EXAMINING THE EXPERIENCE OF AGING OUT OF PLACE IN THE UNITED STATES
FOR ASIAN INDIAN LATE-LIFE IMMIGRANTS AND THE RISK AND PROTECTIVE
FACTORS WITHIN MULTIGENERATIONAL ASIAN INDIAN FAMILIES

By

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ABSTRACT

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Most Asian Indian older immigrants who settle in this country after the age of 60 are sponsored by their adult children under The Family Reunification Act of 1990, which offered many naturalized and legal immigrants the opportunity to encourage their parents to relocate to the United States (U.S.). The primary reasons that late-life immigrants relocate to the U.S., are to assist their adult children with childcare or to facilitate caregiving. They are often a vulnerable population due to limited English language proficiency, little or no U.S. work experience and weak ties to social institutions. Among Asian Indians, there is greater reliance on families who play a crucial role in the health and well-being of older adults. Using an integrated framework incorporating aspects of Acculturation theory with the Relational and Resilience Theory of Ethnic Family Resilience, this qualitative study focuses on the unique challenges of aging out of place in the immigrant context, in addition to highlighting the concomitant challenges faced by the families in adjusting to multigenerational living arrangements and intergenerational relationships. A total of 20 participants from 8 Asian Indian families residing in the United States, were interviewed using qualitative in-depth interviews. The participants consisted of 9 late-life parents aged 70 to 89 who relocated to the U.S., between 5 to 20 years ago, 8 adult children with whom the parents reside and 3 spouses. Data were analyzed using a thematic analysis protocol. The findings suggest that late-life immigrants can adapt to U.S. culture with the support of their families and with the addition of community involvement. Positive

relationships with children and grandchildren support this acculturation process and provide a route to adaptation for older adults that also contribute to family well-being. The reciprocity of benefits for older adults and their families also enhances the intergenerational aspects of family resilience. Research findings will contribute to the development of a resilience framework that will help inform effective assessments and intervention strategies, for clinicians and other helping professionals, in their efforts to identify key family processes that cultivate, develop, and nurture family system resilience in immigrant families.

To my daughters,
Pooja and Priya Ramakrishnan
"Mothers hold their children's hands for a short while, but their hearts forever"

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1: INTRODUCTION

Background

Beck (2002) has proffered an interesting view which conceptualizes globalization as follows: "At the beginning of the 21st century the *conditio humana* cannot be understood nationally or locally but only globally" (p.17). He describes this process as more of an internal 'cosmopolitanization' which not only involves interconnections across boundaries, but also transforms the quality of the social and political landscape inside nation-state societies. The likelihood of individuals and families traversing nations and negotiating identities in foreign setting is increasing due to the changing nature of work (multinational work), technological advances (travel and communications), family life (increasing longevity) and political unrest (wars and economic hardship).

Throughout much of the history of the United States (U.S.), immigration has always been a source of population growth and cultural change. The recent changing demographics of the U.S. reflects the increasing number of older immigrants moving to the U.S., to reunite with their children as a result of the opportunities afforded by the Family Reunification Act 1990 (Wilmoth, 2012). Over the next two decades, older foreign-born immigrants will be mainly from Latin America and Asia (Ortman, Velkoff & Hogan, 2014). Most immigrants who settle in this country after the age of 60 are sponsored by their adult children who had immigrated to the U.S., and scholars often refer to them as the "invited elderly" (Choi, 2012). According to Wilmoth's (2012) analysis, over 60% of older immigrants to the U.S. arrived to join their previously settled immigrant children. They are often a vulnerable population due to limited English language proficiency, little or no work experience in the U.S., and weak ties to social institutions. They face numerous challenges in terms of being ineligible for federal and state benefits such as

1

Supplemental Security Income (SSI), food stamps, and Medicaid, since the mid-1990s welfare and immigration reforms (Estes, Goldberg, Wellin, Linkins, Shostak et al., 2006).

As a result, these late-life immigrants rely heavily on family members (Nandan, 2014; Treas, 1995; 2009; Wilmoth, 2012) who are often the only source of instrumental and emotional support for the older immigrants. This raises questions about the challenges these immigrants face growing old or "aging out of place" in a completely foreign setting, their family lifestyles, and the impact on intergenerational relationships (Diwan, Jonnalagadda, & Gupta, 2004; Nandan, 2007; Sathasivam-Rueckert, & Sundaram, 2013; Treas & Mazumdar 2002). Globally, most people are content to "age in place," which refers to growing old in a familiar environment where there have lived for most of their lives (Bradley & Longino, 2009). "Aging out of place" refers to the physical and emotional experience of growing older in a foreign environment (Sadarangani & Jun, 2015). Studies have revealed that factors such as lack of financial resources, lack of access to affordable healthcare, language problems, acculturation stress, and discrimination puts them at risk of isolation and depression (Gelfland & Yee, 1991; Mui, Burnette, & Chen, 2001; Weng & Nguyen, 2011).

Asian Indians are the third largest Asian group in terms of foreign born immigrants after China and the Philippines. Currently there are more than two million Indian-born immigrants residing in the United States, accounting for 4.7 million of the 41.3 million foreign born population (Zong & Batalova, 2015). The needs of older Asian Indian immigrants are often ignored because of the stereotype that Indian immigrants are a model minority. This stereotype in part is due to the fact that Asian Indians in the United States have the highest income than any other group, including non-Hispanic Whites (Bhattacharya & Shibusawa, 2009). There is also considerable diversity within Asian Indian groups, including differences in language, generation

(e.g. first, second), religious beliefs, education, income, English proficiency, and immigration status. However, Asian Indians share historical circumstances and cultural values that contribute to the experience of aging in the United States (Bhattacharya & Schoppelrey, 2004). As this minority group continues to grow older, and more numerous, there is a need to better understand the multiplicity of factors; physiological, psychosocial, and behavioral, that contribute to prevalence of chronic diseases and mental health issues within this population.

Yet this population remains an under researched group. Little is known about the aging process for Asian Indian older population post migration. For the older adults, moving from India to the U.S. has accelerated the social aspects of aging as a result of being uprooted from their communities and social networks, and attempting to cope with the stressors of adapting to the host country. A handful of studies with late-life Asian Indian immigrants have documented the acculturative stress experienced and revealed the complexity of the aging process for this population (Bhattacharya & Shibusawa, 2009; Diwan, Jonnalagadda & Gupta, 2004; Kalavar & van Willigen, 2006; Nandan, 2007; Sharma & Kemp, 2012; Treas & Kemp, 2002). The changes are also apparent in the family dynamics and the distribution of power within the household, as adult children transition into becoming the caregivers for this population. The extent to which older Asian Indian immigrant adults and their families have been able to cope, adapt, and adjust is still largely unexplored.

Purpose of Study and Research Questions

The purpose of this qualitative study is to bridge the gap that currently exists in understanding the unique challenges of aging out of place for late-life immigrants, and the strengths and assets within the Asian Indian family systems that facilitate adjustment and adaptation through stressors and crisis. Therefore, the aim of my research is to examine:

3

- Late-life Asian Indian immigrants' experience of immigrating to the U.S. and aging out of place within the context of multigenerational living.

- The adjustment and adaptation processes within the intergenerational context, especially in terms of the Asian Indian family schema, patterns of functioning, and relational well-being which contribute to family resilience.

The research questions that guided this study were as follows:

1. What strategies do late-life immigrants adapt in order to adjust and acculturate to living in the U.S.?

2. What are the key family processes that contribute to reciprocal adjustments and adaptation within multigenerational Asian Indian families?

Theoretical Framework

The theoretical framework that informed this study was an integration of two distinct but complimentary theories namely, aspects of Immigrant Acculturation Theory and the Relational and Resilience Theory of Ethnic Family Systems (McCubbin & McCubbin, 2013).

Immigrant Acculturation Theory. According to Berry (1990), acculturation is both a process and an outcome. It is a "process by which individuals change, both by being influenced by contact with another culture, and by being participants in the general acculturative changes under way in their own culture" (p.204). These acculturative changes in individuals, as further proposed by Berry, are manifested in behavior, attitudes, values, and identity. The four models of acculturation proposed by Suinn et al., (1987), Berry (1989), Berry & Sam (1997), and Sue and Sue (2003), have four underlying constructs in common for acculturation among Asian Americans: those who identify with the values of their culture of origin (separation); those who

identify with American culture (assimilation); those who identify with both cultures (integration), and those who do not value either culture (marginalization).

There are a number of variables that affect adjustment strategies and acculturation; (a) status and power play of immigrants; (b) educational and occupational level of immigrants; (c) ethnic and social class composition of the community of settlement; (d) proximity of others of the same ethnicity; (e) previous exposure to urban and western culture; (f) reason for immigration; and (g) structural and contextual factors in receiving countries (Gibson, 2001; Krishnan & Berry, 1992). The interplay between theses variables take on a different dimension where older immigrants are concerned compared to their longer-term counterparts who came to this country at a younger age and then become older. It is important to understand within group similarities and differences between immigrants who differ in length of residence in the U.S. (Gelfand, 1989).

For older adults, immigration is not seen as an opportunity but more as a necessity to be close to their children and grandchildren (Angel, Angel, Lee, Markides, 1999; Sharma & Kemp, 2012). However, as Hovey (2000) observed, the very act of immigrating is by itself stressful. Acculturative stress can negatively affect an immigrant, and this impact is potentially cumulative. Struggles with language, cultural differences, understanding the new social and behavioral norms, lack of economic opportunities, the inability to access service resources such as healthcare, and experiences of racism can weaken the long term cumulative resilience (Berry, 1990; LaFromboise, Coleman & Gerton, 1993; Sue, Bucceri, Lin, Nadal, & Torino, 2007). Older immigrant adults are the ones who are at greatest acculturative disadvantage given their lower levels of education and English language proficiency, and those who arrive as a result of the family reunification laws potentially have the greatest vulnerabilities to health disparities (Usita

& Shakya, 2012). The health outcomes that are linked to the acculturative process is termed as acculturative stress and has been associated with physical health, mental health, and family/marital adjustment (Mui & Shibusawa, 2009; Suinn, 2009).

Relational and Resilience Theory of Ethnic Family Systems (R&RTEFS). Resilience generally refers to the capacity of individuals, families, or even organizations, to adapt successfully and recover from adversity (Masten & Monn, 2015; Walsh, 2006). The concept of family resilience evolved out of the early work on resilience in children and youth, which focused on personality traits, and coping styles that enabled individuals to overcome adversity (Walsh, 2006). Researchers later shifted their focus from viewing families as the context for resilience in individuals, to regarding families as a unit of resilience, when they discovered that families could create and maintain interactional processes capable of enabling family members to withstand and rebound from life stressors and crises (Nichols, 2013; Walsh, 2006). According to Hawley and DeHaan (1996), family resilience is characterized as:

> "…the path a family follows as it adapts, and prospers in the face of stress, both in the present, and over time. Resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risks and protective factors, and the family's shared outlook" (p.293).

All families face stressors or demands that can potentially threaten or change the existing family system. The impact of stressors are usually dependent on the existing vulnerability or the pile-up of demands that the family faces. The two common stressors faced by Asian American families is their minority status, and the tension associated with acculturation (Yee, DeBaryshe, Yuen, Kim, & McCubbin, 2007).The development of ethnic family resilience is based on the foundations of family stress and coping research, which evolved through a series of models that were predominantly based on the conceptualization of risk and protective factors within white, middle class family systems (McCubbin & Patterson, 1983; McCubbin & McCubbin, 1988;

Patterson, 1988; McCubbin, McCubbin, & Thompson, 1998). The Resilience Model of

Adjustment and Adaptation is the predecessor of the Relational and Resilience Theory of Ethnic

Family Systems (R&RTEFS) (McCubbin & McCubbin, 2013; McCubbin & McCubbin, 2005;

McCubbin, McCubbin, Thompson, & Thompson, 1998).

The R&RTEFS (McCubbin & McCubbin, 2013) framework as depicted in Figure 1,

places the family system at the center of the ecological system (Bronfenbrenner & Ceci, 1994),

with permeable boundaries, meaningful relationships with its ancestral past, and its respective

values, beliefs, traditions, practices, and expectations. There are three core interacting elements

in this framework namely, family schema, family patterns of functioning, and family relational

well-being, and involves three core processes of adjustment, crisis transition, and adaptation. The

model draws attention to the central role that family strengths, ethnicity and culture play as

families adapt to change, transition with developmental tasks and overcome adversity (Yee et

al.). It shifts the focus from dwelling on negative outcomes and instead uncovering the resilience

demonstrated by families dealing with challenging situations.

Figure 1.1: Relational and Resilience Theory of Ethnic Family Systems
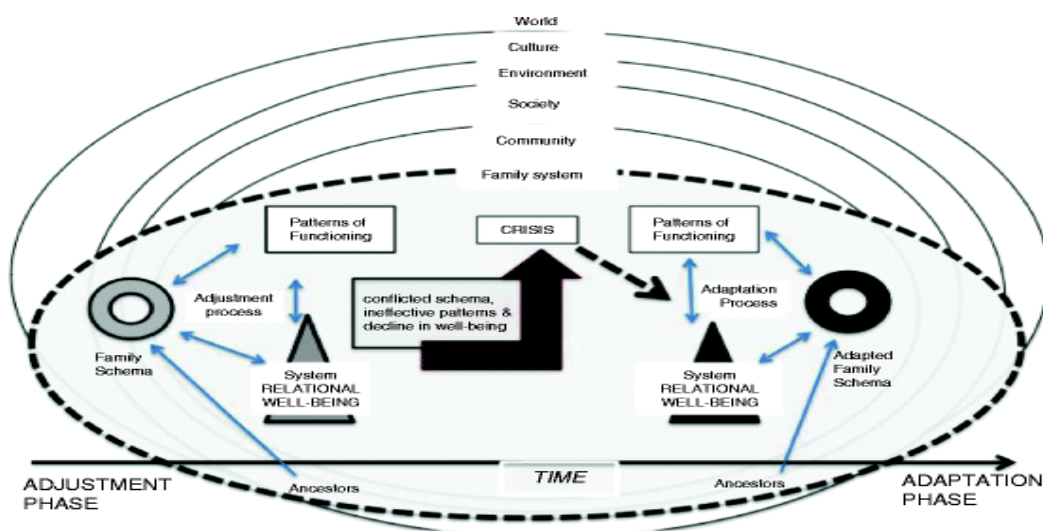
Note: Adapted from McCubbin, L. D., & McCubbin, H. I. (2013). Resilience in ethnic family systems: A relational
theory for research and practice. In D.S. Becvar (Ed), *Handbook of family resilience,* pp.175, New York: Springer.

Integrated Framework. Integrating the two theories provides an understanding of acculturative processes and stressors faced by late-life Indian immigrants and their families, and the resources inherent in the Asian Indian family systems to cope with intergenerational caregiving.

*Family Schema or Family Identity***:** Family Schema is a structure of fundamental conviction and values, shaped and adopted by the family system over time, and it includes cultural and ethnic beliefs. It is influenced by Family Patterns of Functioning (POF) and Relational Well-being (RWB) and contributes to the development of family meanings. It allows for the development of an informational framework through which family experiences can be processed, evaluated, and meanings of life are determined. For example, when elderly Asian Indian parents leave their home country to join their adult children's existing nuclear family systems in the U.S., a new POF emerges to allow for adjustments within the family system, and maintenance of the RWB by family members.

*Family Patterns of Functioning (POF)***:** POF is instituted to maintain the family system's stability, continuity, and survival. It allows for mutual support, and complementary relationships with the extended family, ancestors, the neighborhood, community, society and the world at large. A number of studies with Asian Indian families have highlighted the centrality of aging immigrant parents within the family pattern of functioning, and factors that serve to facilitate the adjustment and adaptation of the family members to the different rates of acculturation within the family system, that contribute to the overall resilience of the system (Kalavar & van Willigen, 2005; Sharma, 2010; Sharma & Kemp, 2012; Sudha, 2014).

Relational Well Being (RWB): RWB within the family system has been operationalized as the ability to maintain: (a) confidence and competence to survive; (b) cultural practices;

(c) financial stability; (d) family commitment; (e) investment in the community; and (f) access to

quality health care. According to the McCubbin and McCubbin (2013), the domains of RWB

may fluctuate depending upon the family's POF, and its effectiveness in shaping the course of

adjustment and adaptation, particularly in times of crisis. It also illustrates how families offset

stressors and strains that impinge on the system by adapting new or modified patterns of

functioning introduced to restore or improve upon the family's relational wellbeing (resilience,

financial stability, family commitment, community involvement, cultural practice, and health

care).

For example, in the early days of older parents arriving in the U.S., family commitment,

access to quality healthcare, and financial stability may receive higher priority. Whereas as these

parents adapt to living in the U.S, confidence and competence, cultural preservation, security and

investment in the community, may emerge as being the priority. The authors present this concept

of RWB as a viable index of family systems functioning, and an alternative conceptualization of

resilience, after developing and testing the 16 items measure in their study with 854 Native

Hawaiians (McCubbin, Kehl, & McCubbin, 2007; McCubbin, McCubbin, Kehl, Strom, &

Zhang, 2013).

Strengths of Integration

As much as it is important to understand the immigrant acculturation processes, the

scholarship on acculturation tends to present a one-sided view of adaptation when in actuality it

is a reciprocal and multidimensional process (Almeida, 2005). The primary goal of integrating

the two framework is to offer a more nuanced framework that incorporates aspects of

acculturation theory, and ethnic family resilience that would assist in clinical assessments of

Asian Indian families with aging immigrant parents. It is proposed as a conceptual map that

would allow clinicians and other helping professionals working with immigrant families to identify key family processes that cultivate, develop, and nurture family system resilience in these families.

Table 1 illustrates the conceptual framework for this study with the corresponding research questions and sample questions that integrates the two theories that guide this study.

Table 1.1: Conceptual Framework

Theory	Research Questions	Participants' Responses
Acculturation Theory	What are the strategies that late-life immigrants adopt to adjust and acculturate to living in the US?	**Older Participants:** When did you come to the U.S.? How did you make that decision? How did you feel about moving to the U.S. on a permanent basis? Describe some of the challenges you faced? Probe: How difficult was it to get used to living in the U.S.? What did you tell yourself as you were learning to adapt to living in the U.S.? Probe: Coping strategies
Acculturation and Ethnic Family Resilience Theory: • Patterns of Functioning, • Family Schema, • Relational Wellbeing	What are the key family processes that contribute to reciprocal adjustments and adaptation within multigenerational Asian Indian families with late-life Asian Indian adults?	**Older Participants:** How do you view growing older in the U.S.? What kinds of support do you need? How do you spend your time here? How did you adjust to living with your children? Probe: How would you describe your role in the family? How are you involved in the lives of your grandchildren?
		To Adult Child: What were your reasons for sponsoring your parents to relocate to the U.S.? **To Adult Child and Spouse**: What are the challenges of living together? How did you adjust? What values and beliefs do you observe as a family? What are the benefits of living in a multigenerational household? How will you adjust as your parents' age?

Family functioning can be compromised in the face of life stressors and crisis, and families need to be able to create and maintain interactional processes capable of enabling family members to adapt and respond to such situations (Nichols, 2013; Walsh, 2006). However, studies on family resilience within Asian family systems are scarce. The sheer variation in terms of national, linguistic, and cultural intra-group variation within the Asian community makes research challenging and confined to subgroups, but it does allow for the progressive construction of the overall picture (Mui & Shibusawa, 2008).

This study is intended to add to the growing body of knowledge on older immigrants' experience of aging, particularly in the era of globalization and the 'graying of America'. This study will also serve to document the changes happening within the Asian Indian diaspora, and most importantly to contribute to the current nascent state of knowledge on how ethnic families provide protection and diminish risk for their family members as they navigate challenges caused by migration.

By examining the experiences of late-life Asian Indians who have either settled in the U.S. or are maintaining a transnational lifestyle, it allows a unique opportunity to examine how these families cope, adapt, and adjust to the experiences of aging out of place and the impact on intergenerational relationships from a strengths-based perspective, which is sensitive to the culture and context of these families. Most importantly, this study contributes to the development of a resilience framework that incorporates aspects of immigrant acculturation theory and ethnic family resilience theory that will help inform effective assessments and intervention strategies, for clinicians and other helping professionals, in their efforts to support Asian Indians families.

CHAPTER 2: LITERATURE REVIEW

Life Span Development of the Aging Population

The general course of human development consists of the pattern of movement or change that begins at conception and continues through the human life span (Santrock, 2009). Aging is a relative concept, as it differs across societies with different life expectancies (Frackenberg & Thomas, 2011), especially since the concept of life span development is constructed through biological, sociocultural, and individual factors working together (Baltes, Reuter-Lorenz, & Rosler, 2006).

One of the great achievements of the twentieth century is the increase in life expectancy, as advances in medicine and technology began to insulate people from the ravages of diseases and other hazards. People who would have died early of preventable causes began to live long enough to experience aging-related diseases such as cancer, cardiovascular diseases, osteoporosis and sensory impairment (Olshanky, 2011). In developed nations today, about 80-90% of all deaths occur after the age of 65 and anywhere from 30-50% of deaths now occur past age 85 (Human Mortality Database, 2009). The number of centenarians is also increasing at a rate of approximately seven percent per year, with women outliving men (Perls et al., 2007).

Biological aging consists of the changes that occur in the musculoskeletal structure and functioning of the human organism overtime (Crandell, Crandell, & Zanden, 2012). Obvious changes related to aging is apparent in the individuals' physical characteristics, and a general decline in their capacity for physical work and exercise. Changes in sleep patterns also occur, in addition to physiological changes such as muscle loss, decreases in size and strength of muscles, decline in oxygen intake, and reduced heart efficiency. Sensory abilities such as hearing, vision, taste, smell, and skin sensitivity to temperature also decline with age.

Although some cognitive decline in adult intelligence occurs after age 60, predominantly in terms of slowing response time and short-term memory, there is tremendous individual variation in aging effects. Memory loss, for example, can be highly individual, ranging from little to extensive which can be related to the acquisition, retention, and retrieval of knowledge. Cognitive impairment tends to be progressive, characterized by memory loss, and disorientation regarding time and place. Other serious brain disorders associated with aging have different causes, but the onset tend to be slow and insidious such as, dementia, Alzheimer's disease, and Parkinson's (Crandell, Crandell, & Zanden, 2012; Santrock, 2009).

Aging also occurs in context, as people age within their families, homes, and communities (Pruchno, 2018). The myth that the older a person gets the frailer he or she becomes in all aspects of life, is not empirically supported. Gerontological literature has highlighted the importance of health promotion and emotional well-being in later years through interrelated concepts such as "healthy aging" and "aging in place." Hansen-Kyle (2005) defined "healthy aging" as the " ..the process of slowing down physically and cognitively, while resiliently adapting and compensating in order to optimally function and participate in all areas of one's life (physical, cognitive, social and spiritual)."(p.52). A number of studies have found connections between resilience, a positive outlook, sense of coherence, purpose in life, and a sense of self-transcendence, in overcoming physical limitations, losses and adversities (Aroian & Norris, 2000; Nygren, et al., 2005; Rowe & Kahn,1997,1998; Wagnild, 2003; Windle, Markland & Woods, 2008). These scholars observed that higher levels of resilience may influence an individual's capacity for successful aging in which case, enhancing individual resilience could influence successful aging.

The second concept "aging in place" refers to growing old in a familiar home, environment, or community that offers support, meaning, and security to older adults (Sadarangani & Jun, 2015). A recent analysis by Frey (2007), revealed that three factors are important in living well as an older adult: health, security, and kinship/support, especially when dealing with important life transitions like retirement, relocation, and adjusting to the death of a life partner. Research studies have also consistently found that social support and social contact is associated with good health, ability to cope with stress, decreased mortality, and greater life satisfaction. Social contact is necessary in times of stress, illness, and aging in terms of providing emotional and practical assistance, (Cagley, 2009; Cavallero, Morino-Abelle, & Bertocci, 2007).

Overview of the Aging Population in the United States

An aging population experiencing multiple morbidities is a real concern in terms of primary healthcare facilities. It is estimated that in the industrialized world, 25% of 60-69-year-old, and 50% of 80-84 year old, are affected simultaneously by two or more chronic health conditions and require long term health care (World Health Report, 2008). By 2050, the population age 65 and over is projected to be 83.7 million in the United States (U.S.), almost double the population of 43.1 million in 2012 (US Census 2015). Ethnic minorities constitute the fastest growing segment of the older population with most immigrants age 65 and above, being of Latino and Asian ancestry rather than European descent (US Census, 2010, 2014). It is estimated that by 2030, the composition of the older population will be 61% non-Latino White, 18% Latino, 12 % African American and 8% Asian American, highlighting the increasing numbers of older ethnic minorities (Ortman, Velkoff & Hogan, 2014).

Older foreign-born individuals form a diverse group in terms of their motivations for immigration, and post immigration experiences. The longer term older immigrants were either

highly trained professionals who immigrated early in their careers, or those who immigrated with their families when they were young children (Leach, 2009), and nearly two thirds have lived in the U.S. for more than 30 years (Brownell & Fenley, 2009). About 12% of the older adults who immigrated to the U.S. in their later years have less than 5 years of residence and are "aging out of place" as opposed to "aging in place" (Batalova, 2012; Choi, 2006).

Where care-giving families and late-life immigrants are concerned, there are a number of crucial transitions involved, starting from the experience of leaving the place of birth, transitioning to life in unfamiliar surroundings, the changes in social networks of family and friends, the immediate and long term patterns of adjustment and social interactions, experiences of prejudice, discrimination and isolation, and access to medical resources (Becker, Beyenne, Newsom & Mayen, 2003; Rogler, 1994). In order to understand the experience of aging out of place for Asian Indians, it is imperative to examine the migration patterns, personal history, and cultural expectations in both pre and post immigration context (Bhattacharya & Shibusawa, 2009).

Pattern of Immigration Among Asian Indians

Asian Indian immigration to the U.S. can be traced back to the 1800s, however it is only after mid-20th century that there was a major influx of Asian Indians immigrating (Dasgupta, 1996). They immigrated to the U.S. in three distinct waves. The first wave migrated during the mid-1960s, when restrictions on Asian immigrants were lifted. This was in an effort to bolster the U.S. position in the space and nuclear race, and to fulfill the increasing need for technical manpower (Subramanian, 2002). Most of the Asian Indians were young adults in pursuit of the "American Dream" as they attended institutions of higher learning or sought better professional opportunities (Rangaswamy, 2000). It is estimated that around 83% of the immigrants from the

Indian sub-continent who entered the U.S. between 1966 and 1970 came as professionals (Leonard-Spark, Phillip & Saran, 1980).

