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An Autoethnography on Intergenerational Relationships and Transnational Care for Older Parents

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Abstract: I employ autoethnography to undertake a broader scholarly inquiry on intergenerational relationships and transnational care shaped by global migration and aging. Specifically, I reflect on the dynamics of my relationship with my mother, beginning with my departure from my home and spanning a period of 40 years, 8 in China and 34 outside China. In doing so, I contemplate theoretical models of intergenerational solidarity, ambivalence, and role ambiguity. I also challenge cultural assumptions of filial piety. The geographical distance, passage of time, and acculturation process have profoundly influenced my perception of filial piety, which differs markedly from my mother's. However, this divergence in consensual solidarity—marked by variations in attitudes, beliefs, and values—does not translate into weakened affectual solidarity, characterized by positive sentiments and emotions. Furthermore, aided by advancements in transportation and social media technology, I have been able to extend crucial emotional and some “instrumental” care to my mother, along with financial support if needed, despite limited hands-on care. Nevertheless, I must negotiate my care for my mother and navigate a delicate balance in coordinating my care efforts with those of my non-migrant siblings.

Keywords: migration; aging; intergenerational relationship; transnational care; Canada; China



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1. Introduction

I have spent most of my life as a migrant, first as an internal migrant in China and then as an international migrant. After leaving my parental home, I maintained close contact with my parents through letters in the 1980s and 1990s, the telephone in the 2000s, and social media in recent years, as well as short visits ranging from a few days to a few months.

During this period, China has undergone significant social and economic transformations (Vogel 2011). China initiated its opening-up policies and market reforms in the late 1970s. I commenced my university education in 1981, four years after Deng Xiaoping reinstated the nationwide university entrance examination in 1977 (Pepper 1980). Consequently, I am not part of the “lost generation” of the tumultuous Cultural Revolution from 1966 to 1976 (Broaded 1991). After my graduate studies and a brief stint in the workforce, I joined hundreds of thousands in the pursuit of education as an international student in 1989, successfully obtaining my PhD in 1997 in Europe. I briefly worked in Africa before immigrating to Canada in 2000, where I am a university professor.

During this time, China has also experienced dramatic demographic changes. Chinese fertility declined markedly in the 1980s under the official “one-child” policy. After the initial drop, national fertility remained low, at around 2.8 TFR in the 1980s, 1.22 to 1.44 early this century (Gu 2009), and 1.3 in 2020 (Chen et al. 2023), on par with the lowest fertility in the world, even though the rapid aging of the population led to the official abandonment of the rigid policy (Scharping 2019) and the adoption of a three-child policy (Tatum 2021). By the end of 2022, China's population included 209.78 million people aged 65 and over, representing 14.9% of the national population (Du 2023).

Chinese families have also undergone significant transformations during this period (Whyte 2020). These changes are evident in the trend towards a smaller and diversified

family system (Foner and Dreby 2011; Wang 2014), as well as notable shifts in gender and intergenerational relationships (Wang 2020; Whyte 2003). As numerous studies have revealed, contemporary Chinese families are characterized by the individualization of family lives (Y. Shen 2013; Yan 2009, 2011), a weakening, flipping, or twisting of patriarchal prestige and power (Santos and Harrell 2017), the redefined perception of filial piety by both the younger and older generations (Cheung and Kwan 2009; Eklund 2018; Ikels 2004; Liu 2023; Yang 2021), and evolving roles of sons and daughters in the care of their elderly parents (Shi 2020; Zhang 2009). Daughters have increasingly assumed critical roles in providing instrumental as well as emotional support to their parents (Gruijters 2018; Shi 2020; Zeng et al. 2016). The complex changes in contemporary Chinese families have been characterized by Yan (2021) as the inverted family, with reshaped post-patriarchal intergenerationality, and rising neo-familism of pursuing both individual happiness and family prosperity.

The unique challenges posed by China's aging demographic, alongside ongoing shifts in family dynamics, highlight pressing issues such as insufficient preparedness in critical areas like geriatric care and social security (Han et al. 2020). Care for older adults has become a challenge for thousands of millions of families on an individual level and for the Chinese state and society more broadly. Provision of care by families, the emerging market of care-workers, and the state institutions cannot meet the rising demand for elderly care (Bao et al. 2022), which is referred as a phenomenon of "care deficit" by Hochschild (1995) or "care poverty" by Kröger (2022).

Elderly care is an increasing concern among transnational families like mine, as many adult children have migrated outside China, leaving their parents behind. My in-laws became empty-nesters in the early 1990s when their daughters became international migrants. We do not have data on the number of transnational families with empty nest older parents left behind in China. I am fortunate in that my non-migrant siblings remained and cared for my parents.

