Our Immigrant Fathers: Reflecting on Caregiving

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Abstract: This article explores the experiences of two immigrant fathers. One is from Guyana, geographically in South America, but culturally in the Caribbean. One is from the Pacific, of Tongan ancestry but living in Hawai'i. Each father is an older adult with a chronic condition, who has been primarily cared for by their spouses. The story is told from the perspective of their two social work educator children, one male and one female, who provided support from a distance. Explored in this reflection are the complexities in the intersection of traditional cultural expectations, immigrant experience and cultural duality, and sustaining forces for the spousal caregivers and children who are social work professionals. Practice would benefit from tools that initiate narratives providing deeper awareness of environment and embeddedness within communities, both communities of origin and new communities and the implications for caregiving. Treatment planning must be inclusive of caregiving (shared with all parties) for older adults while striving to keep the family informed and respecting the resilience and lives deeply rooted in a higher.

Keywords: caregiving, immigration, cultural duality, community-based writing, autoethnography, cultural context

Many scholars of diverse communities tie their scholarship to their communities of origin and those communities' relationship to larger social structures. At times, these scholars find their research interests deeply intertwined in their personal biographies. In these cases, community-based writing offers an opportunity to add deeper rich context to the lives of communities being studied or with whom professionals seek to intervene. This raises epistemological, axiological questions and ethical concerns. For example, what are the nature, scope, and limits of the scholar's knowledge, indigenous and academic? What is the relationship of the scholar's presence and absence to the community functioning and the emergent data and interventions?

In the hands of scholars who are both emergent and embedded members of the community, community-based writing is a useful tool for building knowledge and describing the experience of a particular community. To add yet another layer to the richness of the research endeavor is the fact that the scholars' identities may span multiple communities whose boundaries may, in fact, overlap. For example, the scholar may belong to immigrant and first-generation communities. Community-based writings are often described as writing for the community, writing about the community, and writing with the community (Deans, 2000).

Community-based writing is also associated with student writing exercises; asking students to add richness to the classroom experience through participatory involvement in social change. While community-based writing for, about, and with the community provides critical information to assist us in answering important questions there is yet another position for community-based writing. Often overlooked in the taxonomy of community-based writing is writing from the community. It is here that the scholar may emerge from the numerous bearers

of the community stories (e.g., artist, poets, and dancers) and the evidence seeking (post) positivists. This paper offers an analytic autoethnography of two immigrant scholars' community-based writings of caregiving for older members of their communities, specifically their fathers. The scholars are social work educators, one male and one female, who provided support to two immigrant fathers. In both cases, the older adult lives with chronic health issues and the spouse is the primary caregiver.

The project offers an overt and reflexive self-observation and comprises five key features described by Anderson (2006): (1) complete member researcher (CMR) status, (2) analytic reflexivity, (3) narrative visibility of the researcher's self, (4) dialogue with informants beyond the self, and (5) commitment to theoretical analysis. Both scholars are members of the social world of immigrant families.

We express our necessary connection to this area of study—immigration and aging, and the reciprocity that exists between the researcher, the community setting, and its members. In accordance with the goal of reflexive ethnography described by Davies (1999), the project employs subjective experiences to fulfill the aims of discovery. As the authors worked together, discussion of their lives, as contrasted with each other, as well as the culture of their fathers and associated communities, established dialogue beyond the self thereby avoiding self-absorption (Rosaldo, 1993). The authors used the data to augment theoretical understanding of social phenomena by means of refinement, elaboration, extension, and revision (Anderson 2006). Thus, it is intended to identify the complexities and impact the intersection of immigrant experience and cultural duality, traditional cultural expectations on sustaining forces for the spousal caregivers and children through their community-based writings.