The U.S. Immigration and Naturalization Act 1965 vastly increased the opportunities for immigrants from Asia, with Asian Indians being one of the fastest-growing immigrant groups in the U.S. (Lamb, 2002; Leonard-Spark, Phillip & Saran, 1980). During the economic boom of the 1970s, most of the second wave immigrants, immigrated with their immediate families to meet the demand for highly skilled professionals (e.g., engineers, doctors, and scientists) (Mogenlosky, 1995; Segal, 1991). However, by 1976 the U.S. government tightened the immigration laws and the Immigration and Nationality Act 1976 required migrants to have firm job offers before leaving for the U.S.

The enactment of the Family Reunification Act 1990 sparked the third wave of arrivals as it offered many naturalized and legal immigrants the opportunity to sponsor the immediate blood relatives of immigrants already settled in the U.S., which is commonly referred to as chain migration. According to Hing (1993), the percentage of Asian Indians who came under the family reunification scheme, increased from 27 to 85.9 between 1969 and 1985, and a significant portion of this third wave were aging parents of Asian Indians who came to live with their children in the U.S. (Bhattacharya & Schoppelrey, 2004; Nandan, 2007; Rangaswamy, 2000).

Asian Indian Immigrant Cultural Identity

Although Asian Indian immigrants have generally adapted and acculturated well to life in the U.S., a number of studies have noted that they tend to adhere closely to their traditions and customs and have kept their heritage alive by developing a network of religious institutions, cultural associations, social gatherings, religious and cultural festivals, and maintaining ties to their homeland (Dasgupta, 1986; Sodowsky & Carey, 1987, 1988; Wakil, Siddique, & Wakil,

1981). First generation Asian Indians in particular, have been noted to selectively acculturate by holding on to core values (e.g., religion, marriage, filial duties, family coherence, food preferences, culture) at home, while simultaneously adapting to more individualistic attitudes and western communication norms at work (Dasgupta 1998, Wakil, Siddique, & Wakil, 1981).

This bicultural functioning based on selective acculturation patterns, can be attributed to their initial reason for immigrating namely, educational and economic opportunities (Inman, Howard, Beaumont, & Walker, 2007; Jayakar, 1994; LaFromboise, Coleman, & Gerton, 1993; Prathikanti 1997). Despite physical distance from the homeland, psychological closeness is maintained by "reinventing Indian culture" on foreign soil (Bhattacharjee, 1992). This is central to the concept of ethnic identity, a component of self-concept, that consciously anchors an individual to a particular ethnic group (Dasgupta 1998, Rotheram & Phinney, 1987).

Inman, Constantine, and Ladany (1999) observed that ethnic group approval also played a significant role in the preservation of cultural identities within Asian Indian families. As Portes and Rumbaut (1996) also noted, communities with selective acculturation patterns and in-group support tend to have higher ethnic identity retention than communities without such patterns and support. It denotes a sense of belonging, as well as a commitment to the group's values, beliefs, conventions and customs. As noted by Uba (1994), maintenance of traditional culture by a minority group and adoption of a stable ethnic identity is integrally linked.

Intergenerational Reciprocity of Care

Based on historical cultural practices prevalent in India, the self is nested in the family and community context, with individual roles and responsibilities subsumed under a larger family system (Bhattacharya & Shibusawa, 2009; Jonnalagadda & Diwan, 2005). The obligation to one's family of origin is ingrained in the Asian psyche, irrespective of religion, caste or creed

(Bhattacharya & Schoppelrey,2004). The Vedic concepts of *dharma* and *karma* are important within Hinduism. *Dharma* can be loosely translated as 'duty', 'virtue', or 'morality' and it refers to the power that upholds the universe. Hindus generally believe that *dharma* refers to the universal law or righteousness that maintains society. Although *dharma* is universal it operates within concrete circumstances, with each person having their own *dharma*, known as *sva-dharma*. This means that people have specific obligation and duties according to their age, gender, and social position. *Karma* means 'action'. It is the law of equal reaction to every action, either immediately or at some future point. Good or virtuous actions in harmony with *dharma*, rebounds as positive reactions and responses, whereas bad actions have negative consequences.

The law of *karma* in Hinduism operates not only in the present birth, but across lifetimes, as rebirth is a fundamental aspect of Hindu philosophy. According to Hindu philosophy we store up our good or bad actions in every lifetime, only to reap the rewards or suffer the consequences in a future rebirth. This process is similar to the concept of *samsara* in Buddhism, which refers to the continuous cycle in which the soul is reborn over and over again according to the law of action and reaction.

A central concept of *dharma* and *karma* is the Vedic injunction: *Matru devo bhava, Pithu devo bhava* (May the mother be your God; may the father be your God), to foster reverence toward parents. This is stated in the *Taittiriya* Upanishad, which is a Vedic text embedded within the *Yajur* Veda, one of the four oldest Sanskrit scriptures of Hinduism, the other three being *Rigveda, Atharvaveda* and *Samarveda* (SSSB, 1969). The sacred filial obligation to care and honor aging parents is to ensure that the sacrifices that parents make to love and care for their children is received with gratitude and reverence and transmitted to the younger generations who will in turn honor and revere the generation before. It is within this traditional social structure

18

that elder care is embedded in Indian society. Older parents are treated with respect and honor, and concerns about who will care for them is crucial since placements in nursing homes is not widely accepted (Kadoya & Khan, 2006).

In attempting to describe the workings of the intergenerational caregiving structure embedded in Indian society, Lamb (2002) made the following observation: "..it is interesting to note that it is almost precisely the same things that parents once gave their children that children are later obligated to return to their parents." (p.305). Table 2.1 is a depiction of the intergenerational reciprocity of caregiving within traditional families in India.

Table 2.1: Traditional Intergenerational Reciprocity in India

Media of Transaction	Phase 1 – Initial Giving: Parent to Child	Phase 2: Reciprocated Giving: Adult Child to Older Parents
Material support	food, clothing, shelter, education, finances	food, clothing, money, shelter
Services	serving food, daily care, cleaning bodily fluids – all requiring sacrifice and effort	serving food, daily care, cleaning of bodily fluids (if parents becomes incontinent)
Sentiments	love, affection,	love, respect
Body	given via birth	children reconstruct for parents such as funeral rites and ancestor worship
Life-cycle rituals	first feeding of rice, marriage	funeral rites

Note: Adapted from Lamb, S. (2002). Intimacy in a transnational era: The remaking of aging among IndianAmericans. *Diaspora: A Journal of Transnational Studies*, *11* (3), 299-330.

Lamb (2002) also found that it was the expectation of participating at the very least, within the first three dimensions of reciprocal exchange that motivated older parents to relocate to the U.S., to enjoy what is due to them in their old age, and to maintain the closeness of the intergenerational families even across national boundaries. This type of social exchange, through retaining responsibilities to the family is not only seen as a means by which the older family

members retain power but also as a major vehicle for perpetuating continuity across generations, and as an antidote to disruptions in the family system (Becker, Beyene, Newsom, Mayen, 2003).

Gender Differences in Elder Care in India

Sons are expected to shoulder the responsibility of caring for older parents in Indian society (Datta, 2003; Gupta, 2009; Hammad & Rajoria, 2013). A recent survey entitled India Human Development Survey (IHDS-2), conducted jointly by researchers from University of Maryland and National Council of Applied Economics Research (NCAER), New Delhi, found that almost 77% of Indian parents expect to live with their sons in their old age, while 7% want to live with their daughters. These findings covered a representative sample of 41,554 households from the IHDS-2 (2011-2012) dataset. The main reason given is that Indian parents expect to depend on their sons in their old age. However, the interesting aspect of this survey is that the male gender preference is less in the southern states of India, with higher percentage of parents preferring to live with their daughters. Financially, as many as 74% Indian parents expect their sons to support them financially in their old age, with only 18% stating they would consider being financially dependent on their daughters (Salve & Tewari, 2016).

The preference for sons over daughters is not unique to India and has been observed in ancient Chinese, Egyptian and Greek civilizations (Chan et al., 2002). In the modern world this has also been observed in developed countries like the U.S., United Kingdom, Japan and Germany because of the proliferation of family businesses, family name, and matters relating to inheritance. Many East Asian countries still have a similar stance (Chen, Li, & Meng, 2013; Wang, Su, & Hatton-Yeo, 2012). In China, sons and their spouses appear to be the main caregivers for older parents (Kadoya & Yin, 2014). The preference for sons for the long-term

care of older parents was also found to be significant in Korea (Larsen, Chung, & Dasgupta, 1998).

However, the main difference between India and other countries is the level of parental dependence on sons in their older years. Lack of government-sponsored social security programs, poor pension, long term care programs and social insurance coverage, are some of the factors that compel Indian parents to rely heavily on their children to provide long term care (Babu, Rani & Reddy, 2003; Kadoya & Khan, 2017). The patriarchal system inherent in much of Indian society does not consider a daughter to be a permanent member of the family but a member of her husband's family when she gets married (Mandelbaum, 1948). Therefore, as custom dictates, parents tend to rely mostly on sons and daughters-in-laws for long term care.

Kadoya & Khan (2017), examined whether concern for long-term care of older parents is the primary reason older parents preferred living with their sons in India. They conducted in-depth interviews and surveys in six major cities and rural areas around four major cities. After controlling for important socioeconomic factors, the authors found that concern for the long-term care of older parents is the primary reason for son preference in India. Sons are expected to be more involved in the long-term care of elderly parents than daughters. However, the authors also found that education of women positively impacts parental care when they are expected to care for their parents with their spouses. The authors postulate that it is likely that education empowers women and increases their ability to influence family decisions.

Late-Life Asian Indian Immigrants

The older Asian population in general, is one of the fastest growing older population in the U.S. with an estimated 85% increase from 2000 to 2010 (US Census, 2011). An American Community survey conducted by the U.S. Census Bureau revealed that, China accounted for

19% of the foreign-born immigrants, while India and the Philippines represented about 16% each

(Gryn & Gambino, 2012). Currently there are more than two million Indian-born immigrants

residing in the U.S., accounting for 4.7 million of the 41.3 million foreign born population (Zong

& Batalova, 2015). There is significant diversity among Asian Indians in educational level,

socio-economic status (SES), and within group differences in language, religious beliefs, diet,

English proficiency, and immigration status (e.g., first, second), as compared with other minority

groups. However, Asian Indians share historical circumstances and cultural values that

contribute to the experience of aging in the U.S. (Bhattacharya & Schoppelrey, 2004; Diwan,

Jonnalagadda & Balaswamy, 2004).

Socio-Economic Indicators

The educational levels of foreign born adults vary greatly by country of origin and length

of stay in the U.S. (Usita & Shakya, 2012). Although 18% of foreign born adults have a

bachelor's degree or equivalent, compared to 15% of the native-born population, however,

44.5% of the foreign born older adult population did not complete high school compared to only

29% of the native born population (He, 2002). The author's report also states that older foreign-

born immigrants tend to live with their families, whether for economic or cultural reasons.

Disparities in poverty levels among foreign born older adults are also higher. For example,

poverty levels among Asian Indian older adults living in New York is 18.8% (Asian American

Federation, 2008).

In terms of access to healthcare, Choi (2006), compared older immigrants who have

grown old in the U.S. and newly arrived late-life immigrants, and found that Asian ethnicity,

English proficiency, and immigration status have a significant impact on older Asian Americans'

access to healthcare. These older non-citizens had the lowest overall health insurance coverage

rate (84.2%), and the lowest coverage rate in Medicare, and various private or group insurance plans except for Medicaid. The Personal Responsibility and Work Opportunity Act 1996, bars access to most social services and public assistance to non-citizen immigrants, unless individual states are willing to pay for it. Therefore, newly arrived late-life immigrants with less than five years of residence in the U.S., are no longer eligible for SSI and Medicaid benefits in most states until they receive citizenship. Immigrants arriving within the preceding five years were far more likely to have health insurance and more likely not to have a usual source of care.

Impact of Late-Life Immigration

Although there is substantial literature on acculturation stress faced by immigrants, the unique challenges and stressors of aging out of place in the Asian Indian immigrant context have been largely neglected. This situation gives rise to questions about the type of family lifestyle these immigrant elders experience once they arrive in the U.S., and the repercussions on their sense of well-being (Usita & Shakya, 2010). Information on intergenerational relations which affect caregiving is also needed in terms of understanding the risk and protective factors within the family systems in this community which have allowed these families to adapt despite the differing acculturation levels.

Studies on the impact of late-life immigration can be divided into three categories. First category is the body of literature that has documented the stressors experienced by older immigrants to the U.S. The second set of studies have examined the living arrangements of older immigrants and the third group of studies have tried to reconcile the concepts of filial obligation, and intergenerational relationships with the differing acculturation levels in immigrant families.

Acculturative Stressors

Research has linked acculturative stress with mental health issues, such as anxiety, depression, heightened psychosomatic levels, and feelings of marginalization and alienation (Bhattacharya & Schoppelrey, 2004; Farver, Narang & Badha, 2000; Gelfand & Yee, 1991; Mui, Burnette, & Chen, 2001; Wilmoth & Chen, 2003). Some of the stressors which have been documented as being prevalent in the older immigrant population include language barriers, difficulties with navigating new cultural norms, dependence on adult children, changes in family structure, and increased caregiving responsibilities (Bhattacharya & Shibusawa, 2009; Kalavar and van Willigen, 2005; Mui & Shibusawa, 2009; Treas & Mazumdar, 2002).

A study of 200 immigrants who were Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese by Sodowsky and Lai (1991) found that, acculturative status was significantly related to acculturative stress; the lower the level of acculturation, the higher the distress. Kalavar and van Willigen (2005) reported the following stressors experienced by the older Asian Indian participants in their qualitative study such as less financial independence and control, loss of authority, changes in family roles, intergenerational conflicts, limited ability to speak English, and isolation. Older adults who tend to be caregivers to their grandchildren face additional challenges if they are not proficient in English and feelings of isolation emerge because of their inability to establish new social networks (Brownell & Fenley, 2009).

Researchers have speculated that these stressors may increase the risk of depression in immigrants (Gelfand & Yee, 1991; Mui, Burnette, & Chen, 2001), which often times goes unnoticed among older immigrant population due to the underutilization of mental health services (Kim, Jang, Chiriboga, Ma, & Schonfeld, 2010; Wu, Chi, Plassman, & Guo, 2010). Mui and colleagues (2003) found that, Indian older adults had much higher rates of depression than

the general older U.S. population. However, in a comparative study between 226 English speaking and 114 Gujarati speaking older Indian adults, in Atlanta, Georgia, Diwan and colleagues (2004) concluded that depression may be conceptualized and manifested differently among diverse groups of older Asian Indian immigrants.

Bhattacharya and Shibusawa (2009), noted that although children of Asian Indian immigrants to the U.S. generally enjoy the benefits of a high socio-economic status, these benefits do not necessarily translate to their elderly parents. Many feel uprooted by the relocation to an unfamiliar environment and mourn the loss of the support systems and familiar surroundings of India (Nandan, 2007; Tummala- Narra, Sathasivam-Rueckert, & Sundaram, 2013). The physiological symptoms and emotional distress that manifest as a result of the relocation has been referred to by scholars as migratory grief, since the process of immigration entails various forms of loss such as language, culture, identity, values, and social networks which has significant impact on immigrants' psychological and social status (Bhugra & Becker, 2005; Casado & Leung, 2001). As a result, they may remain isolated within the nuclear family environment and separated from their ethnic communities, with the possibility of experiencing poorer quality of life, or they may socialize primarily within their own ethnic community, maintaining their own culture, language, and social and cultural identity (Bhattacharya & Shibusawa, 2009).

The latter may also serve as tinctures for the initial shock of immigration. Many live within ethnic enclaves with individuals from similar backgrounds especially in cites with substantial Asian Indian communities such as New York City, Chicago, or New Jersey, which may reduce acculturative stress for older immigrants. Research has also revealed that as older

adults begin to adapt, a new sense of security can develop, as well as new roles in their lives (Bhattacharya & Shibusawa 2009; Gelfand, 1989; Sharma & Kemp, 2012).

Emerging research has also highlighted the importance of transnational living among diverse immigrant groups which has been enabled by the rapid advances in communication technology, the attending benefits of global connectedness, and dynamic transnational family networks (Bhattacharya, 2008; Bhattacharya & Shibusawa, 2009; Sudha, 2013; Treas, 2008). It has been described as the process by which immigrants develop and maintain social relations that link their original and adopted countries together (Schiller, Basch & Blanc-Szanton, 1992). Indian immigrants overall, tend to maintain close contacts with their families and social networks in India, however for older Indian immigrants who are slower to acculturate, maintaining loyalties to their homeland, culture, family and community in India is an important coping mechanism (Treas, 2008).

Living Arrangements within Asian Indian Families in the United States.

Extended family living among immigrants tend to be higher compared with the U.S. born population. However, this varies based on country of origin and length of residence in the U.S (Angel, Angel, McClellan, & Markides, 1996; Glick & Hook, 2002). Following the joint family system inherent in Indian culture, adult children are assigned the responsibility of caring for elderly parents, based on concepts of filial responsibility (Gurak, 2010; Nandan, 2007). But unlike in India, where male family members and relatives serve as caretakers of the older members of the family, and the women (daughters, daughters-in-law) are expected to look into the day to day care of the older members (Ugargol & Bailey, 2018; van Willigen & Chadha, 2003), when aging parents relocate from India to the United States to live with their children, it was for the purposes of either assisting their children with the family businesses, or to assist their

daughters and daughters-in law with childcare and household chores. The implicit understanding was that these parents will in turn be taken care of by their children, and they will reside with their children until their demise (Kalavar, 1998).

Co- residence between older Indian immigrants, and their adult children confers reciprocal benefits to both generations in terms of pooling resources, and childcare assistance to young parents (Kritz, Gurak & Chen, 2000; Treas & Chen, 2000; Wilmoth, 2001). The ability to give and receive care plays an important function in bridging generations together within the immediate and extended family. As Gurak (2010) aptly points out, although assimilation and resource perspectives see group difference within immigrant communities as diminishing as they and their descendants assimilate into mainstream America, the group culture variant focuses on normative patterns and institutional structures which are deeply rooted in cultural belief systems that endure across time and generations.

Intergenerational Relationships within the Asian Indian Context

One of the key factors in understanding all aspects of the intergenerational relationships within later life families is the parent-child relationship. It is often framed around parental dependency, role reversal, morbidity and mobility status of older parents, and the psychological well-being of adult children caregivers who are "sandwiched" by the caregiving burden between the older and younger generations at the same time (Sechrist et al., 2012). As these authors observed, much scholarly literature has focused on the flow of support from adult children to their aging parents, with family caregiving being a widely studied feature. However, there is a lacuna in terms of understanding the impact on the intergenerational dynamics when the changes in the flow of support in Asian immigrant families, which is predominantly from the parents to the children, begins to reverse when the parents are in their 70s or 80s.

27

Some of the empirical scholarship seem to suggest that becoming a caregiver is a life course transition that sometimes intensifies preexisting strains and conflicts (Pearlin, 1989). The transition to the role of caregivers for adult immigrant children, not only involves the provision of physical and emotional support, but also the negotiation of role relationships with siblings, spouses, friends and kin (Sechrist et al. 2012). To compound matters, the parents' legal status (e.g. permanent residency vs citizenship), and insufficient U.S. work record, render most immigrant older parents as ineligible for public social services, which leaves them relying almost entirely on their immediate family for their health care needs as well (Hayes-Bautista, Hsu, Perez & Gamboa, 2002; Nandan, 2007).

Families may decide to rotate the caregiving between siblings living in the U.S., or one child may be the primary caregiver for the older parents, if there are no other siblings available. However, in more traditional patriarchal families the custom of residing with the oldest son may take precedence (Nandan, 2007). Relying on resources within the multigenerational system to some extent cushions the impact of acculturative stress such as loss of traditional social support networks, economic challenges, and language difficulties. A few studies have suggested that the interdependence and support within immigrant family structures may actually provide a protective buffer for older adults against risks of isolation, and other acculturative stress (Tummala-Narra et al., 2001; Yee, DeBaryshe, Yuen, Kim, & McCubbin, 2007).

Intergenerational Cohesion. Filial obligation has been described as culturally defined rights and duties that prescribe how family members are expected to care and provide support to each other (Rossi & Rossi, 1990). Researchers have noted that older immigrants from collectivist cultures are more likely to preserve traditional expectations of filial obligations and kinship care than those from individualistic cultures (Ajrouch, 2005; de Valk & Schans, 2008). Studies in

28

Europe have discovered that, although older immigrants are more likely to be dependent on their immediate family, they may also experience a wider generation gap in values regarding intergenerational cohesion because of acculturation (de Valk & Schans, 2008; Merz, Özeke-Kocabas, Oort, & Schuengel, 2009).

Lamb (2002) found that, older Indian immigrants who come to the U.S. to be close to their children, strive to sustain the long-term bonds of intergenerational reciprocity and affection, which is central to be an "Indian", an "Indian family," and defines the concept of aging within the Indian psyche. Adult children who immigrated seeking economic opportunities, and a new beginning may find it difficult to sustain these traditional roles and find some facets of it difficult to adhere to. Intergenerational relations in these families represent a prime arena within which conflict between cultural expectations of older and younger family members play out. Older family members are often called upon to sustain the cultural integrity of their home country, while their children and grandchildren are rapidly acculturating into the host society (Silverstein, Lendon, & Giarusso, 2010; Usita & Shakya, 2010).

Although there is a tendency for Asian Indians to retain the three-generational pattern of co-residence in the U.S., in addition to other aspects of Indian life such as language, religion, diet, and dress, there are important differences (Gurak, & Kritz, 2010; Sudha, 2013; Wilmoth, 2001). In India, the joint family system operates upon pooling of resources in terms of income and property. In the U.S., the older adults' control of family property is absent or reduced. Their lifetime assets accumulated in India may not be of much value here. Instead of the patriarchs and matriarchs of the traditional joint family in India, here they are more like 'dependent guests' (Kalavar & van Willigen, 2005; Lamb; 2002; Nandan, 2007). According to these scholars, the

role reversal of being dependent on the children reverses the generational hierarchy to some extent.

Although cultural norms of interdependence among family members may dictate respect and veneration for elders, research has revealed that it is often the younger generations' lifestyle needs that are given top priority within these multigenerational families. Older parents may also subordinate their own needs to those of the families, at a time when they are likely to need care themselves (Silverstein, Lendon, & Giarusso, 2010). Two possible reasons are: (1) immigrant aging parents often rely on their adult children for navigating and establishing themselves within the new cultural and linguistic environment, and (2) the nuclear or immediate family has taken the central role in the U.S. (Nandan, 2007; Treas, 2009; Wong, Yoo, & Stewart, 2006).

Tummala-Narra and colleagues (2012) found that, older adults who relocated to the U.S. from India experienced dissonance when they spend less time with their children contrasting with their pre-immigration hopes. The narratives of the participants in Kalavar and van Willigen's (2005) study reveal the complexity of the aging process of Asian Indians in the U.S. As the authors observed:

> Instead of becoming the authority figures with age as they may have come to expect, age brings authority loss. Older women are very much involved in childcare. Older men spend more time preparing food and doing household work than they would have in India (p.215).

Some of the core patterns within family systems are the traditions, celebrations, and bonding moments. According to Dasgupta (1998), cultural celebrations and communal festivals within Asian Indian communities are avenues to not only alleviate immigrant nostalgia but also for the added purpose of familiarizing the next generation with their heritage. Studies conducted within the Asian Indian immigrant population in the U.S. and Canada indicate that although they have adapted significantly to their environment, they have also maintained some of their

traditions and values concerning home, family, children, and marriage (Segal, 1991; Sodowsky & Carey, 1987).

Maintaining cultural traditions can be a risk or a resource depending on the situation. The practical support the older parents provide their adult children in terms of childcare, housework and other services allows the aging parents to feel a sense of pride in being able to assist their children, in addition to serving as cultural conservators by teaching the grandchildren about their culture and language (Sharma & Kemp, 2012; Treas, 2008; Treas & Mazumdar, 2004; Sudha, 2013). The risk they face is isolation and loss of autonomy when they are dependent on their adult children for social support, economic assistance, health care, and help in in negotiating other unfamiliar situations (Gupta, 2000; Kalavar & van Willigen, 2005; Treas & Mazumdar, 2002).

Ethnic Family Resilience

All families face stressors and demands, that potentially impacts the existing family system. The pile up of stressors in families associated with non-optimal outcomes are poverty, exposure to violence, chronic illnesses or disability and depression. Protective factors associated with optimal outcomes are financial security, social support, strong family communication and spirituality (Yee al., 2007). Resilient families can overcome odds that would normally be expected to cause some level of harm to family cohesion and to individual members (Luthar & Zelazo, 2003).

It is important to identify instances where immigrant families have shown great adaptability through cooperation, and adaptation of their unique cultural norms to a new environment, rather than only highlighting the negative aspects of their experience. This can be done by observing family belief systems, flexibility, connectedness, mobilization of resources,

and communication (Walsh, 2003, 2006), as late-life immigrants and their adult children

caregivers learn to navigate the challenges of co- residence, different stages of acculturation, and

reciprocal caregiving within the parent-child dyad. These challenges will be even more

pronounced when parent's physical and cognitive health declines. The relationship may become

a source of stress and strain rather than comfort, particularly if the parent has dementia or other

acute or chronic degenerative health problems that require intensive care (e.g. Alzheimer,

Parkinson's, stroke, cancers) (Lee & Sung, 1998; Pinquart & Sorenson, 2005). Recent studies

have found that, although some caregivers experienced distress in caring for their infirm parents

or parents in law, they were able to transform their vulnerability into strengths and well-being,

although the coping strategies varied according to resources available (Cheng et al., 2013; Jones,

Zhang, & Meleis, 2003).

Other studies have found that older adults who relocated to the U.S., coped with

acculturative stress by adopting new cultural perspectives, finding a sense of fulfillment in

providing support to their children, positive peer relationships, community involvement, and

maintaining transnational relationships (Kalavar & van Willigen, 2005; Nandan, 2005; Treas &

Mazumdar, 2002; Treas, 2008; Tummala-Narra et al., 2012; Sharma & Kemp, 2012). Older

adults have had many opportunities to develop resilience through challenges and adverse events

through their life course (Nelson Becker, 2013). Their resilience is evident as they navigate the

challenges of aging in an unfamiliar environment, as with the adult children who have to

navigate caregiving within the context of a new culture while trying to preserve their cultural

tradition of care (Usita & Shakya, 2010). Family systems can select aspects of the host culture in

terms of values, beliefs, protocols and practices, to integrate into their family schema and

patterns of functioning, to enable them to adjust, and negotiate their way through crisis, adaptation, and recovery.