In this paper, I use the autoethnography method to undertake a broader scholarly inquiry on intergenerational relationships and transnational care shaped by global migration and aging. Specifically, I reflect on the dynamics of my relationship with my mother over more than 40 years after I left home, including 8 years I spent in China and 34 years outside China. I contemplate theoretical models of intergenerational solidarity, ambivalence, and role ambiguity, and challenge cultural assumptions of filial piety.

Numerous studies have focused on migration, aging, intergenerational relationships, and transnational care. But results are mixed, including findings on how distance, time, and acculturation impact intergenerational ties in transnational families, how family caregivers negotiate and perform transnational care, and how transnational migration shapes perceptions and practices of filial piety. Filial piety, or *xiao*, is a central concept in intergenerational relationships and family care. *Xiao* is a Confucian concept that encompasses a range of expected behaviors from children towards their parents. These behaviors include respect, obedience, loyalty, providing material support, and offering physical care (Zhan and Montgomery 2003). Nevertheless, perceptions of filial piety and expectations of filial obligations among older parents are dynamic and shaped by institutional settings, policies, and social change (Zhang 2020). In my case, the geographical distance, passage of time, and acculturation process have profoundly influenced my perception of filial piety, and it now differs markedly from my mother's. However, this divergence in consensual solidarity—marked by variations in attitudes, beliefs, and values—does not translate into weakened affectual solidarity, characterized by positive sentiments and emotions. Furthermore, aided by advances in transportation and social media technology, I have been able to extend crucial emotional and instrumental care to my mother, as well as financial support if needed, despite limited in-person interactions. Nevertheless, I must navigate a delicate balance in coordinating my care efforts with those of my non-migrant siblings.

As a social scientist and a transnational caregiver, through autoethnography, I aim to bridge theory, practice, and my personal experience, so my research can achieve "conso-

nance, coherence, and suasion” (Brijnath 2009). I hope my writing will also contribute to the understanding of intergenerational relationships and transnational care from an adult son’s perspective, which is little studied. My case also exemplifies middle-class transnational caregiving, as discussed by Baldassar and Wilding (2013), a phenomenon relatively overlooked in the transnational migration literature and deserving of further reflection (Conradson and Latham 2005).

2. Literature

According to a report by the International Organization for Migration (IOM), I was one of 128 million people living in a country other than their country of birth when I became an international migrant over 30 years ago. This number reached almost 281 million in 2020 (IOM 2021). The report also highlights that China has one of the largest transnational communities globally, with an estimated 10 million Chinese international migrants in 2020. A significant number of these migrants live in Canada, Italy, Australia, the Republic of Korea, Japan, the United States, and Singapore. At the same time, the global population of individuals aged 65 years or older has grown astronomically, reaching 761 million in 2021; it is expected to double to 1.6 billion by 2050, constituting over 16% of the world’s population (Wilmoth et al. 2023).

Global migration and the aging population present significant challenges for families. Families with migrant adult children and non-migrant older parents must navigate transnational care across nation-state borders. Transnationalism, characterized as “the multiple ties and interactions linking people or institutions across the borders of nation-states” (Zechner 2008), has attracted increasing scholarly interest in the past few decades. Numerous studies have explored the effects of culture, technology, work, and policy on transnational care.

Based on my experiences as an international migrant with an older non-migrant mother and drawing on the literature, I ask the following questions. What challenges do migrant adult children encounter in transnational care due to distance and time differences? How do technologies mediate transnational care? In what ways does exposure to different cultures reshape perceptions of filial piety and transnational care? How does work impact transnational care? What policies could facilitate transnational care?

An important theoretical framework with a focus on intergenerational relationships is the conceptualization of intergenerational solidarity across six dimensions: association, affection, consensus, function, norms, and structure (Bengtson and Roberts 1991). Specifically, associational solidarity entails the frequency and patterns of family members’ interactions in various activities. Affectual solidarity encompasses the type and degree of positive feelings towards family members, along with their reciprocity. Consensual solidarity represents the degree of agreement on values, attitudes, and beliefs within the family. Functional solidarity involves the assistance and resource exchanges within the family unit. Normative solidarity reflects the commitment to fulfilling familial roles and obligations. Lastly, structural solidarity encapsulates the opportunity structure for intergenerational relationships, reflected in number, types, and geographic proximity of family members.

As structural solidarity can be regarded as external to the other dimensions of intergenerational solidarity, I am not only interested in understanding how it impacts associational and functional solidarity. My further questions are about the impact of structural solidarity on affectual, consensual, and normative solidarity. Specifically, do physical distance and time difference due to international migration reduce intergenerational emotional closeness in transnational families? Does the reshaped consensual and normative solidarity influence intergenerational emotional closeness?