Caregiving and Immigrant Experience

Love, in essence, is at the core of caregiving, whether it is caring for a child, spouse, parent, grandparent, friend or relative. Although complex and often complicated in terms of processes, procedures, expectations, needs and responsibilities, caregiving is truly a labor of love (AARP, 2014). Western perspectives on caregiving suggest that it is an individual's responsibility, and that paid professionals, non-family caregivers, and nursing facilities are acceptable options. Although grandparents have become some of the most prominent caregivers of children and grandchildren in the U.S. and around the world, given the increased family and community disintegration (Hayslip, Emick, Henderson, & Elias, 2002; Ochiltree, 2006), limited thought and resources have been dedicated into caring for these grandparents and other older adults (Pastor, Makuc, Reuben, & Xia, 2002). An army of unsung heroes perform this labor of love daily so that older adults are able to remain at home and enjoy a somewhat normal life (AARP, 2014). Caregiving for an older adult in particular is culturally sanctioned as a collective responsibility in some cultures in the world; whereas in other places, it is an individual's choice and responsibility.

In 2010, immigrants to the U.S. from Central and South America and the Caribbean numbered about 21 million (U.S. Census Bureau, 2012). The U.S. Census includes Guyana in its count of South American immigrants. However, Guyana, named by indigenous people as land of many

waters, is also a land of many peoples. Guyana, a small nation located on the northern tip of South America, comprises a complex story of multiple traditions influenced by the descendants of numerous inhabitants: its indigenous tribes, Carib and Arawak among others; the descendants of East Indian indentured laborers and African slaves, and its European colonizers—the Dutch and British. Though geographically located in South America, historic ties to the British Empire bind Guyana to the Caribbean. McCabe (2011) reported that approximately 32 percent of those from the Caribbean are more likely to be age 55 and older. This figure suggests a need to re-examine the nature of caregiving in order to enhance an approach designed to reach older Caribbean immigrants and their caregivers.

Elders in Caribbean communities are key components of cultural and social capital. As with many poor communities, social wealth comprises the exchange of needed resources. This is reflected in the literature concerning caregiving in the Caribbean. In this regard, the research often focuses on the role of grandparents and specifically grandmothers. Multiple authors (Olwig, 1999; Plaza, 2000) have stated that the process of migration is often facilitated through active engagement of grandmothers. That is, migrating parents, seeking greater economic stability, often leave children behind with grandparents. More recently, due to transformed migration patterns in the Caribbean, grandmothers living in close proximity in the host country provide short-term care. The literature is clear in its assertion that in exchange for child care, and transmitting cultural norms and values, present and future economic support is offered to the older member of the community.

Less well examined are the processes of direct caregiving to older members of the community. For example the phenomenon “international flying grannies”—described by Plaza (2000) as Caribbean born grandmothers traveling during their retirement among kinship networks— is an example of intergenerational social exchanges. However, such travel would suggest that these individuals are in robust enough health to endure these pilgrimages. Furthermore, the matrifocal emphasis of the literature erases men from the discussion of the Caribbean family experience. Thus, the actual process of caregiving remains underexplored.

In 2010 about 1.2 million immigrants to the U.S. identified as Native Hawaiian and Other Pacific Islanders (U.S. Census Bureau, 2011). The resulting duality in cultural identity among these immigrant elders and subsequent generations of American born children and grandchildren has offered opportunities for progress. But it has also been challenging, and this is reflected in under-education, disproportionate involvement in the criminal justice system, and health disparities (EPIC, 2014).

Caregiving, according to cultural protocols, also becomes a challenge. In indigenous Pacific Islander cultures, respect for elders and caring for older individuals is culturally sanctioned. Caring for elders is an inherent part of the Pacific Island culture and an expectation of children and grandchildren. But, caring for these elders is beyond providing for physical needs. The expectation to care for these elders is also about preserving a legacy. These elders are the links between generations, and the vehicle through which cultural and spiritual elements are introduced and preserved. In essence, while the aged symbolize the passage through time, they are the mechanism for preserving culture, given their unique gifts of vision of the future

(Kenney, 1976; Ritchie & Ritchie, 1979).

Our Immigrant Fathers

My Guyanese Dad

I insist that the Atlantic slave trade did not concern itself with the permanent residence of my ancestors. Disrupting families, the trade dispersed our ancestors from the north to the south of the United States and vice versa. The disruptions also included forced relocation from North America to the diaspora of African-descended populations living outside of continental Africa and vice versa. Thus, my ancestors in Guyana could have easily been my ancestors throughout South and Latin America, as well as North America. For these reasons, I identify as African American. The label generation .5, those who immigrated with parents at an early age and raised predominantly in the U.S., does not resonate with me. It gets in the way of building alliances with the next generation in my family. Those alliances are required to dismantle the negative representations of African Americans and to counter the divisive nature of the established hierarchy of people of color in the United States.

