32) convinced her Northern Irish husband in 2010 to relocate to Japan for two years, living in with her elderly parents. This allowed them, she said, to get to know her own cultural background, and create an intimate bond with their grandparents. For Mizuki, it was also important to be close to her parents as her father had been ill, and she wanted to be able to support both her parents.

**Belonging to the homeland: cross-generational dynamics**

Iranian Salma (39) pointed out that visits home were not only an important way to forge a bond between her Northern Ireland born children and their Iran based grandparents, but that they were also significant as they created more understanding between her children and herself.
S: we go for a visit every year. Every year no matter what happens I will take my kids to get to know their grandparents and being with their family and because we have a different culture as well. Get to know the culture because no matter what I say here and what I do here they think it’s mummy only does that or mummy only says that but they don’t know this is the whole, this is a culture, this is what I’m doing, they think I’m as an individual I have, this is my way of living, they don’t know this is the way we lived our life. This has come from my family, this is how everybody live in Iran, so I have to take them home every year to make sure they get to know why I do this and why we do this and why we do that, that kind of keeping contact with their grandparents and their cousins and aunts and uncles and everybody at home, so that’s it.

Malaysia-born Cantonese speaking Elly (35) also mentioned the importance of visits to Malaysia as it helped her children to identify with their Chinese relatives. As with Mandarin speaking Yantong (see Chapter 4), she prepared her two Northern Ireland based children by teaching them to speak, read and write in her mother tongue, sending them to the Chinese Language School in Belfast.

**The challenges of long-term visits**

Visits to adult children can be advantageous in terms of care, for example in cases of ill health, when children can give hands-on support and use their contacts to give their parents better treatment. The visits do, however, also challenge both visiting parents and their children. Elderly parents may find it hard to adjust to the new environment. In the following quote, Iranian Salma (39) speaks about her Iranian mother-in-law who just could not get used to the Northern Irish weather. She also felt isolated because she didn’t speak English, and missed her relatives and friends in Iran.

S: [My mother in law] didn’t really like it here. She came once with my father in law, they stayed with us for four months. She wasn’t well so she came here we, both of us really took care of her because she had the diabetes and she had a problem with her big toe. There was a wound that wasn’t really healing properly and they said if this is carrying on we have to just amputate. So she came, [my husband] says, don’t do anything, just come over here, I have quite a few friends they are good doctors here, they will look after this, let’s see what happens. If anything, if they can’t do anything about it, there’s nothing we can do, then that’s it. But don’t do anything. So she came over here and she got, everything was sorted, four months she stayed here, we both actually looked after her but then she went back to Iran. She says, yeah, I really liked [being with my daughter in law] and I liked [being with my son] but I never liked the weather here, it was so cold. They came in the winter.

Having one’s parents in law over can also be emotionally demanding, as living spaces may not be suitable to house an extended family. Salma admitted that she was relieved when her parents in law decided against a permanent residency in Northern Ireland.
S: We had a very small place, it was OK for both of us. It was only one bedroom, a small apartment. So she came from this big house to this small place and the weather was like this and she couldn’t speak the language, of course she didn’t like it. So when he asked her, would you like to come and stay, she said, no, no, I don’t think so. I says, all right. But then I thought, oh gosh, thank God she said no. Can you imagine if she would say yes and he always thought, oh gosh, my mum never got the chance to come and see, come and stay with us here. That was quite difficult for both of us, yeah.

German Maria (42) who lived in County Antrim with her German husband and two children also acknowledged that longer-term visits could be full of tensions.

M: It can be very difficult, depending I think very much on the time you’re staying, if you’re staying for more than a week, it’s very, very difficult and if it’s only for a long weekend or so, you can pull yourself together and stuff. Well as I said before, if you stay with your parents or your in-laws, it’s like coming home and you’re all of a sudden in that role of the child again and the expectations are of that level. And it’s their house and you have to respect their rules and obviously 12 years ago they were a bit more flexible than they are now so I just brief my kids before, now when we are staying with granny and granddad, make sure your shoes go into the cellar because granny just can’t stand it. And they have their little routines and stuff and I’m aware that it becomes stronger when you’re older and I will be perfectly, exactly the same and I really plan to become very eccentric, I already warned my kids before, I’m not just fading out. And so, and everything, every trait, every character trait or so, it is said, becomes stronger and more in your face and I find that true, at least with my in laws, well particularly with my parents, I have to say. Maybe it’s just that you’re less tolerant with your parents anyway.

MS: So do you have a particular memory of a particular occasion that illustrates that?

M: Yeah, like for example my parents have a fairly big house, OK, and I, when I lived at home before I moved out as a young person, I had the attic to myself, inverted attic with a bathroom and a bedroom and a huge, long room. And my granny used to live there when I moved out, my granny moved in and when she died and that is only, that’s already three, at least three or four years ago, and never, ever have my parents asked us to join them now and move in there for the time being, while we are there. Whereas [my husband’s] parents, they live in two up, two down and they have [my husband’s] tiny, tiny, submarine like room and his sister’s room, which is slightly, well it’s more, maybe this size of this room here, we squeeze in there and that annoys me about my parents a bit because I think mum, for mum, it, she was too inflexible to bear the mind that we are living there and obviously with kids there would be stuff on the floor. And she’s not even, she’s not even the typical tidy house, German housewife kind of thing, not at all, she’s, she used to make fun of it and our house, when I lived at home, it always looked what they call here lived in. And she always blamed her Italian heritage, which I thought very racist really. And, but it’s, and I see it now, my brother comes up
now from Munich over Christmas, they usually spend Christmas with my parents, which is good because so I don’t have to feel guilty that I’m not going home, and they stay up there with the twins and obviously everything had to be perfect, they got beds, second hand, all right, but they got cots for the twins and prams and stuff and, but still this inflexibility. Like we have, all have dinner together, it’s six o’clock and of course you just want to sit down and one of the twins need a new napkin or whatever and, a diaper, what is it, nappy, and obviously you have to react, you can’t just let the poor child sit there with a dirty nappy. And then mum’s like, now we can’t sit together and eat, and I said, mum, it doesn’t matter whether the stew or whatever you cooked is five minutes longer on the bloody hob or not. And that is, I find that very, very stressful and I really have to talk to myself, calm down, you only see them one week and, and I would let things go, which would break me up like nothing when I still lived at home. But now I would say, I only see them this week, I’m not going to start a fight or pick a fight or an argument or whatever. And it just spoils nevertheless the time I have, after all it’s my annual holiday and I need to relax in order to be fresh and healthy when coming back to work. And with [my husband’s] parents, slightly different things but also a bit annoying. Like for example, I don’t know, obviously they don’t spend that much time with their children, with their grandchildren and therefore they are not really aware of all the changes and developments and maturity the kids went through. So grandfather is then a bit, he had a very, very good relationship with [my son] when [my son] was a little boy and he’s now annoyed that [my son] rather takes his skateboard and hangs out, chills out with some of his friends he still kept in touch. And granddad is then trying the guilt trip, I always call it, oh [name of son] is not my friend anymore. And I say, Jesus Christ, [name of father in law], he is almost 13, they change, they’re teenagers, it’s important and totally normal to spend more time with their peers, the peers are more important now than the family, it will change again but right now it’s completely OK what they do and it doesn’t mean that he doesn’t love you anymore. And so I tell the kids, you have to, you’re like a mediator between the two generations, I feel, and I tell the kids, listen, when grand, when the grandparents are coming over, make some space for them as well and especially the weekends. Because that is what kids do here as well, the weekends is usually a family time, you could roam free because you had no grandparents you had to visit on a Sunday, you didn’t have to go to church at ten o’clock so you’re very free in that perspective but that also means that you have to take double time out when they are finally here. And you can do that, you’re old enough, you can pull yourself together, it works for a week, we have to do it as well, and you expect them to spoil you rotten so now it’s payback time. And they do mostly, yeah, they realise that I’m right and that they do, they try to.

Shane (74) from Northern Ireland also emphasized that it was better to make shorter visits, arguing that most activities are only interesting for a limited time period, and that being enclosed in a space with others can become annoying after a while.
S: I think, [I normally stay] five to seven days. Even if I go now, say, I love Venice, been there many, many times, but I think five days now is enough. I find, as you get older, there’s no constancy in this. Everything changes with age, so it does. Your expectation, your movements, everything changes, but I find five days is enough.

MS: So, if you would stay longer, what would happen?

S: I don’t know. I remember sailing out of Amsterdam to go up to, and the … about 1986 it was, I went up through Bergen and the Fjords, up passed Pittsburgh, until I hit the Hielo Flotante, the ice cap. You know the ice, floating ice? But, at that stage, although it was very nice and I loved it at night, and the calm of the sea, and there was a certain amount of peace, especially when you see the fishing boats, there’s the lights there, and the sea was quite calm most of the time, but after a while, I got, eventually, you only had three decks to walk around, and I just felt, let me out of here.

Maria (42) from Germany talked about her parents’ need for privacy, saying:

M: I do understand, if they want to have their privacy, if they want, if they don’t want to squeeze into our little house, fine.

Other interviewees did not mention having a problem sharing space during visits. This may be because the shared space was larger, or because of different family dynamics or cultural expectations, or because the interviewee was reluctant to mention family tensions. Pradeep (40s) from India, for example, who had migrated with his wife to Northern Ireland in 1999, simply said that said that ‘The house is big enough, yes. [When my own or my wife’s parents are over] they have their own bedroom’.

Special visits: participating in religious and family rituals

For a combination of practical, financial and emotional reasons, visits and return visits often focus on ritual occasions, most of which coincide with holidays. German Maria (42) explained:

M: We are very close knit families so contact is strong. [My husband’s] parents are coming over quite regularly, they really save every penny and fortunately now the flights aren’t that dear and they would come for Christmas so we spend, that’s kind of a tradition, that they come over for Christmas, spending Christmas together here in [Northern Irish town]. And then they would come in the summer for four weeks or so, where we spend a week usually then we go on a holiday, they stay here in [Northern Irish town], look after the dog and the house, they love the seaside so go for walks and stuff. And we come back then and spend another week before they leave then. And in the Easter holidays, we always try to spend a week then at our folks’ place.

Planning visits around specific events, such as birth, was common, and asking one’s parents or parents in law to come over to help out with childcare after the birth of a new baby was also frequently done. Baru (30s) from Bangladesh noted:
Visits from parents and parents in law sometimes needed to be coordinated. In some cases, migrant couples preferred them to come at the same time, but others preferred them to come at different times. In cases where migrant children lived in more than one country, serial visits demanded coordination between siblings. As Bangladeshi Baru (30s) explained:

B: [My wife’s parents just came actually. They were here two months back so they already because they were here for 20 days and then they went to USA to spend with his, with their son, and they have exhausted the whole yearly leave and they will not get anything before next summer. So perhaps next, after my mother leaves then my in laws will come.

MS: I interviewed some people who have similar arrangements where brother and sister living in different countries and even in three different and then they made like a tour of Europe and America?

B: Like a tour of, yeah, yeah, yeah, yeah. That’s not very uncommon. Very, very common, yeah.

Special occasions can also push members of transnational families who are located in more than one continent to meet up as a larger family group. As Baru (30s) explained:

B: what [my parents] will do is that they will drop by here for six months and perhaps from here they will travel to Canada or my sisters will come here, yeah, and all being well if I graduate next summer perhaps and that will be big celebration here in Belfast, yes, yeah, yeah.

The fact that Belfast is ‘out of the way’ when traveling from Asia to North America, where one always needs to book and extra return from London to stop over in Northern Ireland, is sometimes problematic. Baru said:

B: my mum would have tried but Belfast again from Heathrow you have to come over here, so they did not do it.

**Emergency visits**

Anne (62), a Northern Irish elderly mother and grandmother (see also Chapter 3) explained that being relatively close to her son, who had moved to England, gave her a good opportunity to pop over during emergency situations. It was easier for than for her son’s second wife’s parents, she said, who lived in Eastern Europe.

A: [My son] knows, that, he knows if he phones me, if there’s anything really, really urgent I can get the first plane over. He’ll pay for it and I can take the first plane over, which he’s said before. And whenever they, whenever his middle child was very ill, she
took ill, when she was only about three months old she caught some kind of a virus. And had to be taken into hospital, rushed into hospital. So as soon as I, as soon as he phoned me, and I found out, I just booked the first flight over. So I was at his house for 8 o’clock the next morning. Just to make sure, because I didn’t know whether she was going to survive or not, her temperature was so high, she was just, you could have fried an egg on her head.

MS: Oh gosh.

A: She’s two fans blowing on her continuously, in the cot, but

MS: Do you feel you were there mainly for her or were you for your son, to support him?

A: Well to support him, ah hah, because obviously she was still being breastfed, so his wife had to be in hospital with her all the time. They had a room, so he was on his own.

Northern Irish Emma (52), who had re-emigrated to Northern Ireland as an adult, after having migrated to Australia with her parents and sister as a child, had traveled several times to Australia after receiving desperate calls from her parents. She recalled:

E: My parents were ringing me. It probably started in the early 1990s. ‘We’re very worried about your sister. She doesn’t ring us. We’ve been up to see her. Everything seems really strange like her boyfriend seems to be almost like he’s on the run or something’. They’d be, they just felt that their behaviour was really odd. They were sending them money because they were, they never had any money. They were sending them food parcels, all, really, really and I thought I was just hearing these big long stories on the phone and I thought that, I thought they were just like exaggerating and getting, over dramatising things, so because my, I’d been to see my sister a couple of years before this and she seemed to be living a really idyllic kind of life. They were living near the beach. Her boyfriend had a, quite a successful painting and decorating business, just, everything just seemed fine to me. She was in really good spirits.

The above makes clear that parents may also call upon migrant children when worried about their other children who have remained in the homeland. Emma was worried and felt the moral obligation to go over to find out whether anything was wrong.

E: the next time I went back to Melbourne I went up to see my sister and it was clear like immediately that there was something wrong. They were living in poverty almost. They didn’t have any furniture. There was no, there wasn’t any food in the fridge. They, the bed that they gave me to sleep on was like a piece of old foam which was really stained and kind of, my, I went out and bought, did some shopping for them and I brought back a box of wine and I went to bed and when I got up in the morning my sister had been sitting up all night and she’d just virtually finished this whole box of wine which was a couple of litres I think. And then there were things around the house like there was a book on prescription drugs, like a guide book, and I, there were all these kind of clues but I think I was like denying that anything was going on.