Scholars have tried to categorize types of intergenerational relationships (Baykara-Krumme and Fokkema 2019; Rooyackers et al. 2016; Silverstein and Bengtson 1997). For example, based on a study of American families, Silverstein and Bengtson (1997) identified five types: tight-knit, sociable, intimate but distant, obligatory, and detached. Peng et al. (2023) identified seven types—tight-knit, distant ascending ties, obligatory, affective, de-

tached, traditional, and ambivalent—and found gendered differentials in these intergenerational relations in Hong Kong. In the context of international migration and transnational families, [Rooyackers et al. \(2014\)](#) proposed three types: full-interdependence (“reciprocal”, “upward”, and “downward”), emotional-interdependent, and independent mother–child relationship. [Baykara-Krumme and Fokkema \(2019\)](#) categorized intergenerational solidarity types as full-solidarity or autonomous, advice-oriented, and material-oriented (based on the Turkish 2000 Families Study). My goal is to define a category for my relationship with my mother, not mechanically fitting my unique experience into any of the predefined categories.

As intergenerational relationships are not always represented by solidarity, conflicts and inequalities often arise between genders and generations within the family sphere, and these may be set within the conceptual frame of relationship ambivalence. Ambivalence, which implies contradictions in relationships or “love-hate relationships” in the words of [Luescher and Pillemer \(1998\)](#), is an alternative model. It exists at the psychological level, where individuals experience conflicting feelings, motivations, and thoughts, and at the sociological level, where social norms, roles, and statuses conflict in intergenerational family relations ([Luescher and Pillemer 1998](#)). [Connidis and McMullin \(2002\)](#) further argued that ambivalence is a feature of structured sets of social relationships; individuals navigate it through agency, negotiation occurs through social interaction, and conflict is inherent in interpersonal relationships, including intergenerational ones.

In the context of transnational families, solidarity among family members is not always guaranteed, and international migration can exacerbate existing conflicts or create new ones. These conflicts may include acculturation-based family conflicts, shifts in relative power dynamics between migrant children and their parents, and disparities in access to resources between migrants and their non-migrant family members ([Dreby and Adkins 2010](#)). In Asian migrant families, conflicts between parents and children are often attributed to differences in acculturation levels, with varying degrees of cultural accumulation between generations ([Juang et al. 2012](#)). Older parents, who may be more rooted in their home culture, may experience altered perceptions and expectations of filial piety when living in a different institutional and policy environment in the immigrant society ([Zhang 2020](#)). When adult children and parents reside in different cultures within transnational families, these conflicts may intensify, and interpretations of filial piety may necessarily diverge.

Furthermore, studies in the field of the sociology of care have demonstrated that caregiving can be fulfilling. However, it may also involve caregiver stress, potentially leading to elder abuse and abandonment. “Emotion work” ([Hochschild 2012](#)) is observed not only in professional care settings but also in informal family caregiving in the context of ambivalent interpersonal relationships. In instances when the emotion work provided by a care worker is insufficient, how do ambivalent family relationships impact the dynamics of transnational emotional support?

Another dimension of transnational care is the issue of role and family boundary ambiguity. Ambiguity is manifested in undefined roles and uncertainty regarding expectations of relationships. The concept of ambiguity originated in studies of organizational stress ([Kahn et al. 1964](#)) and has been subsequently applied in the context of family caregiving ([Usita et al. 2004](#)). In the context of transnational migration and prolonged separation, how does this affect the roles of migrant children in caring for non-migrant parents in comparison to the roles of non-migrant siblings? And in the Chinese case, how does migration reshape the roles of sons and daughters in practical care compared to the traditional expectations that position sons as the primary caregivers? To offer a response, I must reflect on several critical questions. First, how should I negotiate my role in fulfilling filial piety, especially when my personal understanding of filial piety dramatically conflicts with my mother’s perspective? Second, considering my early departure from the family compared to my non-migrant siblings who have always lived close by, what level of care should I provide for my mother, and what specific caregiving roles should I undertake?

3. Methods

In this paper, I employ autoethnography based on both personal reflections and literature. On a personal level, I utilize autoethnography to introspect my life experiences as a transnational migrant within a transnational family, with a particular focus on my relationship as a migrant son of a non-migrant mother. From a scholarly perspective, my intention is to push “outside of and beyond” myself (Adams and Herrmann 2023, p. 3) and use autoethnography as a method to “analyze and interpret ... cultural assumptions” (Chang 2008, p. 9).

The autoethnographic data for this study comprise personal notes generated from my interactions with my mother spanning several years, akin to Wilkinson and Wilkinson’s (2020) diary keeping when performing care for their mother. Notably, these notes include reflections documented during my brief visit in the summer of 2023 following a medical procedure which left my mother immobile. Additional notes were sporadically recorded during telephone or WeChat conversations and through observations facilitated by a monitoring system installed during my mother’s post-operation recovery.

