Transnationalism, Social Wellbeing and Older Chinese Migrants

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Abstract

The concept of transnationalism offers a renovated window into the study of migrant ageing. This paper employs transnationalism as a theoretical framework to explore two outcome domains of social wellbeing i.e. health and social connectedness, among older Chinese migrants. The findings reveal that older Chinese migrants’ transnational health practices and social connectedness bring original and host societies into their cultural identity constructions that occur within a globalised and increasingly deterritorialised world.

THE PROPORTION of the world’s population in older age groups continues to increase. In currently developed countries, life expectancy has increased for more than a century (McCracken & Philips, 2005). The number of people aged 65 and over in New Zealand, for example, had doubled since 1970 to half a million in 2005. In comparison, the population as a whole increased by 44 percent over this period. The 65 and over age group is projected to make up over one-quarter of New Zealand’s population from the late 2030s, compared with 12 percent in 2005. The number of people aged 65 and over is projected to increase from half a million in 2005 to 1.33 million in 2051 (Statistics New Zealand, 2006).

The population aged 65 and over is projected to increase for all four broad ethnic groups in New Zealand: the European, Maori, Pacific and Asian groups. Among the four groups, the fastest growth in the population aged 65 and over is projected to occur within the diverse range of Asian ethnic groups. The number of Asian people aged 65 and over is projected to reach 56,000 in 2021 - five times the 2001 population of 11,000 (Statistics New
Zealand, 2006). The Chinese is the largest ethnic group within New Zealand’s older Asian population (Li, 2011a). In 2006, for instance, there were 9,231 Chinese aged 65 years and over living in New Zealand, an increase of 60 percent from 5,769 in 2001 (Statistics New Zealand, 2002, 2007). Among the Chinese ageing population, immigrants comprised 91 percent of the total older Chinese population in 2006, compared to 26 percent of the total New Zealand population. Half of the older Chinese people in New Zealand have been in New Zealand for less than 10 years, compared to 12 per cent of all other older New Zealand people. Despite the fact that the older Chinese population has rapidly increased, the experiences of older Chinese people in Western countries have not been high on the agenda of academic research or policy (Li, 2011c). What research there is on ageing and Chinese immigrants tends to characterise these people as dependent, isolated and passive victims of broader migration processes (Ip, Lui, & Chui, 2007). This paper seeks to examine and ultimately reconfigure such stereotypes found in the existing literature concerning such matters. Consequently this study represents a significant point of departure from what we know about the life experiences, and in particular, the cognitive and social responses, of older Chinese people who have migrated to Western countries. In contrast to the tendency to dwell on negative aspects of older migrant experiences, the ways of older Chinese migrants maintaining social wellbeing documented in the paper incorporate positive sentiments and achievements directly into the characteristics of later life.

In ageing studies, social wellbeing is an important concept (Koopman-Boyden & Waldegrave, 2009) because while biological processes do underline the physical ageing of individuals, ageing nevertheless occurs in a social context. The biological and social dimensions of human life influence one and other (King & Waldegrave, 2009). Social wellbeing refers to the aspects of life that society collectively agrees are important for a person’s happiness, quality of life and welfare (Ministry of Social Development, 2007). It is applied to specific domains, such as economic, material, social and psychological wellbeing (King & Waldegrave, 2009). In New Zealand, social wellbeing is measured by ten outcome domains: health, knowledge and skills, paid work, economic standard of living, civil and political rights, cultural identity, leisure and recreation, physical environment, safety, and social connectedness (Ministry of Social Development, 2007).

In one of the few investigations on social wellbeing of older Chinese migrants to New Zealand, Ho, Lewin and Muntz (2010) used the social wellbeing outcome domains to identify older Chinese migrants’ subjective feelings of satisfaction and views on ageing well. Health was identified by most respondents as a key factor affecting older Chinese people’s wellbeing. Apart from health, respondents placed considerable importance on social connectedness (e.g., contact with friends and community activities) for their active ageing. Ho and colleagues argued that older Chinese migrants’ involvement in regular social and community activities provide them with opportunities for contact outside the home, emotional support and the exchange of information. In the case of immigrants experiencing alienation and a sense of isolation in their new country, friends and social activities could offer critical support and help improve their quality of life. Though not necessarily a shortcoming, this research does appear to present older migrants as primarily recipients of care that is made available in local health systems and tends to neglect the agency of older migrants in managing their own care and seeking out medical assistance from their home country. Moreover, their social connectedness with the communities older Chinese migrants
have left behind in their home country is also somewhat overlooked in the said study. Thus, this paper hopes to address this research gap.