She tried to sort her sister out and comfort her parents, telling them that things were moving in the right direction. After a few months she simply had to go back to the UK.
E: I convinced myself that my sister had an alcohol problem and also that maybe she had some mental health issues as well. So she came back down to Melbourne with me and we arranged different things like to see a doctor, to get some counselling. I was trying to encourage her to do artistic things to take her off in a different direction, organising trips out to see friends, going to the, just trying to get her stimulated to do something rather than just sitting around the house all day. And neither her or her boyfriend had been working. Then I had to go back to London. I’d been there for a few months and I had to go back. There were other things I needed to attend to.

She kept getting worried phone calls from her father, and returned once more to Australia to check things out.

E: eventually I went over to Australia to see if I could track her down and I went up to see her and I stayed for a couple of days but I thought she was OK. And we kind of like made this agreement that we would keep in touch with each other but she never called or she never emailed or anything like that. I told her that if she wanted to come to Northern Ireland I would try and organise that for her but I didn’t hear anything more about it. I tried to encourage my parents to become active in bringing her down to Melbourne, getting a passport organised and I would come and take, get her from Melbourne but they backed out of that whole, they were very enthusiastic at the beginning but they backed out at the end.

In 2000, Emma received another phone call from her dad.

E: It was about 1 o’clock and my father’s voice was on the phone and I sort of, I said ‘hi dad’, and I suddenly thought why’s he ringing me like it must be, I knew it was about 1 or 2 o’clock in the morning at their time and he said, he just said ‘your sister’s no longer with us or something, something along those lines’.

She remembered the haze in which she took a flight back to Australia for the funeral.

E: they said that she’d been found with a suspected drug overdose. And they, but they didn’t have any details but it was just completely mad time because I had to, it was the weekend and I had to try and organise flights and I was in the middle of doing my course and I had to organise to drop part of that and try and keep all that thing going as well. Just lots of different domestic things.

E: when I got to the other end I got a lot more details about what had happened but just that whole five days it was, it just completely numb. I didn’t even feel like crying. I just felt, I just couldn’t, absolute couldn’t believe what had happened. It was just completely unbelievable.

During the interview, Emma clearly relived some of the emotions she had felt at the time. Her story showed the emotional intensity of having to deal with the illness or death of geographically distant relatives. In the remainder of the interview, she seemed to constantly judge her own ability to support parents, through phone calls and during visits.
Visits as opportunities for new experiences

Some elderly interviewees reacted positively when I asked whether the trips to their children abroad gave them any possibilities they wouldn’t have had otherwise. Anne, (62) from Northern Ireland, said:

A: Well, yes, we know we’ve somewhere to go over there if we, anytime, if we want to, say holiday. Because that’s what we’re going to do, we’re going to go over in July and spend a week. Now he’ll be at work and she’ll be at work. And we feel quite happy going there because we can spend the time in their house or tour around. We’re not bothering them, and we’ll take the children if they want us to take the children.

Pat (80s), who lived in County Tyrone, told me detailed stories about exciting trips to her son in Europe, the Middle East and South America. She said that the fact that he worked abroad and had married a South American woman, had given her the opportunity to see parts of the world she would never have seen, otherwise.

P: He worked mainly in the Middle East, and he had worked I think in Australia, maybe he did a stint in Norway, and then when he married he was in Oman and once he married then, he got me, they would book my fare to bring me out and that has happened since, and the same to Copenhagen. And then we went, I, well again getting back to the wedding, it was in Peru, and I thought ‘well, it was a strange world to me’ … but, and I'd broken my ankle in the February and the wedding was in March, so I thought somebody up there tells me you’re not going, but they insisted, the boys, and I've three boys and two girls. So they insisted on me going and I went with the crutch and it was an exceptional time because the Peruvian family he married into, well they're all, they're all very family oriented and very friendly, very, very friendly. They've since been back over here, they also were in Oman when I went to visit, we had a great time, it's a totally different life entirely. So that was very pleasant altogether and I had taken retirement from teaching before I was 60, so at that age I was well able to travel and enjoy all the aspects of it.

She loved looking after her grandchildren during their travels, which, she said, was also useful to her son and daughter-in-law as it gave them a welcome break from their parenting duties. Now that she was getting older, she had, however, less energy, and no longer enjoyed long international flights.

P: Well now, they want me to go back out at the moment but I hadn't been so good this last year, and I don't want to travel unaccompanied.

She admitted found it even hard to look after the children of her other son, who lived locally. She always felt cold in his house, she said, which she saw as a sign of old age. ‘I miss my own fireplace’.

Resentment

None of the parents I interviews complained about having to travel to their children. A Northern Irish woman, professionally involved in care for the elderly, said that they might have kept quite
about the fact that, secretly, they would have preferred them to come to them instead. She noted:

B: I can think of one person, who very rarely has her son home, he very rarely comes home and she does all the running, she would go to him and he lives miles away, thousands of miles away. And I always kind of think, ‘why can’t he come home?’ She’s mid eighties, why is she the one who has to get on the plane? She never complains, she goes but I think I’m sure she would love him to come home, just for the odd visit but he’s too busy.

Some adult children complained that their parents did not make enough effort to come over for visits. As German Anna (42) told me:

A: With my parents, because I have the feeling that they aren’t that flexible and that they aren’t that much into traveling and stuff and I’m, I feel annoyed at them really for not coming that often because I think I would do that, if I was physically and financially in state of visiting my kids abroad, I would have, 12 years ago I would have bought a little apartment here in [Northern Irish town] and my parents are wealthy enough, they could have really seen it as an investment, I could have rented it out for them when they’re not there and they could have accessed it any time they wanted to.

A: And so I’m a bit mad at my parents for, especially now when I see that they do try to spend quite a lot of time with the new grandchildren, which, in all fairness I have to say, my mum had a very difficult time when [my daughter] was born; [she was in her] menopause so she didn’t really enjoy having a grandchild that much at that time. And I didn’t trust her with that grandchild and by the time she went out of this phase, we had already moved to Ireland so, and she’s trying to make it better this time, which I totally understand but at the same time, it angers me a bit, I feel that she’s getting out of her way for the new grandchildren and I wish she would get onto the bloody train. Because [my daughter] is now at that age where, and she’s very sensitive to that, and she would say, she would, I’m afraid that she takes it personal, that she really thinks, OK my grandmother doesn’t like me as much as the other grandchildren. I know she wouldn’t do it but that isn’t, as a mother you have those thoughts, you’re very protective, of course, of your children, don’t you? And I wouldn’t want her to feel that way, rejected in any way or so. And I try to explain her again, the mediator, listen, you’ve had, you have had so much time with your grandparents, when the new grandchildren, they’re babies now and their grandparents are in the mid 80s, they probably don’t have that much time left and will they be able, you will be always able to remember your time you had with your grandparents, I’m not sure whether [my daughter and son] will be able to say the same thing one day so be grateful and don’t be jealous and stuff. But that’s what I’m saying, I do think they could spend more time with my kids as well but hey, life isn’t perfect and we aren’t perfect so.
Relationships between migrant adult children and their siblings at home can also become tense when their parents face serious illnesses, as noted by several interviewees. Talking about the early symptoms of Alzheimer’s, one of the gerontologists I spoke with said:

Of course sometimes it’s the one who’s been away notices the change when they come and visit them and they often alert them to that and they, of course the other thing is, the person who’s been away often feels guilt and then perhaps causes problems by phoning and complaining about the care and these sorts of things, so that can be a problem as well.

**Health problems, decreasing mobility and medical insurance**

Health problems can severely restrict parents who wish to visit their migrant children. Maria (42), from Germany, explained that meeting up in Northern Ireland with her parents-in-law was easier than meeting up with her own parents, as the latter had certain health issues. She hoped that, as a solution, her brother would accompany her mum when she wanted to come over for a visit in the future. She commented:

M: With my parents it’s a bit more tricky because my dad is suffering of tinnitus and finds it very difficult to fly because of the pressure differences and he says if he flies, he still has three weeks afterwards still problems with his hearing. So he came, he was only once over in 12 years now, when I graduated with a PhD. My mum has been over three or four times when the kids were little and she’s not too keen to do that now, they are in their 70s and she has become quite dependent on dad so she’s not, she doesn’t dare to fly on her own anymore and so I’m, I count on my brother, that he’s going to take her over then for a weekend or something.

Northern Irish John (78), who had a daughter in the US, said he needed an operation, but was eager to visit the US for the birth of his grandchild. He expressed his fear, not being able to go, especially since he was the only grandparent willing to make a longer visit.

J: I’ll be 79 in October. [I don’t know] how long, please God, you’ll be able to go for, but that’s why I’m hoping I don’t have to have the operation before the baby’s born because I don’t want to miss [it] plus the fact that [my daughter’s] mother in law who lives, she’s now there, she’s in her early 60s but she doesn’t want to, she doesn’t like traveling to the States. She doesn’t like the States and so they won’t go for the birth, her, the mother and father won’t go, his mother and father won’t but they’ll go later. But she doesn’t want to go for, to be tied there for weeks, you know?

Having to adapt travel plans to fluctuating health was one issue; getting ill while visiting a child abroad was another. Evelyn (84) mentioned falling ill during a visit to her son in the US. She first explained that she was normally very fit and self sufficient, and that she had traveled numerous times to America to see him.
E: going backwards and forwards to America was lovely and then two years ago unfortunately I was ill in America, which was a disaster.

Evelyn and John, were good friends and they were present during each other’s interviews. When we later talked about the high cost of travel insurance for people above retirement age, Evelyn told me the story of her illness in detail. The following conversation demonstrates not only the financial implications of medical records, but also how John, who was a more cautious person, reacted to Evelyn’s recent decision of simply traveling without insurance. At the beginning of the interview fragment, John commented on the rising insurance costs.

J: With my last insurance I could stay for six weeks but this one, plus the fact the older you get the insurance is so expensive to go to America, and you can’t even [afford it], though Evelyn went out without insurance the last time. But it’s, if anything happens to you there it’s just so expensive to. Plus the fact they won’t do anything for you if you go to the hospital they have to see your insurance and they check your insurance before they see you. They’ll do nothing for you until they make sure your insurance is OK and if you didn’t you would have to, I don’t know I suppose your family would have to pay cash. (...) Flights are reasonably cheap to America as well, if it wasn’t for the insurance.

MS: I see that’s the main thing.

J: Insurance is as high as, costs as much as the flight.

MS: Oh I never knew that.

J: You see the older you get and when you, sometimes when you cross 80 they won’t take you at all. You have to go to specialist insurers, yes, and if there’s anything wrong or else, they exclude it from anything to do with cholesterol or that. I was with Help The Aged and because I was in overnight, they were going to do the operation earlier last year, and when I was in then they were going to do it on the day and then they changed their mind on the day, I don’t know why, and gave me the injections instead, but the mere fact, because I was in the hospital overnight, Help The Aged wouldn’t cover me for anything to do with the knees. And because my cholesterol tablets were increased from the time before, those two things, they wouldn’t cover you and I mean that is Help The Aged, which anything can be tied up with cholesterol you see, so many things can be tied up from it but so I had to find another company that [covered me for that].

MS: So how did you deal with it Evelyn, when you were ill in America? You had to pay it or?

E: Well that was, I had insurance, that was the last time you see. I was 81 and I had insurance but it was so, so unfortunate. I’ve really never been ill but it was a tablet that they had given me up at the health centre, it wasn’t my doctor, he was on holiday. Different doctor and the nurse said, ‘oh I must go and talk to’, because I just had a check up you see twice a year and I didn’t, I never ever saw the doctor. And she said, ‘I’ll have
to have a talk to the doctor’. She came back, ‘Doctor X’, whom I’d never heard of, ‘wants you to take this tablet’. ‘Oh’, I said, ‘just a moment, he’s not my doctor’. ‘Oh, you don’t have a personal doctor now’. ‘Well’, I said, ‘why didn’t someone tell me?’ She said, ‘he’s in a group of six and you have whoever is available’, and this doctor was, so I started to take it but I was feeling pretty ill but I thought, ‘well coming up for 82, what can you expect’, you know? And then I was going to Texas so just before Christmas I insisted on seeing what I thought was my personal doctor, he gets the stuff up. ‘Oh Evelyn,’ he said, ‘I don’t remember giving you this tablet’. ‘Well’, I said, you didn’t and he said, ‘well how did you get it?’ ‘Well’, I said, ‘Doctor X’. Oh, he said, ‘I think we’ll stop that’. It was too late you see, I’d been taking it and it was totally destroying the potassium in my body right? Of course I didn’t know this and he didn’t tell me so. OK I’m not taking it. So I went through it and

E: This was Christmastime you see and I knew that I was dying, believe you me, when you’re dying you know.

MS: Really, that bad?

E: And finally I had to tell my son, I said, ‘it’s like this, I said, I’m dying’. ‘Oh’, he said, ‘you couldn’t be’. I said, ‘well I am’. So then you have to start getting in contact with the insurance which he did. He got me into the hospital on Boxing Day, two Christmases ago, and he told me I was like a mad woman you see. He said I stood in the middle of the hospital shouting at the top of my voice, ‘I’m bloody well dying and I don’t give a damn’. Because nobody, none of my friends were surprised, they said, ‘yeah, it sounds like you’. No but to be honest I don’t remember, but my son told me, and so fortunately there was a top American urologist coming in the next day to see somebody and he’s going to have a look at me. And so he starts discussing it with me you see and about, ‘where does it [hurt]’? It’s most horrible, it starts in your toenails, it goes all over your body, down your arms, right up to your hair you see and it’s just horrible. And he kept on and on about my feet, he said, ‘both feet’? In the end I said, ‘all my feet’, I remember that. And so I had the brain scan back and front, by then I was in the ward and he said [to my son], ‘you’ll be surprised, your mother’s brain is perfectly normal, never at any time has she had [a problem]’. So of course, the insurance company then had to play ball, and after that I had a heart scan, liver scan, kidney scan, stomach scan, every particle of my body.

J: Well that’s America isn’t it, once they get it under insurance?

E: Yeah perfectly normal. Unfortunately as I came in the blood technician had been on duty 15 hours. Somebody was ill and another one on holiday, she had gone home for a few hours sleep. When she came back in, wham, within 15 minutes they knew, ‘no potassium’, and then they just put in, 48 hours, and that was it I was OK but that’s all it was. But it was just so unfortunate but of course that now is down on the file.
MS: So how much did it cost?