While my systematic data analysis commenced only recently, my personal notes inherently involve interpretations of my interactions with my mother. The writing process for this paper also draws upon personal memories. In addition, I possess audio and video recordings of family stories narrated by my mother, along with detailed notes about my father’s life. However, these supplementary data sources are minimally utilized in the current paper.

As research is an ongoing process, and autoethnographic writing serves as a “form of continual life review” (Ellis 2013), it is crucial to note that my analysis of earlier data has influenced subsequent data collection and shaped the data collected. The act of reflecting on my interactions by writing notes and this paper has, in turn, reshaped my relationships and interactions with my mother. For instance, writing serves as a review of caring practices and processes, involving deep reflection on what has been done correctly or incorrectly, with the aim of improving both caregiving and self-care. A heightened focus on transnational care in my writing also prompted increased phone calls and video chats, and these subsequently became integral components of my data for further analysis. Thus, the reflection on earlier data actively contributed to shaping data collected at later stages, emphasizing a process where data are created rather than discovered (Tukey 1977).

The data presented in this paper have been selectively curated to reinforce the central themes surrounding the examination of “cultural assumptions”, while maintaining a level of discretion to safeguard family privacy. My intentional omission of “thick description” is a protective measure. My objective extends beyond my personal experiences to encompass scholarly inquiry into the cultural meanings of transnational care, and my use of autoethnography is a valuable tool for weaving together various threads holistically. It facilitates a deeper exploration of the intricate connections between different aspects, providing insights into transnational caregiving as a multi-dimensional phenomenon (Sethi et al. 2022). In the Discussion, I evaluate these in the context of the wider literature.

4. Results

4.1. Leaving the Parental Home

In 1981, I left my parental home for the first time at age 18 for university education in another city in China. Unlike young people today whose parents accompany them to university, I went alone on a train with a great deal of luggage. I was the first one in my extended family to attend university. My parents were proud and gave me the freedom to choose my own career and my spouse, freedoms that my siblings did not enjoy. Moreover, as I was the second son, my parents did not expect me to be around, even though my mother wished me to be close to her, and even though the Confucian concept of filial piety says children should not travel far when their parents are alive (父母在，不远行).

I joined my parents in the summer and winter holidays and kept in touch through letters. My mother visited me, as did my older brother and other kin members. My parents

believed my education was important, far more important than family events. I missed my older brother's wedding because my parents and other family members did not inform me about it. They nevertheless missed me when I was away. When I made a surprise visit during the school break, my mother said she knew I was coming back that day. Meanwhile, my father told me she said that every day!

I left for Europe to pursue a doctorate in late 1989. While I was abroad, communicating with my parents and siblings was all through writing letters. International telephone calls were expensive in the 1990s, and it took two weeks to send and receive a letter. Emails became common in the late 1990s, but my parents and siblings did not own computers. In my letters, I told my parents about my new life outside China, and they wrote about the familiar things happening at home. I went back to China for PhD fieldwork in 1992 and 1993. My parents were happy when I was around, unlike the days when I was out of reach in Europe.

Regular contact by mail continued when I was studying in Europe and working in Africa, until I migrated to Canada in 2000, and started to contact my family by telephone. Like many other Chinese grandparents (Zhou 2013a, 2013b), my parents came to Canada to help take care of their grandchild in 2001 and 2002. I invited my parents partly to strengthen the bond between grandparents and grandson and partly to expose them to Western culture. I also believed making parents happy was a child's filial obligation. My parents enjoyed this experience, although my father felt lonely because he could not speak Chinese with friends, kin, and colleagues as he had in China. My mother never felt lonely when she could be with me and her grandson. After going back to China, she talked about her experience of living in Canada with anybody she met. When I went to China to visit her, she proudly told her neighbors: "This is my second son, coming back from Canada to see me".

4.2. Long Distance Care

I did not need to provide much physical care to my parents when I had siblings living in the same hometown, and when my parents were healthy enough to live independent lives. I simply made regular phone calls and paid short visits every year except during the years of the pandemic from 2020 to 2023. I visited when my father became seriously ill in 2008 and provided limited in-person care when my siblings were around and with the assistance of care-workers; my mother was healthy enough to provide some care as well. I was partially involved in the family decision making and mobilized my network of doctors and nurses to provide medical care to my father.

After my father passed away in 2012, my mother lived alone. Her health started to deteriorate during the pandemic. She declined my siblings' suggestion to hire a care-worker to keep her company. After I talked to her, she agreed to hire a part-time caregiver in 2022 when she was 86. She agreed to have a full-time caregiver when she became bed-ridden in 2023. We also installed a security camera to monitor my mother's situation while we were away.