Comparative Aging and Adjustment Processes in Other Communities

The collectivist tendencies inherent in Asian American families and communities is viewed more as a protective factor in terms of providing protection and diminishing risk for family members as they traverse developmental milestones and cope with challenges over the life course (Yee et al., 2007). Glick and Hook's (2002) large cross-cultural study that examined parent-adult co-residence by race and ethnicity, revealed that the sense of obligation to support elderly parents is common among Hispanics and Asian Americans; groups with relatively recent immigration histories. The authors postulate that extended family households in which parents are financially dependent on the younger generation is largely a result of recent immigration among older Asian and Hispanic parents.

Becker's (2003) examination of the living condition of older immigrants from three ethnic groups (Cambodian, Latinos and Filipinos), revealed that although living conditions were complex and difficult for most of the respondents, the living arrangements were also sources of intergenerational family support and long term intimate friendships. Comparative studies with Chinese and Korean late-life immigrants revealed that primary providers of emotional and instrumental support were friends (for general information, advice, and companionship), and other organizational supports such as day care centers, public assistance centers and churches. Adult children were present for additional emotional and instrumental support (e.g. groceries, medical needs) (Wong, Yoo & Stewart, 2005; Yoo & Zippay, 2012). The studies also highlighted the importance of language support. The availability of native language based services and community support decreased reliance on adult children and induced the elderly

33

participants to forge and sustain connections with ethnically based networks. However, the

concept of filial piety remained a widely held ideal for the late-life immigrants, which is

consistent with past findings (Angel, Dilworth-Anderson, Liu, & Schinke, 1995; Sung, 2000).

Larger cities in the U.S. have larger immigrant communities, and according to Moon and

Pearl (1991), the size and cohesiveness of ethnic community enclaves has a negative relationship

with feelings of isolation and alienation. For late-life immigrants in particular, living in an

established ethnic community may minimize their adjustment problems compared with those in

more heterogenous communities. The authors' elderly Korean participants from Oklahoma

reported to experiencing more feelings of alienation compared with those from Los Angeles. The

study underscored the importance of providing immigrants located in more sparsely populated

areas of the country with opportunities to socialize with other members of their ethnic group.

Extended family living is one way that late-life immigrants in the Hispanic communities'

cope with the emotional stress of migration and the attendant economic hardships (Angel &

Angel,1992; Montes de Oca, Ramirez, Santillanes, García, & Sáenz,2015). These studies

demonstrate the importance of social networks in the receiving country as older immigrants who

interacted frequently with family and friends and were active in church activities fared better

than older immigrants who were socially isolated. Another study that examined the lives of older

Mexican Americans residing in five southwestern states, who immigrated after the age of 65,

found that most families sponsored their parents to be with them out of love and a sense of

obligation. However, the parents are particularly dependent on their families as they arrive with

few resources. Although they are likely to co-reside with their children, they are less likely to be

the head of the households (Angel et al., 2000; Angel, & Lee & Markides,1999). The ineligibility

of the immigrant parents in receiving public assistance placed a great strain on many families in

terms of providing for children and the dependent elders, especially during difficult economic times.

Overall, there is great variations in the prevalence of risk and protective factors across ethnic minority groups. According to Yee and colleagues (2007), cross national research has identified four cultural themes which are common to Asian groups, namely, collectivism, relational orientation, familism, and family obligation. It underscores the importance of family interdependence within Asian family systems. Unfortunately, the tendency to bundle Asians into a single ethnic category in research, makes it difficult to extrapolate the findings across all Asian sub groups.

Summary of Literature Review

Little is known about the aging process for Asian Indian late-life immigrants post migration. For the older adults, moving from India to the U.S. has accelerated the social aspects of aging as a result of being uprooted from their communities and social networks, and attempting to cope with the stressors of adapting to the host country. As observed by Choi (2000), the cultural ideology, family dynamics and intrapsychic experiences of late-life Asian immigrants may be profoundly impacted by the immigration process, interdependence of the Asian family structure, and the process of acculturation. The limited number of studies with the older Asian Indian population have documented some of these aspects (Bhattacharya & Shibusawa, 2009; Diwan, Jonnalagadda & Gupta, 2004; Kalavar & van Willigen, 2005; Nandan, 2007; Sharma & Kemp, 2012; Treas &Kemp, 2002; Treas, 2008; Tummala- Narra et al., 2013). However, apart from fragments of observation from the narratives in the literature, there doesn't seem to have been any attempts thus far, to specifically examine Asian Indian families from a family resilience perspective.

There is also a lacuna in terms of understanding the impact on the intergenerational dynamics when the changes in the flow of support in Asian immigrant families, which is predominantly from the parents to the children, begins to reverse when the parents are in their 70s or 80s, and the patterns of intergenerational reciprocity. A few studies have suggested that the interdependence and support within immigrant family structures may actually provide a protective buffer for older adults against risks of isolation, and other acculturative stressors. However, the structure of intergenerational assistance and caregiving embedded in Indian society may have been modified in order to accommodate the different rates of acculturation within the family systems after immigration to the U.S.

This study serves to bridge the gaps that currently exist in understanding the unique challenges of aging out of place for late-life immigrants, and the strengths and assets within the Asian Indian intergenerational family systems that facilitate adjustment and adaptation through stressors and crisis.

CHAPTER 3: METHODS

Research Design

      Overview of the Research Design. The purpose of this qualitative study was twofold. First, to examine the unique challenges of aging out of place in the immigrant context for Asian Indian older adults who relocated to the U.S. in their later years, and their experience of multigenerational living. Second, to identify the strengths and assets within the Asian Indian family systems that facilitate adjustment and adaptation processes within the intergenerational context. To enhance the understanding of the lived experience of relocating, adjusting and adapting to living in the U.S. for the late-life immigrants, and aging in a foreign land, away from the familiar milieu of one's land of birth, the perspectives of the older immigrants were gathered. Additionally, data were also gathered from the adult children and their spouses (where available), to garner an understanding of how they viewed their current experience of living in multigenerational households in the U.S., with different levels of acculturation, and the measures they have used to cope as they adjusted and adapted.

      The qualitative analysis utilized a thematic analysis approach (Braun & Clark, 2006). Data were collected through in-depth interviews with nine Asian Indian late-life immigrants, eight adult children and three spouses.

      Qualitative Approach. A qualitative approach allows for a holistic understanding of the lives of the participants (Strauss & Corbin, 1998) that the 'controlled' and 'reductive' procedures of a quantitative design might omit (Sherman & Reid, 1994). It is by and large interpretive research that offers rich and compelling insights into the real world experiences and perspectives of the participants (Clarke, 2014). Qualitative research assumes that reality is socially constructed and there are no concrete realities but rather a plethora of realities and

interpretations. The value of qualitative description is that it is a vehicle to present "the voices of the participants, the reflexivity of the researcher, the complex description and interpretation of the problem and its contribution to literature, or a call for change." (Creswell, 2013, p.44).

This study aimed to capture the lived reality, perspectives, and experiences of the participants, which is in line with a qualitative approach. Qualitative research methods delves into the cultural context of meaning making through a process that is both inductive and deductive, it allows for an understanding of the cultural rules that people have to make sense of their world (Kral et.al.,2002).

The qualitative approach is especially useful in understanding the worldview of ethnic minority individuals through careful listening, and respect for their own voices, and interpretation of life experiences, particularly in the face of racial and cultural stereotyping, misunderstanding, and conflict in the U.S. (Ponterotto, 2010). Previously marginalized and disempowered groups are able to "share their worldview and lived experiences in their own words, in their own way, and under conditions set forth through co-membership in the research endeavor" (Ponterotto, 2005, p. 128).

Where individuals and families are concerned, qualitative research has been crucial in expanding our understanding of processes of change, especially the transitions that individuals and groups make from one stage to another or from one set of roles and identities to another (Daly, 2007). Additionally, it also provides a means for exploring normative and expected transitions in the course of the family life cycle (e.g., the transition to parenthood or retirement), and the impact of unexpected, nonnormative events such as critical incidents or events (Denzin, 1989; Strauss, 1959).

Thematic Analysis. Thematic Analysis is a method for identifying, analyzing and reporting themes (patterns) within data (Boyatzis, 1998; Braun & Clark, 2006). It organizes and describes the data set in rich detail and interprets various aspects of the research topic, through a rigorous process of data familiarization, data coding, and theme development and revision. As described by Boyatzis (1998) "thematic analysis enables scholars, observers or practioners to use a wide variety of information in a systematic manner that increases their accuracy or sensitivity in understanding and interpreting observations about people, events, situations and organizations." (p.5). It is a process that involves discovering and identifying common threads that extend across the entire interview or sets of interviews (Braun & Clarke, 2006; DeSantis & Ugarriza, 2000).

According to Braun and Clarke (2006) thematic analysis is theoretically flexible. It can be used within different frameworks, to address different types of research questions, particularly questions related to people's experiences, or their views and perceptions. The analysis can consist of rich thematic description of the entire data set, so that the reader can get a sense of the predominant themes, or a more nuanced account of one particular theme or a group of themes within the data (Guest, MacQueen & Namey, 2011).

The version of thematic analysis developed by Braun & Clark (2006; 2013; 2014), provides a robust and systematic framework for coding qualitative data and utilizing the coding to identify patterns across dataset in relation to the research questions. The six phases of thematic analysis is a recursive process consisting of: (1) data familiarization: the researcher is required to immerse themselves in the data, reading and rereading the transcripts and listening to the audio recordings, (2) generating initial codes under potential categories and subcategories, and comparing the emerging coding clusters together and in relation to the entire data set,

39

(3) identifying themes, (4) reviewing the themes to identify the nature of the individual themes and the possible relationship between the themes, (5) defining and naming each theme and (6) reporting the results (Braun & Clarke, 2006). Appendix D provides a detailed description of the process involved in thematic analysis.

The themes or patterns within the data in this study were identified in an inductive "bottom up" manner, which means that the themes identified were strongly linked to the data itself (Patton, 1990). Based on a semantic approach, a rich thematic description of the entire data set was provided, so that readers get a sense of the predominant themes, which is particularly useful for an under-researched area such as this. A more detailed analysis of some aspects of the data at a latent level was also conducted to uncover underlying patterns and meanings that may have informed the semantic content of the data and to provide interpretations based on previous literature and theoretical framework (Braun & Clarke, 2006; Frith & Gleeson, 2004).

Self of the Researcher. The researcher's position or reflexivity refers to "the process of reflecting critically on the self as researcher, the 'human instrument'" (Lincoln & Guba, 2000, p.183). This would require that I address my role as a researcher and monitor any potential biases that may be projected on the data. As a mature Asian Indian woman, there are a number of racial and cultural makers that I share with the participants, which I believe gave me the ability to understand many of the nuances within Asian Indian cultures. My own experience of growing up in an extended Asian Indian family in Malaysia contributed to the development of my values, beliefs and experiences. My grandparents were part of the wave of early immigrants to Malaya (as it was known then) from Kerala, South India during the British colonialization. As a granddaughter of immigrants living in a traditional multigenerational home, I was socialized into the culture, traditions, language and customs of our rich Malayalee heritage. My grandparents

were the matriarch and patriarch of our extended family and they remained the fulcrum around which our family life revolved until their demise. I not only had the opportunity of experiencing the benefits and challenges of living in an extended family but also witnessing how my grandparents coped with the many challenges of aging.

However, these very same markers could potentially have impacted the implementation of the study, the data analysis and reporting. Therefore, before I embarked on the process of data collection I engaged in writing my personal reflections to address any possible assumptions that I may have had regarding the study (Braun & Clark, 2012; Merriam, 2009). I continued with this exercise during the data collection phase, especially after I had conducted the interviews with the participants. Many of the participants invited me into their homes to conduct the interviews and this gave me an additional vantage point from which I could observe their interactions within the family context. Recording my observations and internal reactions during this phase was an important exercise to identify potential biasness.

Research Procedures

Recruitment. My insider status as an older Asian Indian woman was an asset in recruiting and establishing rapport with the participants. I am familiar with the culture, language, and migration histories of the Asian Indians in the community. As a volunteer in the Sri Sathya Sai Baba Centers of Detroit and Ann Arbor, Michigan, I had access to the networks and connections needed. Two trusted Asian Indian community members in Ann Arbor, Michigan and Charlotte, North Carolina, who were both active as volunteers in a number of Asian Indian community organizations, were key informants in locating families with late-life immigrant parents living with them. They assisted by reaching out to the older parent/s and adult children to discern their interest in participating in this study and clearly expressed to them that their

participation was entirely voluntary. After receiving the indication of interest from some potential family participants, they conducted the initial introductions to the families concerned. Once I obtained permission from the families to contact them directly, I proceeded to contact the parents and adult children to explain the details of the study, to verify their eligibility for the study and to set up a suitable time and place for me to conduct the face to face interviews with them. A few participants also suggested names of families they knew in Texas, New Mexico and Colorado, who fit my eligibility criteria and were very kind initiating the introductions for me as well.

Eligibility Criteria. To be included in the study, the older participants were required to be Asian Indian parent/s who were above 60 years of age and sponsored by their adult children living in the U.S. to relocate to the U.S. under the Family Reunification Act 1990, between 5 to 20 years ago. They were required to be currently living with or living a majority of the time with an adult child. The older participants were excluded from the study if they: (a) had a serious mental or physical condition that impeded their ability to participate in the study, and (b) were unable to converse and comprehend English, or any of the two South Indian languages that I was fluent in, namely, Malayalam and Tamil.

Adult children were eligible to participate if they and/or their spouses: (a) were aged 21 years or older, (b) fluent in English, Tamil or Malayalam, (c) provided primary care for an older parent/s who were 60 years old and above, and (d) currently living with them or lived a majority of the time in the U.S. with them.

Sample Size. *S*ample size depended on the need to ensure similarities and variations in information from participants (Rubin & Rubin, 2011), and the adequacy of the sample size to capture the range of information presented (Bernard & Bernard, 2012). Data collection ceased

when the themes were saturated, and no new perspectives were offered (Charmaz, 2006; Patton, 2001).

Interviews. The interviews were in-depth face to face interviews which lasted between 60 to 75 minutes. The participant's informed consent was obtained prior to the commencement of the interviews. Two instruments were used in gathering information: (1) a demographic questionnaire which sought information relating to the participants age, gender, ethnicity, religion, marital status, income and educational level, and (2) a semi structured interview questionnaire.

The semi structured interview guide was developed based on the theoretical framework and a review of literature. The questions were focused on the participants' experiences pre and post migration to the U.S, their coping strategies and the families' adjustment and adaptation processes. The questions were "directed to the participant's experiences, feelings, and beliefs" (Welman & Kruger, 1999, p.196) about the theme in question. The interviews were conducted at a time and location convenient to the participants.

Participants

There were 20 participants from eight families who were interviewed in this study. They resided in five states in the U.S., namely Colorado, Michigan, New Mexico, North Carolina and Texas. The late-life participants were interviewed separately. Separate interviews were also conducted with the adult children and their respective spouses where available.

Late-Life Asian Indian Parents. There were a total of nine participants. Eight participants (89%) self- identified as females with one male participant (11%). They ranged in age from 71 to 89 years old. Eight of the participants identified as South Indians (89%) and one participant identified as North Indian (11%). They described their ethnicity as Malayalee

(33.3%), Tamil (22.2%), Telugu (33.3%) and Punjabi (11%). They were all born in India and identified their mother tongue (Malayalam, Tamil, Telugu and Punjabi) as being their dominant language, followed by other regional Indian dialects and English. All the older participants understood English but a number of them (55.5%) preferred to communicate in their mother tongue. A few of the other participants preferred to speak in English (44.4%). They had all relocated to the U.S between 5 to 20 years ago. All were sponsored by their children. The majority (66.6%) had obtained U.S. citizenship. The remaining (33.3%) participants were green-card holders waiting to transition to US citizenship.

Six of the participants (66.6%) were widows and only two couples were still married. However, one of the participant's husband had advanced dementia and was not eligible to participate. A few of the participants (22.2%) were retired from their former professions. One retired couple, a veterinarian and college professor respectively, drew a small pension from India, with an annual income of less than $10,000. The majority of the participants who were widows, identified themselves as homemakers and did not have an income. Seven of the participants (77.7%) reported achieving a high school diploma, and two participants reported they had a graduate or professional degree (22.2%). All the older participants reported to be living with two or more health conditions which required ongoing medical attention such as diabetes, hypertension, rheumatoid arthritis, osteoporosis, prostrate issues, pulmonary issues, hypothyroidism, and mobility issues.

Adult Children. Eight adult children (four sons and four daughters) participated in this study. One couple had both their mothers living with them and they were both interviewed separately with respect to their role as an adult child and as a spouse living with a mother-in-law. Two of the daughters had both parents living them. The remaining four participants had one

44

parent living with them. The participants were either naturalized U.S. citizens (92%) or green

card holders (8%). Three (37.5%) of the adult children came to the U.S. to pursue higher

education at the graduate or professional level after obtaining their undergraduate degree in

India, another three (37.5%) came as undergraduate students and two (25%) of the daughters

came after they married U.S. based spouses and established their own careers. Most of the

participants were still married (75%), the remaining participants were either divorced (16.6%) or

widowed (8.3%). The participants were between 44 to 60 years old and they each had between

one to three children. All the participants reported having attained a graduate or professional

degree. They all reported to English Language as being their dominant language and they all

were fluent in at least two or three Indian dialects inclusive of their mother tongue. All the adult

children worked as professionals in various fields like medicine, engineering, computing,

accountancy, social work or as consultants. The majority (87.5%) reported an income of more

than $ 60,000 per year. One participant reported she was in between jobs and working part-time,

with an annual income of $40,000. All the participants owned their own home and reported

themselves as being the primary caregiver for their parents who had relocated to the U.S.

     Spouses. The spouses were between 50 to 55 years old. All had established careers. One

participant had recently retired. All of them had their mother-in-law living with them for several

years and were involved in the caregiving aspects of the older participants' lives. Table 3.1

provides an overview of the participants' demographic information.

Table 3.1: Demographic Characteristics of Participants as a Percentage of the Sample

Characteristics	Parents (n = 9)	Adult Children (n = 8)	Spouses (n = 3)
Gender			
F	88.8	50.0	66.6
M	11.1	50.0	33.3

Table 3.1 (cont'd)

Age			
40-50			
51-60		75.0	
71-80		25.0	100.0
81-90	33.3		
	66.6		
Ethnicity			
South Indian			
Malayali	33.3	37.5	33.3
Tamil	22.2	25.0	
Telugu	33.3	25.0	66.6
North Indian			
Punjabi	11.1	12.5	
Education			
Post Graduate	22.2	100.0	100.0
Bachelors	11.1		
High School	66.6		
Relationship Status			
Married	33.3	62.5	100.0
Divorced		25.0	
Widowed	66.6	12.5	
No of Children			
1	11.1	12.5	
2	44.4	75.0	100.0
3	33.3	12.5	
4	11.1		
Employment Status			
Employed		100.0	66.6
Retired	33.3		33.3
Homemaker	66.6		
Living Arrangements			
Living with Adult Son	50.0		
Living with Adult Daughter	50.0		
Living with a Parent & an in-law		25.0	
Living with both Parents		25.0	
Living with one Parent		50.0	
Living with one in-law			100.0
Annual Income (per annum)			
None	66.6		
Less than $10000	33.3		
$30000 – 59,988		12.5	33.3
>$60000		87.5	66.6
No of Years in the U.S.			
5-10	22.2		33.3
10-15	11.1		
15-20	66.6		
>20		100	66.6

Data Collection Procedures

Data were collected through face to face interviews with all the participants concerned. Participants were given the option of having the interviews conducted in their homes, offices, a private room in a local library or by Skype (for those living out of State). All except five interviews were conducted in the participants' homes. One was conducted in the participant's office and four were conducted via Skype. The older participants were given the option to be interviewed in either English, Tamil or Malayalam. Five of the interviews with the older participants were conducted in Malayalam or Tamil and the remaining participants preferred to be interviewed in English.

All the interviews commenced with building rapport and expressing my gratitude for their willingness to be involved in this study. Rapport building was essential to ensure that the participants were comfortable and to facilitate the in-depth interview process (Legard, Keegan & Ward, 2003). The informed consent was reviewed carefully with the participants and their signatures obtained. I clarified any questions regarding the contents of the informed consent. All the older participants were able to read and write English well, therefore a translated informed consent was not required. All the participants were also required to complete a brief demographic questionnaire before the interview commenced. The informed consent and demographic questionnaire are provided in Appendix A and Appendix B respectively.

The interviews ranged approximately between 60 mins to 75 mins. All the participants received a $25 Amazon gift card as a token of appreciation for participating in the study. All the interviews were conducted utilizing the semi-structured questionnaire. The interview questionnaire is provided in Appendix C.

Data Management. All the audio recordings were digitally recorded and saved in a password protected digital file in a password protected computer. All the audio recordings were transcribed by me and two other transcribers who followed the confidentiality protocol. The transcriptions were deidentified to ensure that the names of the participants did not appear in any of the transcripts in order to maintain their confidentiality. All paper files were stored in the principal investigator's locked cabinet in a locked office at Michigan State University.

Data Coding. Following the six recursive steps for thematic analysis as outlined above, I spent time with the data by listening to the audio recordings and making notes as I listened. By undertaking most of the translations and transcriptions, and reading and rereading the transcripts, I was able to immerse myself in the data and created the initial codes under potential categories and subcategories. Once I had identified the codes, I sorted them into potential themes and sub-themes. I reviewed the themes and subthemes a number of times to ensure that I had identified the underlying relationships between the themes and created a thematic map. I looked for experiences, meanings, beliefs, emotions and other dimensions expressed as salient by the participants in the interview (Grbich, 2012). The most prominent themes that were central to the research questions were distilled from the process and I merged the themes that were similar. Data analysis was conducted using NVivo 11 software (QSR International, 2014).

Trustworthiness

Trustworthiness in qualitative studies is critical in order to establish validity and reliability. According to Lincoln and Guba (1985), there are four constructs to trustworthiness: credibility, dependability, confirmability and transferability. In order to establish trustworthiness of the data, the following methods will be used in the studies:

Credibility: Clear and accurate descriptions of the participants experiences were provided. During the interview process, interpretations and conclusions were checked with the participants so they could comment on the accuracy of the account (Creswell, 2013). A code book was used to ensure that data was organized systematically. I also engaged in members checks with a number of the participants to confirm the veracity of their accounts in the transcriptions.

Dependability and Confirmability*:* Data were collected from multiple sources in the same household, the older immigrant parents, the adult child and spouses (where available) as part of triangulation. An audit trail was maintained to describe and detail the data collection process, coding decisions and analysis. My dissertation advisor was involved in the reviewing of the coding process and giving me feedback regarding specific codes.

Transferability*:* Transferability is the extent to which research findings can be generalizable to other populations. As this was a small study with a small sample size, generalizability will be difficult. However, the findings can be utilized to formulate hypotheses with similar populations. Measures were taken to prevent potential biases such as rigorous data collection and data analysis, such as obtaining informed consent, audio recording the interviews, memoing my experience. According to Miles and Huberman (1984), memoing is a means to record what the researcher hears, sees, experiences, and thinks in the course of collecting data, and reflecting on the process.

CHAPTER 4: RESULTS

The analysis of the interviews with the older parents, adult children and spouses focused on the identification of themes that were a part of each of their experiences in terms of the relocation of the parents and the concomitant adaptation and adjustment processes in multigenerational living. The manifestation of the themes presented in this chapter varied little from family to family and appeared to be consistent in terms of the lived experiences of the participants. The themes are presented in accordance with the theoretical framework that informs this study, the integration of Immigrant Acculturation Theory and the Relational and Resilience Theory of Ethnic Family Systems (McCubbin & McCubbin, 2013).

Late-Life Immigrant Parents

Nine late-life adults were interviewed for the study. The older participants' demographic information is reported in Table 4.1. Pseudonyms have been assigned to the participants.

Table 4.1: Demographic Details of Late-Life Participants

Name	Age	Gender	Marital Status	Education	Children	Years in US	Living with	Reasons for Immigration
Seema	81	F	Widow	H/School	4	20	Daughter	Childcare
Usha	76	F	Widow	H/School	3	15	Son	Death of Spouse
Indra	89	F	Widow	H/School	3	18	Son	Childcare
Leela	85	F	Widow	H/School	3	20	Son	Reunite with children
Gita	74	F	Married	H/School	2	10	Daughter	Death of son & husband's Dementia
Vasu &	73	M	Married to each	Graduate	2	18	Daughter	Childcare
Radha	71	F	other	Graduate				
Padmini	78	F	Widow	H/School	2	6	Daughter	Death of Spouse
Dhana	74	F	Widow	H/School	1	5	Son	Childcare/Spouse' Death

50

The findings for the older participants documents their experiences in terms of their decision making process to immigrate to the U.S., and the acculturation and adaptation process post relocation within the multigenerational family context. Each of the main themes have corresponding sub themes as depicted in Table 4.2.

Table 4.2: Main Themes and Sub-Themes for Late-Life Participants

Themes	Sub-Themes
Late-Life Immigrant Parents	
Immigration and Acculturation Process	Decision to Relocate to the U.S.
	Life in India before Relocation
	Leaving the Homeland
	Living arrangements in the U.S.
	Dependency
	Language Barriers
	Transportation
Adjustment and Adaptation Process to Multigenerational Living	
	Integrating into Family Routine
Pattern of Functioning	Assistance Provided
	Maintaining Independence
	Family Support
Family Schema	Relationship with Grandchildren
	Cultural Conservators
Relational Well-being	Adjusting and Adapting
	Spirituality and Faith
	Community Ties

Immigration and Acculturation Process.

Decision to Relocate to the U.S.: "Because of the Children only." There was overall consensus among the older participants in terms of the reasons for their relocation to the U.S. and their experiences post-relocation. All the participants immigrated to the U.S. to be with their children. They were all urged by their children to relocate due to three main factors, (a) all their children had immigrated to the U.S., (b) their children required assistance with childcare, or (c) death of one parent leaving the other parent without anyone to look into their needs as they

aged. Indra, who at age 89 was the oldest participant and a widow, lived in the Mid-West

Region. She explained the decision that she and her husband made to immigrate to the U.S., 20

years ago as follows:

> My husband and I came here to help my daughter. She was a resident at the time and her husband also doctor. So she started her residency here and she was finding it hard to look after the children and her pregnancies and housework and other things. So, I came here, we both came here actually, he took retirement and came here.

Leela, age 85 lived in the Rocky mountain region with her oldest son and family. She

described the decision that she and her husband made to immigrate approximately 20 years ago,

solely to reunite with their three children who were in the U.S.: "We came to live with our

children, that is all I know. I didn't know much about the U.S. back then. My husband told me,

let us go and live there since all three children are there." Another mother (Padmini, age 78) who

lived in the Southern Region, expressed how she would have preferred staying on in India after

the death of her husband but at her daughter's insistence she moved. She narrated her decision

making process as follows:

> My daughter said to me 'Mum it would be difficult for us to travel to India if there was any emergency or if you needed us urgently. It is hard for us to take time off like that from work. You need to come and stay with me here in the US. I will look into your green card.' I thought, well, she doesn't have her parents there for support. I only have 2 children and they are not with me. I have many cousins. relatives and friends but they have their life and they won't be free to come and look into my affairs and I didn't want to live with them. So my daughter persuaded me to come here and told me that 'we can travel to India to visit everyone whenever possible.' I thought about this long and hard as I really wanted to stay on in India. But when I started having knee problems, I felt that if I fell suddenly or had any health issues it would not be safe to be staying on my own.