The importance of delving into issues such as social wellbeing within the context of human movements cannot be overlooked because immigration is one of the main processes that have contributed to the culturally pluralistic nature of many nations. It provides a useful focal point for examining social wellbeing and ageing within the context of transnational communities. As Davidson and Kuah-Pearce (2008) argue, communities are living entities that evolve through time and space, and in response to the social, cultural and political needs of their members and the contextual circumstances of society. In this fashion, transnational communities change against a backdrop of various situations and processes of resettlement, adjustment, adaptation and integration. As Li (2011c) suggests, ties to the homeland play a crucial, ongoing and often central role in informing not only ethnicity but also one’s transnational relationship to society because of the homeland, not as something simply left behind, but as a place of attachment (Clifford, 1994).

The concept of transnationalism describe migrants who build, maintain and reinforce multiple and constant economic, social and emotional interconnections with more than one country (Green, Power, & Jang, 2008). It brings the traditional assumptions associated with place-specific immigration into question (Ho, 2002). Transnationalism refashions migrants as transmigrants who often move easily between different cultures, frequently maintain homes in two countries, and pursue economic, political and cultural interests that require their presence in both on a sustained basis (Portes, 1997). Transnationalism facilitates a holistic examination of the forms of population mobility and community formation. It also facilitates stronger theoretical attention to the relation between movement and identity (Dunn, 2005) by placing and re-placing migrants within a new spatiality, stretching human relations across great distances. In the process, transnational migrants disrupt many taken-for-granted notions about immigrant settlement, renegotiating identities and health practices (Preston, Kobayashi, & Man, 2006).

Employing transnationalism as a theoretical framework, this paper primarily sets out to explore the two important outcome domains of social wellbeing among older Chinese migrants, which are identified by Ho and colleagues (2010) as health and social connectedness. The results of the present research are presented in three sections. The first outlines the participants’ profile. The second illustrates how the participants actively seek, instead of passively receive, health care through engaging with transnational health systems. The third section explores the elements of social wellbeing reproduced through connections with China. Older Chinese migrants’ transnational health care practices and social connectedness open up new ways of exploring the complexities and multiplicity of their social wellbeing and ageing experiences.

**Methods**

In this paper, the term ‘older Chinese immigrant’ refers to people who are: (1) currently staying in New Zealand with permanent residency or New Zealand citizenship; (2) who immigrated to New Zealand from the People’s Republic of China (PRC) under the family reunion programme; and (3) are 60 years of age and over. Three semi-structured interviews were conducted between April 2008 and September 2009. Prior to the interviews,
community consultation and presentations were carried out to provide information about the research to a range of Chinese community groups and organisations in Auckland and Hamilton. Eight groups (e.g., Chinese associations, Chinese churches, Tai Chi groups and community English programmes) agreed to refer potential participants to the researcher. Auckland was chosen as a research site because it is an urban area with relatively high Chinese concentrations and has well established community projects which have helped older Chinese people integrate into the local community. Hamilton, on the other hand, was selected because it represented a community with medium concentrations of older Chinese people. A total of 48 older Chinese adults were approached via the telephone or in person, 32 of whom agreed to participate in the research. The remaining 16 refused, usually because of a lack of interest or time.

All the participants took part in the first two interviews and ten participants who represented different backgrounds (e.g., duration of residence in New Zealand, health condition, gender etc.) participated in the third interview. The first interview investigated the life history of the participant (e.g., histories of immigration and social lives in China). The second focused on the concrete aspects of the participant’s present experiences (e.g., health practices, community activities and social connections). The third interview moved on to the participant’s reflection on his or her experiences (e.g., the differences between ageing in New Zealand and in China).