At this time, my older brother passed away. I was the only surviving son and started to believe I had more obligation to provide care, even though it was long-distance. I started to make more frequent calls, later shifting to video calls. I should mention that my wife called her mother more frequently than I called my mother, and my wife discussed details with her mother (see also Ahmad 2016) while I listened mostly to what my mother told me. My wife said her mother had daughters living outside China, thus resulting in a "care deficit" at the family level, while my mother had a daughter in China. I made far fewer calls to my mother than a migrant mother does to her left-behind children in the context of a new communicative environment referred to as "polymedia", which has emerged due to the proliferation of various communication platforms and channels (Madianou and Miller 2012).

I typically make a weekend call to my mother, checking in once a week. On one occasion, my mother's caregiver sent me a brief video of her in tears. I called my mother immediately. She said she had a bad dream. In her dream, my dead father came to her wearing

tattered clothes. This dream occurred sometime after Winter Clothes Day on November 13, 2023. Curiously, my wife had already asked whether my sister had performed the ritual of burning paper clothes for our father—a tradition I had never undertaken. Our conversation lasted over an hour; my mother shared her thoughts, expressing a desire for my father to find peace. My talks with my mother tend to be more extended than those of my siblings, either over the phone or in person. On occasion, when my schedule is demanding, I may make a shorter or delayed call, especially if I have confirmed through a monitoring camera that she is doing well. When my son was still at home, I would always ask him to have a video talk with his grandmother as well.

In addition to maintaining regular contact with my mother, I have reconnected with friends and colleagues using a smartphone and the WeChat app, a popular social media platform used by Chinese individuals in mainland China and Chinese international migrants originating from mainland China (Montag et al. 2018). Leveraging these social media platforms, I have consulted friends who are doctors regarding my mother's health. I have also engaged in discussions with my sister to collaboratively make informed medical decisions. This technology has been invaluable in helping me stay abreast of my mother's medical situation in real time, facilitating prompt decision making. However, the experience has been undeniably stressful, particularly when my mother was in the ICU for three days. Despite receiving updates from my sister, the inability to physically be present and witness the situation firsthand added an extra layer of anxiety. The limitation of relying on updates, without the ability to see what was happening in person, heightened the emotional strain during that challenging period.

I have the convenience of purchasing and mailing cookies, vitamins, health supplements, and other gifts to my mother from Canada. Thanks to online apps and efficient delivery services in China, I can handle shopping for her, even though most aspects of her daily life are managed by my sister. Occasionally, I order birthday cakes, and I procured exercise equipment from China for my mother to use daily. I extend my support by handling bill payments or acquiring everyday commodities whenever I deem it necessary, although such instances are infrequent. The daily responsibilities of shopping, interacting with and compensating the care-worker, and overseeing my mother's medical care needs are primarily taken care of by my sister. However, despite the physical distance, technology and online resources allow me to play a role in providing for her needs from afar.

4.3. Making the Most of Visits

Numerous studies emphasize the significance of in-person care, highlighting its irreplaceability, even with the aid of technology (e.g., Mulder and Cooke 2009). I concur with this perspective, recognizing that living in proximity allows more practical assistance and provides a greater sense of psychological comfort for older parents. Chinese scholars have recently engaged in discussions about the optimal distance between parents and adult children, often referred to as “一碗汤距离” or “a cup of soup distance”. This concept, originating from Japanese scholars, shares similarities with the Western notion of “a flight distance”, suggesting children and parents should live independently but remain close enough to offer necessary care. In essence, it implies that children should be able to “deliver a bowl of soup before it gets cold” (X. Shen 2022). The fact that my siblings live nearby, in the same city and a cup of soup distance away, give me comfort.

Nevertheless, I have seized every available opportunity to visit my mother in person, often bringing along my small nuclear family when feasible. These visits are cherished moments during which my mother expresses immense joy in discussing family matters, relatives, and neighbors. During one such visit when my father was still alive, my mother showed me the clothing she had made for my father and herself, and gave me permission to take photographs of these items. On another occasion, I fulfilled a poignant request from my mother. While exploring Wangfujing, Beijing, I purchased a pair of shoes she wanted for her funeral, reminiscent of a pair my maternal grandmother had acquired many years

ago for the same purpose. These visits have been invaluable moments for bonding, sharing, and addressing important family matters.

During my time with my mother, I have frequently integrated my research and family activities. In addition to engaging my mother as an informant, discussing topics such as fertility, domestic adoption, marriage practices, family relationships, elderly care, and funerals, I have involved her in my fieldwork. Together, we have visited my research sites, including migrant labor communities and nursing homes. My mother not only willingly shares her insights to aid my research but also enjoys having me around during these excursions. This dual approach has allowed me to balance my academic pursuits with meaningful family interactions, creating a unique and enriching blend of personal and professional experiences.