Life in India before Relocation: "We had a lot going on for us there." All the fathers

were busy working in their respective professions, ranging from businessmen, doctors,

diplomats, civil servants, professors and veterinarians. Out of the eight mothers who participated,

one mother was a college professor and the rest were homemakers, and out of the nine

participants, five of them relocated to the U.S. as a couple, after the husband's retirement or by opting for early retirement. Since their relocation, only two couples remain but one father has advanced dementia and three others are now deceased. However, three of the mothers only relocated after the demise of their spouses.

All the participants described their lives in India as being busy and active, in addition to having access to the help and resources they required. "For everything I needed there were people there for me" (Leela). Padmini, who relocated after her husband's demise described her daily routine in India as follows:

> I was a housewife and I would be busy looking into household chores and things. About 3 to 4 years ago my husband became ill. We used to be busy going for doctors' appointments and hospital. Then there were the household things to take care of. But we also had a house help which made things somewhat easier on me. We always had help. Then when he became bedridden we got a home nurse to help take care of him.

Vasu, age 73 and Radha, age 71, were busy working professionals, before they retired and relocated to the Mid-West Region of the U.S. to live with their daughter. He was a veterinarian who worked for the government and she was a college professor. They were also active volunteers in their spiritual organization and Radha loved her role as a mentor to her young college students. She described their active life in India as follows:

> He used to go to villages, remote villages and do service. Sunday is one day we used to get and that Sunday also he used to go. He likes service. I like meditation and Upanishad knowledge and all those things. I used to motivate students. Students used to come to me even during lunch hour also.

Leela used to be a busy Indian classical singer. She nostalgically recounted her life as being full of cultural activities like performing at ceremonies and celebrations:

> In India I used to enjoy myself as there were many cultural programs and concerts to attend especially in December. Infact I completed my training in Carnatic music and I used to perform in the north and south of India. About 5 of us used to sing as a group. We used to sing at the temples and wedding functions. I have even won prizes for singing.

All of them described having a comfortable life surrounded by family and friends, celebrations and rituals. Padmini summed up their lives as follows:

> We had many friends and relatives who lived close by and they used to visit, or we used to visit them all. So we had no problems passing our time. There is also a temple nearby. Every morning after our bath we used to go to the temple as well. A real retired life. Apart from that there was always someone to help with the cleaning. I do miss having that help to tell you the truth. In India, I had a familiar auto man that I used to call anytime I needed to go places.

Leaving the Homeland: "The roots are there that pulls all the time." All the participants described how they really missed their family and friends, the familiar milieu of life in India and the conveniences they had access to, after they relocated to the U.S. Most of them had already become familiar with the U.S. since they had led a transnational lifestyle going back and forth visiting their children prior to immigrating. Relocation to the U.S. was not part of their life plan as they had everything they needed in India and were comfortable with the rhythm of life there. But as time went on circumstances changed. Padmini recalled, "There was no reason to move permanently here. We were planning to visit every year only. After all, my sisters and family are in India and they would have kept us company to go places like festivals and temples." As it turned out, her husband was diagnosed with renal failure and she became his main caregiver for a while. After his demise her daughter persuaded her to move to the U.S. She has been in the U.S for about five years and misses the family gatherings and friendships she left behind, "I miss my relatives and attending functions like weddings, and gatherings. I miss my friends. I was in touch with friends who have been with me since school days and I miss seeing them all."

Radha described how she initially felt very conflicted: "It was new here and mind was not accepting, we couldn't neither leave the children nor India." Dhana age 74, never envisioned having to relocate to the Southern Region of the U.S., to live with her son. She was very happy

in India, as she had an active and comfortable life. However, circumstances changed after her

husband's demise and she relocated five years ago, at the insistence of her only son. She

described her independent lifestyle and the availability of ready support as follows:

> In India I can take an auto and go places. I have my sisters and brothers. My brothers will send a car for my needs as well. I don't even have to ask, they will do. They have all the conveniences like drivers, cooks and maids. My brother's driver will look into most things like my banking needs and paying the bills.

Gita, age 74 and her husband also had an active and comfortable life. They too had no

plans of immigrating to the U.S. They had originally planned to live near their son after her

husband's retirement and visit their daughter in the U.S. frequently, as is the case with many

transnational families. But upon their son's demise after a battle with cancer, subsequent

altercations with their daughter-in-law, and her husband being diagnosed with early onset of

dementia, her daughter persuaded them to move permanently to the South-West Region of the

U.S., to live with her. She narrated how the decision to leave was painful for her and her husband

and described the decision as being out of necessity rather than choice:

> Uncle was not well, our son passed away and there was no one to take care of us. If there was an emergency or assistance that we needed, my daughter will not be able to come all the way in time to attend to it. Because of her insistence we came. Even now I will say that I didn't want to leave and come live here. Even now if you tell me to go back I will. People say America is this and that. I don't like it here at all. No choice. I had to help look after the grandchildren because of that I came. Back home I can go to temple, Sai Baba activities, my friends will come over, we can go over. After our son died we became like this. If he was still alive I wouldn't have come. If he was there, we wouldn't have come here.

Living Arrangements in the U.S.: "Yes, now I live with the children." After relocating

to the U.S., all the participants lived in their children's homes. For three of the participants, all

their children have settled in the U.S. Despite her advanced age, Leela still rotates her stay

between her three adult children. After her husband's demise she considered her oldest son's

home as her main home: "After his demise my children didn't want me to stay alone and they

insisted I live with them. I have been living with them taking turns to move between the three of them since then."

Indra and her husband lived with their oldest daughter and son -in-law for 11 years, but after the demise of her husband she moved in with her son and daughter-in-law:

> Me and my husband we came here to help my daughter. She was a resident at that time here. She was working, and she was pregnant, and she needed some help. So, we both came here, actually he took the retirement and he came here. Then I went to my son, he was in Arizona.

Radha and Vasu came to the U.S. primarily to help their daughter during her pregnancies and subsequently to assist with caring for her three children. They have continued to be with her rather than their son in India who only recently got married and has no children. They felt that their recently divorced daughter needed their assistance as a single mother bringing up her three children. As Radha explained:

> Daughter called us. So, we came here, and we don't know stay or go back and then baby, small baby the first child, we couldn't leave him in somebody's house. It was new to us then. Leaving the baby with someone we do not know. So she was also feeling sad, so we had to stay back and apply for green card and it continued and we are here.

Dhana relocated to live with her only child, a son, after the demise of her husband and because the son needed assistance with his teenage daughters after the demise of his wife. Padmini also relocated to live with her divorced daughter after the demise of her husband as her other daughter lived in another country where sponsorship was difficult. Another mother, Usha age 76, relocated to the U.S. about 15 years ago, to live with her son in the Southern Region, after the demise of her husband. She used to rotate her stay between her son and daughter's home in the Mid-West but considered her son's home in the south as her main home. The main reason for this was because the weather where her son lived was more conducive for her compared to her daughter's home in the mid-west. For Gita, moving to the U.S. and being a fulltime caregiver

for her husband with advanced dementia has its challenges. Her daughter's home had to be modified in order to accommodate the father's needs:

> I can't really take Uncle out anywhere. He is comfortable and familiar with the home, but I can't take him anywhere out. My daughter has made the home like the bathroom accessories and all very disable friendly with special switches and all. Like that she has done everything to make her father comfortable.

Dependency: "Here the older people are very dependent on their children." All the participants reported the challenges they faced getting used to being dependent on their adult children and the spouses after relocating to the U.S. Seema, age 74, who lived in the Southern Region with her daughter described as follows: "Now son-in-law takes me for appointments and all, so for all these things there is no one." Usha also had her needs taken care of by her children: "My children usually do most things that I need and take care of what I need – that has been my experience." They all contrasted the levels of dependency in the U.S. to the comparative independent lives they led in India. "I can't really get around here on my own. In India I can take an auto and go places." (Dhana). Padmini also disliked having to be dependent on anyone.

> Yes, depend on somebody and I don't like it. Back home we can get house help to come in and help out or make a phone call and get what we want delivered. Even to see a doctor, I don't need anyone I have a reliable taximan who will take me. That's how I managed. There are cars here to drive but unlike home I can't drive on the other side

Most of them also had a hard time having to depend on their children for transportation especially for doctors' appointments, religious and community functions, grocery and personal shopping. As Gita explained: "Daughter will say let us join the monthly get together with the other Indians. But I don't want to go. They will be busy speaking among themselves. I have no one to take me or bring me back home, I have to depend on my daughter for all this."

However, this was not an issue for Seema, Indra and Leela who came to the U.S. with their husbands, who later got a driver's license: "After a while my husband started to drive, my

son got him a car. We didn't have that much problems getting around here because my husband could drive and go places." (Leela) This was also the case for those who lived in bigger cities with accessible public transportation system, as Vasu revealed: "I feel we have very good reliable transport service. So, I feel contented, I am not sorry for not learning how to drive. I used to go to the library here, to have coffee there, some coffee shop was there, bank was there." Gita preferred her previous life in New York in comparison to the current place in the South West:

> I liked New York very much. In New York I used to take the subway on my own, go to temples, Sai Baba activities. I used to go every week. I also took the children to school and back. Back then when Uncle was his old self, we both used to go everywhere together.

Leela also spoke about her wish to be able to go to India more frequently to visit her relatives. She was reluctant to depend on her children and used to do so alone despite requiring wheelchair assistance, but as her mobility decreased and health concerns increased, she stopped going all together:

> I have many loving people in my life in India on both sides of the family, but in order to go back I would need to rely on the children, and they are working, and it is hard for them to get time off to take me. So, at first, I was reluctant to ask them, but I decided to be brave and go alone and I used to stay there with my relatives for four months at a time. I would get wheelchair assistance which made travelling easier. Now I have the oxygen tank that I have to take everywhere with me. Besides my children won't have a peace of mind if I were to go out like that. They will be worried.

Health and mobility issues were prime reasons for restricted outings as the parents aged as this mother also disclosed:

> I don't go out much. I have a tendency to fall on uneven surfaces. My daughter will have to hold my hand and take me slowly. Earlier she used to take me to Walmart, Sam's Club, Indian stores or to close friends of my daughter. Now I get tired and prefer to stay at home.

Language Barriers: "I can't speak English although I can understand." Lack of fluency conversing in English was one of the main barriers that a few of the participants faced.

58

As a result, they were not confident in attempting to communicate and finding their way around and they preferred to socialize with people who spoke the same dialects that they did, as Dhana explained: "I can't speak English although I can understand what they are saying. I can't reply in English. It does not come easily." Most of the older participants shared Dhana and Padmini's dilemma when it came to the English language: "I can understand English, but I can't speak it fluently. I can read English – I read books and all, just the speech. I speak only with people who know Malayalam or Tamil" (Padmini)

Adjustment and Adaptation Process to Multigenerational Living

Pattern of Functioning. After the parents relocated to the U.S., establishing a pattern of functioning and integrating into the newly established multigenerational family was an important process that impacted their ability to transition, adapt and adjust.

Integrating into Family Routine: "I don't sit quietly and do nothing." Most of the participants felt that getting into a routine within the newly established multigenerational family was important. For some, getting involved in volunteerism helped alleviate some of the feelings of homesickness that they had, as they slowly adjusted to living in the U.S. In addition to assisting his daughter with childcare, Vasu was also busy as a volunteer in a number of areas, "I did volunteering, I think for some period of 3 to 4 years at the county. I did volunteer for the schools. It's called foster grandparents' program."

Social media platforms like Facebook, Whats App and Instagram helped them to keep in touch with friends and family in India. Learning to use and navigate devices such as the I-Pads, smartphones and You Tube channels also kept them occupied. To Leela 's delight: "I can get all the songs I want to hear on You Tube and I can listen to my heart's content. I don't have to go to concerts." She was an accomplished *Carnatic* (classical Indian) singer in India and she missed

being involved in all the cultural activities: "I was sad after coming here though because in India I was so busy especially with all the singing engagements that I had." After her husband's demise and as she has aged, her daily routine was described as follows:

> I get up in the morning, have my coffee and say my prayers and then for an hour I am in prayer reciting all the *slokas* and *mantra*s that I know like *Suprabhatam* and all. Then I do my breathing exercises. I also do my yoga for the legs. Before I used to be able to do yoga for an hour, now I am unable to do that. Sometimes I lie on the bed and do a few yoga exercises. Then I watch TV, and my I-pad – I can listen to music and prayers which I can get on You Tube now. Then I will chat with friends and relatives in India and here over the phone.

Gita loved cooking traditional meals, sweets and savories in addition to the daily group exercises at the senior center which gave her some relief from the daily caregiving stress for her husband:

> I get up in the morning and go for my exercises at the senior center. Then I return at 9 am and help uncle with his bath and breakfast by which time it is about 10 am when all this finish. The cleaning lady comes twice a week and she does all the cleaning. I am not lazy at all – I love cooking all the traditional food. I don't sit quietly and do nothing. Like this morning I got up and made *kesari* for *prasadham.* Here most of them don't like too oily food and yet they will eat all this when made.

Padmini kept the same routine she had for herself in India. As her daughter worked from home, she made sure that all the chores were done in good time:

> I get up in the morning about 5 or 5.30. I have my bath and then light the lamp and pray. After that I have breakfast and I make something for breakfast for my daughter. She then starts working. I then look into lunch. I try to finish my cooking by 10 am. As my daughter works from home, she doesn't want too much noise when she starts her work. After that I go upstairs to watch my serials that I follow. I watch some Tamil and Malayalam serials. I also watch cooking shows or read my books. Around 12 pm or so, it's lunchtime. I will heat up the food and we both have lunch. She then goes back to work. I will take a short nap or read my books. Then around 4 or 4.30 pm we have tea.

Assistance Provided: "We had to help." Six of the parents who relocated to the U.S. predominantly to help their children in the early years when they were busy with young families and careers, described how busy they were with household work and taking care of the

grandchildren. Indra was looking into the needs of the entire household for 11 years. It was a

sacrifice that she and her husband were willing to make so that her daughter and son-in-law

could focus on their careers:

> We came, and we had to help so much at home taking care of small children - she used to
> be in the hospital whole day. You know how much housework was there. Such a big
> house, so much cooking and laundry and this, everything. But it was ok, only for my
> children. Life was not different because whatever we were doing at home, the same.

Similarly, Seema was willing to do anything for her daughter and justified the work she

and her husband did in their daughter's home as being the same kind of work they would have

been doing in their own home. She and her husband devoted themselves to the household:

> We are housewives, no. All the time I am housewife. There also. Here also. So up to
> 11or12 o'clock cooking, washing, cleaning the house also. Now cleaning lady coming
> before no cleaning lady coming. All my husband and me. He taking the children to
> school, pack up the lunch for everybody, put it here. Then start cooking, then up to 12
> o'clock cooking finish, then cleaning, taking bath, by the time have to eat lunch. 2
> o'clock then children coming back from school. They not going by bus. My husband drop
> them then bring them, then taking to tennis, then music class, here there.

Like the other parents, Gita made the point that her daughter had no one else but her

parents, so they deemed it their duty to help take care of the grandchildren as their daughter and

son-in-law established their careers as doctors in the U.S.

> I used to help take care of the children, play with them, go with them to the movies.
> Uncle and I used to take them to and from school and make sure they eat. I was just here
> to help out with the grandchildren. After all who else did my daughter have apart from
> me. If she was not a doctor and working as something else, there would have been no
> need for me to come.

For three of the parents who relocated at a later stage in their lives after the demise of

their respective spouses in India, they were less likely to have had as much to do in terms of

household duties as their children were more established in their careers and could afford house

help. Dhana's only son is a widower after the demise of his wife more than five years ago. She

saw herself as being more of a companion to her teenage granddaughters and she relocated to be

with her only child after the demise of her husband. Although she missed her life in India, she saw it as her duty to help her son: "I do the cooking, I just want them to eat what I cook. I watch TV and look at my I Pad. It is difficult what else can I do. I watch YouTube, Sun TV, Zee TV." Padmini also looked into the cooking mostly: "We have someone coming in to do the cleaning about once a month. She will wipe the fans and vacuum. I do light cleaning and cooking, and the laundry is done once a week."

Maintaining Independence: "I don't wish to be a burden to her." Most of them also related how they tried their best to maintain as much independence as possible despite advancing years and lack of familiarity with the systems in place. For Indra, cooking and entertaining was her way of maintaining her independence until a recent fall which resulted in a fractured femur:

> I was cooking doing everything till now. Only these 2 months I stopped. Otherwise my friends used to come for dinner, for lunch or coffee anything, so many people used to come. So that was my freedom, my way of living you know.

Despite her advanced years and lack of full mobility, Leela also took pride in being able to take care of her needs:

> I can bathe on my own and look into my own needs. I can pack my own clothes if I am moving to my other son's house. All that I can do. I have to do it slowly over a couple of days and not all at once. But I do washing, folding and keeping away my clothes. My needs I can look into. I have learnt yoga, so I still do the breathing exercises and some light yoga exercises. Whatever I can do to the extent I can, I will do.

Padmini described how she took good care of herself with a good routine of diet and health supplements. She was adamant in not wanting to be a burden to her daughter, especially since her daughter is a single mother who is working and providing for the family:

> I don't like to trouble her on my account. I don't wish to be a burden to her. So I take good care of myself. I take all my vitamins and medication. I eat well. I look after my health. They have told me 'don't wait for us to eat and do things you need to do for yourself' like eating on time, making sure there is sufficient protein in my diet.

Family Support: "I have many loving people." The participants were unanimous in their

view that continued family support was instrumental in terms of their adjustment and adaptation

process after relocation, especially as they faced the challenges of aging in a new country. Indra

who had hip surgery recently after a fall was very appreciative of the love and care she has

received:

> I have everything here and I am very comfortable here. The children come and go.
> (Daughter-in-law's name) and they come because even if I'm sick they're coming every
> day, they're giving me food and everything. Right now my son is helping, my daughter-
> in-law is helping after this surgery. Otherwise they are there for all the chores. They can
> take me out, they can help me with the cooking whatever.

For Usha who lost her youngest son and husband within a space of two years, both her

children and their families were her main sources of comfort and support: "My children only

(crying). See my eyes are watering. I have my children all here and they will do what is

necessary for me." This mother expressed how much she appreciated the care she received from

her daughter and son-in-law: "My daughter makes me a cup of coffee and my son-in-law will

come and tell me 'today I will stay with you as there is nobody here to look after you.'" Leela

was very grateful that she has a loving family in the U.S., especially after her husband's demise:

"Now that he is no more at first I was very sad, but I have many loving people in my life on both

sides of the family." Similarly, Gita who lost her son to cancer, derived a lot of comfort, love and

support from her daughter, son-in law and grandchildren in the face of the tragedy she and her

husband endured:

> Daughter looks after us so well. She looks into everything for us. She buys so much for
> us, for every birthday she buys me gold. Where would I wear all this and go? She looks
> after us well but what to do her job is such that she is so busy.

Family Schema. For all the older participants, their role as the elder in the family and as

gatekeepers to their culture and heritage for the future generations have been invaluable in terms

of their ability to find a sense of purpose, as they established their lives as a minority population in this country. The grandparents were the bridge between generations as they strived to keep alive the cultural practices, rituals, celebrations and values of their homeland.

Relationship with grandchildren: "We are looked up on as the elders." The close bonds shared with the grandchildren have been a tremendous comfort for the grandparents, many of whom have been caregivers to their grandchildren from infancy. Despite the fact that many of their grandchildren are much older and have their own lives, they described how happy they were when they visited. Indra who was the primary care giver to her daughter's children in the early years of her daughter's and son-in-law's medical careers and later to her son's children as well, described her relationship with them as follows:

> I find all my grandchildren have so much affection for me. They come for me, whenever they come here they must come and, even (granddaughter's name) also whenever she comes she comes first here, and then goes. So, I don't miss anything. That is why I am happy. Grandson also married, other one going to be married in July. So everybody ok.

Leela also described how despite her advancing years, just having her grandchildren spend a little time with her was sufficient:

> They come and sit by me every now and then. But they are busy and have things going on. I can play a little bit with them but not much. Now I get tired fast and can't sit with them long. They too have their studies and work. They will ask if I am alright and that is enough for me. I am old now and it is enough for me.

Some of the grandparents relocated after the grandchildren were a little older. They described their relationship as being a little more formal because of communication challenges, like Padmini and Dhana who relocated when their granddaughters were teenagers. But they both loved to cook traditional meals for their grandchildren: "I make *sambhar, idly, thosai, sambar sadham, perupa sadham, uppumav*". Padmini's granddaughter also appreciated her cooking:

> If she needs anything she will let me know. She is of that age you know. She has her friends and activities. She may ask me things like will you cook this or that for me – apart

from that we don't really communicate that much. She is not very fluent in her mother tongue and I can't speak English very much.

When it came to parenting, Leela's philosophy was to leave the discipline to the parents and not to interfere. She was very clear of the boundaries she needed to keep as a grandparent:

I did not want to interfere with how the children decided to live or parent their own children. They have education and knowledge and they know best what suits them and what they want to observe and follow. Even when they discipline the children I will never interfere. We should not interfere even when they are angry with the children or telling them off. I used to help take care of the grandchildren, play with them, go with them to the movies. Apart from that we never advised them.

Vasu and Radha recalled spending a lot time with their three grandchildren in terms of telling them stories from Hindu mythology, teaching them how to speak in their mother tongue, Telugu and imbibing spiritual values in them. As Vasu explained:

I teach them all the stories, the *Bhagavatam, Gita*, Telugu. I used to bring books also for our children. It's called *Amar Chitra Katha*. I used to bring. You know the volumes are bound. These 2 kids whenever they take break for lunch they will be reading one book. We don't keep quiet all the time they are around here. When the children are like this, I used to chant and sing.

Conservators of Culture and Heritage: "We are immersed in the culture." All the participants were Hindus and they observed many of the Hindu celebrations, prayers and rituals. The tenor of the celebrations may have been modified to fit with the environment they were in, but they still held steadfast to many of the traditions. As Leela recalled:

When uncle was alive, and we were in India I used to observe everything. After coming to the US we used to observe a few things but not all. Here there are rules that you can't light an oil lamp and keep and other things, so after a while I did not really do much.

Vasu and Radha expressed how proud they were that they had formed close bonds with their grandsons. Their grandsons attend Hinduism lessons at the Sai Baba organization and Chinmaya missions. They have also attended classes in classical *Carnatic* music and are now

learning Hindi. They attributed this to the values that they have inculcated in their daughter and

son when they were children:

> Our children both of them, they have the values, they know the value of parents, their knowledge, respect she knows and all the time she made them speak Telugu in the house so they don't forget it. Telugu poems full of values and the *Bhagavadgita.* (Radha)

All the participants celebrated *Diwali* (the festival of lights) which all Hindus observe

and regional celebrations like *Onam, Vishu, Vaisakhi, Pongal, and Ugadi*. In addition, since

coming to the U.S., Thanksgiving and Christmas were also celebrated: "I cook the special food

for *Vishu* and *Onam sadhya*. Just like in India we will invite people to our home. We do what we

can. During Christmas we have a Christmas tree and the children will be home." (Padmini). Gita

also observed certain Hindu religious festivals with the family:

> *Navarathri* pooja, *Onam*… for *Onam* we usually invite people over for a meal. We observe *Navarathr*i like tomorrow is *Vijaya Dasami,* I will observe that. I observe everything just like back home but unlike there I don't cook as much here as generally people don't eat much here. I made little *kesari* today. The other day for the first day of *Navarathri*, I made *payasam.*

Relational Well Being. As the older parents adjusted and adapted to living and aging out

of place in the U.S. there were a number of factors that shaped this process and contributed to

their relational well-being within the intergenerational context.

Adjusting and Adapting: "I have everything here." Some parents who have been in the

U.S. for a longer period of time were able to acculturate and adapt to living in the U.S., as time

went by. They had great fondness for their homeland but did not really miss it very much

especially as they grew older. Most were able to go back and forth in the early years when they

had no real concerns about their health and mobility. Leela who relocated about 20 years ago

with her husband, lost her husband several years ago. When her husband was alive, they used to

go back to India and visit quite often. Even after his demise she used to travel to India for visits

on her own. She was pragmatic about her limitations now due to her advanced age and health concerns: "I am too tired, and it is a long journey, everyone is old there too and I don't want to go, and they end up having to take care of me. It is enough to speak over the phone now."

Indra and her husband relocated about 20 years ago when her oldest daughter became pregnant and they stayed with her for 11 years. After her husband's demise she moved in with her son. She has adapted well and does not miss her life in India at all especially since all her children are in the U.S. and there is no close family left in India for her:

> I don't miss, I am quite happy here. Because all the children are here. All my sisters passed away so only one sister is remaining. My brother and sister-in-law also passed away, nobody is there. So, I don't go there, now I can't, I don't want to travel unnecessarily you know. I have everything here and I am very comfortable here. My children come and go. I don't miss anything.

Vasu who relocated to the U.S. 15 years ago in order to help their daughter with her children, expressed his ambivalence about going back to India. He and his wife, Radha, have adapted and adjusted to life here and he felt that the India they left is not the same India now because of changing values, as Vasu reflected: "This India is different. The India that we are used to is a thing of past." However, Radha expressed her desire to spend more time on her spiritual journey by retreating to an ashram in India at some point and focusing on meditation and prayer by the Ganges River, now that the grandchildren were older, but that would mean leaving her daughter and grandchildren, which she felt very conflicted about:

> Even now, I really want to go to India and stay near Ganges and do meditation. All the time I want to devote only for that. But I am unable to see this girl with the 3 kids. That also I am withstanding because how long we can do anything. We have to have our own journey. We have to be one with the Divine, that is the thing we have to do in the last.

Gita also disclosed that she missed home and yearned to go back. She would have much preferred leading a transnational lifestyle where she was able to visit rather than stay permanently, but it was not possible as result of her husband's dementia and his inability to

travel: "It is because Uncle is not well that we are stuck here. Otherwise if he was fine, we would

be travelling back and forth."

Community Ties: "I am only with my children or people from the community." All

the participants stressed the importance of maintaining their ties to the local community and

other peers in similar situations. Indra conveyed the joy she received from her friendships: "I

have so many friends here and I have so many friends in my mission and friends in Baba's place.