E: It cost the insurance company £60,000.

MS: Incredible.

J: You see this is America, yes.

E: I was in hospital 5 days, but you see, if the blood woman hadn’t had, it was just a question of a series of coincidences, and if she had still been there they would have known within 15 minutes. None of the other things would have been done.

The result of the medical check-ups, though, had convinced her that she was very healthy, and that she could take the risk traveling without insurance.

E: On the other hand, it was very good to know that, I mean that’s really one of the reasons why I decided I would go without the insurance right?

Ill health though, was not the only reason why people end up in hospital, as her brother had pointed out.

E: But my brother in Canada and the one in London they discussed me going, and the Canadian one says, ‘well’, he said, ‘I wasn’t worried about her health because I realised she wouldn’t go unless she was but’, he said, ‘the area just outside Dallas’ that my son lives in now, he said, ‘there’s several accidents, car accidents a day’, he was worried about that you see.

She said she had been extra careful, but had realized that accidents can still happen.

E: So anyway everything, so I was very careful, I didn’t leave the apartment to, because the traffic is on the other side of the road and very fast and but the last day the temperature went up to 92, whew. So my son came right to the door and said, ‘we’ll go to the Chinese restaurant’, which was only ten minutes drive away. We come to some intersection there and we’re just standing there, he just starts up and this [other] vehicle came round, but [the driver] kept his head and moved over a little bit otherwise it would have crashed straight into me, you see?

MS: So and you would be thinking about it if you go over again yeah?

E: Oh it would have been, yeah it’s the, it’s OK if you feel OK and you really think that you’re OK health wise but you see it’s, you could have a car accident.

Evelyn was clearly aware of the risk she had taken. John insisted that the risk was more serious than she admitted.

J: Or you can have a stroke, you see you can have a stroke there.
She dealt with this uncomfortable possibility by making a joke, and then arguing that the likelihood of having a stroke was very small in her case.

    E: Oh well I'll have my bottle of aspirins ready.
    B: Yes it's, you know
    E: Well it's not in the family you see, it's not in the family.

I then asked whether she would risk going again to America? She replied with an upbeat tone of voice:

    E: Oh yes of course I shall go in October. Yeah, crumbs I had a great time, terrific time, all these new friends of his and they were so interesting and, yeah, I'll show you the pictures.
    MS: Yeah great, but would other elderly friends say you're nuts going?
    E: They were all horrified. All my friends were horrified and they were so happy when I got back.
    B: It's not very sensible to go to the States without insurance but then I …
    E: No I know.

We talked about the financial risks if something went wrong. John said ‘Well yes, if you’re a very wealthy family they can pay but why, you wouldn't want to put the burden on…’. Evelyn cut him short, wanting to end the (uncomfortable) topic of conversation, replying:

    E: Well I tell you what, you can’t get blood out of a stone, mate.

**Emotional pressures during visits home**

Some adult children complained about the pressure to visit large numbers of friends and relatives during return trips. Maria said that whenever she was in Germany for Easter, she did not consider her break as a holiday because

    M: you just have to visit everybody and it doesn’t matter how much you stretch yourselves, somebody will be still offended but you have to learn to just say, guys, I try my best and if I can’t see you now then maybe next summer or you come.

She added that visiting her own and her husband’s parents took time and money, which meant that she could not go anywhere else for holidays. Although she mostly enjoyed being with her parents, she found it hard that they treated her as ‘child’, and found it hard to negotiate her role in the family.
M: The annoying bit about it is that for 12 years the only proper holiday we had was a week at Lake Garda two years ago, before that and as long as the parents are alive, we will spend our annual holidays in the Ruhr district, which is not too bad because there are many things to do and the kids enjoy to see their cousins and stuff. But on the other hand, for us, they get spoiled by the grandparents and uncles and anyway but for [my husband] and me, the middle generation, it is like coming home, going backwards in a way. And also the parents, the grandparents, they kind of expect you to function as, the same way as you were never away. Like for example, in the Easter holidays I was home and my dad expected me to MOT his bloody car and I couldn’t believe it, I said, dad, I have a week, yeah, make this appointment, you don’t have to queue. That’s a relief, thank you. So I MOT’d my father’s car so, it wasn’t too bad because dad is driving a Porsche so that was kind of a nice thing about it, but it’s not the way you would like to spend your holidays, you want to chill out but you don’t. And also if you’re sitting in your parents’ garden and they’re now 12 years older as well, I don’t expect them to spoil me anymore. And I have the feeling, ‘mum, sit down, do you want me to do the cooking today or do you want me to set the table or whatever.’ You don’t want them to jump for you anymore.

Negotiating shared time

Several adult children noted how the expectation to meet up with their parents and parents in law limited the possibilities to spend holiday time with their spouse and children. German Maria was quite outspoken about this:

M: I’m very, very torn between on the one hand sometimes being very annoyed that [my husband’s] parents are showing up quite often, on the other hand I think good on you because that is what I would do, now that my kids are growing older, I can really see and understand their perspective (…). So I do understand my husband’s] parents for wanting to coming over, come over as much as possible, even though I think sometimes, OK really, like for Christmas for example, they would come the two weeks and last year, I said to [my husband], ‘listen, because I do have a fair amount of marking which I have to do over Christmas and we do need, the kids as well, it’s so tough secondary school and things’, I said ‘we do need a week for us four, just hanging out, do something nice or even hanging out in front of the telly, watching something together. And just tell your parents, please, just try to break it to them, that they are welcome over Christmas for a week’ . (…). [My husband’s] mum is very good, she understands those things, and then really we all made that effort, that nobody had something on his plate for that week. So when they came over, it was a very harmonious week, we did everything, we did something together and nobody felt stress because you make the time, you’re more tolerant and you’re not that easily annoyed, you just think, ‘yeah, God yeah, OK it’s raining and we’re sitting all in our rather small house but OK then, well let’s have a board game.’ So, and you don’t do that if you have to do marking or if you have to revise for a
class test or if I don’t know what, if you’re trying to renovate the bathroom, all those stupid little things you do when you’re off work. So that’s a good experience.

Northern Irish Shane (74), whose adult children lived in England, Wales and Switzerland, explained that sharing time with them was not always without tensions. Talking about his socially less apt son, he said:

I’ve taken my odd bod and gone to Stockholm with him, and gone to Switzerland with him. This is far beyond the call of duty. If I started to whistle, he’d say, if you don’t stop whistling, I’ll go and sit in the next carriage.

He noted that parents should sometimes keep a distance, letting their children sort things out for themselves.

S: My eldest son is in a very unhappy marriage, and the wife’s highly menopausal, and anything long term, my father, or a football team, whatever, is part of the enemy, so I, say now, I know interference. I’ve experienced interference in the lives of other people, so I’ve never, where my children are concerned. That’s something you have to solve yourself. Parents are best keeping a long distance away, and we have to come in to pick up the bits and pieces in the end. That’s another matter entirely.

He also noted that communication was not necessarily a good thing.

S: Words are highly dangerous things. I suppose, the average person says 30,000 a day, and nothing profound. Words can stop communication. You know what I mean? They can stop communication.

Joining children abroad?

Indian Amala (73) was working in the Middle East when her second husband died. She retired a few years later, and moved in with her youngest daughter, who also lived in the Middle East. Two years later, she responded to her eldest daughter’s request to come over to Northern Ireland. This daughter had married a person from Northern Ireland, and moving with him to his home country. Amala’s explained why she had decided to go follow her:

A: My eldest daughter said, ‘mummy, why don’t you come here?’ [She and her Irish husband] took up a small pub and she said, ‘in this small town I feel lonely, there is no-one that I know much, and I have two, three young children I have to manage, so why don’t you come? You are retired, come and be with me. I said, ‘I will come for stay during the summertime and see how I like it’, because I wanted to see the summer, climate wise. I had been staying in a warm climate all along so I said to her, ‘I will see how it goes’.

She didn’t like it though.
A: I didn’t like it first time. I went back. I stayed two months and I went back. I had stayed in a small village about 40 miles from Belfast [where she lived], I stayed there and I didn’t like it, didn’t. It’s the weather wise, you know. That’s it. So I went.

When her daughter put pressure on her to come back, she reconsidered. This time, she decided that it was better to live in a place of her own in Belfast, also because she had encountered racism in the village.

A: Then a year, summer went by. The following summer she still went on saying, ‘mummy, you must come and stay’. She needed a hand, helping hand because working in the bar, they bought a bar, [were] working in the bar and looking after the growing up three children. It was quite a lot for her. When I realised that, I said, ‘if I get, I’m not going to go and look for a place of my own because I found there is a lot of racism in Northern Ireland. This is the first country that I was living on my own and to face the racism I wasn’t mentally ready at all. So that’s why, that was one of the reasons I was reluctant to be here. But then I thought, ‘my daughter needs me at this time’.

Apart from wanting to support her daughter, another reason for her return to Northern Ireland was that she could be closer to her young son, who was at boarding school in the UK.

Then I considered. And then, by then my young son was boarding in [place in the UK]. He was very young. He was eight, nine year old.

The above shows that the need to support one’s migrant children can motivate parents strongly to settle in the latter’s country of residence, despite their own reluctance. Amala said several times during the interview that she would have liked to leave Northern Ireland. Unfortunately, her own ill health prevented her from doing so. I asked other elderly people whether they would consider joining their children abroad. Most of them said they would not, because they felt too old to start a new life elsewhere, would miss their family and friends, or wanted to stay independent.

The following interview excerpt is from an interview with an Indian couple, Kenya-born Barindra (77) and India-born Asha (70s). Barindra had moved to Northern Ireland in the 1970s to complete his study of dentistry. After a brief return to India, they decided to settle in Northern Ireland. The conversation was interesting as it described the dilemma elderly parents face when deciding about living arrangements. Various options were mentioned.

1. Parents can ask a child to move in with them. In India this is traditionally expected of the eldest son; daughters are expected to join their husband’s family and look her parents in law when they are getting fragile.

2. Parents can decide to move in with one of their children

3. Parents may wish to live independently.
4. Parents may opt for an old people’s home, an option that is still relatively uncommon in Indian, but is becoming more widespread.

Barindra explained:

B: [My father] left Kenya himself in 1970 and went back to India to live there. And when he was in India he, again he wanted me to come back [from Northern Ireland] to India and start practising there, working there. But the disagreement between two of us was that he wanted me to set up practice in the town where he lived you see and I wanted to practise in a bigger city which was not too far away, but it was again a few hours’ journey from where he was. So I said to him, I said, ‘it defeats the whole purpose. If you are not ready to move to the city, you see we couldn’t be together anyway and to come back from England it takes me eight hours, nine hours’ flight’, and if I am away from say from him in India the train journey might take eight hours, nine hours, so that was the thing that went on between me and my father. And ultimately you see we decided to, we’ll stay here rather than going back.

MS: And why was he so keen that you would stay in his town?

B: Because I was the only son.

A: They wanted to live with us.

B: The daughters were all married.

A: But he wanted us to live with him

B: With him, yeah.

A: Not he coming and living with us. That, and that’s the way I looked at it. He wanted

B: Yeah, he wanted us with him.

A: Within his house, but he didn’t want to move and come to wherever we set our house. But my mother in law she would have settled anywhere. She was, I think it takes two of a different sort to run the family. My mother was the gentle, mother in law was the gentle, very, very gentle, meek person and if he told her, please don’t do it she wouldn’t do it. That sort of a person. Or please do it. Even if she didn’t feel like she would do it because she has been told to do it, and most of the decisions were made by my father in law.

MS: And did he want you to live with him

A: Yes.

MS: Because he wanted to be in control of the house?
A: No, I don’t think so, but, because he didn’t want to be under somebody. He had lived his life. OK? To some extent if you have lived your life on your own you find it very hard to go and live other people’s lives.

She explained that Barindra and herself could understand this as they were themselves used to live independently.

A: I don’t know whether I’m saying the right thing or not, but say the way we have lived, the two of us. We have been away, in fact I was 18 when I left home. I was very young and from the age of 18 I didn’t live in a family. If I did it might be for six months or a month, that sort of a thing the way … was living because I graduated at the age of 18 and I started working. I was on my own. We got married. [My husband] was working, so I joined him. We were on our own. We went to Kenya. He left me there with my in laws so I was with my in laws for about 15 months. He was in Northern Ireland, so I joined him after 15 months and we have been living here since then.

She continued reflecting on her own wish for privacy when she visited her daughter, who had been born in Northern Ireland but had moved to Canada.

A: Say if my daughter was to tell me, in fact she did tell me at one stage that, ‘mummy, if I ever get married and I need you, would you come and help me?’ So I said, yes. We have only one daughter as I think you know. And I said, ‘certainly I would help you but I have a condition’. And she said, ‘what is that condition?’ I said, ‘even if I’m living with you I want my own bedroom, my own sitting room and my own little kitchen and my own bathroom. If I don’t feel like being with you or you don’t feel like being with me we have the little flat or whatever you may call it but I want to be with you, but independent’.

MS: Oh, that’s the ideal for many people I think.

A: So I suppose that sort of a thing if I tell to somebody in India they would think I’m nuts to say a thing like that to my own daughter. She took it in the way I meant it to be taken and she understood what I am saying. I still would feel in spite of our change of circumstances and all, I go to her house and I love being there, but I’m glad to come back to my own home. Not that she, she says ‘the house is open, I go to work’. There’s nobody else. I can do whatever I like, but, no, I can’t do whatever I like.

MS: Because it’s not your own house?

A: I can’t open my drawers. If I’m bored I go upstairs [here in my own house in Northern Ireland], pull my drawers out and find the things that I didn’t know existed. (…). [I don’t feel free to do so in her house]. If she sets her things in a certain way I, because I like things to be put in my way in my house I appreciate that she likes to put the things in her house in a certain way and I wouldn’t move them even though I don’t like them. Do you understand what I mean?
MS: Yes, it’s very much it’s your personal space

A: Yes. Maybe I’m wrong. Barindra many a time would say that I’m wrong in that. If say I go to your house and you have a book sitting here which I think should be pushed on the other side, in a certain situation I might push it, but if the situation comes that the things are away I would put it back. ‘There must be some reason why you like it here’. It’s, a book is a very small example. I shouldn’t be giving it. Say there is a photograph that’s sitting there I have it. I wouldn’t move it and put it there because that’s where I like it.