Either Mandarin or Cantonese was used in the interviews depending on which the participants preferred. All interviews were transcribed in Chinese. Preliminary data analysis was processed in Chinese and translated into English for further analysis. Translation issues such as the difficulty of finding suitable English words to capture the precise meaning of the Chinese dialogue, particularly when it involved reflecting the participants’ feelings (Li, 2007) were carefully addressed in the process of translation. In this regard, the translated transcriptions were initially checked by two Chinese academics who are fluent Chinese and English speakers to ensure that the translation reflected the depth of meaning as transcribed in Chinese. Thereafter, a native English speaker with an academic background was invited to check the quotations.

Thematic analysis was employed to analyse the data, with the following steps being taken. First, through translating the transcriptions from Chinese into English, the participant accounts were chronologically rearranged. This process generated 32 chronological biographical narratives - one narrative for each participant. Second, the authors worked with a single chronological biographical narrative and used the indicators of social wellbeing as a tool for developing themes – health and social connectedness. Third, particular cases were selected to illustrate the themes and general patterns, and different cases were compared to demonstrate within-group diversities (Li, 2011b).

Given the use of qualitative research methods, this paper is not intended to be statistically representative. Rather, the paper moves beyond offering thick descriptions or a means of giving voices to the older Chinese migrants, and instead strives towards more theoretically informed interpretations and systematically informed arguments, so as to reach its conclusions (Li, 2011a). This approach makes it possible for readers to create a space from the older Chinese migrants’ personal experiences so that their narratives can be rendered sensible to other older Chinese (and ethnic) immigrants. In doing so, theoretical and conceptual generalisability becomes feasible.
Results

Participants’ profile

The sample consists of 18 females and 14 males, ranging in age from 62 to 77 years (M=69.8, SD=4.05). The length of residence in New Zealand in the first interview ranged from 0.33 years (4 months) to 12.5 years (M=7.67, SD=2.52). By and large, the participants moved to New Zealand to assist with the caring of their grandchildren. On arrival in New Zealand, all of the participants lived in the homes of their adult children. However, at the time of the first interview in 2008, only 31 percent of the participants continued to live with their adult children; while the remaining 69 percent lived with their spouse only or lived alone. Of this latter group, 32 percent lived in state houses, 64 percent lived in private rentals and 4 percent lived in a retirement village. None of the participants owned their homes in New Zealand. One third of the participants no longer had children living in New Zealand. All the participants became retirees before they moved to New Zealand. Prior to retirement and moving to New Zealand, 69 percent were employed as professionals including engineers, health professionals and teachers; 28 percent were managers; and 3 percent were factory workers. At the time of the first interview, none of the participants were eligible for New Zealand Superannuation. The primary source of income of 96 percent of the participants was the means-tested emergency grants, a form of social benefit in New Zealand, of about NZ$10,000 per annum. Four percent of the participants’ primary source of income was retirement pension monies from China of about NZ$5,000 per annum. The participants’ low incomes are consistent with the findings of other studies of older Chinese migrants living in Western countries (Chappell & Kusch, 2007; Ip et al., 2007).

Transnational health practices

Successful ageing needs to be supported by health care provisions (Schofield, Davey, Keeling, & Parsons, 2006). When the first author discussed with the participants about what support they needed for positive ageing, health care was listed at the very top of their concerns. The participants considered that health was one of the major factors that influenced their wellbeing and quality of life. One of the features of their health practices is the phenomenon that they returned to China for health care. This behaviour suggests the possibility that they were exercising a certain degree of agency by creating for themselves transnational therapeutic landscapes in order to respond to specific challenges that they faced in New Zealand (push factors) as well as to exploit particular advantages (pull factors) that they still retained in China.