Though our parents paid what must have been considerable sums of money for our naturalization papers, my older brothers identify as Guyanese, and Guyanese American. My brothers are resolute in their ethnic and hyphenated identities. In my immediate family and generation, I am the only one who identifies as African American. In my estimation, there is no visible trace that informs the public that I am not African American. My height and weight are consistent with American standard of good nutrition and occasional over-indulgences. But the reasons for identifying as African American are more complicated than those mentioned. For example, my identity as a Guyanese man creates a window into a cultural space that situated itself between a present reality and a narrative understanding of where I am from. I use the term “narrative” because, in a way, much of what I know of being Guyanese is grounded in childhood memories and what I have been told in stories of the native home. That home became increasingly distant for both myself and the adults in my family as they aged.

For one who was born in Guyana, and immigrated to Brooklyn, New York, at the age of 7, memories of Georgetown, Guyana comprise big ticket events. They involve the arrival of the Queen of England or some royal dignitary to salute a “decolonized” nation. More importantly, one memory is one being forced to stand in the sun, waving small flags as a parade went by. Another memory consists of a small zoo with an even smaller enclosure that contained a river otter, obviously driven mad by an evidently too small confinement.

But the impact of being born Guyanese is important; it is a palimpsest. Over time, and through multiple instances of code shifting, mother tongue has given way to adopted tongue. There are moments of clipped verbal exchanges when an accent emerges. I often mispronounce the word intestines, accent on the last syllable—long *i*; instead of the second the short *e* of the second syllable. But such words are rarely said outside of a doctor's office. As with my accent, traditions have faded. Old Year's Night has been replaced with New Year's Eve. We no longer cover the mirrors of the house with the passing of a family member.

These traditions have faded—my parents emigrated to escape a growing Marxist revolutionary trend in the Caribbean. Holding firmly to colonial class-based identities, they removed themselves from subsequent waves of immigrating Guyanese Americans, attempting to escape violence and poverty. The fact that my parents are both the only children of their mothers, adds to the erasure. There is no extended family to maintain traditions.

My parents are both now 81 years old. They have been married 55 years. For all those years, they have depended on each other. They are pioneers, leaving their country of birth in their 30s to navigate a new world. Together, and alone, they faced the onslaught of progress in a country rapidly emerging from the industrial revolution heading towards adopting an economy driven by service and not production. They stepped into the shoes of previous generations of immigrants who performed the invisible work of lubricating the transition. They played by the rules of the times—enduring overt and discreet racism and sexism. They were determined to provide opportunities for the next generation. Asking for nothing from the larger society, my parents demanded discipline from their children. Most importantly, they taught us to be independent. The axiom, "never look back," pervaded the home where I was raised. Today, they ask for very little from us—President Obama's Biography, or a transistor radio. My father recently surprised me in requesting Gordon Rattray Taylor's *Sex in History*. It never occurred to me that there was an area in history, or about sex, that he would want to know more about. He has lived through, and been a part of, much of history.

Over the course of my adulthood, caregiving has taken the form of sending monthly food care packages, helping with the heavy items they are unable to lift into their cart at the super market, weekly visits from my older brother who lives 20 minutes away, listening to health updates, or engaging my father in some intellectual sparring, during my phone calls to them. Each of these things have distinctive roots and are associated with an assortment of emotional content. For example, sending a food care package monthly emerged from my father's hospitalization. While he was hospitalized, my mother, who does not drive, could not go to the supermarket. Going to the supermarket, which drove me to madness as a child, is my mother's weekly ritual—squeezing a melon for ripeness, shifting each egg in a crate to ensure that it was not broken. This ritual reminded me that decisions involving money, must be made carefully. It saddens me to think of the frugality of my childhood. Sending a package of food that I have never touched—I just ordered online—is a rejection of the ritual's care and frugality.