So, I am happy only." In the early years of her relocation she maintained an 'open house' where

visitors and friends of friends were always welcome in the home she shared with her daughter

and she used to reciprocate those visits as per custom:

> Actually, mostly those Indians used to come to my place and we used to go to their
> house, so mingling is mostly with the Indian people only. So, I didn't have any difficulty.
> We have tea sometimes, we watch some movies.

A good avenue for the parents to meet potential friends have always been through their

adult children, as Seema explained: "When daughter meets up with friends I meet up with their

mothers and fathers and that is how we have our get togethers. So, every week they get together

everywhere." This was also echoed by Padmini: "I have some friends here. Some are my

children's friends, but they too have parents and we meet them and talk or visit with each other."

Leela's extended family network in the U.S. was also a vital source of comfort and

support for her as she grew older. She took pride in her role as a matriarch and the loving

reciprocity of affection she gave and received. She explained:

> My relatives here are all very loving. You see they were children when I got married
> since I was the older person. There is a 5 to 7year age gap between me and my sisters-in-
> law and that is why they look upon me like a mother figure. So, I never really felt too
> alone or sad apart from the sadness of my husband's passing. I received a lot of love from
> everyone.

However, the location, the availability of community resources and transportation were important factors for the participants. A number of the participants met their peers and other community members through community singing and cultural gatherings, as participant Dhana states: "Dances and *bhajans* and all my son will take me, otherwise I have a group of friends who are also attending, and they will give me a lift." Vasu and Radha have an active schedule of attending as many faith-based events as possible such as Chinmaya mission and Sai Baba organization. Until a recent knee operation required him to slow down, Vasu was also an active volunteer in the community: "I used to do volunteering for the naval defense club. So, I was involved in that Monday to Friday, four days in a week. After my knee surgeries I stopped going."

Gita was better able to speak to the benefits of having community resources and the effects on her when she did not have these resources, as sociability in the U.S., is dictated by location and availability of community presence. She was active in the local Indian community when her daughter lived in New York. The presence of a large Indian community in the state gave rise to a number of Indian faith-based organizations, activities for seniors and opportunities to attend cultural events. After her daughter and son-in-law moved to a smaller city she felt more isolated and alone as there was a lack of community presence and activities. This was further exacerbated as a result of being the main caregiver to her husband who has advanced dementia:

> But for me what is difficult is that I love going to the temple, to attend prayers, to see the people and friends in our community, here what is there? I can't really take Uncle out anywhere. He is comfortable and familiar with the home, but I can't take him anywhere out. Here it is almost like being locked up somewhere. Everyone is white, and I am the only Indian lady. Very few maybe one or two Malayali Christian families, some Telugu families and North Indian families not as big as California or New York. I liked New York very much.

She compared her life to her niece's life in Dallas and lamented: "My niece in Dallas she has so many friends. So, there is company to go places with and attend events. Here there isn't many friends." Leela also had a similar view. She compared the community activities available in California, where her daughter lived to the current city where she lives with her son and felt that California had a lot more to offer in terms of Indian community organizations and events: "Not much cultural and musical programs here compared to California"

Lack of mobility and health issues also impacted the older parent's ability to interact with peers and attend community events, which also led to feelings of isolation as they aged, as this mother experienced:

> No friends here for me. Most people are doing their work and have no time for me. They have their own problems and it is very difficult. There was a time that friends used to come often and ask me to sing.

Spirituality and Faith: "My faith in God gave me the courage to bear everything."

Each parent's resilience and faith were evident as they coped with life changes like relocation, adjusting to life in the U.S., living in multigenerational homes, navigating the intergenerational relationships and aging out place. Indra believed that her strength and faith in God were instrumental in helping her cope with various family issues and the challenges of growing old in the U.S.:

> Maybe my nature I don't know. From the beginning, from my childhood I was always bold and I was very strong you know. So I didn't have any hesitation for anything. I feel peaceful when I pray. Not many miracles but everything is taken care of you know. I feel values we follow, that brings us closer God. It's going on very well and I am happy. That's all because of Him only. I always believed that.

Dhana lost her husband and her daughter-in law. She now lives with her son and tries to assist him in any way she can, especially with his teenage daughter. She reflected as follows:

> God doesn't give everything. He gives somethings and doesn't give others. I pray a lot. I keep God in my heart. I do *Suryanamaskaram* and *Gayathri* mantras. Everyone should

70

have good health, good mind, good attitude and be happy. I don't ask for money or material things. For those who have bad thoughts I ask God to forgive them and to give them good intellect. Only God knows everything, and in the end, we only have God.

For Vasu and Radha as well, it has been their faith in God that has been the rudder that has helped them navigate the various upheavals of relocating, adjusting and then coping with their daughter's divorce: "Spiritual knowledge, poise and also immense belief in *Swami*. So, whatever happens has to happen. There is no other alternative." This was also echoed by Padmini who lost her husband after a short illness and both her daughters went through divorces. She revealed her staunch faith in prayer as follows:

> God gave me strength. My husband used to look into all the official things that required to be done like paying bills and going to the bank. I didn't know anything apart from house work. When he became sick, I learnt how to do all that on my own. When there are difficulties to face, God will give us the strength to face these difficulties. I just pray for God's help to face all difficulties.

She also adopts a positive and flexible outlook in terms of her future and trusts that her daughters have her best interests at heart:

> I stay positive. So long as I am able I will take care of myself and support them in any way I can. If I get ill and can't do much – I will just go along with whatever they decide for me. People can get stubborn in the old age and demand things go their way. I am not that way. I know my daughters love me and whatever they do or decide for me will be the best in the circumstances. I am certain of that and I take comfort in that.

Leela attributed her well-being to her positive outlook, keeping busy, and her willingness to go with the flow and her faith, "I pray for peace as one should not be unhappy and sad. The mind has to be strong otherwise one can lose one's strength. I keep myself busy." Like the other parents, she also reflected the spirit of sacrifice in terms of putting her children's needs ahead of her own:

> I want my children to be happy and lead fulfilled lives. They should not find me a burden. They should go where they need to and do what they want. I don't want them to feel that they need to take care and keep an eye on me all the time. I can take care of myself. I have the TV and access to what I need, even if they go to work in the morning

they are all back in the evenings. Before I used to join them when they went out for movies and dinners. But now I don't. I can't stay up too late. When they go for holidays, it is difficult to get another room just for me, so I prefer to stay back.

Both Gita and Usha lost their sons in tragic circumstances. They had not planned on relocating to the U.S., but circumstances dictated otherwise. Gita still missed home and preferred to return, but her husband's advanced dementia required intensive caregiving. Her strained relationship with her daughter-in-law meant that the responsibility for their welfare fell on her daughter's shoulders. She spoke about her sorrow and her daughter's words of comfort as follows:

> From the time our son died, all my joy has gone with him. Such a loss. My daughter will tell me – 'you still have me, and he would have suffered had he lived from the illness. It is good that he went peacefully without suffering too much.' That's what she always tells me – 'we see so many people suffer for so long from their illness, lying there like that and you didn't have to endure seeing him like that. He went peacefully, and we need to take comfort in that.'

She too derives comfort in her faith and prayers: "I have faith in God. I believe very strongly that all these prayers help." Usha derived her comfort from her children and grandchildren and found solace in her prayers and faith as well:

> I tell myself that these things have happened and there is nothing I can do about it. With the time I have left, let me live happily with my children and grandchildren around me. After all I still have them and because of that it is not as painful as it could have been. As I think about things, I pray to God that everyone stays healthy and strong.

There is a sense of stoicism that comes through as the older participants talk about facing the final years of their life in the U.S., and the importance of leaving a legacy of goodwill and love. Their children's happiness is what brought them to the U.S. and that remains a priority in their lives. Padmini summed it up best as follows," I have faith. God will take care of everything. I am not going to worry about what happens when I am really old or bedridden."

Adult Children

Eight adult children, namely four sons and four daughters were interviewed. One couple had both of their widowed mothers living with them. Two other spouses were also interviewed. The demographic details of the adult children participants and their spouses are provided in Table 4.3. Pseudonyms have been assigned to all the participants.

Table 4.3: Demographic Details of Adult Children and Spouses

Name	Age	Gender	Ethnicity	Marital Status	Education	Children	Relationship	Living With
Rajiv	53	M	Malayali	Married to Maya	College	2	Son/Son in law	Mother and Mother-in-law
Maya	53	F	Punjabi	Married to Rajiv	College		Daughter/ Daughter-in-law	Mother and Mother-in-law
Ashok	60	M	Tamil	Married to Sheela	College	2	Son	Mother
Sheela	54	F	Malayali	Married to Ashok	College		Daughter-in-law	Mother-in-law
Ram	60	M	Telugu	Married to Dipa	College	2	Son	Mother
Dipa	55	F	Telugu	Married to Ram	College		Daughter-in-law	Mother-in-law
Devi	54	F	Malayali	Married	College	2	Daughter	Both parents
Asha	44	F	Telugu	Divorced	College	3	Daughter	Both Parents
Priti	49	F	Malayali	Divorced	College	1	Daughter	Mother
Siva	53	M	Tamil	Widower	College	2	Son	Mother

Adjustment Process to Multigenerational Living.

The findings for the adult children and spouses documents their experiences in terms of their decision to sponsor their parents and the process of adjustment as they transitioned from nuclear families to multigenerational families. Each of the main themes have corresponding sub themes as depicted on Table 4.4.

Table 4.4: Main Themes and Sub-Themes for Adult Children

Themes	Sub-Themes
Adult Children	
Adjustment Process to Multigenerational Living	
Pattern of Functioning	Decision to Sponsor Parents Filial Duties Initial Adjustments Reciprocal Assistance
Family Schema	Cultural Ties Bonding with Grandchildren Peer and Community Support Systems
Relational Well-being	Insurance and Healthcare Benefits and Challenges of Multigenerational Living Spousal Support Coping with Stressful Situations Future Caregiving Concerns

Pattern of Functioning. After the parents relocated to the U.S., to live with the adult children and family, establishing a pattern of functioning and integrating the parents into the newly established multigenerational family was an important process that impacted the family's ability to adapt and adjust.

Decision to Sponsor Parents: "We definitely have to do something about it." There were some common themes in terms of the adult children's' decision to sponsor their parents. Three of the adult children sponsored both their parents because all the siblings had immigrated to the U.S, and they needed assistance with their young families. Ashok, age 60, described the decision process for his family as follows:

> I came here in '81. Then my sister came here in '86 after her marriage and then my brother came soon after. So, they are like, since all three of us moved here and we also had a bunch of relatives here, they also decided to go ahead and move. Both of them at the time were young, young in the sense they could move around. And both were quite

74

active in that regard, they were not always confined to a place. They liked to travel and do things, so they didn't have a problem moving. They came with a lot of excitement.

For Asha, her pregnancy was the impetus for her parents to relocate:

> My mum was so sad to be alone in India and so she really wanted to come here with us and so as soon as I got pregnant, I called her and told Mum are you coming over and she was like 'are you having a baby, when am I coming.' We were 4 years into the marriage at the time.

The demise of his wife and subsequently his father were reasons for Siva to sponsor his mother. He was a single father with a teenage daughter at home, and he needed her assistance: "I'm single and I have to travel on business, it's helpful to me to have her here. Because my 15-year-old is still home, and she has somebody at home to look after."

One daughter disclosed that although the parents initially preferred to live with their sons as dictated by the traditional patriarchal customs in Indian families, when the arrangement did not work out due to conflicts and disagreements, the daughter stepped up. Maya related how her parents initially came to the U.S., to enable her mother to receive treatment for rheumatoid arthritis. Her brother who was a physician sponsored them and they lived with him while she was being treated at a hospital. However, the parents later moved in with Maya and her husband when things did not work out with the brother and his wife:

> My mum got rheumatoid arthritis while she was in India and she actually became bedridden. There was no really good treatment for rheumatoid arthritis. My brother is a physician and he told my parents why don't you come over and let me see what I can do to help you. So, then my parents came over here and the advanced medical technology she was getting here would just not be available in India. They lived with him for 6 months and in the end, they ended up staying here. In Punjabi culture, you are with your sons. But just because of circumstances, you know they couldn't be there and so they came over.

For Devi it was *fait accompli* after the demise of her brother. Conflicts with the sister-in-law and the subsequent diagnosis of dementia for the father were instrumental in the decision to sponsor her parents:

They weren't planning to come. The main reason is you know my brother was there. So that's what we thought, he would be taking care of them. Unfortunately, he passed away and there's nobody else there, really zero care from the daughter-in-law. So, I decided to bring them here I would feel happier. My mom doesn't like it, but you know it's better they are under my nose and I don't have to worry what's happening there.

For Rajiv and Priti, concerns about their mothers' health and wellbeing after the demise of their fathers prompted the sponsorship for the relocation:

My dad passed away in 2012, so you know she was living all alone in India. She had knee problems and constantly we were worried about her. Oh she's going up and down the stairs, what happens if she trips and falls. (Priti)

Rajiv explained his decision as follows:

When *Acha* (father) was alive, they used to come and stay and spend some time with me and then some with (Participant's sister), and when he passed away, mum was comfortable staying here plus the weather is better here. Plus any medical related issues that come up we felt like we are at least here, we could look after them. Whereas if they were in India, then you don't have control.

Filial Duties: "This is what I am supposed to do." All the participants spoke about fulfilling their filial obligations to their parents by taking care of them. They had a sense of duty which was a cultural expectation, imbibed as part of their early socialization. Devi described her decision to sponsor her parents as being inevitable after the demise of her brother: "I think there's no choice I have to. I mean this is what I am supposed to do, I can't just leave them somewhere. They're my parents I love them." Priti summed up the sense of filial obligation as follows:

It was somehow not said to you maybe, maybe it was not even expected of you but there was that responsibility that, as your parents grow older you would be the one to step in and take care of them.

For Asha having her parents with her, gave her a sense of recreating what she had growing up in India:

I was trying to recreate what we had in Tirupati – my mum, dad and brother altogether but there were challenges of everybody being an adult. Once you have your mum and dad here. It's like a community, like a big family.

Although Maya was the youngest child, the duty to take care of her parents was thrust on her by family differences. She also attributes it to the closer bonds that daughters seem to have with their parents:

I only have one brother in the US, and it was very clear his wife did not want my parents being with them. She made that very clear. Again, I think it's a daughter thing. In the end even though as Indians we say the sons take care of their parents, most times it's the daughters that end up taking care of them in some way. And they're more emotionally connected.

Maya also candidly admitted to harboring a level of resentment against her brothers for their inability to have stepped in and assisted in some way. "In my case, I also have 2 brothers in London. My brothers have got everything in the world and more. Yet they cannot take care of their parents. I resent my brothers."

This was also echoed by another participant who was required to step in and take over the care of the mother after the demise of the father. Her mother lived alone for some years before moving in with her older brother and wife in India. Ensuing problems with the arrangements left her mother with no other option but to relocate and stay with her daughter and son-in-law.

If she had to make this choice of staying with one or the other, she preferred to stay independently. Staying with my brother, that's choice number two and then things didn't work out for her and for them also. This was really her choice number 3 but she knows the best option. That she understands. It's easier with me, because you know with the mother daughter thing.

Initial Adjustments: "We had to make some adjustments." All the participants reported that the initial adjustments they made as a family after the parents relocated were challenging, with the expected teething problems encountered as the families adapted to living in multigenerational homes. In most cases they had to shift from nuclear settings to an extended

family concept. If there were siblings also living in the U.S., the parents usually rotated their stay

until such a time that travelling was no longer feasible as a result of age-related issues. Some

were willing to move to a warmer climate for the parent's comfort or made adjustments to their

diet due to the parents' dietary restrictions. Overall, the major adjustment for couples was the

lack of privacy.

Siva described how the cold winters were problematic for the mother when she first

relocated in addition to dietary issues. The family were also required to keep the mother

informed of their movements:

> She can't handle the cold weather. We also had to make some adjustments in our diet.
> She cooks most of the time and she's a vegetarian. She cooks more Indian food. When
> she's not here we cook more American fare. So that was bit of an adjustment. And then
> we needed to communicate better what time we're coming what time we're going, where
> we are, so she doesn't get worried.

Priti moved from Boston to the Southern Region as her mother was unable to withstand

the cold winters. She was also worried about leaving her mother home alone and arranged with

her employers to work from home, but that meant she was limited in terms of her career

trajectory:

> The main thing was about the climate. I had to move from Boston because of the climate.
> I worked from home, so she has company at home. I mean even though I would love to
> try out other jobs, I'm always worried when I'm not at home. So that was a big
> adjustment you know working from home. You have to work around it, you have to go
> through so many adjustments, now I'm totally used to it.

Ashok recalled that initially when both his parents relocated, they were both active and

sprightly. The father was able to drive, and both parents were independent in terms of their

ability to travel and rotated their stay with other siblings and relatives. However, he

acknowledged that both sides had to make adjustments for the arrangement to work:

> They were not really old at that time, so they could take care somewhat on their own. But
> still with more people in the house, we needed to make sure that we were able to take

care of them and provide what they want. We were both working at that time and so both sides had some adjustments. They were mostly going back and forth between my brother and myself here. They also could travel at that time and they had a bunch of relatives in US, so they were also moving around US.

Asha made modifications and extensions to her home when her parents relocated to live with her and her husband: "Once we moved into the house, I actually modified the house for them with more rooms." Her experience differed from the others in that her mother had a harder time adjusting to life in the U.S., initially. Her parents were busy working professionals and her mother used to be the head principle of a women's college. They both opted for early retirement and relocated to provide assistance to their daughter when she was starting a family of her own:

> It was very hard for mum especially, to adjust and I didn't expect that. Mum's self-esteem was tied to her job. Mum has a PhD, she was head of the department, she was teaching hundreds of students saying "madam, madam" and all the other lady lecturers would address her as madam. Even now when we go somewhere, they recognize mum, because she doesn't just teach she also teaches life lessons to her students in a very interesting way, so they remember her.

She also described the difficulties her mother had coping with the loss of identity and independence upon retirement compounded by the relocation, changes to her role, and adapting to the living arrangements:

> I had the baby and she said, 'I am not a grandma.' It was shocking for her. She was not in her 60s yet and suddenly she was completely responsible for the home. She held herself responsible for the cooking for the family. She said, 'I don't want to be called *Amamma* (grandmother)' and I said that's fine and I was surprised. She always had a commanding role in her college and her family, and she was the most displaced of all. She lost power. I didn't know how to deal that.

Reciprocal Assistance: "They helped greatly." All the adult children reported that their parents assisted them with household chores, child care, cooking, driving, and gardening. They felt it was a natural extension of multigenerational living and an important way for the parents to keep busy. This also established a routine and structure for the families, and it allowed the children to focus on their careers without having to concern themselves overly with the usual

household chores. Having the parents take care of the grandchildren also gave them peace of mind.

However, the extent to which they were required to help out was not something that the parents were necessarily used to doing in their later years in their homeland. Domestic help was readily available in India, and the adult children admitted that this was more of an adjustment for the parents than it was for them, since they stood to benefit. As the parents aged and became more infirm, they contributed less in terms of household duties and in some cases, as the children became more established, they were able to afford part time home help. Devi recalled her parent's contribution as follows:

> My father would take the kids to school, my mom would do the cooking. They would do everything because we were both residents and there was hardly any time when we came back. My father was driving the kids to school, he was practically you know like the mum and dad to my kids so we could go on with our careers. So, the adjustments if you ask me was not even an adjustment, it's more an adjustment for them than me.

Asha also affirmed that this was her experience, when her parents moved in with her and her ex-husband:

> Now both of us were full time working and we didn't expect mum to cook all the time, but she felt bad. You can't be in the house all the time and not cook, that was her thinking. And my ex would always help with the dishes, he was a white guy. They are always nice, they don't have any problems with 'I am the son-in-law' and all that.

Maya described herself as being more career oriented and it was a tremendous help for her to have her parents live with her in the early years of her marriage, followed later by her mother-in-law:

> I was never the type of person who… we'll say typical woman, I guess. I was very much into my studies and my career, so it didn't matter to me, what the kitchen was like or the mothers took over. It didn't bother me and plus I had my work. So, I was happy. And the kids came along, and they looked after the kids because they were home and that helped a lot. That helped greatly.

Now that their children were older and in university, they were able afford part time help. Rajiv was of the view that keeping busy around the house was good for the two mothers as it allowed them to feel useful and needed:

> We actually encourage them to do stuff around the house. They like to clean or dust. Maya's mum is always outside walking around dusting stuff and my mum is always cooking and doing stuff which I think is good, it keeps them busy, keeps them active, keeps their mind active. Otherwise they're gonna feel less needed and then you know they don't have the will anymore, so I think it's good and everyone loves what they do and what they cook so I think it's good that they feel like they're part of something.

Ashok described how his ex-wife was more particular about the kitchen and cooking, so his mother used to help out with the rest of the household chores and his father used to take his two sons to school and provide after school care:

> My ex was much more particular about the kitchen, so my mother was keeping herself busy around the house, doing things whether it was vacuuming, cleaning or things like that. My dad had a car so there were times when he could go ahead and take the kids to school and bring them back. They also took them to the movies and playground. So, they were keeping busy, especially with the children growing up that's always there.

For Priti, her only daughter was a young adult when her mother relocated to live with her. As there were only the two of them in the home and since she worked from home, her mother was able to find a routine that suited her. The daughter has tried to ensure that her mother felt at home and did not miss her life in India too much:

> She does her cooking in the morning and then she goes upstairs, we have a TV upstairs. If I'm working, she's free to go upstairs and watch. And then after I finish work she comes down and she watches this TV, so she's comfortable. As much as I can bring India over here I have tried my level best. She has her stitching, she has her books, she has the cooking, so she always followed the routine.

Family Schema. As the families transitioned from nuclear families to multigenerational living, the family schema evolved to include cultural and ethnic values and communal support which contributed to the development of family meanings.

Cultural Ties: "Keep the traditions going." All the participants conveyed that their ties

to their culture and heritage strengthened as a result of the parents' presence in their households.

Rajiv was in the unique position of having his mother and mother-in-law staying with him and he

explained as follows:

> There are things that you know with them around we'd probably do more, whether it be culturally, festivities like *Vishu* or *Onam,* because if it was just me and Maya, we wouldn't have been doing *Vishu* you know, get up in the morning and doing all that. Getting something from South India and North India, getting to see all the different things they do, the customs, the behaviors, what they do. I think it's great.

This sentiment was also echoed by Priti who felt that her mother's presence in the house

during the important festivals and celebrations made it more meaningful:

> Even for festivals like *Onam* or *Vishu* or *Diwali* or something like that, I am definitely glad she's around. Probably because if my daughter is not there, I would just light the lamp and be done with it. But she being here, she will make something, offer something to God you know. It looks like a festival. For Diwali there's a real glow in your life.

Asha recalled how her father set up the prayer altar in her home: "Dad came in and my

altar is more spiritual, more religious, if you look at it. They are very good at keeping our culture

with all the prayers and stuff." Devi also conveyed that having her parents with her meant that

her children were also exposed to the culture: "The parents can teach the kids their culture. I

don't know how much of it has been ingrained into them, but at least they know."

Siva felt that his mother's presence in his home has resulted in ceremonies and rituals

being observed more closely like the yearly death anniversary prayers for his father and wife.

> For both my wife and father we do the death anniversary, *Shraddha* is what they call it. We perform those *Pujas* and that's a big deal. We have a priest over and you know have people over and we do that. It's a matter of faith and it also shows my mother that our father's memory is very important to us. And shows the girls that their mother's memory is very important. And it's a way of honoring the dead.

It was not only important for them as a family to honor those that have departed, but it was also his way of setting an example for his daughters on appreciating their culture and heritage:

> I try to pretty much do the same things that my parents did. Growing up you watch and then you do the same things and hopefully the children will do the same you know, they'll keep the traditions going whether it is the religious rites that you perform or celebrating the Hindu festivals things like that.

Grandchildren: "Good for the kids to be with the grandparents." All the participants were unanimous in their appreciation for their parents' presence and influence in their children's lives and the difference it made in terms of the upbringing for some of the children who have had their grandparents present since birth. Rajiv recalled the big role his father-in-law had in the lives of his two sons and how his demise affected the sons.

> He was a very jovial guy and they loved him. They used to love hanging around with him. They missed him, and it was tough on them when he passed away because that's the first time they had seen someone close to them die and so that was tough on them, they were barely just teenagers.

Maya also shared that her two boys have definitely grown to be caring individuals as a result of their grandparents' influence in their lives and the close bond they shared:

> They love their grandparents. They're very caring individuals. For boys they're very caring. Even like vacations sometimes when we don't take them they're like 'Oh *Nana* and *Nani, Achemma* why didn't we bring them.' Even though they are 18 and 20-year old, the grandmothers will drive them crazy like 'when are you going to come and eat this, eat that' but they put up with it all and they're such good kids that way.

Asha reflected that her three boys were more wholesome as a result of her parents' involvement in their lives. She shared that her older boys would sometimes mediate when there was an argument between her and her mother and that meant that they were able to appreciate the dynamics at play in family functioning:

> I feel they are more wholesome. They know when mum and I have differences, they actually talk to my mum – '*Ammama*, mum is trying to say this or say that or it's okay

83

you know *ammama*.' They are not growing up in a sterile environment of just mum and dad, they are used to this whole dynamic of a regular normal healthy family, where it's okay to have differences, but love prevails all the time.

For Devi, her parents played a major role in the early years of her children's lives when she and her husband were busy with their medical careers. She felt that it came at a price because her bond with her two children is different to the one they shared with their grandparents. She revealed that because she was afraid that her children would be spoilt by her parents, she tended to be the strict mother:

> I talk to my daughter about it. I think we have a very good relationship, but I think what happened was, they didn't miss not having their mom and dad at home because the grandparents took care of everything, so when I did come in I'm like a Hitler when it comes to doing your homework and getting good grades. Now that she's older she did tell me that 'I wish you would talk to me more, I wish you were more loving.' But you know how we always think that only if we're strict will they do well. So that part of it maybe they missed, the maternal and paternal involvement.

Having his mother's assistance in the upbringing of his teenage daughter after his wife's demise gave Siva an immense sense of relief:

> I'm not here all the time, and at least my daughter has somebody else. It also helps them to get to know each other better. It's not a stranger who they visit every year or every other year. Spending time with them develops the affection.

The fact that a parent may have relocated after the grandchildren were older did not deter the affectionate bonds that formed. This daughter felt that her mother's presence helped her reinforce family values and compassion in her sons, especially since the grandmother is not very mobile and does require more care.

> I tried to instill compassion and family values in them and having her has reinforced those. She always says things are so much better when they come. When I'm going to get water they'll go run and bring it for me. If she is struggling to get somewhere they'll hold her hand and take her. They're not here a lot but when they are they're good with her and they get along very well, and she feels very happy that she can spend time with them and they try to spend time with her too.