The idea of the therapeutic landscape was proposed by Gesler (1992). For Gesler, the therapeutic landscape formation is a dynamic and constantly evolving process, moulded by the interplay and the negotiation between physical, individual, and social factors. Thus, a therapeutic landscape becomes a geographic metaphor for aiding the understanding of how the healing process works itself out in places (Gesler, 1992). Gesler’s concept suggests that specific landscapes not only provide an identity, satisfying a human need for roots, but can also act as the location of social networks, providing settings for therapeutic activities. This
is based on an understanding of the ways in which environmental, societal and individual factors can work together to preserve health and wellbeing (Milligan, Gatrell, & Bingley, 2004). In this way, therapeutic landscapes are constructed by the connections between the self and the diverse ‘others’, including spaces and places as material others (Conradson, 2005). Dycka and Dossa (2007) suggest that therapeutic landscapes are not simply locally and physically constituted, but also involve relationships and materialities stretched across time and space.

All the participants in the present research have been involved in transnational therapeutic practices. The health care they sought in China includes health checks, dental services, cancer treatments, acupuncture and traditional Chinese medicine. The reasons that the participants sought health checks and treatments from China include the following push factors such as language barriers, and their unfamiliarity with the New Zealand health system; as well as pull factors like their continuing eligibility to access health insurance schemes in China. The following accounts of Ming and his wife, Jiao, offer an example of the participants’ transnational therapeutic practices:

**Ming:** I was diagnosed with cancer in December 2005. I returned to China for medical treatments. Before the treatment, the doctors in New Zealand told me that there was nothing they could do. They told me to eat whatever I wanted and pray. (Ming, male, 76 year old, living in New Zealand for five years and eight months)

**Jiao:** I broke down in tears when our doctor told us that he was diagnosed with cancer. I asked our doctor to give him some medicines. I was even begging the doctor. But our doctor told us that no treatments would be given until results of further tests were available. (Jiao, female, 70 years old, living in New Zealand for five years and eight months)

**Ming:** We waited for another four weeks. No tests. No treatments. We couldn’t wait anymore. We decided to return to China for medical treatments. In China, I can choose hospitals whichever I want to go and specialists whoever I want to see. I underwent a surgery to remove the tumours and started chemo treatments afterwards. I recovered pretty well. I saw my doctor and nurses after I returned to New Zealand. They were very surprised because they thought I would have died. (head shaking)

The above accounts demonstrate that Ming and Jiao actively engage in health care cross geographic, cultural and political borders. Ming and Jiao maintain multiple involvements in both home (China) and host (New Zealand) societies where they engage in multifaceted and multi-locale processes that include economic, socio-cultural and political practices and discourses (see Ip, 2008). Their therapeutic landscape is regarded as transnational because it reflects linkages in which they build up and sustain medical and health connections between China and New Zealand (Lee, Kearns, & Friesen, 2010). Ming’s and Jiao’s transnational therapeutic landscaping suggests that, for older Chinese immigrants, ageing is not a simple fixed concept; rather, it is a transnational practice through which older Chinese adults receive support and care for their ageing bodies and illness. Therefore, their therapeutic landscape is not about one place; instead, it can be seen as transnational places that promote wellness through the facilitation of relaxation and restoration, which enhances the physical, mental and spiritual healing (Palka, 1999).
As retired state-owned enterprise workers or government officials in China, a majority of the participants were still eligible to access the Government Insurance Scheme or the Urban Resident Basic Medical Insurance Scheme. These are health care schemes fully or partially subsidised by the State (Wagstaff, Yip, Lindelow, & Hsiao, 2009) as long as they maintain their PRC citizenship. In the health system in China, there is no general practitioner (GP) service. Ming therefore can “choose hospitals whichever I want to go and specialists whoever I want to see” without referral, and receive immediate medical treatments. This is one of the characteristics of the health care system in China which is different from the GP referral system in New Zealand. Ming and Jiao were unaccustomed to the Western medical practice of “no treatments until results of further tests are available” and the long waiting times for medical tests and treatments. They may form perceptions that the doctors and hospitals are not taking full responsibility for them because they perceived that their emotional responses to the terminal illness were either disregarded or ignored by the New Zealand health system. In that respect, the hospitals and doctors in China are ‘therapeutic’ not only for the literal reason that they offer medical therapies, but also at an emotional level. For Ming and Jiao, their understanding of the Chinese medical system builds trust, and thus they feel included and experience a sense of comfort there (see Lee et al., 2010). In this vein, the concept of the therapeutic landscape is concerned with a holistic, socio-ecological model of health that focuses on complex interactions between the physical, emotional, societal and environment (Williams, 1998, 1999).