In the summer of 2023, when my mother was recuperating from an operation and was confined to her bed, I devoted approximately one-and-a-half months to stay with her. With the assistance of a care-worker for daily meals and personal hygiene, my role involved offering emotional support and providing practical assistance in navigating medical services. This gave my siblings some respite, and I ensured my mother received the attention and care she needed during this recovery period.

In stark contrast to my research on elderly care, the hands-on experience of providing practical care for my mother proved to be an exhausting and stressful yet profoundly enlightening journey of lifelong learning. I felt the tension, stress, and exhaustion of providing care more than I could have imagined when reading the related literature (Gerain and Zech 2019; Gerain and Zech 2021; Leszko and Allen 2023). I engaged with my mother during moments of consciousness and when she experienced delusions. Encouraging her to move around in bed and later in a wheelchair became a routine, and I assisted her in standing up using purchased equipment. I delved into the intricacies of removing a urinary catheter and flushing the bladder, acquiring practical skills in the process. To enhance my caregiving abilities, I dedicated time to learning about self-care and explored resources related to community care services. Maintaining daily journals chronicling the caregiving process and my own self-care efforts became an integral part of this journey. I reflected on how writing a research journal was one of the many ways I practiced self-care, highlighting the multifaceted nature of this experience.

4.4. *Negotiating Filial Piety*

Over time, I have learned that caring is not unidirectional but relational. It is not a linear process with caregiving and care-receiving. Providing “good care” is both relational and negotiated. My mother, siblings, and I have different perceptions and expectations of filial piety. My mother believes in the notion of “养儿防老” (Raise children for old age security). She takes her children’s caregiving for granted. She strongly rejected the idea of hiring a care-worker for our father more than 10 years ago. She could not accept the fact that, with three children, the family still wanted to hire a care-worker when she believed the care-worker could not provide the same level of good care as children. When she became frail, she delayed having a care-worker as long as possible and complained about the high price the family had to pay. Seeking institutional care is out of the question for her. In her eyes, this would be extremely unfilial; in our extended family, no paternal or maternal kin has ever had older adults placed in institutions.

For me, filial piety means children do their best, within their capacity, to contribute to the well-being of their parents. I often feel guilty because I think I could do better. Mother also believes teaching is work, and doing research by “talking” with people is not. Furthermore, she believes that I should not work too hard. That makes me feel guilty when I go back to work before teaching starts, when I cannot phone during the weekend, or when I take a tourist trip. My regular contact with my mother is flexible. I could have daily contact when needed, but this is seldom the case. Unlike my mother, I have no intention of relying on children for old age care, and I have no problem seeking institutional care. This gap may be attributed to several factors: my status of having only one child while my mother

has three, the disparities in welfare regimes and institutional settings between China and Canada, and my immersion in Western individualistic culture, which values independence (see, e.g., [Brody 1981](#); [Finch 1989](#); [Fisk 2024](#)), as opposed to my mother's preference for the collectivistic culture of interdependence (see [Li and Zhang 2015](#); [Qi 2015](#)). However, it is worth noting that I also cherish mutual emotional support, and my mother also wishes to avoid imposing too much burden on her children.

My siblings share a similar attitude towards old age care; each sibling has a single child due to the rigid "one-child" policy implemented in Chinese cities. My sister-in-law once mentioned that those who are close by are contributing to the family and practicing filial piety, whereas those who travel far are contributing to society. However, she also pointed out that those who have frequent in-person contacts with older parents and provide instrumental care are more likely to experience conflicts with them. This is consistent with a study on Chinese families finding that older adults with children living in different cities in the same province have a higher level of emotional closeness than those living in the same city ([Li et al. 2021](#)).

During my time together with my mother after her operation, we had some conflicts in ideas and attitudes. For example, I found we had differences in food preferences, expectations of care and self-care, understanding of boundaries, and explanations of dreams. For me, caring involved much more emotional work than physical work, but the care-worker preferred doing physical tasks rather than engaging in conversation with my mother, and communication with her did not always go smoothly. My mother frequently crossed boundaries, imposing her influence on my interactions with family and friends and dictating my daily activities and routine based on perspectives that often differed significantly from mine. My mother's words, even if unintentional, often put pressure on her children to perform better filial piety. When I provided the expected in-person care, she expressed concerns about who would provide better care after I left. When left alone with the care-worker and dissatisfied with her performance, she expressed feelings of neglect. If I tried to purchase items for her that she did not want, she would express disapproval to discourage me. In my understanding, there is a cultural expectation that children should heed their parents' advice, particularly when they express a strong preference. This understanding has been reinforced by my conversations with older immigrants in Canada and family members in China. However, for me, filial piety is not a Confucian concept of "submissiveness" to parents as authoritative figures ([Fung 2014](#)).