84

Extended Family and Peer Support System: "Here it is more important." For a number

of participants, having siblings and extended family members living in the U.S. also provided a

buffer for the parents in terms of being able to rotate their stay with other children and having

relatives to visit. It provided a sense of familiarity and relief from routine. As Ashok related,

both his parents used to rotate their stay between his home and his two other siblings. There were

also times they used to visit other relatives. After his father's demise having the extended family

support was important for his mother:

> She loved to meet people, especially all her relatives and so on, her age group people.
> It was a very close-knit family for her also growing up, her side even my dad's side the
> brothers and sisters were all there. They were all very close knit so just the fact that she
> could go see them and so on, the fear factor wasn't as much as there.

Another participant conveyed how she missed having that family support from her

siblings as they were in India: "I think here it is more important going back to the support

system. We don't have that kind of family, my brother and sister. Almost all of them are in

India." Even with the family conflicts after her brother's demise, Devi wished her sister-in-law

was more helpful and supportive: "It is harder. I just wish I had more support from my sister-in-

law. But then, that's something that I cannot comment on."

Peer Support was also an important component in helping the adult children cope with

the stress of multigenerational living. Establishing a reliable network of friends for support was

crucial, especially in times of need. Maya considered her friends like her family and they were

always willing to step in whenever she and her husband have to be out of town:

> We are very fortunate because we've got a good network of friends. When we just escape
> or go for a weekend, or we had to go for almost 2 weeks to India, my friends just kept
> coming and checking up on them. My friends are really like my family.

Relational Wellbeing. The participants conveyed some of the challenges they faced and how they coped with the stressors and strains that impinged on the family system by adapting new or modified cognitive patterns to improve the family's relational wellbeing.

Insurance and Healthcare: "Insurance is still tough, very challenging." The majority of the participants reported feeling extremely concerned about the difficulties of getting adequate medical insurance coverage for their parents. As Priti explained: "Unless you're working you can't get insurance. I mean if you want to buy in the market that's super expensive."

Devi's parents were entitled to free medical care whenever they sought medical attention back in their home country, as her father was a civil servant until retirement, however, after his relocation and the dementia diagnosis, they have not been able to source out adequate coverage for his needs, and they relied on stocking up on medication from India during visits. She explained her situation as follows:

> They had health insurance, they had everything there because he was a government servant. Now, we have nothing, and we have to get medicines from India for them because it's so expensive. I thought getting a green card would help because in California they have Medicare for green card holders and in Texas they have something like it, but we don't. Now they're telling me you have to wait until you're citizens. Then I find that even if they're citizens they won't get anything from Medicaid because I guess they haven't worked here. So that's the biggest problem I'm having now.

Even for Asha, health insurance for her parents was a major concern. They used to initially get by with travel insurance that was available for visiting parents in the initial years but after relocation they were without insurance until recently:

> Mum was very worried about the health insurance part. She was very concerned. Except for her arthritis and the thyroid, she just takes the medicine you know the hormonal ones, because it's not diabetes or high blood pressure where you need to be monitored or heart problems where you need to be careful all the time. Now they have some sort of (county name) health plan.

Siva paid out of pocket whenever his mother required medical attention: "That's an issue. Right now, we just pay and get to a physician when she needs it." Priti also described her struggles to get her on a county medical program which unfortunately is not available in the county where they reside:

> Insurance is still really tough, very challenging. I'm still struggling to find something which would take care of her. I've tried all kinds of things over here and nothing seems to work. I've gone to the county a couple of times. We stood in that line for couple of hours but then she said we cannot give her any insurance because she's from overseas. I recently realized (County name) has something they offer elderly people or those who do not have insurance. It's kind of like a physician's reach out. So, you can go to any doctor, they charge you a minimum amount probably 60-70 dollars, you can still get help. Unfortunately, I happened to be on the borderline and I'm on the union county.

Benefits of Multigenerational Living: "It's certainly a win-win for all of us." All the participants were unanimous in their view that there were more benefits to multigenerational living than drawbacks. This ranged from the close relationships that have formed with the grandchildren, the appreciation for the sacrifices the parents have made on their behalf, and the preservation of their culture, traditions, and heritage. Asha summarized the benefits as follows: "There is definitely cross knowledge happening, and emotional support like no matter what, you know they have your back."

Rajiv also outlined the benefits his children derived from the grandparents' presence in terms of their ability to appreciate their heritage, their parents own histories and how to navigate multigenerational living successfully:

> They got to see how we all lived together. How we all interact, how we all care for each other which I think is very good for the kids to learn. They hear stories about how they grew up, what they did, they were always fascinated with that. They used to talk to the grandfather about their mother, how she grew up when she was small and all the different places they've been. So they like to hear all those stories. There's a lot of things you can learn from grandparents and we actually feel lucky that they had the opportunity.

He was also certain that he would not hesitate to have his mother and in-laws live with his

family, if he had to do it all again and the petty squabbles and disagreements were put in

perspective:

> Be with them? We would do it again if we had the opportunity. I mean, I would
> recommend it and not many people do that these days anymore, but a lot of people are
> shocked that you have your mother and your mother-in-law staying together. I mean they
> have issues, little issues here and there, it's nothing in the big scheme of things, it's
> nothing really - it's about what are you gonna cook? Why are you cooking this, why are
> you doing that? Those kinds of situations but in the big scheme of things they get along
> fine.

He was candid in admitting to the frustrations that tended to build up over time for him

and his wife with the older parents, however none of it discounted the benefits that have accrued

for his family over the years and he attributed it to being part of the adjustment process of living

together:

> I think in the big scheme of things it's just give and take. Yeah, there are things that
> irritate the heck out of us. Right? No doubt about it. But I'm sure we irritate them too, but
> if you look at the big picture and what we are getting out of doing this, it's certainly a
> win-win for all of us. I mean these are trivial, just knowing what it is that ticks them
> off, they get to know what ticks you off and they try to adjust.

Ashok was also of the view that the benefits outweighed the drawbacks. He felt that

having his parents with him and his siblings, has helped them maintain close ties with each other.

In addition, it also enabled the children to form close bonds with their grandparents, which they

may not have if they remained in India and overall, learning to navigate the challenges of living

together:

> By having them around, it certainly given a lot more for the children growing up. To be
> in close contact with parents if they were back in India is not that easy. I think they
> probably wouldn't have seen as much of the grandparents or have a close relationship as
> they had here growing up. So those are some of the values, and the communication and
> talking about family or other things you work through and do it as a family together. The
> three of us kind of worked through with my mother on the decisions but otherwise we
> worked through amongst us and overall somehow, we are able to manage as a family
> together.

Siva was certain that his mother's presence was a stabilizing force in his daughters' lives since the demise of his wife. It was also a connection to his past, especially as an only child, and an avenue to help his children learn about their heritage. He admitted that his children were a strong motivating factor in his mother's decision to relocate to the U.S.:

> There is a stabilizing force and it's a connection to the past. Being the only child, we don't have financial issues, that helps. So, you only deal with the emotional issues and you know she's very fond of her grandchildren, so it gives her an extra reason to try to make things work and stay here. Say if it's just me and both girls are in college she probably would be less inclined to stay here.

Priti revealed that since her divorce after many years of marriage, and with her only daughter in college, having her mother around was a tremendous comfort to her. She viewed it as a reciprocal relationship where each takes care of the other which has brought a sense of caring and belonging in her life which she cherished:

> I wouldn't say it's a challenge. It was a blessing because I was divorced, so for me it was living all alone. So this was a balance for me, somebody equally taking care of me. I went through, I wouldn't say it was a tough divorce, it was not a good marriage you know. We're two different people and he had different priorities. I don't know if it will be childish to say, there was nobody to take care of me. This wasn't challenging at all, it was a welcoming change for me. I think of it more of a family attachment, the caring, the sense of belonging is there because she has created that.

Devi recalled the moments of anger and frustration with her parents and reflected that in retrospect, she wouldn't have been able to manage without their assistance all these years. It has given her a sense of appreciation and gratitude for the sacrifices they were willing to make for her and her family:

> I just would get so angry about it because when I look into the pantry I can't find things, or I can't find my clothes, so I used to get very irritated. Then I thought about it and thought about it and said, all my years you know all the years they had adjusted their whole entire life to do things for me. So it's something very small. Now I can just laugh about it.

Maya marveled at how her family's experience of multigenerational living with two sets of parents from North and South India, has worked out. She ascribed it to her parents being more westernized and her in-law's easy-going personalities. She reflected that despite the attendant problems that they faced having a full household and dealing with different personalities and their needs, they were able to make things work:

> It all kind of worked. I think about it a lot and I would say the pros are like hundred times more, there are some cons-you don't have your privacy, sometimes older people just irritate you. But overall, we were very blessed because my parents are both very westernized, my in-laws were lovely people. They're from North India and South India which is totally different cultures and they've totally blended. Like my dad and my father in-law were great, they were drinking whiskey together they were like good pals. The mothers also. And I think it's because when you marry from a different culture there's zero expectation.

She also attributed their success to the efforts she and her husband made to be inclusive with their parents and in-laws in terms of travelling together and the key value of respecting the elders. She summed it up as follows:

> The other things that keep us close, we love travelling together as a family. And I think just the respect, respect for the elders. A lot of times I'll fight with my mum or whatever but in the end of the day I let a lot of things just slide. I don't let little things bother me. In the end I think my kids have benefitted and I have benefitted, so who the hell cares.

Challenges to Multigenerational Living: "Sometimes you feel you've lost your house."

Some of the participants were candid about the challenges they faced having their parents live with them. Ashok mentioned the lack of privacy: "There are privacy issues and sometimes you feel like there's too many people in the house and so on."

Apart from the lack of privacy and interference in household arrangements and parenting, there was also the strain imposed on the couple relationships. Asha, was married to a Caucasian man she met during her college years in the U.S. In her fourth year of marriage she sponsored her parents to relocate to live with her as she was expecting her first child and needed their

assistance. Her parents were traditional in terms of their adherence to the Hindu rituals, traditions

and dietary restrictions that they observed. Her husband was initially very supportive of the

relocation, but as time went by he found it difficult to get used to multigenerational living and

having to abide with a different set of cultural values and expectations. The adjustments they had

to make were too much for him and inevitably it was a contributory factor in the breakup of their

marriage:

> That was one of the main reasons - my ex said that having parents sucked the
> affection out of our marriage because for Americans it is different. He wants to like hug
> me and I would not allow anything if my mum and dad are here. I used to tell him 'don't
> sit on the same sofa as I am, don't look at me for more than 2 seconds.' Also, we are
> more laid back than they, my aunties call me a very loyal daughter because I listen to my
> mum. So, she will say 'tomorrow is *Ekadashi* and we have to get up at 5 and wash hair.'
> I would say to him 'please get up early' and I would also do that. Sometimes he'll say
> yes sometimes no. There were a lot of adjustments that worked and a lot of adjustments
> that sort of was too much for him perhaps, you know he wasn't used to it.

Maya also spoke about the lack of privacy and needing to spend time alone with her

husband compounded by the feeling that the house did not really belong to her, which frustrated

her the most, especially in the early years of her parents moving in:

> I used to sometimes resent it at first. We just wanted time alone together, but we never
> got it. We never really got it, ever. I wanted my own house, my own family, my own
> kitchen, the way I liked, and I never really got it.

This was also echoed by Devi who revealed:

> Sometimes you feel you've really lost your house because everything is taken over. And I
> used to have that problem. It's not my home anymore. I can't find my stuff, it's
> rearranged to whatever they want. I took it pretty bad initially. I just would get so angry
> about it because I look into the pantry I can't find things, or I can't find my clothes. My
> husband comes home, he just wants to rest, and he sees the TV blasting Tamil songs
> and Tamil movies and you know he wants to watch his football so it's a little bit of a
> problem for him.

Having to make arrangements whenever a holiday is planned was also a challenge when

parents are living in the same home. Depending on their health concerns and level of mobility,

the arrangements have to be made in advance and other family members enlisted to help out, as

Ashok described:

> If you're trying to get some travel done, you need to accommodate accordingly you know, where to keep the parents and so on. Its more so now when they've become even more dependent, well at that time it was easier when they could move around. Now the good thing is that my brother is here too, so we could hand off between one or the other

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Spousal Support: "Having each other's back and openly caring for each other."

Having the support of their spouses was cited as the key factor in being able to live in

multigenerational homes. The four couples in the study were very appreciative of the support

they received from their spouses in making the arrangement work for them. Rajiv was very

aware that had his wife been anything less than supportive, it would have been difficult for his

mother to live with them: "In a big way she is supportive. It could have been very different if it

were someone else." This was also the case for Ram who felt that mutual support and his wife's

hands on approach in helping to take care of his mother was crucial for him:

> I think she's the biggest support system for me. So, when we both have that strong confidence in each other, that no matter what she's there to take care and she feels the same, no matter what he's there to take care, that helps a great deal.

Devi confessed to feeling a level of guilt that her husband has had to make major

adjustments to having her parents live with them. During challenging times, it was her husband's

support that made having her parents with her possible, especially since the father required full

time care after being diagnosed with advanced dementia:

> I think we're fortunate because I have a husband who's very adjusting, and he understands. I feel so bad because he's done more for my parents than his parents. I could've had a spouse that probably wanted my parents only when my kids were growing up and once my kids were independent, he could've insisted that they can't stay here. Many times when things were getting a little difficult I'll say, you know what let me just take my parents' home and he said 'no, we're not sending your dad anywhere he's staying here.'

Maya summed up her appreciation for her husband's caring and support as values which are now embedded in the family system:

> I think that's really it you know, my husband does so much for everybody, he's so caring, and my kids see that. It's having each other's back and just caring very openly for each other. Every day you see it. So that becomes kind of part and parcel of the family. I feel blessed that way.

Coping with Stressful Situations: "You become stronger." All the adult children participants have had to cope with various challenges and tragedies. They range from experiencing the death of a parent, sibling, or spouse, or coping with divorce and family disputes. Three of the participants have also had to cope with multiple losses. They shared some of their coping strategies and personal affirmations that have helped them through stressful situations that inevitably occur in multigenerational living.

Rajiv lost his father and brother and he has learnt to be grateful for the people in his life while they are still around:

> You become stronger when you go through something like that. As you get older you're going see more people around you know pass away. That's when you start realizing to be happy for what you have and be grateful for what you have. I think that's the biggest part is just appreciate what you have because you don't know what's going to happen the next day.

Priti expressed her appreciation for the values and beliefs inculcated in her by her parents, that has allowed her to be resilient as a single mother after her divorce. She was aware that her mother by nature was very adaptable and willing to adjust to life in the U.S., as much as possible. She credited her parents for the values she has imbibed from them:

> I think it was the foundation, what your parents laid down. It's your values and beliefs you've grown up with all your life. So you adapt yourself around it. I feel mothers adapt themselves. They can wrap around themselves whatever environment they are in, especially with an Indian background. It will be difficult for a father. I wouldn't even dream of getting my dad here. She always lived a life where you know she would always go with the flow.

93

She was positive that regardless of the situation that as a family they would be navigate it together: "No matter what, as a family unit we'll find a solution together." Maya also echoed the same sentiment in terms of appreciating the values and the love that each member of the family had for each other, especially after a tragedy. She also considered it a privilege for her and her husband to have been able to look after their parents:

> I think it's the love of the family that has kept them. It's really the love for each other and we've been brought up to be with our family. My mother says I am like her fourth son. So I'm basically the fourth son. Maybe because we lost (brother in law's name) we realize what life is about. I had the privilege of having my dad with me, I loved him so much and I didn't realize how much I loved him till after he passed away. We, Rajiv and I are actually the privileged ones to look after them.

Devi, who was thrust into the caregiving role after her brother's demise viewed her situation as being part of life rather than a chore. She was pragmatic in terms of their dependence increasing and the possible strain on her marriage:

> They're my parents I love them so if you think of it as a chore then it becomes difficult. It will get difficult as time goes by I'm sure but it's my parents I need to do it. Could I get mad if my husband didn't? No, I mean he probably might want his freedom, I don't know. So far, he's been adjusting pretty well. He does take care of them and you know my father loves his wine so he'll bring wine for my father.

Asha found comfort in her faith and reassured her parents accordingly: "Everytime mum worries about change or kids or anything, I tell her it will work out ma, I don't have a plan, God has a plan."

Future Caregiving Concerns: "We've talked about it." Despite facing the prospect of needing to provide intensive caregiving as the health of their parents deteriorate, most of them were able to outline some of the plans they had and how they were able to take things in stride. They were clear that they would undertake the caregiving and would not be availing themselves of assisted living facilities or residential care homes for the elderly.

Maya revealed that she and her husband plan on moving to a single-story home in the event her mother or mother-in-law become wheelchair bound or require more assistance. She is adamant that they would not be put in a home.:

> We've talked about it and we're looking for another house where it's all single story, for example my mother-in-law complains she has to climb staircase. If we have to move to a single-story house, maybe get one with bigger doors for wheelchair or something. I don't want to ever put them in a home. Either of them. I think once you put them in a home their condition just goes down. I will do home healthcare if they are immobile. I will, we will do whatever we can do.

Devi revealed that, currently her mother is the fulltime caregiver for her father who has dementia, but in the event circumstances change and they both need care, she would be willing to quit her job and take care of them:

> I'd probably quit my job to take care of them. I'm not going to put them in nursing homes. I would love to have some help but if it comes to a point where they need to have somebody, I'll probably quit my job.

Priti also expressed her desire to be the fulltime caregiver for her mother in the event of her health deteriorating. She did not have a plan in place as yet as she was more concerned with medical coverage: "Definitely it's just going to be me. At the moment my main aim is to work out the medical insurance and coverage."

Ashok has taken a more proactive route. He and his wife discussed having a contingency plan with his siblings in the event his mother's health deteriorated. They were also planning to discuss the details of homecare resources available with a Medicare consultant:

> We have talked about it. In this country they do give you certain things with Medicare, where they would come and give some assistance, for example right now with my sister, she was having a nurse come home and do some check-ups. We were both planning to meet up with a Medicare expert to understand more about, what are all available. When things get worse, I know there is hospice care and things like that. We'll have to think through and see, we have kind of talked about it amongst the three of us, but we haven't got down to the full level of detail.

Rajiv was reluctant to consider putting his mother and mother-in-law in a home as it was not culturally accepted. He planned on having some nursing assistance in the event it was required:

> We've talked but we haven't decided this is what we're going to do but certainly we're going to let them have the choice of what they want to do but as you know in our culture it's a little different than putting them in a nursing home or something like that. They don't want to go there they've mentioned that, and I don't think they would want to. We'll have someone at home helping if it comes to that.

Asha also conveyed that she would remain responsible for both her parents future care. Although she did not have a plan in place, she was confident that things would work out: "I will remain in their lives and take care. I don't know how it will be, but I know the Universe is always good and I know that things will work out and it will."

Spouses of Adult Children

The spouse shared some of their experiences of having their in-laws living with them and their adjustment processes to the relocation and the multigenerational living arrangements. Table 4.5 summarizes the themes and subthemes for the spouses.

Table 4.5: Main Themes and Sub-Themes for Spouses

Themes	Sub-Themes
Spouses	
Adjustment to Multigenerational Living	
Pattern of Functioning	Forging Relationships
	Reciprocal Assistance
Family Schema	Cultural Values
	Keeping the Traditions
Relational Well-being	Financial Security
	Caregiving Challenges
	Spousal Support

Adjustment to Multigenerational Living

Pattern of Functioning. Establishing a pattern of functioning by forging a relationship with the in-laws and integrating them into the newly established multigenerational family was an important process that impacted the spouses ability to cope with the newly established multigenerational family.

Forging Relationships: "I have no issues." The participants were of the view that much of the success they have had with having their in-laws living with them was due to the efforts made to forge a relationship with them. Dipa described the life changes that led to her mother-in-law moving in with them and the measures she took to form a good relationship with her. She made it a point to ensure that her mother-in-law did not revert to the lifestyle she had with her daughter previously and instead wanted her to have her own identity and feel empowered to make her own decisions:

> When she came here she was recently widowed and so for her she was going through several changes at the same time. One is the loss of her husband and she was a little bit lost about what she was going to do and what she had to do. Whether she had to go back to India, stay with her daughter or stay here. So, she had all those conflicts when she came to live with us. One of the biggest things was when my mother-in-law was in my sister-in-law's house, I found that she did all the work, the laundry, the cooking and everything, so one of my biggest concerns was, I didn't want her to become like a maid. I suggested to her, if she wanted to explore other things she could. She finally had her own identity.

Rajiv disclosed that he realized that his in-laws preferred to live with his family rather than with their sons and he had no problems accommodating that:

> She's the youngest of 4 siblings and the other two are in London, one in (name of city) and so I guess for them they were more comfortable staying with her and I didn't have an issue with that.

Sheela also felt that the rotation system that her husband and siblings worked out for their mother helped her mother-in -law maintain a close relationship with all the family members:

I'm not working, and I have no issues if she stays even longer here but I think the children have decided that they want the rotation. It's good for her because she doesn't go out of the house so much. So, moving from one house to another gives her the opportunity to meet the children and the grandchildren too and you know there's some bonding with all the children and grandchildren. I think it's good for her.

Having in-laws who were easy going and flexible were some of the key reasons that helped cement the relationship with the spouses and helped them to navigate difficult situations. As these participants shared, it's the feeling of being accepted and loved that made a difference. Maya was candid in revealing the challenges she had with her father-in-law's personality as opposed to her mother-in-law:

> My father-in-law was a bit tougher to be with honestly. He was a bit tougher to be with. He was a little bit more conservative as well. I remember one time my husband and I had a little bit of an argument and I spoke loudly, he's like 'don't talk to your husband like that.' So, he was a little bit more conservative and more demanding. My mother-in-law is lovely, she's a lovely person. She loves me as a daughter, so I really don't have anything to complain about.

Sheela also felt that her mother-in-law's acceptance of her and the close communication they have helped tremendously:

> She is very friendly and she's very easy going. The thing with us is because we communicate freely in Malayalam, we have very friendly conversations and she talks about her life in India. She confides in me a lot, whatever she wants she will tell me, she doesn't treat me as a daughter-in-law you know she tells me this, 'I treat you like my daughter more than daughter-in-law'- so if she feels she wants something or she needs something, she's not reluctant at all to tell me.

Dipa revealed that having been taught respect for elders from a young age was helpful as it was an essential value in forging a good relationship with her mother-in-law:

> The respect you know, the concept of respecting elders. If my mother-in-law, might say something that we don't agree with, we still say ok. We don't argue, or you know we just go ahead and do it.

Reciprocal Assistance: "A great advantage." The spouses appreciated the assistance they received from their in-laws and this was returned in kind when the need arose. Rajiv

expressed that his father-in-law was a "huge help" in the early years of his career as he was the

one who was primarily responsible for the two grandsons:

> He was very involved, pretty much hands on. He used to take them to school and for their activities. Sometimes if I'm busy, take them to soccer till I meet them up at the field. Things of that nature, yeah, he was always helping out.

Dipa also expressed her appreciation for her mother-in-law's assistance when she came to

live with her family, especially with childcare, and she also recalled how they used to do the

cooking together:

> For two years she helped out with day care, she said leave the baby at home. Also, when (participant's daughter) was two years old, my mother-in-law would take care of her. So that was a great advantage, it was really a great advantage. I recollect we would do the cooking together you know, whatever things we did together. She does the laundry and those kinds of things like cutting vegetables. If I have any vegetables to cut I'll give it to her, she cuts it.

The spouses described the increased dependency, particularly as the in-laws grew older

and experienced more health issues. Sheela assisted her mother-in-law as needed since she

required constant oxygen supply due to her health condition and restricted mobility. She

described her tasks as follows:

> The main thing is she needs oxygen 24/7, she's got the tubes on her. So that prevents her from going anywhere near the kitchen, especially the stove she can't get close to any fire. She makes her own coffee, she's able to use the microwave fully and she's able to go to the refrigerator. But the tubes are 100 m or something, so her mobility is restricted. As far as cooking for her is concerned, I need to do. But other than that, if we are not at home, you know the food is in the fridge, all she needs to do is heat up in the microwave. Otherwise she does her own washing, she does her own bathing, she's quite independent in that sense, though limited to a certain extent but she is quite independent, so I don't need to go overboard for now.

For Rajiv both his mother and mother-in-law are much older now and have a number of

health issues. He and his wife still try to include them in their travel plans as and when possible.

He described the challenges they face planning these trips as follows:

They've been with us for a long time. My wife's mother is a rheumatoid arthritis patient and you have to think through all the things starting from wheelchair, to the type of food, to all of those kinds of things where you have think a little extra. It's like having little kids again right? What do you need to take? The stroller, that type, it's like that. You have to kind of take it through. How would they adjust on those kinds of trips?

Dipa and her husband took turns to take her mother-in-law to doctors' appointments and physical therapy appointments and looked into her all her needs since she had a fall and fractured her femur. She described her mother-in law's aging process as follows:

She's going to be 88 this month and so we're noticing there's little slowness in some of the processes and some thought processes. She fell again and there were lots of tears on the rotated carpal side and also osteonecrosis and so her mobility has decreased and also her ability to do things. We take her to all the doctor's appointments. My husband takes her to her PT appointments because his schedule is a little flexible and her appointments are in the afternoon. We just make sure there's something for lunch. She's able to warm up things, she's able to make tea, she's able to make some small things, she also does the laundry and those kinds of things.

Family Schema. As the families transitioned from nuclear families to multigenerational living, the family schema evolved to include cultural and ethnic values which contributed to the development of family meanings

Cultural Values: "Values imbibed in me." Sheela is the second wife of her husband. He had divorced his first wife some years ago. When she married her husband, his two sons were already in University and his mother had been living with him for some time. Although the mother-in-law rotated her stay with her other children, she considered her older son's home as her main base. Sheela explained how the values she was brought up with her helped ease the process of adjustment for her:

I think I've probably made a good impression. I've been able to bond with the kids and even his mother. I think the values that my parents have imbibed in me and how we have managed to retain the cultural values definitely helped me to bond with family over here.

100

She also revealed that her mother's advice and counsel helped to prepare her to stay in a home

where her mother-in law was already in residence:

> My mother always used to tell me 'you have to be very careful, you're going into somebody else's home. Mother-in-law is there and there are certain things she may or may not like or she may or may not agree with because we come from different backgrounds.' Even till today my mother will constantly tell me 'you need to care for them, you just need to show them the respect that they deserve.'

Traditional family-based value system was also important for Dipa. Her own experience

of living in an extended family in India during her childhood years, helped to pave the way for

her own experience of having her mother-in-law living in her home in the U.S.

> For me personally because I grew up in a joint family, it was a family where we had more than just the husband and wife. I come from a family that has a lot of traditional values and we do things traditionally. Having her around has definitely helped to enhance that.