At some point Guyanese values and reliance on women as caregivers dictated that my sister would provide care for my parents as they age. This expectation collapsed upon my sister's death. Adding to the slow erasure and depleted family networks are the complications of our ever mobile lives. I live 216 miles, approximately 3 hours and 30 minutes, away. During the visit, prior to my father's bypass surgery, I was the one who made the decision to proceed with the procedure. He informed his doctor that I was also a doctor, omitting "of philosophy." His attempt to establish me as a force to be reckoned with, transformed me from his son to his social worker. He tells me to take care of my mother. She stepped into my shadow as the medical practice removes her voice.

Like good colonial subjects, my mother and I sit in silence with stiff upper lips. We waited for

my brother, another social worker, to arrive, before the surgery proceeded. During the surgery, we discussed the possibility of my father's death. My mother was resolute in that all will be in divine order, and she would persevere. As my father recovered from his surgery, she sat there all day, each day. I had no idea what she was thinking. My training, and American frankness, suggested that we talk. All that is Guyanese in me suggested that "silence is golden." My mom and I remained silent. The following day, I arrived after work. The attending health professionals informed me that my father had to be sedated after awakening from surgery. I could not understand. Wouldn't you want him as alert as possible? They stated that he was too "aggressive." Can an octogenarian be aggressive? They informed me that the sedation was for his own safety. Regardless, I did not want my father sedated. Despite my cultural humility that recognizes a lifetime of exposure to sexism and misogyny, seeing my father passively sedated would have contributed to his emasculation. My mother entered the room. I sit in the hall. She has seen sides of my father that I, as their son, have not.

Day three: I drive my mother to the hospital. My father is awake. He looks at me, but there is only silence. I can see he has been through a battle. We say nothing—preserving our "stiff upper lip" composure.

Day four: My father uses his incentive spirometer to exercise his breathing. His breathing is shallow. As the days progressed, my Guyanese father reemerged. Privileged in his masculine entitlement, he chides his predominantly female third world nursing staff. I ask him to refrain from terse language, if only for his present frail state. It is not the time to discuss entitlement or sexism. He blinks at me; my mother sits by his side. Each night I leave with my mother, I buy something to eat and drop her at home. She walks up the path alone, only to repeat the bedside watch the next day. Upon returning home, with professional assistance, she cared for my father. She is a frail older woman caring for a frailer older man.

Since the surgery, my parents have discussed their expectations for end-of-life. Having experienced this journey, I cannot help thinking the traditions of my elders are fading; all but the slightest of impressions remain on my person. I expect that one night I will have to brace myself in the darkness of I-95 and make the 3 ½ hour drive. That drive will bridge my .5 identity with my Guyanese identity. Perhaps on that visit, I will have to cover the mirrors, not knowing why, just driven by some corporeal imperative.

My Pacific Islander Dad

Hybrid… always an alternative… my dad, Moana (meaning deep sea) is a Pacific Islander American older adult of Tongan descent. He is an immigrant from Tonga, and a longtime resident of Hau'ula, Hawai'i. For more than 20 years in Tonga, he was a teacher and a middle school principal. In 1977, a scholarship he received as a middle school principal led him to migrate with his family to the U.S. to attend BYU-Hawaii. With great foresight, dad established Hawai'i as our new home and decided to remain in the U.S. in order to educate and provide better opportunities for his children. Mom was a nurse for about 20 years in Tonga. Since arrival in Hawai'i in 1977, both mom and dad worked at the Polynesian Cultural Center until they retired. They are bilingual, but more fluent in the Tongan language. As they have aged,

sometimes it appears that they do not understand what people are saying, but they are actually thinking deeply about it and after a few minutes they will respond. Actually, that is wisdom. However, they sometimes need people to speak slowly and clearly. They are very active physically and socially, which can be easier in Hawai'i, given the warm weather and the support of their families and friends.

Their journey to Utah in August 2013 was to hold the bi-annual Family Council with their children and grandchildren. On the second day of the 2013 Family Council, dad was admitted to the emergency room. It was a blessing to have three sons, one daughter and numerous grandchildren living in Utah, in order to provide family support while they were away from home. Nonetheless, it was very difficult for dad to accept that he would be in Utah for an extended period of time during recovery. Understandably, dad was upset at times with his inability to function in the hospital and in the rehabilitation facility. Both mom and dad were completely committed to rehabilitation, and that he will emerge healthier and more mobile. Mom was grounded in her belief that God will take care of dad.