The above makes clear that the decision to move in with adult children who have left the homeland, either temporarily on a longer visit or permanently as migrant, is mostly not straightforward. Elderly parents have emotional ties with and obligations to people and places elsewhere, and may be reluctant to give up the independence that comes with having their own home.

**Conclusion**

This chapter demonstrated the importance of mutual visits to members of transnational families. The physical dimensions of co-presence, allowing for the multi-sensorial experience of seeing, hearing, and touching one another, cannot be replaced by long-distance communication, and add to the intensity of the relationship. Visits help elderly parents and adult children to reconnect, demonstrate loyalty and emotional attachment, and reinforce a sense of transnational belonging.

Visits can, however, be demanding in terms of financial commitment, time investment, and emotional work. The costs of travel and insurance are often an important strain on family’s financial resources, especially of those who are less wealthy. Different needs and obligations need to be considered, when deciding to spend money on a return visit. This includes day-to-day living expenses, yearly payments such as school fees, and in some cases, other holiday costs. The interviewees in this study found various strategies to cut costs, for example by combining family visits and holidays, organising group meetings of dispersed kin in one location, or by organizing serial visits to family members living in different countries. The age-related cost of health insurance was a major issue for elderly parents travelling to their adult children overseas.

As with the previous chapters, this chapter showed that care arrangements within transnational families are influenced by social, economic, political, cultural and gender factors, and are shaped by family histories, negotiated commitments, as well as and individual desires. Visit-related care, in terms of emotional and moral support, hands-on care and practical help, can again be regarded as kin work, as care givers and care receivers are necessarily engaged in emotion management, having to work within the constraints of enfolding interpersonal histories, conflicting demands and expectations, practical and budgetary constraints, as well as time pressure.

The next chapter will explore the significance of senior clubs and migrant organisations for elderly parents with children abroad. It will also focus on emotional dilemmas and issues surrounding care homes.
Chapter 7

Senior clubs, migrant organisations, and care homes

Care networks often extended beyond the family circle, and included friends, neighbours, care professionals as well as organisations for the elderly. This chapter will look at the opportunities provided by such networks, and the ways in which these provisions came up in the life stories of some of the interviewees. Interacting with people of a similar age-group and being able to share similar concerns about ageing and (transnational) family life was welcomed by the majority of the elderly interviewees. Care and support outside the family was, however, also an emotionally sensitive topic, as some parents and adult children felt that the creation of care arrangements outside the family networks potentially signified an unwillingness on the children’s behalf to ensure their parents’ well-being. Many of the children mentioned the moral responsibility to return the financial, practical and emotional support they had received from their parents at a younger age.

Informal networks and Senior clubs

Some elderly parents whose children lived abroad, said they partially relied on neighbors and friends for practical help. Mary (84) and Brian (89), for example, who lived in Belfast, needed support as Brian had lost part of his sight:

MS: Do you have a big support network here?

B: Oh yes. We have, for instance every week there’s neighbours bring us shopping because we’ve no car of anything, and Sheila can’t drive and I’m not allowed to drive.

M: We’ve given up the car some years ago when his vision

B: When my vision went. Then on a Sunday we’re brought to church by another

M: Other neighbours.

B: Other neighbours, they look after us. And so

M: So he says ‘we have good neighbours’.

B: I say we’re

M: One looks after our body and the other looks after our soul.

Northern Irish Carol (84), who had lost most of her vision, and who lived on her own since her husband had died, said she received support from the Royal National Institute of Blind People, and liked partaking in their Community Programmes. She thoroughly enjoyed attending a
weekly Day centre for blind and visually impaired people, to which she was taken by a special bus. At the Centre, she spent the day socializing with other, mostly elderly people, and even doing handicraft. She felt the club was a life line, and proudly showed me some of the craft products she had produced. One of her sons had moved to Australia. Her other son lived close by, and was very supportive, but he worked all day, and she needed to have friends. The weekly routine of spending time with others at The Centre clearly improved her sense of well-being. Olive Rogers, Coordinator of Community Programmes at the Royal National Institute of Blind People assured me that this was the case for many elderly blind people, including widows and widowers who lived on their own (some with Guide dogs).

Other interviewees explained that they had became members of Northern Irish Senior clubs to avoid loneliness and boredom, get out of the house, and make new friends. English Evelyn (84) had settled in Northern Ireland in the 1960s, following her Northern Irish husband. After her husband had died, and her son had migrated to the US, she had joined two senior clubs. She noted that people in the clubs gave her a sense of having a family:

E: I had joined two clubs for elderly people and became great friends with a group of people, very close knit you see, which was really sort of like a family and so I managed OK.

When I interviewed Allison Forbes, Project Manager for the Senior Citizens Consortium Sperrin Lakeland, she stated that elderly members generally enjoyed partaking in activities organized by senior clubs. The Consortium she worked for was an umbrella organisation for older people’s groups across Omagh, Fermanagh and a small part of Strabane District Council, and was mainly funded by trusts and grant giving bodies. Some funding was secured from the health trust and various councils. Allison’s task was to oversee the running and financial management of the Consortium, which had 85 member groups across Omagh and Fermanagh. Her aim was to develop services for all elderly people, not just for registered members of the clubs. She argued that some people ‘don’t want to be a member of a senior citizen’s club because it might make them look old and they don’t want to do that.’

I told her that some elderly interviewees had told me that they would never become member of a Senior Club, because ‘all people do there, is play bingo’. According to Allison, this was a misperception as a variety of activities was offered, even though many were quite keen on bingo.

A: Some of them play bingo as part of their programme. That club that I was at before I came here, that Evelyn (84) and John (78) are members of, they were playing bingo when I went there, but that’s only 20 minutes of their session. Now I think that will change as people get, as the new generation comes onboard there’s going to be less and less bingo (…). There will come a time that those people that insist on bingo won’t be there, and the younger generation won’t miss the bingo. I personally wouldn’t mind if I never saw bingo again, although it is very good I suppose in one sense of getting people to focus and getting them to look and think, and it is good for that and there is a place for
it. But just not, and we’re trying to encourage the clubs to try more things and try new things and we’re currently developing leaflets, information leaflets for their clubs so that they can use these information leaflets to show them doing different activities to try and get away from that. It’s not just about tea dances and bingo. There’s plenty of different games, like we’ve one club that they do archery, we have a men’s club that has archery and we have yoga and we do all sorts of different things. The men’s club is different I suppose. The Club that I was at today they had their bingo while I was there, and they’ll maybe do a bit of Botcha. That’s armchair bowls, little leather bowls it’s not like big heavy bowls and you can play like games, you can almost play like Botcha football and things like that, you can play different games with it. And you sit in your chair but it’s aimed I suppose at people that are in wheelchairs really, that’s what it’s aimed at, but you can play it anyway, you can have a bit of fun with it. There’s also things like New Age Curling, which would be curling stones with wings that you fire down the hall, down the floor and land them on a target map. They play things like that, arts and crafts, card making, painting, all sorts of different things, Nintendo Wii is one there that we’ve got at clubs. It’s like a game console game station thing, and we’ve got them all playing tennis and all on the Nintendo Wii. They see their kids, their grandchildren doing it and they think oh I couldn’t do that, but when you see when you get them doing it themselves they’re delighted and really pleased to be doing it. And they get to give it a go without having to compete with their grandchildren, they’re competing with people like their own peers so that’s OK, it’s easier. And walking, we encourage walking a lot. We would do a lot of walking programmes because walking, most people can walk should it be from here to that cupboard most people can walk and if they can’t walk they’re in a chair and they can be pushed or they can do it themselves, most people can get out. There’s very few people if you actually look at them and make them sit and think about it there’s very few people that can’t actually do that. And I like that because it’s free, easy, social.

Members of senior clubs normally attend once a week, from September to June, and special events are organized as well. Allison explained:

A: Their summer outing which is the big event of the year, a big event is the summer outing that could be a bus trip to I don’t know Bangor or Belfast, go up to Hillsborough Castle or something like that or up to ... or down a garden centre in Dublin or something you know. Plus they have different wee things that they during the week, during the year that maybe have a six week programme on craft or they have speakers coming in to talk about benefits and all that sort of stuff.

Expressing feelings through poetry

On Monday 19 October 2009, I organised the workshop ‘Overcoming distance: transnational families, ageing and care’ at the Centre of Migration Studies, Ulster American Folk Park, Omagh, in cooperation with the historian Dr. Patrick Fitzgerald. A group of about 35 invited Northern Irish senior citizens listened to two presentations given by the latter on Irish migration to the US, the first entitled ‘Across the Briny Ocean: Historic Emigrants and the Issues of
Distance, Age and Care’. The second presentation included a ‘question and answer session’ around art works depicting emigrant scenes. Assisted by Deirdre Docherty, who was in charge of memory work projects in the museum, the participants of the workshop were asked to reflect on their experiences of family life after their children had moved out. Only some of them had children abroad, but the issue of proximity and distance and its effect on kin relationships was relevant to all. They discussed the theme in groups, wrote key sentences and words on pieces of paper that were redistributed to the different tables. The groups then and produced poems on the basis of the text fragments they had received. What follows is a selection of the poems. The first one, Feeling, stresses the importance of staying in touch.

**Feeling**

Keep in touch

By letter

Canada

Family

Like to keep in touch with family

The following poem, Changing Seasons, was written in reaction to the text fragments: ‘she got over her homesickness’, ‘she had 91 wonderful years’, ‘Her photographs brought back many memories’, ‘Over the years she visited many different countries’, ‘In her lifetime she made many friends’

**Changing Seasons**

To dream of a field of golden daffodils

Swaying in the gentle breeze of the Spring sunshine

A clear blue sky

The birds singing

And a stream gently flowing by.

The poem Overcoming Distance focuses on the impact of technological change on people’s ability to stay in touch.
Overcoming Distance

The world is now a smaller place
We can keep in touch by phone
As long as they are well
We never feel alone.

Our intentions are always good
And they do intend to visit
But this never comes to pass
When we win the Lotto
Then we think we ought to.

The poem Happiness was written in reaction to the text fragments: ‘loneliness of separation’, ‘joy of reunions’, ‘changes in method of correspondence’, ‘togetherness of families’.

Happiness

The loneliness of separation
Tempered only by the joy of reunion
Over the years letter writing
Has changed to phone calls, faxes and texting.
This brings happiness and a sense of contentment
To all concerned.

In the next poem, a woman reflected on her experiences as evacuee during the Second World War.
A child's feelings on evacuation

Evacuation is traumatic
Especially to a child
It causes separation
And drives the parents wild.

The next poem was written in reaction to the following text fragments: ‘born’, ‘love’, ‘much’, ‘touch’, stressing the significance of long-distance affective bonds.

Untitled

My mother was born in Canada
My uncle in New Zealand
We manage to keep in touch
As I love them very much.

The pain and disappointment of lack of contact is expressed in the following poem.

Untitled

Loss of contact with a loved one
Is a never ending ache
Why inflict this type of torture
On those who laboured for your sake?

‘Never learned to write’, you say
Too busy working to stay alive
Now you marry, love a loved one,
She can write. Made contact today.
The lost years cannot be re-lived
Changes happen every day
But broken hearts can be repaired
Communicate today.

Home and Family was written in reaction to the following text fragments: ‘family’, ‘mother’, ‘home’, ‘true feelings’, and was more up-beat.

**Home and Family**

It’s nice to hear from family who are far away
And it’s nicer to have them home to stay
My mother always said ‘the hills are greener far away’
And I certainly believe her words as true today.

**Senior clubs: access to information and computer skills**

Membership of a Senior Club can be useful for parents whose children lived outside Northern Ireland, not only to provide a sense of emotional support and ‘family’ belonging. During meetings, members can ask each other advice about practical issues, and speakers are invited sometimes to explain government regulations. As Allison Forbes pointed out:

A: That’s another thing about children being away, about benefits and things like that, older people don’t like claiming benefits and will always insist that I’m not eligible for that and in many cases they probably are eligible and they are eligible for more money. If they don’t have the family contact it’s very hard to get them to look about that because you’re not their daughter or you’re not their son and you don’t want to be seen to be, especially if it’s financial issues. I wouldn’t, certainly wouldn’t want to go to anybody and say, well I think you’re eligible for this, this and this and come on we’ll fill out this form and come on we’ll go and get this, you have to be very careful. And I think people, older people that don’t have family at home miss out on that because children will look after
far better, no I don’t mean far better but you know children will be able to look after little things like that far better if they’re at the door side. If they’re not it’s harder to manage and it’s harder to see how they are, older people are very good at hiding.

When I asked her if geographical distance between adult children and their parents was an issue for local families, she said that distance was relative, and that in the experience of many senior people she knew, Northern Ireland was very large.

A: I was thinking about this last night actually, Northern Ireland is a very small place but to Northern Ireland people Belfast is miles away (...). There is that perception that ‘yeah it's only 69 miles from Omagh to Belfast but that 69 miles is so far’, and with our older people, with our members many of our member groups, especially in Fermanagh lots of our member groups have children living not in Fermanagh. And with Fermanagh people to not be in Fermanagh is a big thing because Fermanagh has its own identity, it’s very, very isolated in Fermanagh and very rural and if you don’t live in Fermanagh you really do live away.

She explained that the Consortium had run a computer training programme, partly to facilitate long-distance communication between elderly parents and their children, teaching them how to use email.

A: we recently ran a computer training course which John (79) and Evelyn (84) might have told you about this morning, and we showed them how to learn how to email and things like that. They have email addresses now some of them, some of my older people so they can contact their kids, John and Evelyn have kids in America and I know John uses his to contact his children and speak to his children and Evelyn will hopefully do the same thing. They’re only two of many that don’t have access and are scared of the internet and I mean I do think nowadays that the internet is going to be the only route for them really to keep in touch the way they do. A couple of them have webcams. a couple of the really, really up there knowing everything, they have webcams that they talk to their children through so which is great, but the majority of them don’t, really don’t. And would be very keen to know a bit more about email and things like that and keeping in touch but as soon as you mention having to learn how to use the computer and turn it on and things like that they don’t want to know.

As became clear in Chapter four, various interviewees in this study emphasised the need for computer training for elderly people. While some of the elderly parents were completely computer literate, either because they had used computers at work, or because their children had taught them IT skills, and others were not interested, there were also those who liked to be (better) trained.