Keeping the Tradition: "We celebrate pretty much everything." Ensuring that festivals

and prayers were observed was an important way to solidify family cohesion. Sheela describes

how family time was an important aspect of bonding as a family:

> We celebrate *Onam* and *Vishu* too. And when *Navarathri* comes, I do the prayers and all that and my mother-in-law is very happy when I make *prasadam*. After I came in I set up my altar upstairs and I do all these kinds of things which my mother taught me. We have a meal, we watch tv together sometimes we go out for movies all this this coming together as a family. His mother as well you know she's very happy, when we are at home, she sits with us and talks.

Dipa also shared how they celebrated all festivals and birthdays as a family in addition to

going to movies together:

> We celebrate pretty much everything. Birthdays and *poojas* like we did *Ganesh Chaturthi* together, we had *Lakshmi Pooja,* of course all the poojas. If there's any movie we went and saw it together. My husband likes to eat out frequently, so we try to go out to restaurants especially if it's anybody's birthday like if it's my sister-in law's birthday or my children's birthday.

Rajiv conveyed that having his parents and in-laws living with him has brought the family together and given his sons a greater appreciation of the family:

> I think at the same time they get they got to see how we all lived together right? How we all interact, how we all care for each other which I think is very good for the kids to learn. And it's you know I think it's benefitted all of us.

Relational Well-Being. The spouses conveyed some of the challenges they faced and how they coped with the stressors and strains that impinged on the family system by adapting new or modified cognitive patterns to improve the family's relational wellbeing.

Financial Security: "We had the means." The participants were aware that having financial and job security enabled them to have their parents and in-laws live with them comfortably. Maya revealed that both she and her husband had well-paying jobs and that has been a big factor in allowing them to have her parents initially, and now both their mothers continue to live with them. She was determined to continue with the arrangement and take care of them as well as possible:

> We had good jobs you know, God gave us a lot and we were able to afford to have our parents living with us up till now. We paid for everything, we didn't want anything from them (siblings). We took care of everything. Their every need. I don't think any one of our sisters or brothers know how much we took care of our parents. In every which way. We went on vacation, we paid for them to go on vacation. We did everything together.

She was also aware that the two tragedies in her mother-in-law's life had impacted the family significantly and she wanted to ensure that her mother-in-law did not have to endure anything more: "I don't want my mother-in-law to have to go through anything more at least not on my account. So, I want to be able to do what I can to prevent that."

Caregiving Challenges: "As they grow older, we see the challenges." The spouses were all cognizant of the fact that as their in-laws get older their caregiving needs would increase, which in some of their cases was already evident. They all admitted to having discussed possible

arrangements with the families. Sheela and her husband were proactive in terms of discussing

caregiving resources with Medicare staff in the event her mother-in-law required intensive

caregiving:

> My husband and I have an interview with a Medicare staff on how Medicare can play a role in helping us care for her. I may not be able to do certain things if she becomes totally wheelchair bound or she's unable to get up because she's getting slower in her movements. There definitely will be a time where she's going to get a lot more slower and when it comes to certain things, I don't think I'll be able to do. So, we are looking into giving her extra care when it comes to that stage.

Rajiv and his wife also faced the prospect of both their mothers requiring more care as

they age. He witnessed the changes wrought by the aging process and empathized with some of

the challenges older people faced as they learn to cope and adjust to feeling more dependent and

less involved in the lives of their families:

> As they grow older we see the challenges they face, and we get to see how difficult it is. It's not fun getting old. Not just the physical aspects of it. We're kind of going through that right now. The kids are no longer at home with us and we see there's another phase in life. In this case we have our mothers there but it's a completely different phase as we see them get older, it's tough. I feel sorry for them because it's not easy. I can see how they feel less and less involved in the big scheme of things with their own kids. As you get older they get less involved.

The logistics of caregiving was an important factor for Dipa, as she and her husband

prepared themselves for the potential changes, they will have to make to accommodate her

mother-in-law's increasing needs:

> That's what my husband was saying, we have to probably move to a house which is more accessible because we have a couple of steps, and a wheelchair needs to come in and leave and things like that. So that is on our minds and we are processing that. We want to be close to town, close to the hospital, and by God's grace her health, in the sense her heart and her blood pressure, are normal. It's just the bones have gone weak.

Spousal Support: "He was giving me plenty of support." All the spouses acknowledged

the importance of having support systems in place, to assist them when needed. Maya was

certain that the mutual support that she and her husband gave each other was crucial to their

success in being able to take care of both their mothers, which she described as "having each other's backs." Sheela also reiterated that her husband's support was instrumental in her decision to marry her husband as she knew that taking care of her mother-in-law was part of the package:

> The support I get from my husband and that's the reason I made the decision to move to the US because he was giving me plenty of support before I moved to the US and that definitely has helped me a lot.

This was similarly echoed by Dipa who conveyed that her husband's willingness to share the responsibility with her in taking care of his mother was important: "Anytime she wanted something he would go. He always thought that it's better if she is where she is happy rather than being in a place where she is unhappy."

The participants were also of the view that having a good network of friends to call upon when they required extra help with their in-laws was another crucial factor. Rajiv relied on his two sons and his friends' willingness to step in and help out in times of need. "I think here it is more important going back to the support system. Here you're basically on your own. Here your friends become family."

Summary

Table 4.6, summarizes the findings within the conceptual framework of this study. It highlights the experiences of the late-life immigrant parents, the adult children and the spouses in terms of the acculturation process and unique challenges of aging in the immigrant context, in addition to highlighting the concomitant challenges faced by the families in adjusting to multigenerational living arrangements and intergenerational relationships.

Table 4.6: Conceptual Framework

Theory	Research Questions	Participants' Responses
Acculturation Theory	What are the strategies that late life immigrants adopt to adjust and acculturate to living in the US?	**Older Participants:** 1)They relocated due to three main factors: (a) all their children had immigrated to the U.S., (b) their children required assistance with childcare, or (c) death of one parent leaving the other parent without anyone to look into their needs as they aged. 2) Living in multigenerational homes, 3) Coping with challenges: Dependency, Language Barriers, Health Insurance, Isolation
Acculturation and Ethnic Family Resilience Theory: • Patterns of Functioning, • Family Schema, • Relational Wellbeing	What are the key family processes that contribute to reciprocal adjustments and adaptation within multigenerational Asian Indian families with late-life Asian Indian adults?	**Older Participants:** **Pattern of Functioning**: Integrating into the family routine, providing assistance (childcare and household), maintaining independence, family support **Family Schema:** Relationship with grandchildren, cultural conservators **Relational Wellbeing:** Adjusting and adapting to multigenerational living, spirituality and faith, community support **Adult Child**: **Pattern of Functioning:** Decision to sponsor parents, filial duties initial adjustments, reciprocal assistance **Family Schema:** Cultural ties, bonding with grandchildren, peer and community support systems **Relational Wellbeing**: Insurance and healthcare, benefits and challenges of multigenerational living, spousal support, coping with stressful events, future caregiving concerns **Spouses:** **Pattern of Functioning:** Forging relationships, reciprocal assistance **Family Schema:** Cultural values **Relational Wellbeing:** Financial security, caregiving challenges, spousal support

CHAPTER 5: DISCUSSION

The aim of this study was twofold. First, to examine the unique challenges of aging out of place in the immigrant context for Asian Indian older adults who relocated to the U.S. in their later years, and their experience of multigenerational living. Second, to identify the strengths and assets within the Asian Indian family systems that facilitate adjustment and adaptation processes within the intergenerational context. This chapter will outline the analysis of the research findings in light of existing literature, followed by a discussion of the limitations and strengths of the study. Implications for research and policy are also discussed.

Overview

All the adult children in this study came to the U.S., either as students in pursuit of higher education or as young professionals. As a result of the immigration opportunities afforded by the passage of the 1965 Immigration and Naturalization Act, like many other young Asian Indians, they stayed on in the U.S. after obtaining jobs in their chosen career fields and later obtained their green cards. This in turn allowed them to transition toward obtaining U.S. citizenship after meeting all the requirements. Their parents lived in India and for a time they led a transnational lifestyle, vising their children from time to time but also maintaining their social networks, community responsibilities, relational ties, careers and properties in India. According to Foner (1997), "In a transnational perspective, contemporary immigrants are seen as maintaining familial, economic, political, and cultural ties across international borders, in effect making the home and host societies a single arena of social action." (p.355).

All the adult children married and started their families. However, with both partners busy building their careers, a number of them needed their parent's assistance with childcare on a more permanent basis rather than intermittently whenever the parents visited. Therefore, they

sponsored their parents' immigration via the Family Reunification Act 1990, which allowed sponsorship of parents by U.S. citizens. For others, the death of one parent precipitated the decision to sponsor the other parent in view of the difficulties involved in terms of transnational caregiving especially where there were no other siblings in India to look into the needs of the aging parent or where there were conflicts with the sibling's spouses in terms of the multigenerational living arrangements. Regardless of the primary reasons for sponsorship of the parents, the underlying reason that surfaced was the need to maintain close intergenerational ties which is central to the concept of an 'Indian family' and fulfilment of filial obligations that each adult child expressed was part of their early socialization (Lamb,2002).

All the older participants described experiencing a myriad of emotions when confronted with the reality of permanently relocating to the U.S. These emotions are described as part of the migratory grief experience documented in a number of studies since the process of immigration entails various forms of loss such as language, culture, identity, values, and social networks, which has a significant impact on immigrants' psychological and social status (Bhugra & Becker, 2005; Casado & Leung, 2001). It was with a mixture of sadness and for some, a sense of loss, that they recalled leaving their homeland, their network of family and friends, and the familiar milieu of life in India. It was a life that was full of frequent social activities such as communal celebrations, weddings, festivals, and temple gatherings, in addition to the conveniences that they had access to such as medical care, transportation and household help. All of them had envisaged aging 'in place' in a familiar environment surrounded by their loved ones never contemplating that they would one day relocate to a different country where they would live out the rest of their lives. It was a sacrifice they were willing to make in order to be close to their children.

There was no question that when the parents relocated to the U.S., they would live with their adult children. A few parents had more than one adult child living in the U.S., and they tended to rotate their stay between the children. However, one adult child's home would serve as the 'headquarters', which for some of these participants were their sons' homes. This is in line with the cultural preference of living with sons among many Indian parents (Gupta, 2009; Hammad & Rajoria, 2013; Kadoya & Khan, 2016, 2017). Those who did not have sons, lived with their daughters, with a few that preferred to live with their daughters due to conflicts with their sons' spouses or the daughter's need for support and childcare assistance.

Prior to the relocation of the parents, the adult children lived in nuclear families with their spouses and children. Following the core concepts of the Relational and Resilience Theory of Ethnic Family Systems (R&RTEFS) (McCubbin & McCubbin, 2013; McCubbin & McCubbin, 2005; McCubbin, McCubbin, Thompson, & Thompson, 1998), their family schema reflected many of the Asian Indian cultural practices such as valuing hard work and respect for elders. Their pattern of functioning (POF) was based on both spouses having successful careers, being supportive of each other, valuing education and having a supportive network within the community with similar levels of acculturation. This in turn contributed to their relational well-being (RWB) in terms of having financial stability, family commitment, investment in the community and having access to quality healthcare, all of which contributed to their confidence and competency to survive as minority immigrant families. The parents' relocation to the U.S. to live with their adult children precipitated systemic changes within the nuclear families as they transitioned into multigenerational families. Both sides faced concomitant challenges in transition, adaptation and adjustment which involved a period of tension and stress that can lead to negative outcomes.

Acculturative Stressors

The older participants here experienced some of the acculturative stressors documented

as being prevalent in the late-life immigrant population such as language barriers, difficulties

with navigating new cultural norms, dependence on adult children, changes in family structure,

and increased caregiving responsibilities (Bhattacharya & Shibusawa, 2009; Brownell & Fenley,

2009' Kalavar and van Willigen, 2005; Mui & Shibusawa, 2009; Treas & Mazumdar, 2002). The

findings here indicate that the family POF is instituted to maintain the family system's stability,

continuity, and survival. Reciprocal arrangements allow for mutual support, and complementary

relationships within the extended family. A number of studies with Asian Indian families have

highlighted the centrality of aging immigrant parents within the family pattern of functioning,

and factors that serve to facilitate the adjustment and adaptation of the family members to the

different rates of acculturation within the family system, that in turn contribute to the overall

resilience of the system (Kalavar & van Willigen, 2005; Sharma, 2010; Sharma & Kemp, 2012;

Sudha, 2014).

Family Pattern of Functioning (POF)

Late-Life Immigrant Parents.

Integrating into Family Routine. After the parents relocated to the U.S., establishing a

pattern of functioning within the newly established multigenerational family was important to

help with the acculturative stressors of the transition and adjustment process. They tended to

quickly integrate into the family network by getting into a daily routine, being involved in

volunteerism, assisting the adult children with household chores and childcare, and learning to

use various technology based applications (You Tube, Whats App, Facebook, Skype) to help

them listen to music, watch their favorite serials and movies or keep in touch with loved ones in India (Treas & Mazumdar, 2002, 2004).

Providing assistance. Some of the older parents who relocated specifically to render assistance ended up running the whole household and looking into the needs of the grandchildren as the adult children and spouses focused on their careers. Many of the mothers in the study justified the work they did as work they would have been doing in their own households. But the reality of their life in India was that household help was available and many of them did have that help prior to their relocation. A couple of the fathers in the study were able to obtain driving licenses and were instrumental in helping out in terms of driving their grandchildren to school and other activities. The flow of support and assistance from the older participants is in line with findings in similar studies (Kalavar& Van Willigen, 2005; Nandan, 2005; Rangaswamy, 2000), which is reflective of the traditional value system of "giving into old age' (Lamb, 2009, p.217) and illustrates how parental assistance is shaped by traditions, culture and norms.

Dependency. The biggest challenge after the relocation was having to get used to being dependent on the adult children and spouses especially after leading independent lifestyles in India, where they had a network of relatives and friends and easy access to resources. Here, they depended on their adult children in terms of finances, transportation, healthcare, navigating public institutions and the larger society as a result of language barriers. Within the parameters of dependency, it was important for the older parents to maintain whatever level of independence that was possible. The older participants strove to maintain their independence as much as they could, by looking into their personal needs and by finding a sense of fulfillment in providing support to their children. The main motivating reason was their fear of being a burden on their children. Their reluctance to be overly dependent on their children was not surprising given the

reversal of the generational hierarchy which was different from the traditional extended family system (Treas & Mazumdar, 2002).

Language Barriers. Some participants were able to converse in English fluently and did not experience problems with language barriers. However, many were able to understand English very well but were unable to speak the language fluently. As a result, they were not confident in attempting to communicate and finding their way around and they preferred to socialize with people who spoke the same dialects that they did. It also increased their dependence on the immediate family members to help them navigate within a new cultural and linguistic environment and impeded their ability to interact within the larger community (Wong, Yoo, & Stewart, 2006).

Adult Children and Spouses.

Initial Adjustments. The changes in the nuclear family were apparent as the system now needed to accommodate more people and adapt to multigenerational living patterns. There were challenges and initial problems in terms of the changes put in place to accommodate the needs of the parents. Some adjustments were structural such as modification to the homes or diet, others were more in terms of logistics where the families had to relocate to warmer states in the U.S. as the parents were not able to take the more extreme winters in certain places. If there were siblings also living in the U.S., the parents usually rotated their stay until such a time that travelling was no longer feasible as a result of age-related issues. For many couples, the major adjustment was the lack of privacy, feeling as if they had 'lost' their house, not being able to find things, and having to make arrangements for their parents when they went on holidays which were stressors that could contribute to relational conflicts.

Reciprocal Arrangements. The adult children viewed their parent's assistance as being a natural extension of multigenerational living and an important way for the parents to keep busy as they adjusted and adapted to living in the U.S. There was an implicit understanding where the reciprocal arrangements were concerned, the parents would assist them in the homes and they in turn would look into their caregiving needs as they aged. In this sense, cultural expectations shape intergenerational relations and the parents work to maintain continuity through mutual assistance (Becker, Beyene, Newsom, & Mayen, 2003). As Mui and Shibusawa (2008) observed, it illustrates a pattern of interconnectedness of family members which can be psychologically beneficial to older parents. The multigenerational family in this context acts as a realm where "immigrant parents continue to enjoy recognition and validation" (Treas & Mazumdar, 2002, p.255).

What was noticeable about the participants in the study was that the parent's contribution to the household decreased as they grew older or once the adult children were able to afford home help. As the older parents' health and mobility deteriorated, the adult children were required to provide more assistance and caregiving. Table 5.1 highlights some of the intergenerational reciprocity found in this study and comparisons are made with the traditional structure of intergenerational reciprocity in India as depicted on Table 5.2 As the portraits of mutual assistance in this study illustrate, the expectation of participating, at the very least within the first three dimensions of reciprocal exchange was instrumental in motivating older parents to relocate to the U.S. and enjoy what is due to them in their old age, and to maintain the closeness of the intergenerational families even across national boundaries (Lamb, 2002).

Table 5.1: Intergenerational Reciprocity in the U.S.

Type of caregiving	Parent to Adult Child/ Grandchildren	Reciprocated Giving: Adult Child to Older Parent/s
Economic support	savings in childcare and house help	healthcare, financial, shelter, transportation
Practical support	childcare, housework, driving	driving, shopping, managing medication, help with walking, bathing, dressing etc. (as parents age)
Emotional and moral	supporting adult children (loneliness, keeping culture and traditions alive)	closeness with family, respect, support, love

Note: Adapted from Lamb, S. (2002). Intimacy in a transnational era: The remaking of aging among IndianAmericans. *Diaspora: A Journal of Transnational Studies*, *11* (3), 299-330

Table 5.2: Traditional Intergenerational Reciprocity in India

Media of Transaction	Phase 1 – Initial Giving: Parent to Child	Phase 2: Reciprocated Giving: Adult Child to Older Parents
Material support	food, clothing, shelter, education, finances	food, clothing, money, shelter
Services	serving food, daily care, cleaning bodily fluids – all requiring sacrifice and effort	serving food, daily care, cleaning of bodily fluids (if parents becomes incontinent)
Sentiments	love, affection,	love, respect
Body	given via birth	children reconstruct for parents such as funeral rites and ancestor worship
Life cycle Rituals	first feeding of rice, marriage	funeral rites

Note: Adapted from Lamb, S. (2002). Intimacy in a transnational era: The remaking of aging among IndianAmericans. *Diaspora: A Journal of Transnational Studies*, *11* (3), 299-330.

This type of social exchange, through retaining responsibilities to the family is not only seen as a means by which the older family members retain power but also as a major vehicle for perpetuating continuity across generations, and as an antidote to disruptions in the family system (Becker et al., 2003). Regardless of the nature of the assistance or the level of reciprocity, the older parents in this study were an integral part of family life.

Family Schema

Family schema normally serves as a point of reference. Families may evaluate, add, or modify their values, goals and expectations to accommodate new patterns of family functioning when faced with challenges. This includes cultural and ethnic beliefs as well. During periods of crisis or transitions, family schema can be reshaped and remolded in response to modifications the family makes in their established patterns of functioning. This process promotes a sense of coherence among family members by allowing its members to find meaning to the changes taking place within the family system.

Late-Life Immigrant Parents.

Grandchildren. All the older participants expressed their joy in being able to form close bonds and deep emotional connections with their grandchildren. They considered their role as grandparents as the most important family role they had. They not only identified closely with their role as grandparents, they also derived a great sense of accomplishment and meaning in terms of their contributions to their grandchildren's development (Silverstein & Marenco, 2001; Silverstein, Lendon, & Giarusso, 2012). Some studies have highlighted how a strong emotional bond with a grandparent effectively models a healthy relationship and serves to mitigate the negative effects of parenting (Silverstein & Ruiz, 2006). Grandchildren with greater exposure to grandparents earlier in life have also been found to have more positive attitudes toward older people in general (Mc Guinn & Mosher-Ashley, 2002).

Many of the older participants have been involved in the grandchildren's lives from infancy and the grandparents have watched them grow into young adults. They were in many respects surrogate parents in that they provided discipline, guidance, support, and surrogate care to their grandchildren (Hunter & Taylor, 1998). They were particularly happy when the older

grandchildren came to visit and spent time with them. Some described how they were able to impart the traditions, beliefs and values of their culture to their grandchildren. Scholars have found that grandparents play an important symbolic role by conveying core values and providing a vital link to their cultural heritage, family history and traditions (King & Elder, 1997; Pratt & Fiese, 2004). However, their influence in the grandchildren's lives was dependent on the age of the grandchildren when they relocated to live with the family. The younger the grandchildren the greater the involvement and influence. For older parents who relocated after the grandchildren were in their teens or older, the cultural influence was minimal and the acculturation differences even greater.

Conservators of Culture and Heritage. The older participants viewed their role as elders very seriously and it was an integral part of preserving intergenerational relationships (Copen & Silverstein, 2007). They regarded themselves as being the cultural conservators of their heritage and traditions by ensuring that they continued to observe many of the Hindu celebrations, prayers and rituals (Usita & Shakya, 2012). They took it upon themselves to promote their culture and traditions by speaking in their mother tongue to their adult children and grandchildren, teaching grandchildren values through storytelling and music, trying to infuse spiritual lessons with teachings from Hindu sacred texts, and encouraging the grandchildren to learn Indian classical dance or music. Although the tenor of the traditional celebrations has been modified to fit with the environment they were in, they still held steadfast to many of the traditions of their communities. Treas & Mazumdar (2004, p.106) described this as "symbolic kin keeping" which refers to activities that go beyond the functional requirements to keep families together, specifically extending to activities that preserves the meaning of kin relationships and the ethnic culture.

These functions take on special importance for grandparents because they depend on the younger generation who are acculturating into the mainstream American society at a faster pace, to keep the culture and traditions alive. Therefore, being cultural conservators to the younger generation was an instrumental method of creating continuity and provided the older parents with ongoing status and roles (Becker et al., 2003). They were the conduits through which common values, language, and customs of the culture were communicated to children and grandchildren (Silverstein & Chen, 1999).

Family Support. The older participants were unanimous in their view that continued family support was instrumental in terms of their adjustment and adaptation process after relocation, especially as they faced the challenges of aging out of place in a new country. Hence, living in a multigenerational household with their adult children and grandchildren allows for greater opportunities to exchange family support across generations (Angel & Angel, 2006; Silverstein et al., 2012). Being able to rotate their stay with the other children living in the U.S., knowing that their children would look into their needs as they aged, and in some cases being comforted by their children especially in the face of tragedy (loss of spouse or child) was crucial to their well-being. Relying on resources embedded in the intergenerational relationships reduced depressions and contributed to intergenerational cohesion (Russell & Taylor, 2009).

Adult Children and Spouses.

Filial Obligation: Filial obligation refers to culturally defined rights and duties that prescribe how family members are expected to care for and provide support to each other (Rossi & Rossi, 1990). Fulfilling their filial obligation to their parents was key in their decision to sponsor their parents and to ensure that they remained responsible for them, as they aged in the U.S. Residing in multigenerational homes is the most common pattern of living arrangement in

Asian families especially in India (Diwan, Lee & Sen, 2011). This cultural component was found to be central in the family schema which underpinned the decision to sponsor the older parents and transitioning to multigenerational households (Lee, Gibson, & Chiasson, 2011). It also illustrates how cultural expectations tend to shape intergenerational relationships, to the extent that in cases where multigenerational living arrangements did not work out with older siblings due to conflicts with the adult child or spouse, as was the case for a couple of the participants, the younger siblings stepped in and took on the role as primary caregiver.

Where the spouses were concerned, since most of them were born and brought up in traditional households in India or elsewhere, they too subscribed to the traditional family based system of care for older parents which meant that the concept of multigenerational living was not an alien concept to them. These deep rooted beliefs were the primary reasons why they supported having their spouses' parents live with them (Gupta & Pillai, 1997). A few of them had experienced living in extended families in India prior to their marriage to their spouses and moving to the U.S.

Cultural Ties. For the adult children and their families, strengthening ties to their culture and heritage was a significant outcome of having the parents live with them. Their presence ensured that the traditional food prepared in the household in addition to the rituals, celebrations, values, beliefs and customs would be incorporated into the family schema. As a number of adult children and spouses revealed, without their parents' presence in their household, it was more than likely that they would not be as steadfast in holding on to the traditions and cultural values.

For the adult children and their spouses who hold bicultural socialization beliefs which emphasizes the importance of both cultures, the influence of the grandparents who play a significant role in the cultural orientation and values of their grandchildren in these

117

multigenerational families, results in the transmission of intergenerational cultural orientation in the younger generation which is a unique blend of Asian Indian, Asian Indian-American and American culture. The traditional bidimensional model of acculturation proposed by Berry (1980) and other similar approaches tend to characterize all immigrants equally regardless of age of immigration, type of immigrant, country of origin, family lifestyles and ethnic group in question, and adopts a dichotomous approach that views acculturation in terms of maintaining the ethnic culture and adapting to the mainstream culture (Flannery, Reise, & Yu, 2001; Ryder, Alden, & Paulhus, 2000).

Researchers have recently proposed an expanded multidimensional model of acculturation that suggests that, in addition to the ethnic culture and the mainstream culture present in the bidimensional model, immigrants can adapt to a third culture, one that integrates features of, but is distinct from both ethnic culture and the mainstream culture (Ferguson, Bornstein & Pottinger, 2012; Kim & Hou, 2016; Schwartz, Unger, Zamboanga, & Szapocznik 2010). The expanded models propose that biculturalism may involve combining and synthesizing aspects of two cultures into a unique blend. The grandchildren who have had their grandparents living with them in multigenerational homes from a younger age are more likely to have a tridimensional cultural orientation (Ferguson et al., 2014; Kim & Hou, 2016; Silverstein & Chen, 1999; Treas & Mazumdar, 2004), as these grandparents played a significant role in shaping their cultural orientation as compared to grandchildren who were much older when the grandparents relocated.

Family and Peer Support Systems. Receiving and giving social support (either instrumental or emotional), occurs through an individual or family's social network which has been found to be instrumental in coping with ongoing stressors of daily life (Benin & Keith,

1995; Cohen, Gottlieb & Underwood, 2000). All the participants relied on extended family support (siblings and other relatives) and their friends to assist them with the care of the older parents. This is reflected in the rotational structure of stay for many parents who transition from one child's home to another during the course of the year. This allows the parents to maximize their interactions with other family members, fostering intergenerational bonds and minimizes the pressure on the primary adult child. Those who did not have other siblings to assist in this manner tended to rely on close friends who were an integral part of their support system, to help with transportation and holiday caregiving arrangements.

Relational Well-Being

Late-Life Immigrant Parents.

As the older parents slowly adjusted and adapted to living and aging out of place in the U.S., there were a number of important factors that shaped the process of adaptation and adjustment and helped them cultivate a sense of place in the new land.