During treatment on the mainland (Utah), dad and mom were somehow displaced because they were not at home in Hawai'i. Thus, the caregiving arrangements needed much thought and consideration. Physical proximity required considering caregiving alternatives that were not necessarily culturally acceptable. In retrospect, my professional background as a social worker, and living in the U.S. for the majority of my life, suggested some comfort with exploring a hybrid model of caregiving that would facilitate caring from a distance. For example, dad's primary caregiver has always been mom, which is culturally expected and acceptable given that they are both retired. The family and his children, myself included (a social work educator), agreed to serve as secondary distant caregivers by providing housing and supports.

Three siblings and I provided support to mom and dad from a distance, including financial support and through regular phone calls and visits. Mom and dad's iPhone facilitated FaceTime with the grandchildren. In similar situations, offering such support from a distance was not an issue for me because I have lived away from home for a number of years but was still able to provide. This time it was different; it was my dad. I had emotional investments beyond the tangible resources. As a daughter, the feelings of disconnect, guilt about not being able to be physically present to "talk stories" with him, help take his temperature, clean his room, run errands, and especially help out mom, was overwhelming. I felt conflicted as a social worker and with my career, which was the source of my ability to offer financial supports. I managed to rationalize my way to a point of semi-comfort. To somehow counter these feelings which were not exclusive to me but also applicable to my siblings, my youngest brother relocated his family to Hawai'i to assist in providing continued care for dad. My oldest sister and her children who also lived in Hawai'i partnered with our youngest brother in assisting dad and giving mom respite. Such alternatives offered the opportunity to navigate the integration of traditional collective cultural expectations and the realities of American life.

On the mainland, my dad's experience with facilities that provided treatment and care were not unique from experiences of other people of color. But, what were our options? Following surgery and removal of a tumor, my dad's functionality decreased to a level of his inability to

perform basic Activities of Daily Living (ADLs). With his functional limitations, doctors, nurses, and social workers contributed to the caregiving continuum, and all of the children and grandchildren took their rounds to ensure 24 hours, 7 days a week support for my dad, and most critically some relief for my mom who was the primary caregiver. Despite close attention to consistently good care, the treatment took a toll on dad's frail body-weight loss from the radiation, constant pain and pain medication/management, disorientation and confusion, and the psychological stress of going from total functionality to almost total dependence on others for basic ADLs.

Two days after discharge from the hospital, dad's situation worsened in terms of his health and well-being, and not being able to perform basic tasks such as feeding himself and attending to his personal hygiene. We needed professional physical therapy assistance. The decision to place my dad in a rehabilitation center took time and energy, given the cultural expectation of caring for our own versus the reality that we do not have the expertise to provide physical therapy. After a Sabbath gathering, where deep conversations were held about how to navigate the Pacific Islander and American aspects of our cultural identity, we generated multiple options. In the end, our option reflected a hybrid that exploited our need to remain embedded in our indigenous Pacific Islander culture yet engage our American lives and opportunities to provide excellent care while still honoring our culture origins. Each sibling and grandchild was tasked with contributing lots of love, visits and resources to mom and dad during this time. Living in the east coast, I flew once or twice a month, in and out of BWI Marshall with my seven-year-old son, hoping to arrive safely in Utah, spend several days with dad and mom, take care of paperwork and answer questions, make arrangements, check in with family to make sure we were on the same page, relieve mom for a few hours, do shopping if necessary, and return home to my family and work. I now have a greater appreciation for collective, hybrid caregiving.

Today, dad is currently walking, talking, eating, and functioning independently at home in Hawai'i with the love of his life by his side; and the meaning for his life, his family (his posterity), providing resources, emotional support, and a friendly voice on the phone. I did not expect a different outcome because my siblings and I were there, physically and emotionally, and mom was certain that God would heal him, period. Since indigenous Pacific Islander culture emphasizes "taking care of our own," placing an elder in any facility outside of the family's home is unacceptable. Challenging these cultural expectations is part of the multi-dimensional life of Pacific Islander Americans, who do not necessarily live in close proximity due to employment, schooling or other endeavors. Such challenges invoke the need to explore alternatives in a continuum from western acceptable to indigenous acceptable, or an integration of the two perspectives. Collective, hybrid models of caregiving offer options for immigrant parents and children.