Allison liked the idea of organising training sessions to use Skype, and noted that these could take place on ‘Silver Surfer days’.
A: Yeah Skype would be great I'd love training on Skype, I think Skype would be fantastic. I have a friend who has a sister in Mexico, a sister in America and a sister in Australia and they have conversations, she lives here so there's four of them and they're able to have conversations on Skype with each other. It takes a bit, there's a tiny bit of delay I think but they're able to do that, again it just would be training. There's lots of money available for like these Silver Surfer days they call them, there's Silver Surfers day now on the 25th May and that's in the local libraries and local businesses bring local older people into the libraries and the show local older people how to use the internet and that's it.

There were, however, also problems, as many elderly people did not have up to date hardware at home, something confirmed by some of the interviewees in this study. In Allison's words,

A: Most older people don't have a computer in their house and if they do it's some warhorse of a thing that somebody gave them, one of their children gave them or left there 20 years ago which may have been top of the range 20 years ago, it ain't going to work now and nothing you get with it is going to work with it. And I try and explain this, you know no look that's not going to, that's never going to work, I don't understand that and if they're not using it everyday they're not using it the way we are then it's like everything else you don't and they're not encouraged. There is a perception that 'if you're an older person, well she'll do it for you and she'll sort it out for you and don't worry about that she'll do that, somebody else will do that, you don't need to worry about that'.

Allison noted that as older people today live longer than before, and new generations of elderly people are more familiar with computers, people are more likely than before to learn about recent technological innovations.

**Finding information about care facilities**

Access to new communication technologies is often vital to families who need to make decisions about care arrangements, especially for children who lived outside Northern Ireland. Allison noted:

A: [Access to the Internet] certainly has an impact on our members when it comes to decisions about their care, if they need to go into care and things like that. Their children are far away and their children don’t know about the nursing homes down the road and they go by what they read. They come home for a week to look at nursing homes and maybe they haven’t got the connections anymore with the neighbours, everything has changed so they're really just there to deal with their mum or dad.

She noted that, because these children lived abroad, some as far away as Australia or the US and thus unable to make frequent visits, many lacked up to date knowledge about care facilities in Northern Ireland. In addition to internet access, this made a visit essential. Not all care and
residential homes have websites, and even if they do, there is only so much you can learn from a distance.

Allison pointed out that even a visit would not guarantee that the right decision would be made.

A: They don’t know any of the gossip about the nursing, they don’t know the inside story I suppose. So they come home and they think, oh that place looks lovely mum can go in there and maybe that place isn’t the best place for mom, maybe it’s somewhere else would be better suited, but that’s something I think that tends to be forgotten about that children living away don’t know what’s going on the same way as children at home do. If there’s a nursing home somewhere and you hear a bad story about it or bad rumours about it or you hear good stories about it you’ll be here to hear that. And in many cases when all the kids have gone and maybe it’s just the parent at home or one or two parents at home maybe all the parent’s sisters and families, you know everybody has moved on so there’s nobody there. The only family there would be your mum or dad so you come home and your mum needs care.

One of the solutions to finding the right nursing home, she said, was for children to contact the local Health Trust and the Registration and Inspection Units, to gain more detailed information about specific homes. This was, however, not straightforward, as most simply visiting children relied of information given by social workers.

A: People don’t know this exists. And the social workers don’t, you know the social workers have a job to do and their job is to get that person into, their client into the best kind of care they can see. So what the social worker pushes usually is the right choice but maybe it isn’t, it usually is. So where do you go? I think the Registrations and Inspections Unit for that case would be the ideal place but most people wouldn’t know that exists. I’d like to think people could lift the phone to Age Concern or us, and find out, but people don’t, because people just assume that the social worker will tell you all the right things and through no fault of their own, they have a job to do and they’re doing their job and they’re maybe not looking at it from the same way we would look at it. They’re looking at it from a care perspective not from the client, they’re looking at it from the service, not from the client’s perspective.

**Increasing dependency: dilemmas and decisions**

In several cases it was clear that increasing dependency and the option of nursing homes or moving in with one of the children was a taboo topic. In an interview with the Northern Irish couple Brian (89) and Mary (84), for example, Brian only mentioned this after his wife had left the room to take a phone call. He said that they had never discussed options for care arrangements if one of them would become seriously ill, or what would happen if one of them would die. This was remarkable, as Brian had lost much of his vision, so the two, who had no children in Northern Ireland, were already dealing with increasing dependency on a daily basis.
Avoidance was possibly a way of coping with their fears about the future. For ethical reasons, I did not discuss the topic further after Mary had returned.

In the case of progressively disabling diseases such as Alzheimer’s, decisions about care arrangements are unavoidable, and may have to be taken by elderly patients’ children. Uday, a gerontologist working in a hospital in Northern Ireland, explained that these situations can be emotionally challenging for all those involved, and may be further complicated when the patient’s children have emigrated. He noted that it was vital to communicate face to face with these children, as this enabled them to make an informed decision.

U: people at a distance, not having the proper information, are really unsure and sometimes quite worried. And quite often I will speak to them and I found speaking to them and giving them information as to what is actually happening does help them quite a lot. Now you can’t make decisions for people, but if you give them the information that they need then they can usually make the right decision. So, yeah, one issue is communication when the family’s at a distance.

Personally, he had dealt with elderly patients with children in places as far as Canada, Australia and Hong Kong. Having elderly parents who are based in India himself, he said could empathise with these families.

U: I suppose I can relate to their worry a little bit more because I’m at a big distance from my parents as well. And it does probably give me a little bit of understanding as to what they are looking for when they are speaking to me.

He said that communication was equally vital when dealing with adult children who resided in Northern Ireland. In his experience, changing relations of dependency were always hard to deal with for family members, especially in relation to illnesses as serious as Dementia.

U: Another issue is people looking after their elderly parents here and as the help or the functional capacity starts to fail, how do you deal with it? So again there is a lot of communication involved, actually on a pretty much a very frequent basis. And some of it is straightforward but sometimes it’s very difficult as well, particularly if the people that you are dealing with can’t actually make decisions for yourself, because then you have to sit down with all the relevant health professionals and the families and work out what’s the best for the person that you are caring for.

In his view, there were various challenges for the patients’ offspring. First off all, they needed to come to terms with the reality of the disease. Secondly, they needed to find an acceptable care solution.

U: I think the main emotion initially is health wise, how their parent is going to do? So, are they going to get over it or not? And once they are over it, then the other issue is, how and where they are going to be best looked after, and those would be in different ways the two main things. One is health, and the other is ongoing care and safety.
Guilt, duty and negotiated responsibilities

Marilyn, a manager of a care home in County Down said that guilt was the dominant emotion when children first leave a parent at care home. Guilt can of course be an important motivator of continued active engagement with a parent. When asked about adult children’s sense of guilt, Uday said:

U: Well you see some of them [feel guilty]. There are all sorts of people and you come across some people who would have a lot of guilt, or more of it if they’re not able to do things that they would have wanted to do. But at the same time you have the people who give up their jobs and either move in with their parents or have their parents move in with them and look after them. So I can see all things, and it comes down to the fact that people are different and families are different and some can do more and some can do less. And for people who can do less, how do they deal with the emotional side of it? So, yes, I see all of it. But it’s not that you see a lot of guilt all the time, but you see some of it, yes, but you also equally well see the other side of it.

When asked about the dilemma of ‘care home versus care at home’, German Maria said that although in her homeland, it was still quite common for parents in rural environments to move in with one of their children, things had changed in the cities.

M: The thing is that I think generally in urban environments it’s not that normal anymore and usually if there’s one parent remaining, you would find more often that they would go to a nursing home.

German Ute (53), who had married someone from Northern Ireland, recalled how, when she was growing up, her maternal and paternal grandmothers had lived on the ground and top floor of their large house in rural German. Her parents and the children lived on the middle floor. She described it as an ideal situation for her and her siblings, who could easily pop in and out of their grandmothers’ apartments. One of the two had been the warmer, more caring grandma, who liked spending time with her grandchildren. But they were also close to the other grandma, and the proximity made it easy for them to have an intimate relationship with her as well.

Both Ute and Maria explained that in Germany, she said, the choice to invite a parent to join the child’s household, relied partly on the availability of space, the social make up of the family and the emotional dynamics of kin relationships. In Maria’s words:

M: In my family’s case it was, I think, an exception because first of all they had the space and second of all, my father was a single child and when my granddad, whom he was very, very close with, died 20 years earlier, my dad promised on granddad’s death bed that he will look after his mother so he felt really the duty. And also luckily, which you don’t have too often, my mother had a very good relationship with her mother-in-law, at times even better than to her own mother so that was just lucky coincidence, I think.
For parents of migrant children, moving in with their child would mean migrating themselves. Living in Northern Ireland, Maria could not imagine her parents joining her.

M: in my parents’ case I don’t think that neither my mother nor my father would come to live with us because we live in a different country, they would have to speak a different language. My father’s English is ‘so so’, my mum knows survival sentences and at that stage you don’t, we have this saying in German, you don’t uproot an old tree and this is what they would be thinking.

Her parents had discussed this with her and her siblings, and had told them that they intended to sell their house and move into sheltered accommodation or ‘find a smaller place for themselves in a neighbourhood with good access to hospitals and doctors and stuff’. She had discussed the situation with her brother, which shows that cross- and inter-generational communication can be vital to care arrangements. Maria had agreed to help out when her parents would move house.

Her husband had also discussed the future with his parents, and while his father was less willing to leave, his mother was more adaptable. In this case language played a major role.

M: his dad, same thing, you wouldn’t get him out, he would say, you get me out of this house with the feet first. [His] mum, I could imagine living with us, she speaks English, as soon as we, she’s very active, she would be, again if she had been born in a different generation she would be, I’m sure she would be a doctor or at least head nurse somewhere, she, or a primary school teacher, she would have been good there as well. She’s very proactive and as soon as it was clear that we were moving to Northern Ireland, she started an adult education class in English and she had English in school and she was always interested in languages so she had basic English, it was a refresher course, and she’s still doing that (...). Like when they’re spending their holidays here, last year for example, [my husband’s] dad had toothache and they had to see the dentist and we were calling up and saying, listen, our parents are coming up now, can you see them? And, but [my mother in law], she just managed everything fine with her English, asking about, do we have to pay the NHS and stuff and so she’s very, very fit and on the ball really.

I could imagine her, if we were still staying her, I could imagine her coming over and she wouldn’t enjoy it. (...) If there was no other possibility I think she would do it, she wouldn’t be scared.

The above shows that, apart from language issues, personal characteristics may also play a role in the planning of future care arrangements.

Family discussions, empathy and denial

The care home option can be a source of strong feelings. When I asked Northern Irish Anne (62) whether she had discussed with her sister what would happen if their already disabled
mother would get worse, and whether they had considered the option of a nursing home, she replied:

A: No, we have, well we have discussed it and my mother, we know my mother would never want to go into a nursing home. And we have discussed it and we said no matter what, we will make sure that she doesn’t, she will be at home. She’d, I have to sleep over there at nights, or whatever, we will make sure amongst us that she will cared for at home. Because that’s what she wants and we will do exactly as she wants.

Anne spoke about her mother’s distress about the nursing home option. Her account showed she used her emotional narrative to make claims about her own moral standards, strongly empathising with her mum. It also alluded to the dilemma families are faced with when loved ones get seriously ill.

A: Because her neighbour was very bad with Parkinson’s disease and my mum would have walked down, it’s just a couple of doors down, she would have walked and spoken to her, things like that. And then she got, that she would, [that is was] just impossible for her to live in her house on her own, and they moved her into a nursing home. My mother sat and cried for a week at the thought of her being in a nursing home. Although there wasn’t anything else her daughter could have done because she needed hoist lifted, and thing like that. And they couldn’t do that, even with the help that they would got coming in. Their mother was left in the house on her own, all night. And anyway, she went into the home and she wasn’t very long in the home till she died. And I think my mother’s got the impression if you go into a nursing home, you’ll never come out of it. So no, we keep her at home. She’s hardly able to get in and out of the car now but we, my sister there takes her out every day. And people will call in and see her, and we make sure she’s got everything that she needs.

Interestingly, Anne did not consider the possibility of her mum becoming as dependent as her neighbour. This mechanism of denial – refusing to think about the worse case scenario – was also apparent in some of the other interviews. I mentioned to Anne that some elderly people needed so much help that a care home was the only realistic option.

MS: I also talked with some people working in nursing homes and some people who had a parent who, that ended up, they just had to take them to a nursing home because of Parkinson’s, dementia

A: Dementia, yeah.

MS: At some point, you can’t do it anymore.

A: Well when, well we’re very lucky with my mother that she is as well as she is. She might be a bit forgetful and that, but because of her age, but we keep an eye on her.
MS: But imagine that, touch wood and everything, that there would be a situation where you just say, well there’s no other option, how would you feel about that?

A: I don’t think I would like her to go into a home. Now with her friend, when she did go into the home, she was quite happy because she had a lot of people, there was a lot of things going on, and she had people to talk to. But that’s because she was always in the house on her own. My mother’s always got somebody with her, there’s always somebody calling. My mother’s grandchildren will call with her, bring her flowers or take, and she’s always somebody coming and going, like my brother in law’s up today to see her. And she’s always got people calling in to see her, people, neighbours, people from the church will call in. So she doesn’t feel as isolated as what some people would.

Dependency on children or paid care: family dynamics and individual choice

Some of the senior interviewees pointed out that they preferred to go to a nursing home because they wanted to keep their independence as much as possible. When I asked English Evelyn (84) whether she would join her son in the US if she would need more intensive care, she said:

E: Not in a million years. No I still have to have a certain amount of independence. I would have to go in somewhere, a nursing home or something like that or, I don’t know.

She added, hinting at the possibility of assisted suicide:

E: I think if I was just too bad I wouldn’t want to stay around to be honest. Of course I hesitate to say that because sometimes people are horrified but

MS: I’m from the Netherlands so you know the situation there.

In what follows it is clear that she hoped she would continue to be independent, and had not discussed a possible loss of independence with her son as it was a taboo topic.

E: Yes but I don’t really know, right. Sometimes one has a mind by then that you’re not able to make decisions for yourself, I hope that

MS: But you don’t have like some people would say, I’ll never, ever go into a home and no way you know?

E: Well I will just try to be independent as long as possible but you see the age for people, the females, in my family is 92. (...) And they were all, their minds were all very active, yes they were so.