Ming and Jiao’s transnational health practices were supported by the following account from Dong:

My wife and I sought medical treatments and health checks every time when we returned to China. We still have our health insurance provided by the Government in China. We are familiar with the Chinese medical system. The waiting time is just too long in the New Zealand health system. Also, it’s easier for us to communicate with the doctor in our own language. (Dong, male, 76 years old, lived in New Zealand for 5 years and 6 months)

A careful across-account examination shows that the participants considered that cultural and structural differences of health care systems between China and New Zealand appear to create barriers for them to access New Zealand health care services. This finding is consistent with literature on migrants and refugees accessing health care services. Ho, Cooper and Ip (2007) contend, for example, that cultural differences often act as barriers to migrants and refugees who need to access health services. Although New Zealand health services offer an equal access policy to care for all individuals (Ministry of Health, 2008), barriers to older Chinese immigrants’ access to health services indicate that they may not achieve equal outcomes in utilising health care services. Addressing the inequality requires policy makers and health providers to better understand health seeking practices and experiences among older Chinese immigrants.

Social connectedness in the transnational community

As highlighted earlier, migration is one of the major processes that have contributed to the culturally pluralistic nature of many nations (Li, 2011c). It provides a useful focal point
for examining the hybrid identity within the context of transnationalism (see Davidson, 2008). Through transnational activities, migrants belonging to transnational communities (i.e. transmigrants) are still able to maintain, build, and reinforce multiple linkages with their country of origin (Dunn, 2005). As Davidson and Kuah-Pearce (2008) argue, communities are living entities that evolve through time and space in response to the social, cultural and political needs of their members and the contextual circumstances of society. In this fashion, transnational communities change to accommodate the various situations and processes of resettlement, adjustment, adaptation and integration. The transnational community, which refers to groups whose identities are not primarily based on attachment to a specific territory (Castles, 2002), is a social and cultural (re)construction of place (Pries, 2001).

Social and cultural elements reproduced through connections with China often lead to the development of hybridised lives in transnational communities for older Chinese migrants (see Ngan, 2008). Due to relatively affordable transnational telecommunication and media networks, as well as the dynamics inherent in the social and political environments of their home and host countries, older Chinese migrants’ social connectedness is increasingly complex and cannot be defined simply in bounded homogeneous notions. Below, Tian’s narrative embodied the personal, the political and the cultural threads which, when woven together, linked Tian back to his motherland:

On the 12th May 2008, a large earthquake struck Sichuan province, killing tens of thousands of people. We donated money to support the victims of the earthquake. We watched satellite Chinese TV news every day. Our thoughts were with the victim and their families. Many New Zealanders also donated money to the earthquake survivors. We appreciate their donation and support very much. (Tian, male, 69 years old, lived in New Zealand for 8 years)

Tian’s account illustrates that his social connections and hybrid identity are greatly strengthened by transnational networks of media. Through catalysing and accelerating processes of cultural exchange between China and New Zealand, the transnational networks of media sustain older Chinese immigrants’ hybridisation and enhance their sense of belonging to both China and New Zealand. These time-space collapsing media present communication opportunities for not only older Chinese migrants specifically but also more generally to New Zealand society as a whole. They facilitate instantaneous flows of information and ideas as well as the cultural exchange of symbols and images, thereby serving to construct and affirm ‘imagined’ - and now increasingly - ‘virtual’ communities (Cottle, 2000). Zhuang’s account below shows that the transnational network media serve a range of social and cultural functions. The international telecommunications system enables him to maintain regular and frequent contact with distant kin and friends, thereby helping to sustain cultural heritage, social networks, the keeping alive of memories of China as well as a collective sense of ‘Chineseness’:

We installed a satellite dish which is used to subscribe to Chinese TV channels. We can receive more than 30 TV programmes from China. My wife loves to watch Chinese soap operas. I like news, talk shows and history programmes. We keep pace with China now… I phone my sisters and brothers at least once a month, sometimes once a week. I also talk to my former colleagues and friends via phone. Our phone conversations sometimes last more than
one hour. I told them of my life here in New Zealand. They told me about their lives in China. We also have discussions on issues we were interested in. (Zhuang, male, 65 year old, living in New Zealand for eight years and eight months)

Here Zhuang refers to the phenomenon that older Chinese migrants look towards their home country for news and entertainment. This is consistent with Siew-peng’s (2001) finding that satellite television viewing is a very significant part of the lives of the older Chinese in Britain. The watching of news events and Chinese soap operas transmitted simultaneously via satellite allow older Chinese immigrants to maintain their relationships with other Chinese people across space (Tomlinson, 1991). More important than a sense of shared television programmes with people in China, is the sense of spatial proximity, sense of community and Chineseness. Through the transnational network of media, Chinese older migrants are re-territorialised and establish a sense of belonging to a larger Chinese community, both in New Zealand and in China. They sketch a wider social landscape found throughout China and New Zealand.

Zhuang’s account suggests that social interaction and connectedness are no longer dependent on spatial co-presence. Instantaneous communication through a variety of media fosters intense relations between ‘absent others’ (Gillespie, 2000). As this happens, people experience distant events unfolding instantaneously on screens in their local homes, and thus spatial and temporal differences are radically undermined. The imagined community has profound effects on older Chinese migrants’ Chineseness construction because they are engaging with significant, although absent, Chinese others in the imagined community. The older Chinese migrants can and do ‘return home’ through the imagination, and this creates the possibility of living here in body and elsewhere in mind and imagination. As a result, new forms of connections, identification and cultural affinity emerge from this phenomenon. The concept of ‘home’ has thus become a binary entity of sorts for these older Chinese immigrants, existing in one sense in the physical world, and yet, is incomplete without its imagined or virtual counterpart; as facilitated through improved technological development (for example, the internet, cheaper long distance telecommunication services, satellite television, etc), and easy access thereto. In this way, the often conflicting and/or mutually exclusive concepts of home and host countries are conflated in a meaningful way, where emotional, and mental affections and loyalties, can co-exist without suffering from unreasonably excessive strain. The degree to which this cognitive and emotional conflation occurs in each individual participant may then account for the particular quality and depth of social connectedness that they experience while living in their host country, New Zealand.

It is therefore not surprising that although many participants used the transnational communication technologies to maintain contact with families and friends outside New Zealand, they still emphasised their feelings of joy and happiness when they physically visited China. As Tong described:

I returned to China for a 70-day holiday. It was fantastic. I visited the cities where I had worked. I visited my birthplace as well. I met 15 siblings and cousins. Well, it was a wonderful trip… Although my China trip was fantastic, I see New Zealand as my home. Look, there are two flags on my desk - the national flags of China and of New Zealand. I truly, truly love the two flags. China is my first homeland, while New Zealand is my second homeland. I sometimes referred New Zealand to ‘our New Zealand’ when I talked to my son.
My son said, “Whoa, Mom, you are now a New Zealander.” (Tong, female, 70 year old, living in New Zealand for twelve years and six months)

All the participants in the present research mentioned that they kept ties with family, friends, and colleagues in China through occasional visits. In so doing, they have created and maintained social connectedness that links them simultaneously to both countries. The two national flags on Tong’s desk serve as symbols which establish a bridge between the old and new lives, as well as provide a bond between the past, the present and future. Perhaps the physical juxtaposition of these two flags was Tong’s effort at visually expressing this cognitive and emotional conflation between the home and the host – between that which is near and that which is far. A conjuring up, if you will, of a material, albeit symbolic, representation of this imagined transnational community that she was increasingly finding herself belonging to. Living between China and New Zealand, between homes and between languages, the older Chinese migrants re-member themselves as global citizens of the transnational community (Li, 2011b). Through the re-membering, older Chinese migrants create ‘in-betweeness’ where they experience hybridisation which unifies nearness and remoteness. The unity of nearness and remoteness, as Simmel (1950) has put it, is “involved in every human relation… he, who is close by, is far, and…that he, who also is far, is actually near” (p. 402).