Fulfilling many roles, such as being a son, father, husband, brother, and professor, is a constant struggle for me. I often grapple with questions like how much time I can allocate to care for my mother, when and what types of care are needed, and how I can balance caregiving for her with my other roles and responsibilities, including self-care. Despite the challenges, I often have a sense of fulfillment and enjoyment in this process, as it provides ample opportunities for learning and achievement. This includes acquiring skills in providing medical services (e.g., removing a catheter and flushing the bladder), exploring mindfulness in elderly care ([Bliss 2021](#)), and realizing the potential of transnational migrants to play a significant role in caring for elderly parents across borders.

5. Discussion

My personal experience has afforded me unique opportunities to contemplate scholarly research on migration, aging, and transnational care. As many scholars have discussed, transnational migration is not solely a matter of physical separation; it also entails a movement across social worlds. This phenomenon introduces complexities into the care dynamic for older parents when their children reside in separate locations. International migrants carry their home culture with them when crossing national borders, while simultaneously being exposed to different cultures, institutional arrangements, and economic, welfare, and care policies. They undergo acculturation, as multiple cultures interact through them. As underscored by [Menjívar et al. \(2016\)](#), there is no quintessential immi-

grant experience, given that individuals arrive with varying levels of economic, social, and cultural resources and must navigate various social structures that shape their outcomes.

Nevertheless, an important message that emerges from my personal narrative is that contrary to the notion that parents are unable to rely on care from migrant children living separate lives far away, transnational care can play a crucial role in improving the well-being of non-migrant parents. The contemporary era of migration, facilitated by globalization and technology, differs significantly from the past when migrant children experienced physical separation and communication was limited for months or even years. In the current context, international migrants can provide crucial financial, emotional, and practical if not in-person care to their older parents (Miyawaki and Hooyman 2023). In addition to immediate global or internal transfer of money, migrant children can have frequent contact through social media or live streaming if needed to create co-presence and provide much-needed emotional support (e.g., Baldassar 2016). Adult children living far away can “subcontract” their filial responsibility of caring for older parents by recruiting care-workers (Lan 2002). This trend is increasingly observed in both migrant and non-migrant families when adult children are unavailable for physical care due to physical separation, work commitments, other family responsibilities, or health issues.

Moreover, migrants can now provide practical assistance remotely that was not possible in the past. This includes offering shopping assistance, arranging transportation (e.g., by calling a taxi remotely), or handling bill payments, all through online applications. They can remotely monitor their parents’ daily activities and health through video cameras and coordinate healthcare services. Furthermore, adult children can make regular shorter or longer visits not only to maintain transnational kin relationships (Mason 2004) but also to provide the necessary care to elderly parents—a phenomenon Kim calls “re-mitting temporary co-habitation” (Kim 2012). The ability to provide “good care” to older parents is less affected by physical distance or time difference; the financial situation and intergenerational relationships between non-migrants and migrant children are far more important factors. I feel privileged to be able to visit and care for my parents, unlike many other international or internal migrants who have been absent from their families for years (e.g., Choi and Peng 2016; Mujahid et al. 2011).

It is also crucial to underscore the role of men in caregiving, a topic not discussed in the literature, with some exceptions (e.g., Barker et al. 2012; Kramer and Thompson 2002). The literature mainly concentrates on men’s caregiving role for their wives (Robinson et al. 2014) or children (Parke and Cookston 2021), leaving care for older parents relatively unstudied (Miyawaki and Hooyman 2023), particularly the care provided by sons for their aging mothers. My personal experience highlights that men are also capable of offering hands-on and emotional support, aspects traditionally associated with women (Zygouri et al. 2021). Furthermore, I have provided more emotional care to my mother than I did to my deceased father. As a son actively involved in providing care for my mother within the caregiving network, this responsibility brings a profound sense of fulfillment, satisfaction, and personal self-development. Despite the geographical distance of ten thousand kilometers, I recognize the agency I possess in enhancing my mother’s well-being, concurrently alleviating my own anxieties and guilt. Through this journey, I have acquired valuable insights into effective caregiving for my mother and for myself, learning to appreciate the significance of care work contributed by both men and women (Barker 2014). This newfound knowledge is something I can share within a broader network, encompassing friends, family, students, and colleagues, both informally and formally, in connection with scholarly discussions on caregiving theory and practice.