MS: And is that something you would discuss with your son or is it like a taboo topic? I know in some families you can’t … discuss

E: It is yes. No, I wouldn’t discuss that with anybody except myself.
In Shane’s (70s) case, extreme dependency was less of a taboo topic as he had looked after his wife, who got seriously ill in her 40s, for many years, before she moved to a residential home. He was realistic about the emotional pressures his wife’s illness had had on the whole family, and the necessity to balance care efforts and emotional engagement with space for oneself.

MS: Was your wife always at home with you, till the end, or

S: Oh, no. The last seven years, she was in a residential home, and at that time I sold my house and moved elsewhere, though I did still visit her three times a week, but you can become part of someone’s sickness if you aren’t careful. You’ve got to always keep part of your life private to you, to retain your own sanity.

His children, who all lived outside Northern Ireland, had to take plane journeys to visit their mum, and were not always willing to make the effort to come over.

MS: And what about the children? How did they deal with it? Did they come also to visit her, and

S: Well, there’s one, my good daughter, who I went over to see, I went over to see to stop her coming to see me, because she’d be over all the time, and she’d come quite frequently over, flew over to see her mother. The other children, I would have to say, it’s time you came to see your mother, and I actually used to pay their fares, though I eventually stopped that.

He further evaluates his children’s care giving practices

S: Most people are takers, and users. Some people are givers. Some people are carers. I’ve got one giver, and three takers. That’s an excellent percentage because I imagine there’s only one giver in every few thousand, so, from that point of view, I’m lucky to have such a strong child.

Evelyn (84), who had moved to Northern Ireland in the 1970s, remembered her blind mother visiting her in Northern Ireland, but because her mother and husband did not get on, it would have been impossible to care for her in her Northern Irish home.

E: She would come to me at Christmas, yes she would come to me at Christmas. And then of course remember she did have my brother, my elder brother, and they were quite close but it’s not quite the same as a relationship between mother and daughter you see? But he was very good, kind, and only lived about a mile from her so, no, no, it was just that she missed me. That was the whole thing really basically yes.

MS: So would you ring as well like telephone calls and?

E: Yes quite frequently and it was not long before she died she had to go into a home because she was sitting in the sun and she got heatstroke, otherwise she was perfectly
OK but then that affected her. But she was only in the nursing home about four months yes when she died, yes.

MS: And was there sometimes a question of her coming to live with you or living with your brother in the house or?

E: No, no quite impossible. She and my husband did not get on at all. I think it was a question of jealousy.

She speculated that the bad vibes had been caused by the fact that both her husband and mother had gone to boarding schools.

E: I think it affects them in as much as when they have some family close to them they get very, very jealous about, for instance, my husband and my mother were totally devoted to my son and so they were jealous of one another so it was, no it would have been totally impossible, totally and, it would just have been a disaster, yeah.

The nursing home option: facilitating long-distance communication

Peter, a retired gerontologist, discussed how nursing homes could possibly react to the challenges faced by transnational families. When I mentioned the problem of long distance communication, he suggested that mobile phones could be a solution. He added,

P: I would have thought that the nursing homes ought to be, it ought to be one of the services that nursing homes offer as a way to keep in touch. I presume there’s the issue, they can’t just hand out phones because presumably they could be abused and because of the cost involved but I would have thought that mobile phones was the obvious answer.

Being in his 70s himself, he objected to the common assumption that elderly people cannot manage new technologies.

P: There’s a sort of feeling that older people aren’t going to be able to manage the new technology. I read several years ago in the paper, one Christmas time, that the majority of people who bought personal computers were actually aged over 65 so clearly, as generations succeed generations, the succeeding generation of older people are going to be much more accustomed to technology than the current old generations are, but I would have thought that in future, nursing homes at any rate will have to give access to broadband and internet access for people to allow them to do so.

MS: And also maybe provide some training if necessary?

P: Possibly, yes. Well certainly it’s a good thing. I think many old people, many people when they retire will go to various courses of various sorts. I would suspect that a quite a number of them are going to IT courses.
When asked for other policy suggestions, he said:

P: I think probably we perhaps don’t exploit modern technology enough and the use of things like Skype in order to do this now. It’s certainly reasonably widely used among people that I know, but I don’t think it’s probably widely used in the community as a whole and it’s free once you’ve got your computer, and perhaps institutions like nursing homes and hospitals perhaps need to think about that more as a service for the people they’re looking after and to my knowledge that is not done a great deal. But though I can’t really think of anything else really, no.

A female manager of a nursing home in County Down claimed by contrast that people who ended up in nursing homes were often quite weak and confused. In her view, most of the residents, many in their eighties and nineties, would not benefit from access to up-to-date communication technology. Amala (73), an Indian female resident who lived in sheltered accommodation in Belfast, herself computer literate, said she was one of the only ones who had learn how to use a computers as part of her job requirements.

A: No, nobody’s interested because everyone is, and they are quite different age groups, but they won’t use it. They are in their 80s and 90s, they are not in their, this technological world there. These are, you see most of the residents here are post war and, during the war time, they have not advanced in their education and they had to go to work in their early ages in order to support the families and themselves. And so they didn’t have much of a chance for the advanced education, and they had to help themselves and their parents by earning their wages, and so they had no other choice, so not by choice. At least they, and since they spent their time in working, they didn’t have time for their education, and so.

MS: But you could expect that, say, in ten years time places like this, they all, maybe standard, have computers.

A: Yeah, ten years time they will have, but at the present condition, no, no.

The nursing home option: facilitating visits

In Northern Ireland, visiting relatives are normally not able to stay the night in nursing homes. I suggested introducing a spare room for them to rent, as I knew existed in Hong Ling Gardens. In Peter’s view, there was no urgent need for this because most adult children of residents in nursing home live at a relatively short distance and prefer to return to their own homes after visits. Relatives who have settled outside Northern Ireland often stay with other relatives or in paid accommodation when they come over for a visit.

P: I think it would be difficult for nursing homes to manage that, actually, yes. I’m not sure that people would want to stay in a nursing home, except perhaps maybe if their relative is terminally ill they might need to, but I would have thought people, well, many people have other relatives around that they will stay with so I would have thought it
would be relatively unusual in Northern Ireland context that there would be only the one, and there are plenty of boarding houses and bed and breakfasts and so on around I would have thought that people would stay there if they want to. (...) I would think that most people who are away will have had friends or other family around that they can stay with if they need to.

When I told him that Hong Ling Gardens had a room available or relatives to stay over, he agreed that ‘in those particular circumstances (when relatives come over from far away places) that might be more worthwhile’. I also visited a residential home that provided sheltered accommodation, where tenants could book a room for relatives for £10 a night. Amala (73) from India found it very useful; her brother had stayed there when he came over from the US. She said that Northern Irish people used it as well, for example when relatives came over from England or Australia.

**Sheltered accommodation**

I visited two sheltered accommodation sites, where – unlike in most nursing homes -- elderly people needed some help but were still relatively independent. Amala (73) from India, who had one daughter living in Northern Ireland, and two children living abroad, had almost two decades of experience in a sheltered living arrangement. She had moved there because of health problems, and had made good friends in the home. During the interview, an Irish resident dropped by to have a chat, and the two ladies had a very friendly conversation. Yet even though she was active and had organised group activities for the residents, she said the situation was not ideal as residents could easily isolate themselves. In her view, the government should encourage the building of houses with granny flats, where three generations could live in various degrees of dependency.

A: In my opinion, now that I have lived, I am living in last, past 20 years or so, I feel sheltered dwelling, it sounds very rosy on the paper but it is not that convenient. Once you shut your doors, behind the doors you are all alone and that has minus points also, quite a lot. There will be, if you had to be plus, minus points, I think there are a lot of minus points. You are all alone with the four wall most of the time unless and until you go out and, even then, you don’t know whether you have a friendly neighbour or no.

MS: What would be a solution, living in larger groups or living with your daughter or?

A: Yeah, living with the family and that should be encouraged, like having a granny flat, that kind of stuff, very near to your own people. That is better than these sort of things. (...) You’ll feel more secure, more wanted and more company, so the bond is there still.

In her view, it would also be financially advantageous.

A: If you have that kind of plan, there is a lot of, even financial, saving, economically, because you don’t have to spend for heating and all that in a different way, the grocery
wise, day to day living. Everything will be in one unit and that will prove financially, economically very healthy and, in that way, government will also be benefited.

Hong Ling Gardens

Hong Ling Gardens, a residential home for elderly Chinese people, was opened in 2004. The project was spearheaded by the BIH Housing Association in conjunction with the Chinese Welfare Association. The 8,000 strong Chinese community is the second largest ethnic minority group in the province. When I visited in 2009, the home accommodated 59 residents, mainly Hakka speakers who arrived in the UK in the 1960s and 1970s and worked in the Chinese catering industry. Many of them were illiterate and had little or no knowledge of English. As part of this CAP research, I designed a questionnaire to explore the residents’ care relations with their children (see also Chapter one). Research assistant Esdanlar Wu, who worked at Hong Ling Gardens as warden, interviewed twenty residents who were willing to participate in the research on the basis of the questionnaire. Twelve female residents between the ages of 60 and 85, and eight male residents between the ages of 60 and 83 took part in the study. Most men had arrived in the UK in the 1960s; the women had arrived between 1964 and 1989. The majority of men had left because of lack of employment. Most women came to join their husbands or other family members. The majority of residents had worked in Chinese take-away restaurants. One woman had worked in the sewing industry; four had stayed at home as housewives. Most visited Hong Kong every two or three years. The women had between two and six children; the men between one and six, apart from one who was childless.

Male respondents

Two male residents had no children outside Northern Ireland, Three had children in Northern Ireland and other parts of the UK (England, Wales, Scotland); One 72 year old male respondent’s six children all lived outside Northern Ireland, in the UK and Hong Kong. Most had contact by phone with some or all of their children, and classified their relationship as ‘mostly warm’ or ‘warm’. A 72 year old male respondent with six children outside Northern Ireland, who also told his life story in a biographical interview (Wong, see earlier chapters) was an exception; he only had a ‘sometimes warm’ relationship with one of his daughters, who phoned him once a month, but received no support from his other children, with whom he had a ‘cold’ relationship. A sixty year old man from Vietnam was on the other side of the spectrum. He said he received practical and language support from his children, and classified the relationship with all his four children as ‘mostly warm’. He visited his daughter’s house every day, and his other son and daughter who lived in Northern Ireland rang him weekly. While he said he had an equally good relationship with another daughter who resided in England, she only rang him once a year.

When asked for a description of their co-residents, one ticked ‘mostly lonely individuals’. The 72 year old male respondent who had lost contact with most of his children replied ‘Elderly people waiting to die’. Another 69 year old male respondent gave the same answer, but he also noted that he was ‘Lucky to live in Hong Ling Gardens’. The remaining five men described their co-residents as ‘a large family’, and/or as ‘a groups of friends’. One of them, and 83 year old man added that they were ‘people in the same situation’. Most men said they participated ‘often’ or ‘all the time’ in events organized by Hong Ling Gardens.

Five male residents replied they received emotional support from other residents. Two men noted they had received emotional support from employees working for Hong Ling Gardens.

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Seven male respondents noted that they go ‘often’ language support from these employees. ‘Living with other Hakka speaking people’ was most frequently given as a reason for moving into Hing Ling Gardens. Other reasons were ‘living with other elderly people’ (x4), loneliness, poor level of English, anticipating/experiencing age-related dependency (x1), and ‘nice rooms/security’ (x1).

Female respondents

In the case of four women, all their children lived in Northern Ireland. Another four had children living locally and additional children who lived in Hong Kong. Three had additional children who lived in England or Scotland. One woman had one son in Northern Ireland and one in Australia. Compared to the men, the women seemed to have closer emotional relationships with their children. All female respondents said they had ‘mostly warm’ or ‘sometimes warm’ relationships with their children. Only one, a 64 year old female respondent, said she had a ‘sometimes cold’ relationship with one of her two children, a son who had moved to Australia. Eight mentioned that they received emotional support from their children. Practical support was mentioned by seven women, and six mentioned language support. One 83 year old widow, who had come to the UK to live with her daughter, responded that she received much support from her grandchildren. Seven women mentioned that they were financially supported by their children.

Among the reasons the women mentioned for moving to Hong Ling Gardens, were lack of support of children (x1); living near my son (x1); nice rooms (x1); poor level of English (x1); social events organized by HLG (x1); wanting to be independent from children (by not living with them (x2); loneliness (x3); following friends (x3); living with other Hakka speaking people (x3); living with other elderly people (x5). They described their co-residents as mostly lonely individuals (x1); people in the same situation (x1); people who are mostly active (x2); a large family (x3); people lucky to live in HLG (x6) a group of friends (x10).

The following fragment from an interview with the Warden for Hong Ling Gardens, shows the significance of the retirement home for elderly Hakka speaking Chinese people, whose children often work in the catering industry and have limited possibilities to provide care.

MS: What about when people first come here, is it often because they really need some help? Or is it more that they want to live in a community, more Chinese elderly community?

E: I think so, yeah. Because if they, even if they live with their children they will become isolated because of the working hours, they sleep the day time, go to work afternoon. And it’s not communicating, 24 hours. So in here is a good place for them, if they get bored, chat with your neighbours. Or we have a Chinese TV channel as well, for free. Every one can change channel, they don’t want to, they want to stay in, they can just watch the Chinese channel. Going out they can chat with, it’s the language, the people that can speak their language.

MS: Do you think it’s mostly their own choice? Because I’ve visited some nursing homes and I interviewed some staff there and they said, well the time the elderly people come
here they really need medical help. And their children often had their mum or dad at home but they just can’t look after them. And they feel terribly guilty.

E: But that is different because we are not a nursing home. They are still independent. They still have to cook themselves. They can, if they get older they can still choose, rather stay here or go to the nursing home. Because … we provide a pack of care, care package they call it. But that is another problem because all those home, what do you call it, home helper, they don’t speak the language. It caused a problem you see. Because we had a case, home help here, stand there and don’t know what to do. So we don’t really have home help in here at all since that. One lady, she was a bit, I think she was, I’m not sure if she got dementia or not. But then when I was off she fell and sent to hospital. She had nothing to do in hospital. I don’t know, I think she had been kept in a nursing home. People talking she was coming back. But social workers, they rang me some times saying, she was a bit, she is a bit isolated in there. There’s no one to talk to. And I feel sad, honestly, I feel sad.

MS: Could she come back here or do you not have the medical facilities?