Adaptation, Adjustment and Acculturation. The length of residence since the initial relocation does have an impact on the level of adaptation and adjustment. Older participants who arrived between 15 to 20 years ago tend to have adapted and adjusted better than their counterparts who relocated in recent years. Particularly among older parents who relocated for the purpose of assisting adult children with childcare, their initial years were busy with household work and childcare, and as they have aged, they have adapted to life in the U.S. Although they had great fondness for their homeland, they did not really miss it very much as they felt that they had everything they needed here. They also realized that the changing cultural landscape of the India they left behind, and the death of siblings and other family members had shifted their perception of "home". Several them have lost their husbands in the intervening

years and currently live with health and mobility issues, which affected their ability to travel to India as frequently as they did before. They were pragmatic about their limitations as they slowly transitioned into being care recipients.

Participants who relocated after the death of their spouses, were still in the process of adaptation and adjustment. The process was definitely harder where there were additional caregiving issues for spouses with advanced dementia or other health concerns, which meant that the bulk of the caregiving burden was on the other spouse. The caregiving stress was exacerbated by the feelings of isolation especially in areas where there was a lack of community presence, which limits their access to cultural resources and community support (Usita & Shakya, 2012).

Community Support. The geographic context and the social opportunities these contexts provide was significant in terms of the adjustment and adaptation process for the older participants. Participants who lived in multiethnic communities or larger cities experienced less social isolation and more engagement and interaction with community members. They were active in cultural and communal activities and some were also active in volunteerism in schools and organizations. Participants who relocated when they were relatively younger have had more time and opportunity to develop social ties in the communities they live in, compared with participants who relocated later in life who tend to have smaller social networks (Berry, Phinney, Sam, Vedder, 2006; Weeks & Cuellar, 1983)

Spirituality and Faith. The consequences of losing a child (a non-normative loss) or a spouse after many years of marriage has been well documented with emotions ranging from profound sadness, loneliness, depression, identity reevaluation and negative health outcomes (Lund, Caserta, Utz, & de Vries, 2010). In addition to these personal and psychological changes, there is also considerable stress in navigating the role changes associated with widowhood or

120

coming to terms with the loss of a child, in an unfamiliar environment away from supportive networks (Utz, Reidy, Carr, Neese, Wortman, 2004). Empirical findings have also revealed that late-life immigrants are at risk of depression from migratory grief and acculturative stress (Lee & Chan, 2009; Mui & Kang, 2006; Mui, Kang, Kang, & Domanski, 2007).

Each of the older participant' religious and spiritual beliefs were instrumental in helping them cope with various family issues and the challenges of growing old in the U.S. They conveyed how prayer and faith helped sustain them through the upheavals of relocating, adapting and adjusting to life in the U.S., and other challenges reported here such as the death of an adult child, an adult child's divorce, the death of a son's spouse and their own spouses. Religion and spirituality which is embedded in Hinduism and Indian cultural identity, appeared to be a major protective factor for the older participants (Diwan, Jonnalagadda, & Balaswamy, 2004; Lee, 2007; Powell, Shahabi & Thoresen, 2003). Other adaptive strategies reported were deriving comfort from their children and grandchildren, finding competence in tasks of daily living and having a positive attitude. Previous research has revealed that interdependence and support within family structures provides a protective buffer against risk factors such as isolation, depression and traumatic experiences (Tummala-Narra et al., 2001, Yee et al., 2007).

Adult Children and Spouses.

Health Care Affordability Concerns. One of the primary concerns of the majority of the participants was related to getting adequate or any health insurance coverage for their parents. Many of the parents had one or more degenerative or chronic health conditions such as dementia, arthritis, hypertension, diabetes, osteoporosis, prostrate problems and pulmonary disease. As the relocation from the country of origin typically takes place after retirement or in their later years, many of the parents do not have sufficient employment history in the U.S. to qualify for

121

Medicare. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) 1996, only allows Medicaid for those who have been citizens for five years or more. The eligibility for citizenship is a protracted process and an immigrant is only eligible for citizenship after holding a green card for five years or more. While some counties in the U.S., have programs in place to assist immigrants without insurance to access to some type of basic health checks, many others do not, and the adult children are required to pay out of pocket for their parents' health care expenses, which can be considerable as the parents age and their health deteriorates. Therefore, the ability to provide adequate health coverage for late-life immigrants is an important consideration within a national context. As Usita and Shakya (2012, p.353) postulated, "…life exposures before immigration as well as conditions of life after arrival are important determinants of later-life health and well-being."

Research has indicated that the very act of immigrating later in life is stressful and the impact of acculturative stress is cumulative (Hovey, 2000; Salant & Lauderdale, 2003). Although the levels of acculturative stress may decrease over time as older immigrants adapt and adjust to the new environment (Gonzales, 2009), they are still at greatest acculturative disadvantage given their lower levels of English proficiency, education, inability to access service resources, and experience of racism, which can weaken long term cumulative resilience (Sudha, 2014; Usita & Shakya, 2012).

*Benefits and Challenges of Multigenerational Living***.** For many of the adult children and spouses, having older parents in the household has benefitted them in numerous ways such as being able to have dual careers and advance economically, and stress free, low cost childcare assistance, since the parents supervised and attended to the children daily (Kritz, Gurak & Chen, 2000). In turn the older parents were comforted knowing that their needs would be taken care of

122

by their children as they aged. They were also able to support the healthy development of their grandchildren by providing practical and emotional support and passing on cultural and religious traditions (Kalavar & Van Willigen, 2005; Lamb, 2002; Sadarangani & Jun, 2015; Treas, 2009). The reciprocal nature of intergenerational co-dependence was especially important as the parents aged and became care recipients. Sociologists have characterized these high levels of interpersonal solidarity and kin togetherness as based on the value of familism – a form of cultural capital or resource that families draw on to manage the needs of their family members (Mui & Shibusawa, 2008; Treas, 2009). The giving and receiving of care and support in times of crisis and tragedies also seemed to play an important function in bridging generations together within the immediate and extended family, fostering a sense of generativity (Erikson, 1982).

As this study has also illustrated, inevitably, multigenerational living does come with challenges especially in terms of the tension and strain on the marital relationships and other issues such as, loss of privacy for the couples, loss of personal space in the home, clash of personalities, accommodating the care giving needs of the older family members and dealing with crisis and tragedies. The consequences of intergenerational ties for marriage satisfaction have been explored in a number of studies which have found that everyday assistance to parents (e.g., advice, practical assistance, emotional support, financial aid) result in less time and resources available to invest in the marriage and the frequency of the support may have critical implications for each spouses' marital satisfaction (Kim et al., 2010; Silverstein & Giarusso, 2010).

Spousal Support. Spousal support emerged as a significant factor in the success of multigenerational living. Polenick and colleagues (2017) found that marital quality depended on each spouses' perception of filial obligation or personal rewards connected to giving

intergenerational support. Where one partner's filial obligation is high and the other partner's is low, the incongruence about their social roles can contribute to marital stress (Peplau, 1993). This was apparent with one of the participants who disclosed that her ex-husband who was Caucasian, was unable to cope with the demands and sacrifices of having her parents live with them, which eventually led to their divorce.

As the findings here have indicated, much of the success of multigenerational living in these families, was due to both partners in the couple relationship sharing similar beliefs about filial obligations and being willing to play supportive roles. The congruency in belief systems and shared cultural experiences meant that these couples were more likely to work through the stressors of multigenerational living and provide mutual support to each other.

Long term caregiving concerns. Long term caregiving as parents aged was a real concern for the adult children participants and their spouses. A care recipient is a person with at least one activity of daily living limitation that leads to physical dependence on others, and the primary caregiver as the person with the main responsibility for providing care to the individual (Stone, Cafferata, & Sangl, 1987). All the older participants expressed their fear of burdening their children as they got older and their needs became greater, however living away from their loved ones was not an option for them. The adult children and spouses here were unequivocal about their intentions to carry on with the multigenerational living arrangements as their parents got older and became care recipients. They did not contemplate sending them to residential care facilities or nursing homes as it was not culturally acceptable, and many have already discussed having a contingency plan in place in the event the need arose. In many instances they expressed how they were planning to move to more wheelchair accessible accommodations, giving up their

careers and becoming full time caregivers, or arranging for daily home nursing care for their parents if required.

The experience of one family where the older father had advanced dementia and the mother was the full-time caregiver indicated that in this instance culturally competent home care aides would have been welcome, but the small city they lived in did not have such resources available. The findings here underscore the recommendation made in a number of studies (Kuo & Torres-Gil, 2001; Nandan, 2007; Sudha, 2014) on the importance of culturally appropriate services for Asian immigrant seniors which are designed and delivered in the family context. Unfortunately, providers tend to ignore the needs of older Asians as they labor under the assumption that the community prefers to take care of their own. This is an extension of the model minority myth which has resulted in many Asian communities being underserved (Nandan, 2007).

Limitations and Strengths of the Study

There are a number of limitations of this study that must be noted. The participants were homogenous in terms of their ethnic backgrounds and socioeconomic status. Apart from one pair of mother-daughter participants who identified as Punjabis from North India, the rest were from different regions in South India. The adult children were also within the same middle to upper middle class socioeconomic levels which meant that there were no acute financial concerns in being able to maintain their lifestyles and supporting their parents.

Gender differences in terms of caregiving was alluded to in this study but further examination was not possible as it was not a significant factor in terms of the late-life parents' choice of the adult child they elected to live with. Those with sons did gravitate to living with their sons but it was not reported as an outright preference. Perhaps a wider selection of

participants that represents the various communities from north and south India and a larger sample size may have indicated otherwise.

Despite the late-life immigrant parents being interviewed privately, there was still the sense that they were not comfortable disclosing anything that could have been perceived as being overly critical of their children. They were cognizant of the fact that they lived with their children who were now in charge of their welfare and the code of family loyalty and maintaining family solidarity, which is inherent in Asian cultures, may have hindered them from expressing negative experiences that could be construed as reflecting negatively on their children. It is possible that their adaptation to living in the U.S. and multigenerational households was as a result of not wanting to be perceived as a burden on their adult children. Conversely, the adult children and spouses were more outspoken and forthright in disclosing their experiences, which could be attributed to their bicultural orientation.

Notwithstanding the limitations, this study has identified instances where immigrant families have shown great adaptability through cooperation, and adaptation of their unique cultural norms to a new environment, rather than only highlighting the negative aspects of their experience. This can be done by observing family belief systems, flexibility, connectedness, mobilization of resources, and communication (Walsh, 2003, 2006), as late-life immigrants and their adult children caregivers learn to navigate the challenges of co-residence, different stages of acculturation, and reciprocal caregiving within the parent-child dyad. These challenges are even more pronounced when parent's physical and cognitive health declines. The relationship may become a source of stress and strain rather than comfort, particularly if the parent has dementia or other acute or chronic degenerative health problems that require intensive care (e.g. Alzheimer, Parkinson's, stroke, cancers) (Lee & Sung, 1998; Pinquart & Sorenson, 2005).

When late-life Asian Indian immigrants leave their home country to join their adult children's existing nuclear family systems in the U.S., a new family schema or identity emerges along with a new pattern of functioning which allows for adjustments within the family system, and maintenance of relational well-being by family members. The family systems can also select aspects of the host culture in terms of values, beliefs, protocols and practices, to integrate into their family schema and patterns of functioning, to enable them to adjust, and negotiate their way through crisis, adaptation, and recovery.

The findings of this study are consistent with a number of studies which have found that late-life immigrants to the U.S., coped with acculturative stress by adopting new cultural perspectives, finding a sense of fulfillment in providing support to their children, positive peer and community relationships, becoming cultural conservators of their heritage, and maintaining transnational relationships (Kalavar & van Willigen, 2005; Nandan, 2005; Sharma & Kemp, 2012; Treas & Mazumdar, 2002; Treas, 2008; Tummala-Narra et al., 2012). The older adults have had many opportunities to develop resilience through challenges and adverse events through their life course. Their resilience is evident as they navigate the challenges of aging in an unfamiliar environment, as with the adult children who have to navigate caregiving within the context of a new culture while trying to preserve their cultural tradition of care (Usita & Shakya, 2010).

Implications for Research and Policy

Families provide the primary setting through which culture is defined and interpreted (Luborsky & Rubenstein,1987). The findings suggest that the late-life immigrants can adapt to U.S. culture with the support of their families and with the addition of community involvement. Positive relationships with children and grandchildren support this acculturation process and

127

provide a route to adaptation for older adults that also contribute to family well-being. The

reciprocity of benefits for older adults and their families enhances the intergenerational aspects

of family resilience. As observed by Becker and colleagues (2003), "The family is at the hub of

most phenomena that represent cultural continuity, such as social organization, religion, and

ritual; it is the repository of specific cultural beliefs and practices and a primary source of

cultural meaning." (p.153)

The findings also suggest the importance of the role of the grandparents in shaping the

cultural orientation of the grandchildren which expands the bicultural model proposed by Berry

(1980) to a more multidimensional one. The children of immigrants tend to be more fluid in their

ability to acculturate rapidly to the majority culture, however, the cultural socialization they are

exposed to from their traditional grandparents and bicultural parents in multicultural homes may

result in their ability to synthesize aspects of both cultures into a unique blend of Indian, Asian

Indian-American and American (Schwartz et al., 2010). Although this study provides some

initial evidence of this, more empirical studies are required in this area with data from the grand-

children in these families.

Spousal support emerged as one of the significant factors that contributed to the success

of multigenerational living. Currently, there is little empirical work that has examined the

intersection of parent-child caregiving ties in adulthood and the impact on each spouses' marital

satisfaction. This is an important area for future research especially with its added implication on

clinical work with couples.

Having affordable and accessible healthcare is crucial for the wellbeing of late-life

immigrants. It is essential to expand coverage to include late-life immigrants. As the relocation

from the country of origin typically takes place after retirement, late-life immigrants do not have

sufficient employment history to qualify for Medicare or Medicaid. Currently, the lack of nationwide insurance coverage for these older immigrants have left families in a bind in terms of accessing and affording health care for parents who are at their most vulnerable stage of life. Continuing increases in healthcare costs will inevitably exacerbate these challenges.

The dissemination of information on existing elder care programs and the development of programs that are culturally adaptable and linguistically sensitive is paramount to ensure that the growing numbers of the ethnic minority senior population are served adequately. Many of participants mentioned that they were only aware of available services like home nursing care and transportation services for seniors, only when the need arose. Although community based organizations do have a number of outreach programs and information on resources for the senior members, more remains to be done as resources seem confined to bigger cities with large numbers of Asian Indian population. There is still a disproportionate amount of reliance on peer and family support systems in terms of supportive care. It is imperative that supportive strategies be put into place to nurture resilience in late-life immigrants and their families.

Finally, in the face of the changes being proposed to immigration provisions in the U.S., there have been discussions by the current administration on ending chain migration policies (Qiu, 2008). This is problematic for many families. Domestic immigration policies must continue to support the entry of older immigrants to join their children when they have few resources in terms of caregiving in their country of origin.

APPENDICES

Research Participant Information and Consent Form

You are being asked to participate in a research study. Researchers are required to provide a consent form to inform you about the research study, to convey that participation is voluntary, to explain risks and benefits of participation, and to empower you to make an informed decision. You should feel free to ask the researchers any questions you may have. A copy of this form will be provided to you for your records.

I. Purpose of Research

Thank you for your willingness to participate in this study. The purpose of this research is to learn more about older Asian Indian Immigrant's experiences of aging in the United States since their relocation. We would also like to know how you coped and dealt with the relocation and how the family adjusted and adapted to living in a multigenerational household. This research is being conducted by researchers at Michigan State University

II. Procedures

The first step in the study is to conduct interviews with the older parent/s who have immigrated to the United States to understand each older participant's experience with the relocation and aging in a foreign setting. An interview will also be conducted the primary adult child with whom the older parent resides to understand the adjustment and adaptation processes for the family unit a whole. By signing this consent form, you are giving permission to be involved in a face-to-face interview. If you decide to participate, your participation will include:

 1) A complete explanation of the study and this consent form.
2) An interview that should take about one hour.

I will explain the project as we go over the informed consent form together, and you will then be asked to participate in the study. Upon completion of the interview, you will be given a $30 gift card as a token of appreciation for you time. Your participation in this study is completely voluntary. If you wish to discontinue your participation in this study at any time, you may do so without facing any adverse consequences.

III. Risks

There is the potential for minimal risk involved with participating in this study. Some psychological discomfort could be experienced from thinking about and revealing personal information about your migration and adjustment/adaptation experiences. You are able to take a break at any point during the interview; you are also able to refuse to answer any questions that make you uncomfortable. If you are unable to complete the interviews due to psychological discomfort, you will still receive the appropriate compensation for your time. After the interview, should you feel overwhelmed or stressed please inform the researcher for referrals to mental health agencies.

IV. Benefits

There are also some potential benefits. In addition to the small payment for your time, you may experience indirect benefits from your participation by sharing your experiences with others. Furthermore, your participation in this study may contribute to a better understanding of the experiences of recent older immigrants and the family's processes of adjustment and adaptation. This will help in ensuring that resources and interventions are tailored to the needs of this community.

V. Recordings

All interviews will be audio taped. You will not be permitted to participate in the study without being audio taped. Only the researchers on the team will have access to the recordings. The recordings will be transcribed verbatim and deleted once the typed transcripts are checked for accuracy. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products related to the study. Your name or other identifying information will NOT be used in presentations or in any written reports of this study. Immediately following the interview, you will be given the opportunity to have the recording deleted if you wish to withdraw your consent to participate in this study.

- By consenting to the researcher's recording, you are agreeing to have your interview recorded, to having the recording transcribed and to the use of the written transcript in presentations and written products.

Please check the following box if you voluntarily agree to have the interview recorded.
- ❏ I voluntarily agree to having my interview audio recorded and transcribed and to the use of the written transcript in presentations and written products as explained to me.

VI. Extent of Anonymity and Confidentiality

Your confidentiality will be protected to the maximum extent allowable by law. However, in the course of this interview, if you reveal information that indicates that you are a danger to yourself or others, or information regarding abuse of a child, elder, or vulnerable person, we must break confidentiality and contact the appropriate authorities. The researchers would like to audiotape each interview in order to ensure accuracy. When audio tapes are transcribed verbatim any identifying information will be deleted (i.e., names of people or places) to protect your identity. You will be assigned an identification number that will be kept separate from any identifying information, and your study data will contain only this identification number. Your responses will be made available to only the investigators and will be anonymous. A list linking your name to the code will be kept in a locked file for the duration of the study. Once all the data are collected and analyzed, the list linking the names to the code numbers will be destroyed. All digitally recorded data, written materials, and consent forms will be stored either in a locked file cabinet, or in a password protected file on a password protected computer in the principal investigator's office at Michigan State University for a minimum of 3 years after the conclusion of the study. Access to the information will be limited to the investigators and the Michigan State University's Human Research Protection Office (HRPP). All materials will be destroyed following the completion of the research. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products related to the study, but any

identifying information will be removed and will not be used in those presentations or written reports resulting from this study. Immediately following the interview, you will be given the opportunity to have the recording deleted if you wish to withdraw your consent to participate in this study.

VII. Freedom to Withdraw

You do not have to participate in this research study. If you agree to participate, you may decline to answer any question in the study and/or withdraw your participation from the entire study or from any part of the study at any time without penalty by informing the investigators.

VIII. Rights and complaints:

If you have any concerns or questions about this research study, such as scientific issues, how to do any part of it, or if you believe, you have been injured because of the research, please contact the researcher:

Marsha Carolan, PhD.,
7 Human Ecology Building,
 East Lansing, MI 48824
(517) 432-9115,
carolan@msu.edu

If you have questions or concerns about your role and rights as a research participant, you would like to obtain information or offer input, or you would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 207 Olds Hall, MSU, East Lansing, MI 48824.

IX. Participant's Responsibilities and Permission

- YOU HAVE READ THE CONSENT FORM.
- YOUR QUESTIONS HAVE BEEN ANSWERED.
- YOUR SIGNATURE ON THIS FORM MEANS THAT YOU CONSENT TO PARTICIPATE IN THIS STUDY.
- YOU ALSO CERTIFY THAT YOU ARE 18 YEARS OF AGE OR OLDER.

❑ **I voluntarily agree to participate in this study**: _____ (Initials)

_____   _____
Signature of Participant   Signature of Researcher

_____   _____
Typed/Printed Name of Participant   Typed/Printed Name of Researcher

Date: _____   Date: _____

Demographic Questionnaire

Participant #: _____
Date: _____

Directions: Please fill in the blank or circle the response that best describes you.

1. Year you were born: _____

2. Place of Birth: _____

3. What is your ethnicity? _____

4. Religion (if any)? _____

5. Language/s Spoken:_____

6. Any Health Conditions? _____

7. Level of Education:
   a. Less than 9th grade
   b. Less than 12th grade, no diploma
   c. High School Graduate
   d. Some college, no degree
   e. Bachelor's Degree
   f. Graduate or Professional Degree

Marital Status

8. What is your current marital status
   a. Married
   b. Separated
   c. Divorced
   d. Widowed

Employment Status

9. Are you currently working?
   a. Yes, full time employment,
   b. Yes, part time employment, in one position
   c. Yes, part time employment, in multiple positions
   d. No, I am currently unemployed
   e. I am currently retired. My previous employment:_____
   f. Other, please specify: _____

Current Living Arrangements

    10. Your current living arrangements at this time?
   a. Own a home/Condominium
   b. Rent a home/Condominium
   c. Rent an Apartment/Townhouse
   d. Living with Children
   e. No current housing at this time
   f. Other, please specify: _____

Household Dependents

    11. How many children do you have? _____

    12. What are the ages of your children? _____

Current Financial Information

The following questions address your **present financial circumstances today**. Currently, what is your family income?

    13. Approximate combined monthly gross income (monthly before taxes)
   a. None
   b. Less than $ 1000.00
   c. $ 1,000 - $1,499
   d. $ 1, 500 - $ 1,999
   e. $ 2,000 - $ 2,499
   f. $ 2,500 - $ 4,999
   g. More than $ 5000

APPENDIX C:

Interview Protocol

<u>Socio-Cultural History: General</u>

1. Tell me about your decision to migrate to the U.S? Probe: How did you feel about moving to the U.S. on a permanent basis? What was life like in India before you came?
2. Tell me about your family in the U.S.

Adult Child

3. What were your reasons for sponsoring your parents to relocate to the U.S.?

Probe: Are your parent/s living with you full time? How did your spouse feel about your parent/s living with you? How would you describe the relationship between your spouse and parent/s and children and your parent/s?

<u>Challenges of Immigrating, Adjustment and Adapting</u>

Parent

4. Since you arrived in the U.S., please describe some of the challenges you faced?

Probe: How difficult was it to get used to living in the U.S.? Is there anything that stands out to you as you recollect your early days here in the U.S.? Were you able to get around and access resources (transport, insurance, doctors, employment). Do you think a lot about India and what you left there? Is there anything you miss about India and your life there?

Aging in the U.S for Parent

5. How do you view growing older in the U.S.? What helped you to adapt to living in the U.S.?
    Probe: Family, Friends, activities, involvement in organizations?
6. Researchers talk about filial piety, in which the parents are taken care of by the young family members, how it operates in your family. How would it have been different had you been in India? Why kinds of support are useful to you at present?
7. Where and how do you currently spend time? Probe: Family, Friends, activities, involvement in organizations

8. What did you tell yourself as you were learning to adapt to living in the U.S.? Probe: Coping strategies

9. What are your thoughts on American culture? Probe: what aspects of this culture appeal to you? What aspects don't appeal to you?

Multigenerational Living Arrangements and Intergenerational Relationships

Parent

10. Describe the adjustments that you made when you moved to the U.S. to live with your children?

11. How would you best describe your role in the family? Probe: Do you offer some advice or do they seek your advice? How do you make your needs known to your children? Who do you confide in?

12. How would you describe your relationship with your children and grandchildren?

Adult child/Primary caregiver

13. What were some of the adjustments that were required in terms of living arrangements when your parents/in-laws moved to the U.S. to live with you? Probe: Did you discuss this with as a couple and with children (if any).

14. What are some of the advantages that you have experienced in having your parents live with you?

15. Who has primary responsibility for the day to day care of your parents? Probe: How different is it in the U.S. compared to India

General

16. What are some of the activities that you do together as a family?

17. What events do you celebrate together? Probe: cultural practices, religious rituals/festivals/ food/clothing?

18. What values and beliefs do you observe as a family? (e.g. .respect for elders, learning mother tongue, attending religious/spiritual organizations and classes, community gatherings)

19. What are the benefits of living in a multigenerational household?

20. How has the family coped with stressful situations? Illness, Crisis: Probes: ways of coping with stress?

21. How do family members express their care and concern for one another?

APPENDIX D:

Stages of Thematic Analysis

	PHASES OF THEMATIC ANALYSIS (Adapted from Braun & Clarke, 2006)
1	**Familiarization with data:** *Data Collection:* Semi-structured individual interviews will be conducted. Basic ideas and inquiries will be developed. *Field notes:* During the interview process, notes will be taken and participants' opinions and experiences before and after the interviews will also be documented. *Transcribing:* Transcription will be completed by the author *Reading, and re-reading, noting down initial ideas:* This early exploration will be conducted by reading the digital copies of the transcripts and inserting comments along the transcripts from the Word program.
2	**Generating initial codes:** Transcripts will be printed, and coding features of interest will be done by hand. This systematic process will be implemented across the data set, categorizing the entire data in the appropriate code(s). At this stage, the semantic level of analysis will happen on the right side of the transcript margin and a latent (interpretative) level of analysis will be conducted on the left side of the margin. Themes will be identified and later condensed and reorganized.
3	**Searching for themes:** NVivo 10 software program will be utilized for the task of searching themes. After uploading the transcripts, a second round of coding will occur using the software for creating nodes and tree-nodes. The codes (nodes) will be categorized into prospective themes and grouped together the data related to each prospective theme. At this point, the nodes will be reorganized and re-categorized. At this stage, the evolving-prospective themes in regards to their category and name will be refined. A thematic map of the themes will be drafted by hand and digitally, using NVivo.
4	**Reviewing themes:** Congruence of each theme with each of the coded extracts and all the data set will be reviewed. Initial field notes will be revisited. The notes will help to support the analysis process, as initially documented participants' experiences are anticipated to be corroborated. Continuation of refining the thematic map by classifying and re-classifying themes that are similar or that are not related to the research questions. Finally, major themes and sub-themes will be identified.
5	**Defining and naming themes:** At this phase, the analysis will continue in order to attain an increased refinement of each particular theme, as well as the general narrative that the data are perceived to be transmitting. More distinctive concepts and names for each of the themes will be reached.
6	**Producing the report:** The process of writing the research report will allow an additional chance for reviewing the data analysis as the narrative of the results section is told. For illustration purposes, a careful selection of persuasive and powerful extracts will be selected. This will be a challenging process due to the inclination to honor the voices of all participants. Then, the chosen extracts will be revised and analyzed, making connections between analysis and research questions.

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