Nevertheless, as numerous studies have indicated (e.g., Aronson 1992; Grigoryeva 2017; Hu 2017; Lei 2013; Zeng et al. 2016), women still undertake the bulk of caregiving responsibilities, which is also the case in my extended family. In comparison to my non-migrant siblings who care for our older parents, and my migrant wife who cares for her non-migrant parents, they dedicate significantly more time to providing more care. Additionally, the care workers we hired to assist my parents and my mother-in-law are also

women. The gendered nature of caregiving persists in the context of aging, migration, and transnational care.

Theoretically, I argue that the concept of solidarity is a valuable tool to illuminate the intricate interactions among the six dimensions of solidarity: structure, association, consensus, function, affection, and norms. These dimensions may not always align, and at times, they may even move in contradictory directions. For instance, a lower level of consensual solidarity in values, attitudes, and beliefs, coupled with normative solidarity in the commitment to familial roles and obligations, may not necessarily result in a lower level of affectional solidarity among family members. In my case, influenced by my education and exposure to diverse values and cultures, my mother and I have significant differences in values and expectations with respect to family obligations. Despite these disparities, contrary to the assertion that migration leads to a “decline of emotional family ties” (Rooyackers et al. 2016, p. 2013), intergenerational affectional solidarity can remain strong. Associational solidarity through short visits and regular online contact, as well as functional solidarity through intergenerational reciprocity (e.g., grandparents’ assistance in childcare), also enhance intergenerational affectional solidarity.

There is a need for further refinement of the categories of solidarity. For example, Silverstein and Bengtson conceptualize “tight-knit” intergenerational relationships, where “adult children are engaged with their parents based on all six indicators of solidarity” (Silverstein and Bengtson 1997, p. 444). This type is most characteristic of the traditional extended family. However, in contemporary times, especially in transnational families, such “tight-knit” relationships may exist as a theoretical ideal but are rare in practice. In my case, although I consider myself emotionally tight-knit with my mother, we lack consensual and normative solidarity. It is crucial to recognize that while theory suggests alignment across solidarity dimensions, values and orientations can vary within families (e.g., generation gap).

To comprehend complex family relationships, we need to consider relationship ambivalence and role ambiguity. While family solidarity may be an aspirational ideal, ambivalence often arises in families across generations when spatial and temporal settings and experiences undergo change. As a result, intergenerational relationships evolve over the life course. Moreover, in the Chinese context, the cultural assumption of filial piety is continuously challenged, along with the practical performance of filial piety. As societal norms shift, the traditional expectations and expressions are subject to reevaluation and transformation (Guo et al. 2020; He et al. 2021; Liu 2023; Zhang 2020).

Transnational migration has introduced additional complexities to caregiving, particularly around role ambiguity. The challenges of geographic separation, time differences, work commitments, and the presence of non-migrant siblings raise questions about the roles of transnational migrants in providing care. As a transmigrant son, I often grapple with the question of how much care I should offer my mother, and what role I should assume in our transnational relationship. I need to consider whether I should take on the primary role traditionally expected of a son, or a secondary role, given my extended absence from the family. Moreover, as Chinese daughters increasingly take on significant caregiving roles for their birth parents (Hsu 2021; Shi 2009; Zhang 2009), navigating these roles becomes even more intricate. Beyond these overarching considerations, I am confronted with specific questions regarding the provision of care, such as the frequency and timing of telephone or social media contact, and the frequency, timing, and duration of in-person visits. I feel uncertain about how to coordinate with my non-migrant siblings to ensure our mother receives the necessary care. These questions become my everyday concerns, reflecting the intricate challenges of transnational caregiving.

A final question involves policy implications. Recognizing the significant impact of both formal institutional and informal policies from both home and host countries on transnational caregiving, such as migration policies, employment regulations, and work–family balance initiatives (Merla and Baldassar 2016), policymakers should carefully consider the roles of governments, employers, and non-governmental organizations in facil-

itating transnational care. Social policy makers are encouraged to broaden their scope beyond the confines of the nation-state, acknowledging the intersections of immigration with aspects such as family dynamics, cultural shifts, and aging (Zhou 2013b). Immigration policies play a pivotal role in shaping the flow of caregivers and their relationships with host countries and homelands (Williams 2010), emphasizing the importance of inclusive and supportive policies. Government policies could explore ways to make it easier for older parents to join their migrant children and grandchildren abroad (Vullnetari and King 2008), fostering family reunification and support networks. Welfare states and employers, traditionally focused on domestic care services, may find value in extending family services beyond national borders, potentially through innovative retirement, pension, leave policies, and health care coverage that facilitate transitional care (Lunt 2009; Vlachantoni 2016). Non-governmental organizations, particularly at the international level, have a role to play in enhancing collaboration among nation-states and incorporating support for transnational caregivers into their initiatives. There is a clear imperative to explore and develop innovative policies and programs in the realm of transnational care to ensure the well-being of both caregivers and care recipients across borders.

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