E: The room is still kept for her, yeah. But it depends if her family want to give her support or not. Because she might need someone, she just needs someone to come to remind her to take the medicine because she forgot and took it again or sometimes completely forgot. And she’s lost a bit of sight as well.

MS: Would you not have nurses here who could do that?

E: We don’t have a nurse here, no.

MS: So if people want to stay here they are really dependent on their children?

E: Yeah, or the care package they say, yeah. Or themselves. Most of them, the tenants, they look after themselves. Sometimes tenants couldn’t cook, when they’re sick they couldn’t cook, the tenants will cook for them sometimes. It’s quite, they are quite, harmony in here. I will say they can, they help each other. Most of the time if they’re getting [on] well, no trouble. Yeah, because they say, we’re the same, we’re Chinese. If we don’t help ourselves who will help us? That is their concept.

MS: What is your general impression about people here? Do they have frequent contact with children if the children live here?

E: Have, yes, but they have contact with children but if anything they need help they will not ask their children. Most of them, I couldn’t say all of them but most of them, they will just ask me rather than ask their children.

MS: Why is that?
E: I don’t know, no reason. I think probably they don’t want to trouble their children. I’m the worker so they trouble me.

MS: What kind of things would they need? Practical support? Medicine?

E: It’s change the light bulb. I buy a wee small thing from Tesco because sometimes they don’t know how, where to buy them. And I will say, your children are coming to visit you can just ask them, buy wee things for you that, I don’t think it’s a big deal right. But they just will not, particularly one couple here. Kids come here all the time, sit with them watching TV and do nothing. And I say, why? Even to buy a wee film, I asked him to buy film because they just complained da, da, da. I said, will you just buy a wee, clip, what’s it? Fold, like a fold? You fold?

MS: Cling film.

E: Cling film, yeah. And they say, I don’t know where I can buy it. I said, you can go to Tesco, any supermarket can get one, no problem.

Giving such practical support was not part of her job description, so she would encourage them to ask their children, but often ended up helping out herself. She also frequently gave emotional support, for example

E: There’s one lady, her husband passed last year and she’s not getting [on] well with other people. But then her daughter came over from America to stay with her for a whole month. But then I still, at the first stage I would, I’d go down to comfort her first. And then talk to her and see any help I can give her. But then it was good for her daughter to be here anyway because she was scared to go to her bedroom (…). There’s not a lot of tenants die in here. They all passed in hospital but they are scared stiff. They say they will come back and the spirits will [come back].

MS: What do you do? Give them another room? Or you just say, ‘come on, it’s not so bad’?

E: No, yeah, I would say something but then she insists. I think now she still doesn’t go to the bedroom, she moved the bed to her living room.

MS: And of course, you coming from a similar background, you would understand her feelings?

E: Yeah, I know what it’s come from. They all thought, the person past will come back in seven days and if you’re not treat him well, they’ll do something bad to you and that’s it.
Indian Community Centre – Senior Group

On Monday 16 November 2009, I spoke with twenty elderly (50+) migrants of Indian descent at the Indian Community Centre in Belfast about their experiences as migrants and members of transnational families. They formed a group of Seniors who met once a week at the Centre. During the workshop, I asked them to discuss the challenges of long-distance family relations at different times in their lives, when they were young, middle aged and senior. They also commented on their involvement in practical, financial, hands-on and emotional support, and on the types of communication technology they had used since they had migrated. They were also asked to think about relevant policy issues.

I split them in three groups, asking them to reflect on care experiences when they were 0-30 year old, 25-50 years old, and 50+. The first group consisted of six men; the second of seven women, and the third also of seven women. The participants all belonged to the group of Indian seniors who met regularly on Monday mornings, doing physical exercises, having discussions and informal chats, and eating an Indian meal together that some of the women prepared in the large kitchen. They emphasised how important it was for them to meet up with other members of the Indian community, to get a sense of home. On their feedback forms, seven respondents listed as the most important policy issue with regard to ageing a ‘place of our own where our community can meet’; ‘a centre for the old people where we can meet each other more frequently’, or ‘a fold for the Indian community or a Day centre for the Indians to visit’.

Some of the men remembered how hard it had been when they had initially come to the UK. They had felt lonely and had little money. When asked for the worst part of the workshop in a feedback form, six respondents mentioned that the discussions had brought back painful memories. Some added that ‘the best part of the workshop’ had been to share their stories.

I sent money to my parents and I did whatever I was supposed to do. You miss the family so there were frequent letters and some times phone calls. Letters were frequent and phone calls were rare. Not often visits. Money was there but not too much. Trip to India cost plenty those days, so there were only two trips.

The phase the migrants were in their life course clearly influenced the type and frequency of support they could offer. As one man noted:

At this age, very busy in study, or wandering here and there with friends. My parents did not need any hands on support at this age. No visit was made until the age of 31. The reason was not enough money or busy in making money in business. Moral support was always there.

One male respondent was still in India at the age of 30. His answer demonstrates the supportive intimacy in his family:

Because I was living with my parents up to the age of 30, I had a family bonding, I was always with them, always in contact. I was looking after my sick granddad; I was giving my share from my salary to my parents; I was sometimes cooking for my parents; Every
Sunday I was giving a full massage to my granddad, and used to take him for a walk twice.

Another man expressed his gratitude for the support his parents had given him.

In fact I was being supported by my father till I was a student here and in India. I am a dentist because of financial, emotional and moral support of my father and mother, thus I am in debt to them. As a child I had my parent’s love and affection – emotional support etc. but at the same time strict discipline was enforced which perhaps lacks these days.

The women who discussed their experiences during the age 25-50 mentioned that they had bought gifts for family members back home, and some had sent money. In terms of hands-on support, their mothers had come over for a few months to look after their babies. At times of bereavement, they noted, emotional support was strong. Special occasions like weddings were opportunities for the whole family to reunite. When asked for policy issues they noted that ‘everyone is interested in a day centre for the Indians’. They also noted that when traveling to family in India and elsewhere, visa had to be arranged, and travel insurance had become increasing important and expensive. They also pointed out hard it was when in India, relatives thought you were very rich and could afford to send money and presents all the time.

In terms of policy there were different opinions about the need for an Indian old peoples home. The men said that Indian people are proud and want to stay independent. A woman said she lived in assisted living and she was happy that it was a mixed place; she wouldn’t like to be isolated in a home for Indians only. She also felt it wouldn’t give the right signal. Another woman said it might be good to live with people who had the same habits. Another woman said that in Indian families, elderly parents live with their adult children.

The women who discussed care experiences from the age of 50 onwards wrote:

Practical, financial, hands-on and emotional support goes both ways as ‘give and take’ basis. Mainly financial support from this side to back-home and dependency for moral strength and courage from back-home.

Anticipating increasing dependency in old age, they noted:

Residential home / Sheltered dwelling in the near future is appreciated. At present there isn’t any.

The need for sheltered accommodation or day centres specially for Northern Irish based Indians/Asians should be further explored.

Traditionally, Indian parents expect their children to look after them in old age, ideally sharing the same house. In a patrilineal, patrilocal society, it is common for sons and their wives to move in with his parents, and for his wife to provide practical and emotional care when her parents-in-law become fragile. If there are no sons, or no children, other arrangements are often
made, where other kin look after ageing elders. While two Northern Irish based Indian elderly people I spoke with agreed that they expected to move in with one of their children in the (near) future, others (three elderly women) noted that they would not want to be a burden on their children, and that they wished to remain independent.

I spoke with a gerontologist of Indian origin about changing attitudes toward this issue in India.

MS: I heard that you do have now more and more old people’s homes in India as well? Partly because children don’t live in India, they might be somewhere else. Is that right?

G: I’m sure there are, but not as much as in the West. But there are, yes.

MS: But that would have been a new introduction, say, since the 70s or whatever? Or much more recent?

G: I would say in the 70s there would have been very few, it would probably be, maybe they have started to co-ordinate this, but it’s mostly in the 90s and in the last few years that they have started to grow. Before that, they were few and far between.

MS: Yes, and what are the main reasons, do you think, that they are being established more and more?

G: Well, I don’t think actually, if you think of this way, that they are becoming more in number. It’s what we call care homes in the Western sense, which are coming up. But something broadly similar has always been there in that people who maybe didn’t have a family structure, they would have gone to places which are run by religious institutes, and they would mostly been in what you call holy places. So they went there and they spent the last few years of their life there, trying to be in more and more with religion. OK? But being cared after as well by the religious institute. So I think something of that sort has been there for hundreds, or more, years. But the care homes that we are referring to, the modern care homes, yes, those are probably a new thing, and again partly because there must be a growing number of families who need them. Children are away, or don’t have children, or they’re not able to cater, so. There’s no doubt, yes, the number is growing.

**The Indian Community Centre as social space for visiting parents**

Indian Pradeep noted that he and his wife were both working, and that their work obligations meant that their parents visited them for longer period in Northern Ireland.

P: It’s always good to have your parents here, yes. When we go because we are working it seems to be a short visit, we only have three weeks. When they come over it seems to be longer. So they come over for a few months.
A problem parents face when they are visiting longer time periods is finding something to do while their children and their spouses are at work, and their grandchildren away at school. Pradeep from India said:

P: I don’t think [my parents] go about on a bus or, but they go for a walk every day. They will go to the market and buy things and go into the garden or go to the parks which there is quite a few here. So, yeah, they quickly settle down, because they’ve been here a few times they follow their usual routine and settle down into it pretty quickly. Because we are mostly working during the week they are pretty much on their own, so, yeah, they would do some shopping. go on a walk, speak to their relatives in India, give them a call.

There were few opportunities for visiting parents to make friendships with other Indians or locals, according to Pradeep.

P: Well, not a lot, although because they’ve been here a few times and we have friends and their parents are frequently here, so they do know quite a few of my friends’ parents. If they are here they will even get to meet each other.

It was especially unlikely to meet other visiting parents in the winter.

P: Nobody comes here in winter. Mostly people come in the summer, spring or autumn. So that’s the general time people come to the UK and because most visits are for months, yes, so they get to meet each other, yeah.

Pradeep did not think his parents were interested in staying in Northern Ireland.

P: Well I think when they come here, obviously are both ... but they are socially completely isolated with this ... part and they have their own routine and their own lifestyle. So I haven’t heard anything from them about thinking of moving towards here. I don’t think they would like that.

The Indian Community Centre provided a more familiar space. Pradeep noted:

P: They have been to the ... community centre, yes, a few times now. They’ve probably been more to the temple part of it ... their social functions. So they’ve been there a few times.

MS: And what was their idea? Do they find it funny or, do they really appreciate it or are they sceptical?

No I think they found it good that, despite not having a not particular role in the community, there is a place like that here. No, I think they appreciate a lot the fact that there is something of that nature here.
Nursing homes: lacking communication facilities

One of the issues that came up in this research was the availability of communication technologies in Nursing homes. While in some nursing homes, clients can order telephone access in their own rooms, in others, there may be only one pay phone. When residents are less mobile, this can be problematic. Bridget (30s), a female Northern Irish care professional noted that

B: [They] can’t walk down and you have to get the phone wheeled up to your, you know there should be room, you should be, my granny was in a nursing home over Christmas and when you rang, it was a pay phone that was rolled up and I just think that’s wrong. I think my gran is entitled to a telephone in her room, and if it was my mum, I would be saying, ‘I want to be able to ring my mum whenever I want to ring my mum’.

She felt there was room for policy change, as telephone contact was not only essential for parents with children living abroad, but also for those whose children lived locally.

B: For an older person, I think the telephone is the contact. Even with the children living down the road the telephone is the contact, because they’re not as a mobile as they might have been and they’re not able to get up and walk as far as they would have walked, maybe they’re not able to get out to the car and drive anymore. You don’t have access to buses here the way you would in other places even I mean we’re very rural here and especially in Fermanagh, so in Belfast you can walk out of your house and most places you’ll get a bus going somewhere, there might be a bus pass you once a week in certain areas of Omagh. So you can’t even do that to get to see your children even if they only live down the road, you have to rely on cars and neighbours and children coming to pick you up and take you places so yeah. And there should be phones in nursing homes, I really think that there should be phones, but the phone is very much a way of keeping in touch.

Bridget argued that Mobile phones could be a solution for elderly people with good sight and hand coordination.

B: [Some elderly people] are very, very efficient. My mum is nearly 70, and has a text language all of her own, but she texts away. And my mum loves it, it really does keep her in touch whereas I have younger older people that wouldn’t want one, think they’re a terrible thing.

MS: And of course physically to text I mean you must have good eyesight, you must have

B: Yeah you must have good eyes and be good with your fingers. Arthritic hands and things it’s difficult, there’s other things you can do now, I suppose you can get the pens and it’s easier to hold a pen, I suppose technology is improving and that’s changing.
Nursing home versus care at home

As already noted in previous chapters, some adult children felt reluctant taking their parents to nursing homes. Others argued that it was unfair of their parents to expect them to move in with them. As a Northern Irish interviewee explained, as a working mother she would simply not be able to do a good job:

Well we tell mum we’re going to put her in the sunshine home in the Isle of Mann, that’s an imaginary place that exists on the Isle of Mann, no. I mean I’m very, both my sister and I are very practical I would like to think that, well I’m certainly very practical about things and my sister is hopefully as practical as me, maybe not quite, it would probably be harder for her to be so practical about it. But I would be of the opinion that if mum needed care and things like that then I would want mum somewhere safe and if she needs that then if that means she has to go into a home then that is what we’ll do. Because I’ve seen the damage it does to families and to children insisting on keeping their parent at home and insisting on looking after them at home and the damage that that does to marriages and families and grandchildren. Because there’s this instance that homes are terrible places and nursing homes are awful and it has to be all community care and all this and sometimes the community care thing is just too hard to do. And in some cases that is, that maybe is the best opinion, you would prefer not to. So we do kind of talk about it and I think we probably would agree, she probably would leave that up to me really in most cases because it’s me that’s at home.