Traditional Caregiving for Older Adults and Sustainability

Family caregiving solicits the help of spouse, children, grandchildren, relatives, and neighbors. However, older adult care recipients rely predominantly on their spouses and often children, who juggle multiple obligations of work and family (Jette, Tennstedt, & Branch, 1992; Kemper, 1988; Stone, Cafferata, & Sangl, 1987; U.S. Census Bureau, 2007; Wolff & Kasper, 2006).

Regardless of who is providing care, the demands of caregiving can be physically, emotionally and psychologically taxing. In a meta-analysis of 228 studies by Pinquart and Sorensen (2002) examining caregiver burden (George & Gwyther, 1986), which is defined as the impact of bio-psycho-social and financial demands of caregiving, findings indicated that the care recipient's physical impairments and problem behavior were strongly associated with the burden felt by a spouse caregiver. Lima, Allen, Goldscheider, & Intrator (2008) also found that the majority of participating middle-aged care recipients needing some help in ADLs were cared for by their spouses, which was challenging when the spouses were working and raising children. Even though they are cared for primarily by spouses, there are challenges as they continue to age and experience the decrease in federal/funding resources (Iezzoni, 2003; Pastor, Makuc, Reuben, & Xia, 2002; Steinmetz, 2006).

Furthermore, a study by Monin and Schulz (2009) concluded that being constantly exposed to the suffering of the care recipient negatively impacted the caregiver's interpersonal well-being placing him/her at risk for health and mental health problems. But, the impact of such exposure can be mediated by certain factors. For instance, in relation to gender, female caregivers experience more distress compared to their male counterparts (Lutzky & Knight, 1994; Yee & Schulz, 2000). Likewise, closeness between caregiver and care recipient can result in more intense suffering for the caregiver (Tower & Kasl, 1995, 1996), sometimes called compassion fatigue, which most often occurs when a caregiver is unable to regulate his/her emotions (Figley, 2002). In general, negative consequences for caregivers are well documented in the literature. However, studies have also affirmed the feelings of accomplishment, joy and positive effects of caregiving on a caregiver's life (Beach, Schulz, Yee & Jackson, 2000; Brown & Brown, 2006; Brown , Nesse, Vinokur, & Smith, 2003).

Although caregiving for an older adult is not necessarily an equitable enterprise (AARP, 2014), minimizing conflict in the family must be a goal. For instance, expectations of both older adult and potential caregivers must be considered in order to minimize guilt and disappointment. Consideration must also be given to geographic proximity, gender, and emotional closeness, as well as open communication, planning the caregiving arrangement ahead of time, tailoring the arrangement to meet the needs of every member, and focusing on the bottom line of providing good care. Addressing these issues will help avoid misunderstanding and resentments yet contribute to sustainable caregiving for the long haul (Jacobs, 2014).

Despite insufficient attention to caregiving for older adults, organizations such as the American Association of Retired Persons (AARP), National Association of Social Workers (NASW) and Council on Social Work Education (CSWE) are at the forefront of advocating for this population through standards, resources, research, curriculum, and calls to action through the media and technological advancements. The NASW Standards for Social Work Practice with Family Caregivers of Older Adults (2010) speak to the socio-economic and political implications of the increased aging population for families, communities and professionals. These standards acknowledge the significant contribution of older adults to their families and communities, yet recognize the challenges of biopsychosocial dimensions of aging and the need for comprehensive high quality affordable care. The standards also emphasize the need to care for the caregivers who are the backbone for the care received by older adults today and recognize

that for many caregiving has taken a toll on their health, mental health, and financial well-being (Institute of Medicine, 2008, p. 241; National Alliance for Caregiving, 2009).