This process of conflating the home and the host is not however without its challenges and although the participants ostensibly regard both China and New Zealand as their homes, the reality that they are not always one and the same remains stark. Take for example the media criticisms regarding China’s human rights record that erupts from time to time in New Zealand. These older Chinese immigrants have to quickly come to terms with the fact that their new lives in New Zealand will not start off tabula rasa. New Zealand is by no means an ‘empty space’ or a ‘terra nullius’; and upon arrival they enter into a very complex, diverse, and historically and politically marked society where intricate dynamic forces shapes how older Chinese migrants become Chinese New Zealanders (Li, 2011c). Hong reflected:

I regard New Zealand as my home. But… during the 2008 Olympics torch relay which promoted the theme of ‘one world, one dream’, the New Zealand media launched political attacks on China. When I read those hostile reports on China I feel that I was still an ‘other’ in New Zealand. (Hong, female, 75 years old, living in New Zealand for ten years and eight months)

Hong’s feelings about the media criticisms are consistent with the statement of a participant in Ngan’s (2008) study who considered that a political attack on the Chinese community was like a personal strike on herself. Although Hong regards New Zealand as her home, her claim that “the New Zealand media launched political attacks on China” highlights that her identity is still significantly established through intimate and emotional connections with the Chinese collectivity. Thus, depending upon the frequency and/or intensity of these negative episodic incidences, it is arguable that this cognitive and emotional process of conflating the home and the host could well be impaired, and
consequently adversely affect their levels of social connectedness. This in turn could reduce the overall sense of social wellbeing experienced by the participants while living in New Zealand. It is therefore important to highlight here that Hong’s account not only speaks of how Chineseness informs their ethnic identity, but perhaps more importantly for the purposes of this study, how Chineseness impacts upon the older Chinese migrants’ relationship with New Zealand. As such, older Chinese immigrants’ identity construction is often influenced by complex forces situating the persons in the nexus of histories, politics and transnational memories. As Ang (1998) articulates, “Chineseness is not a category with a fixed content - be it racial, cultural or geographical - but operates as an open and indeterminate signifier whose meanings are constantly renegotiated and rearticulated in different sections of the Chinese diaspora” (p. 225).

Older Chinese migrants’ social connectedness is multilayered, fluid and dynamic, which is continuously being formed and reformed in different sites of negotiation (Ngan, 2008). As transmigrants, older Chinese migrants are involved in the transnational community which is comprised of two (or more) culturally distinct societies where both affinities and conflicts are experienced.

Discussion

This paper has explored the older Chinese migrants’ transnational practices of health care and social connectedness. Older Chinese migrants live in one space; seek medical treatments in another locality; and participate in community in yet a different domain. The paper has shown that movement is central to understanding ageing and wellbeing in the lives of older Chinese immigrants who often move across borders, and thus live their lives between New Zealand and China.

The paper further demonstrates that the integration of older Chinese immigrants into New Zealand and the maintenance of transnational connections with China are not incompatible and can be mutually reinforcing endeavours, although this may be dependent upon the extent to which the often incongruent and/or incompatible concepts of ‘home’ and ‘host’ are conflated by the immigrants in a meaningful way, where their emotional, and mental affections and loyalties, can co-exist without them suffering from unreasonably excessive strain or dissonance. Hence, living in lives that simultaneously incorporate daily activities, routines, institutions and politics located both in New Zealand and China, is a notable practice among older Chinese immigrants. This finding demonstrates the importance of considering how social wellbeing and ageing occurs beyond physical spaces, and within cultural, social, relational and imagined landscapes. In delving into the process of transnationality, the concept of simultaneity of geography (Li, Hodgetts, & Ho, 2010) is particularly useful because “the present epoch will perhaps be above all the epoch of space. We are in the epoch of simultaneity: we are in the epoch of juxtaposition, the epoch of the near and far, of the side-by-side, of the dispersed” (Foucault, 1984, p. 22). The concept of simultaneity of geography helps in better understanding migrants’ simultaneous engagement in and orientation towards their home and host societies. This suggests that migration research is limited if the focus remains solely on what goes on within the borders of a single nation state. The analytical lenses must broaden and deepen because migrants often live in multi-layered, multi-sited transnational social spaces, encompassing people who move and people who stay behind (Waldinger, 2008). For older Chinese migrants, their
transnational health practices and social connectedness bring original and host societies into cultural identity constructions that occur within a globalised and increasingly deterritorialised world through which a transnational community is formed.