She described the situation of her own grandmother, and the case illustrates how care arrangements can arise in a process of negotiation amongst family members, taking individual predicaments into account:

She’s 93, she’s in sheltered accommodations, she has carers come in four days, four hours, four times a day sorry. She needs quite a bit of care but she’s feisty, used to come down here for holidays but that hasn’t happened now in quite a while because she wouldn’t be able to manage, you know she’s too frail now she couldn’t manage it. But even whenever we did, before she went into the sheltered accommodation there was a lot of discussion about where she was going to live, it was never an option granny coming here because it was very much taking granny out of her, out where she knows and out of her home. Not necessarily the four walls but her home and that’s her culture and that’s where she lives and that’s, those are her people that she knows and if she’d moved her she might have been happy for three weeks, that would have been it because she would have been fed up with all of us by then and we’re the only people she’d have seen. Whereas now staying where she stayed moving into sheltered accommodation out of house into sheltered accommodation suits her because people can come and visit her. Now she’s getting frailer and she’s on Alzheimer’s, well dementia medication and that’s eventually going to stop working as well as it is working, because she was very bad and then they started her on this medication and she really
improved and she’s doing really well. But that’s eventually going to stop, so when that stops and she starts to deteriorate again and get as forgetful and as a daft as she was and the things she was doing, that’s another step. I’m as I say practical, my mum’s practical and to me the only option then is, will be home, nursing home because she can’t come here my mum’s too old to look after her. And I don’t think it’s appropriate, I just don’t think it’s appropriate for 70 year old children to be looking after 93 year old mothers, I just don’t think that’s appropriate and my mum does go up and down the road at least once every fortnight, at least once a fortnight to see her. And like mum’s the only person she’ll let really give her a good wash and things like that and I even find that, I kind of think no it shouldn’t be, mum shouldn’t be doing that she’s, mum’s not well or able enough to this, she shouldn’t be doing it. But she does that because that’s what granny likes and that’s what granny expects so she does it, I wouldn’t, I mean my mum’s knows this and I’m not washing you, you know it would be like that, that would be me. But then every family’s different, but no granny coming down here was never an option and us moving up there would never have been an option either no. Cars I suppose have helped greatly in that, mum just jumps into the car and goes up the road to see her every now and again and that’s

Northern Irish Janet (61) talked at length about her English mother, who had Dementia and had eventually ended up in a Nursing home. She explained how she and her two children had taken most responsibility for her mother’s care, even though she had been emotionally distant from her. Her siblings, however, had not taken any responsibility to look after their mum.

J: After my father died, mum she was independent enough for quite a while, so none of them seemed to feel it was their responsibility once, when mum was able bodied. Once she became ill and one thing and another, because I was the only one in town, that it became my responsibility as such. It was strange in a way because I felt, well mum was never there for me as a youngster, so therefore I had to bury that bit of me that said, well why should I tie and have that commitment now? So we kept her at home, as I say she’s only in now with dementia, and we kept her at home for as long as we could.

MS: And was she living with you in the house?

J: No she wasn’t, she lived in a house about 100 yards away from me and my two children would have stayed with her at night, if, between the three of us, the two children and myself, we would have stayed with her at night to try to keep her in the house. And then another brother who’s in [Irish town], he would have maybe kept her, taken her away for a bit of respite care. But none of the rest of them, and I think it was probably the same, they didn’t feel it was their responsibility. But I think it was because they were out of town and had lost that relationship with mum, being further out then it was hard to feel that they, I think they felt maybe that she wasn’t their responsibility, because they were out of town and they had distanced themselves from her.

MS: You mean emotionally?
J: I think so.

She remembered how their mother would try to convince her other children that there was nothing wrong with her.

J: I suppose they didn’t feel that she needed them, they couldn’t see. And she, they would have come down, she would have, although she had dementia, she would have been sitting up in the conservatory waiting for them, all nice and as if nothing’s wrong. And she could pull the wool over their eyes, and she could go and make them a cup of tea and a coffee or something like that. But if I came down, she was helpless, wanted everything given to her. But she could make the effort for the boys. It was strange.

One of her sisters lived in England, but did not show much interest.

J: Well there was only two girls and my sister lives in [city in England] and so she didn’t, although she’s a nurse, she didn’t have that much input. But I think it’s the same, the closeness wasn’t there because I think she’d sent us off, all off to boarding school.

She mainly provided emotional and hands on support:

J: Well it was a mixture of both, just for her confidence to reassure her that there was somebody there. Because when she got up in the morning she just wasn’t sure where she was or what was wrong with her and everything else and she would be a bit teary and tearful and everything else. But it really is hands on, making her breakfast, feed, getting her meals and everything else and lift, taking her out, bringing her up for dinner up to my house every night to make sure that she was fed and watered as such, but.

After her husband had died, her mother had made several visits to two of her sons, who had migrated to Australia.

J: She’s been out there for family weddings and christenings and great grandchildren arriving and things like that. So been a bit, it’s been good that way that she’s been able to travel out and see them.

During one of these visits, she behaved strangely, and her sons suspected that something was wrong.

J: Over to Australia just, when she didn’t know her own family was very distressing but when she come back she just deteriorated so much and she’s now in a nursing home.

J: strangely enough, it was partly my decision and the other boy that looked or the son that looked after her, the fella from [town], it was our decision that she needed full time care, because the rest of them weren’t doing their bit. They would come down in an afternoon and, we had a rota, but then at the same stage they would ring up and say, oh we can’t come tonight, and that would only have been, they were only asked to come maybe from 5 o’clock to 7 o’clock. We can’t come tonight, such and such is happening.
So that was no good. And I went, we asked them to do a weekend, and they would say 'what would I do with my mum for a weekend'? There's no such thing as, 'well you're there to look after your mother', or anything like that. So they weren't helping hands on. So anyhow, after a bit of an issue, we put mum into a nursing home. She's there since the end of February '09 and then the rows started. The ones that didn't have hands on thought mum shouldn't be in a nursing home and they should be taking her out. She was wicked now when we went up to visit, she was wicked, wished she'd never have been born, wished she'd never had children, she should have drowned us at birth. All the things that she said were just wicked.

MS: So she wasn't happy with the whole idea?

J: She wasn't happy. She couldn't see that there was anything at all wrong with her. All the rest of the people in the nursing home, there was only 25 others, were all loopy except for her. She was 'grand', she had 'no problem'. So anytime you went to visit she was very cross.

J: So then these ones who hadn't been hands on, they thought 'right, we've got to take her out'. But they couldn't understand that they couldn't take her home to their own house and take her up the stairs. They just, there was no communication with them and it just set a lot of tension between the whole family and rows. So fortunately the medical staff said 'no, she needed 24 hour care and that's where she needed to be'. So they backed off a bit and now she seems to have settled in the nursing home. The family, two in particular, are coming to terms with it a bit more.

Conclusion

The chapter showed that Day Centres and clubs for senior citizens provide opportunities for elderly people to fight loneliness and gain a sense of 'home'. These opportunities were especially significant to people whose children live abroad, and to elderly migrants who belong to ethnic minority groups. Migrant organisations, such as the Chinese Welfare Association and the Indian Community Centre offered valuable emotional and practical support to elderly migrants. Elderly parents engaged in these organisations argued that more could be done for elderly migrants living outside Belfast. Several elderly parents of Indian decent suggested that there was an interest in and need for 'Indian migrant' day centres in other cities in Northern Ireland. Care homes and other forms of Sheltered Accommodation (including Hong Ling Garden) that offered accommodation to visiting family members provided an important service to elderly migrants, facilitating positive emotional interaction with and support from their distant kin.
Chapter Eight

Summary of Findings and recommendations

The key findings in this study are listed below, categorized under five major themes.

1. Emotional interaction and care giving/receiving as indicator of well-being

- Most of the older parents in this study emphasised their need for an ongoing active intimate care relationship with their adult children. Stories of successful active engagement with their children, grand children and great grand children were central to positive self narratives and experience. Their emotional well-being was in many cases increased by care receiving and care giving practices.

- Care was expressed by elderly parents and their children in many different ways. Most frequently by simply staying in touch, showing interest in each other’s lives, empathising when kin were faced with difficulties, sending presents during ritual occasions such as birthdays and religious festivals, helping out in emergency situations, and by visiting each other.

- To many of the elderly in this study, the need for moral and emotional support was stronger than the need for practical and financial support. This reflects the personal situation of the cohort involved in the study, as most of them lived independently and did not suffer from major disabilities.

- Elderly people with specific needs (including a blind lady, a lady suffering from arthritis, and illiterate Hakka speaking senior citizens who had limited abilities to speak English) profited from practical, medical, emotional care and language support that was provided by specific organizations and institutions, including NISIV, CWA, and the Indian Community Centre.

2. Care dynamics, kin work and emotional management

- The study showed that care arrangements within transnational families are influenced by social, economic, political, cultural and gender factors, and are shaped by family histories, negotiated commitments, and individual desires. To gain understanding of this complex process, it is vital to do qualitative research and explore how care develops in individual cases.

- Transnational care can be regarded as kin work, as care givers and care receivers are necessarily engaged in emotion management, having to work within the constraints of enfolding interpersonal histories, conflicting demands and expectations, practical and budgetary constraints, as well as time pressure.

- Care arrangements develop over time and are often reciprocal though fluctuating, with parents supporting children and grandchildren, and adult children providing support to their ageing parents.
The urge to stay in touch with one’s elderly parents is often driven by a complexity of feelings of love, responsibility and guilt. The adult children in this study who were faced with what they saw as unreasonable expectations had to find coping mechanisms to ensure their own well-being.

Elderly parents with children in more than one country were often eager to give similar attention to all their children, which meant that they needed to plan their visits carefully, dividing their financial and emotional investments.

In this study, the minority of elderly parents who lacked an emotionally satisfactory relationship with (some of) their distant children expressed disappointment. As coping mechanism, they often focused their attention on their more available remaining children, or concentrated on friends, neighbours and/or community groups. One person who had lost touch with most of his children was extremely bitter and lonely.

3. Long-distance communication and technology

Many members of transnational families in this study used a wide variety of communication technologies to facilitate long-distance communication. They utilized telephone conversations, letters, emails and Skype to provide and receive emotional support, and also to organize visits and practical and financial support.

A large group of elderly parents mainly relied on postal services and the phone as medium of long-distance communication. Some of the Hakka Chinese informants could not read or write, and various elderly people in the other ethnic groups lacked computer skills. Others (but not all) simply preferred talking on the phone, sending letters, and sending text messages.

Adult children, especially those with parents and siblings residing in more than two different locations, saw advantages of internet technologies such as Facebook, especially as it allowed them to share and comment on photographs of family events.

The experience of Skype varied. Some used it successfully to get a sense of shared time/space, for example when an Indian lady explained how she virtually ‘attended’ rituals held at a long distance. Most elderly people found the technology too challenging, and kin living in different time zones found it hard to find a mutually suitable time to set up the computer link.

4. Visits and the importance of co-presence

Mutual visits help elderly parents and adult children to reconnect and demonstrate loyalty and attachment, but can also be emotionally demanding.

The physical dimensions of co-presence, allowing for the multi-sensorial experience of seeing, hearing, and touching one another, cannot be replaced by long-distance communication, and add to the intensity of the relationship.

Visits are often an important strain on family’s financial resources, especially of those who are less wealthy. Both adult children and their elderly parents need to improvise within their financial means, negotiating different needs (including day-to-day living expenses, yearly payments such
as school fees, and other holiday costs). In this research group, members of transnational families found various strategies to cut costs, for example by combining family visits and holidays, by organising group meetings of dispersed kin in one location, or by organizing serial visits to family members living in different countries.

- The age-related high cost of health insurance when travelling overseas to their adult children is a major problem for elderly parents.

5. Organisations, clubs and care homes

- Migrant organisations, such as the Chinese Welfare Association and the Indian Community Centre offer valuable emotional and practical support to elderly migrants. Elderly parents engaged in these organisations argued that more could be done for elderly migrants living outside Belfast. Several elderly parents of Indian decent suggested that there was an interest in and need for 'Indian migrant' day centres in other cities in Northern Ireland. Anna Manwah Lo talked about efforts to establish Sheltered Accommodation for elderly Chinese people in Derry.

- Care homes and other forms of Sheltered Accommodation (including Hong Ling Garden) that offer accommodation to visiting family members provide an important service to elderly migrants, facilitating positive emotional interaction with and support from their distant kin.

- Day Centres and clubs for senior citizens provide opportunities for elderly people (with and without adult children abroad) to fight loneliness and gain a sense of ‘home’. These opportunities are especially significant to people whose children live abroad. Not all individuals, however, are attracted to the social dynamics of ‘club life’ or are able to actively participate, for example because of ill health.

Recommendations

- Elderly parents with specific needs profited from support provided by NISIV, CWA, and the Indian Community Centre. **These support systems should remain in place, and where possible, improved.** The services were not only useful for elderly parents with children abroad, but also for elderly parents whose children lived further away in Northern Ireland, or whose children were less eager or able to help out.

- Day Centres and clubs for senior (migrant) citizens provided opportunities for elderly people (with and without adult children abroad) to fight loneliness and gain a sense of ‘home’. **These support systems should remain in place, and where possible, be extended and established in other locations where there is an evidence-based need for them.**

These opportunities are especially significant to people whose children live abroad. Not all individuals, however, are attracted to the social dynamics of ‘club life’ or are able to actively participate, for example because of ill health.

- Migrant organisations, such as the Chinese Welfare Association and the Indian Community Centre offer valuable emotional and practical support to elderly migrants. Elderly parents engaged in these organisations argued that more could be done for elderly migrants living...
outside Belfast. Several elderly parents of Indian decent suggested that there was an interest in and need for ‘Indian migrant’ day centres in other cities in Northern Ireland. Anna Manwah Lo talked about efforts to establish Sheltered Accommodation for elderly Chinese people in Derry. Further evidence-based research should be done into the need for these facilities.

- Care homes and other forms of Sheltered Accommodation (including Hong Ling Garden) that offer accommodation to visiting family members provide an important service to elderly migrants that facilitates interaction with their distant kin. These support systems should remain in place, and where possible, improved.

- Providing care for increasingly dependent parents can be practically, emotionally, and financially demanding for both adult children and their aging parents in transnational families. For working families, temporary visits to the homeland to look after ill or dying parents required may be hard to organise, and the (temporary) relocation of elderly parents to the homes of their children may be complicated by visa requirements, national and international legal procedures with regard to family reunions, and high costs of health/travel insurance. Further evidence-based research should be financed to explore the possibilities of policy changes to accommodate both parents and children to deal with these problems in different transnational settings.

- It won’t take many years before the majority of elderly people entering Sheltered Accommodation will be fully computer-literate. This study showed that Internet based communication technology is used (though in different degrees) by aging populations, and an increasingly important medium of long-distance communication within transnational families. Courses should be available to elderly people who lack these computer skills, and Sheltered Accommodation for senior citizens should provide computers with email and Skype facilities.
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