Some Lessons Learned for Social Work

Increasingly, health disparities among diverse immigrant older adults have become an integral part of social work, particularly as it relates to caregiving. Specifically, researchers have increasingly employed the language of intersectionality to discuss the direct and indirect impact of identities with the social environments. One such identity includes the immigrant. However, the use of identity as a marker for difference runs the risk of ignoring the dynamic exchanges within the environment that shape, and are shaped by, the individuals' interactions. In as much as the individual's identities are culturally bound (Bourdieu, 1990), the cultural context is shaped by multidirectional interactions between the individual and their environments. Among these interactions are individuals' movements between and within communities, which is common among immigrants. Accounts—migration narratives—that reveal these paths, describe forces that include cognitive and historical trends impelling individuals to leave and return to social and geographic communities of origin and host communities (Binnie 2004; Fortier, 2001; Gorman-Murray, 2007, Waitt & Gorman-Murray, 2011; Wotherspoon, 1991). These paths also reveal the network affiliation the individual immigrant engages to adapt to a transforming biopsychosocial environment. Chief among these transformations are aging and increased infirmity and the burden they impose on caregivers within communities, including immigrant communities that are often marginalized.

As social work strives to more deeply understand the lives of older immigrant Americans and their caregivers, it must also recognize that belief and actions within diverse immigrant communities are driven by history, culture and social positioning, which are sometimes at odds with existing morays. Moving beyond straight line approaches to caregiving assessment and intervention, when working with diverse aging populations, we need to ensure we reduce the risk of stripping the contextual milieu from their experiences. Context adds dimension to complex real-world phenomena, and can inform effective interventions that improve quality of life (QOL) and functioning.

Social work must challenge our role in reinforcing a prevailing social order (Dean & Fenby, 1989) that privileges specific methods of intervening with caregiving for elders, and removes the individual from the midst of their communities. Thus, work with diverse immigrant elders eschews specialty driven work. Members of the elder's network of caregiving may span multiple developmental levels from childhood to adulthood or the aged. Accordingly, practice would benefit from tools that initiate narratives providing deeper awareness of environment and embeddedness within communities, both communities of origin and new communities, and the implications for caregiving.

Furthermore, practice that refrains from coercive methods recognizes the importance of rituals, and power and ideologies in shaping the context of all immigrant elders, without privileging what is hegemonic. To achieve just practice with diverse immigrant older adults, social workers must make greater use of participatory engagement with consumer networks across the life

span—beyond presenting and precipitating issues. Rigid adherence to protocols, increasingly demanded by funding and regulatory agencies (Lefton & Rosengren, 1966; Savage, 1987) may reduce risk. However, they may also resist culturally bound methods of addressing issues including caregiving, reifying stereotypic responses that may prove to be less effective, clashing with the cultural expectations and increasing cost for both individuals and their communities. Consequently, best practices with diverse immigrant older adults requires recognition of the intersecting stakeholder needs and reflexive dialogue in conceptualizing social work interventions designed to enhance QOL among immigrant older adults and their caregivers.

From our experiences as immigrant children of immigrant parents, social work educators, providing caregiving supports from a distance, we have learned the art of navigating our multiple cultural and professional identities, which has resulted in hybrid integrated strategies of interaction and caregiving. Our social work backgrounds showed up strong when called upon to make decisions and offer insight in family matters such as caregiving. We also learned that the historic values of our families may be challenged by the lived reality of migration patterns that disperses family members across great distances. Traditional values may also be at odds with prevailing American values. The opportunities our elders sought for us, as hyphenated Americans, often counter American ideologies that place emphasis on affirming individualism and self-determination in place of the collectivism of our motherlands. Further, the structural determinants of the culture, such as gender roles, may at times conflict with highly prized values of professional social work and nursing staff providing primary care for our fathers.

Finally, we learned that our dads' generation of immigrants may be subject to retaliation or mistreatment whenever the system is being questioned. We learned firsthand that health service disparities for ethnic minorities and older adults are realities requiring cultural competency training. We advocate for the critical need for a comprehensive treatment plan inclusive of caregiving (shared with all parties) for older adults, especially those with a terminal illness. We learned the significance of keeping the family informed at all times. We learned that resilience and a life deeply rooted in a higher power are the narratives of our mothers and fathers.

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