Transnational communities refer not only to physical locations. They can be understood as imagined communities (Davidson & Kuah-Pearce, 2008). According to Anderson (1987), communities are to be distinguished, not by their falsity/genuineness, but by the style in which they are imagined. In this view, members of a community internalise an image of the community not as a group of individuals, but as interconnected members who share equally in their fundamental membership in the community. The internalisation of the imagination and a sense of connectedness to the community are as important as actual physical presence in the community (Chavez, 1994). The concepts of transnational and imagined communities highlight the social connections older Chinese migrants maintain with life in their home communities. Since it is imagined, social connectedness is not limited to a specific geographic locale. Living in New Zealand does not necessarily mean withdrawing from community life or membership in China. Instead, the imagined community which is “situated in a web of interrelations” (Bauman, 1983, p. 362) represents the participants’ in-betweeness of their social connectedness and identities. In this sense, transnationalism opens up the question about the complexity of hybridised identities as they intersect with the cultural, historical, social and political processes of the host and home countries.

By engaging in multiple communities, older Chinese immigrants forge and sustain multi-stranded social relations that link together New Zealand and China. When doing so, migrants find creative ways of simultaneously adapting to the on-going changing social, cultural and institutional realities both in New Zealand and China. Their negotiation of the simultaneity of geography applies not only to overt cultural and social action, but also to strategies for everyday life (Castles, 2002). In this sense, older Chinese migrants find a home away from home, fashioned from two worlds, similar yet disparate (Davidson, 2008). As such, transnational communities take root both in a new land and in the homeland. The degree to which this emotional and cognitive conflation occurs between the home and the host, as well as the extent to which transnational communities simultaneously become integrated into the host society while maintaining connections with the home society, offers better understanding of the complexity of migration and ageing in a world where society is becoming increasingly multicultural and pluralistic (Davidson & Kuah-Pearce, 2008).

Finally, this paper shows that cultural difference in health care practices often act as barriers for older Chinese migrants to seek health care in the host society. Therefore, cultural competency, which refers to the understanding and empathy between aged care providers and older adults of different ethnic or cultural backgrounds (Johnston & Herzig, 2006), is a pressing need in aged care systems in the host country. This suggests that service providers should devote more efforts to understanding the evolution of cultural values and practices among ethnic communities, so that aged care services can be rendered more acceptable and accessible to older Chinese (and other ethnic) migrants. Such a measure becomes all the more imperative in situations where migrants are no longer able to access suitable therapeutic services in their home countries, thus leaving them potentially and unintentionally neglected, uncared for, and forgotten.
Biographies

Dr Wendy Li is a recent PhD graduate of the University of Waikato. Wendy is a Lecturer in the Department of Psychology, James Cook University and Research Associate in the School of Psychology, the University of Waikato, New Zealand. As a community social and health psychologist, Wendy positions herself between the East and West, informing Western social sciences with Eastern knowledge and vice versa. Wendy’s research is centred on and around health and wellbeing, ageing, home, place, family, community, culture and acculturation, international students, and migration.

Dr Mark David Chong is currently the Director of Research Education and a Lecturer in Criminology and Criminal Justice Studies at the School of Arts and Social Sciences, James Cook University (Australia), as well as an External Assessor (grant applications) for the Social Sciences and Humanities Research Council of Canada. He is also a member of the Editorial Advisory Board for the International Journal of Criminal Justice Sciences. His research interests include social problems, social control and law and order issues; policing, crime prevention and community safety; punishment and sentencing; municipal and international criminal law; juvenile justice; and psychology and crime.
References


