Legacies of Care:
Exploring the Migration of Aging Filipina Women in Canada and Its Impact on Transnational Families Across Generations

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A Dissertation submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy
Graduate Program in Social Anthropology
York University
Toronto, Ontario

June 2025

Abstract

This dissertation explores the life histories of aging Filipina migrants in Canada and their family dynamics and caring relations that have evolved over time. I examine how, through mobility, care becomes an agentive force in negotiating the political and economic conditions that inform the life course. Centering the life course as a temporal frame, I examine how migration influences intergenerational relations, career paths, aging, experiences of loss and the navigation of end-of-life care. Throughout the dissertation I build out a legacies of care framework to capture: 1) how Filipino migration is embedded in larger assemblages of relations, including histories of colonialism and global capital systems that shape mobility trajectories and the provision of and experience of care, 2) how the expansiveness of care is borne out of varying states of mobility, specifically related to diverse care practices employed to maintain social ties transnationally and the ways in which care is imbued with several affects, and 3) the multiple temporalities of migration, including how the past, present, and future intertwine and how Filipino migrants' care extends across generations and beyond their lifetimes.

To support this framework, I ground my analysis in Tadiar's (2022) exploration of life-times to illustrate the complex historical, social, political, and economic forces that shape individual lives, particularly the value assigned to care labour and the long-term life outcomes associated with a lifetime of care work. I employ the term acquiescent mobility, an elaboration of Schewel's (2019) aspiration-capability framework, to demonstrate the multiple aspirations that a migrant holds in pursuing migration, the external forces shaping one's mobility pathway, and the movement of people, resources, and caring practices that adapt to various states of mobility. My methodological and theoretical approach centers on female migrants' agency as their stories and the retelling of their narratives reaffirm how migrant women have actively exercised autonomy in making life choices.

Acknowledgements

This dissertation was made possible by the time, trust, and generosity of my interlocutors. I carry your stories with care and deeply appreciate the insights you shared. Your experiences are powerful, and I hope this work honors them with the respect they deserve.

To my husband, Meyer — I admire you endlessly. You have provided constant care and patience, and your belief in me is powerful. You have kept me grounded through it all, and I'm deeply grateful for everything you've done to support and celebrate me throughout this process. To my son, Dominic — you are my joy and my purpose. You are the epitome of love and the purest example of multidirectional care — thank you for showing me what it means to give and receive love so freely. You have breathed energy into this project as I worked to finalize it, and I am so grateful for your light.

I am grateful to the mentors and scholars who have shaped and guided this project from its earliest days. To my supervisor, Dr. Daphne Winland — thank you for your steady encouragement and persistent support throughout this project. Your mentorship has been instrumental in shaping this work, guiding me through personal milestones and the many twists and turns of the research and writing process. To my committee members, Dr. Maggie MacDonald, Dr. Ethel Tungohan, and Dr. Ken Little— thank you for your valuable insights and thoughtful feedback. Your contributions deepened my analysis and challenged me to think more expansively, and for that I am truly grateful.

I am especially thankful for the love of my family, who have been my constant source of strength. To my parents, MaryAnne and Phil — your unconditional love has helped me soar. You have taught me bravery, resilience, and the importance of pursuing one's passions. Your unwavering support has been my foundation, and I carry your faith in me into everything I do. To my sister Ashleigh, her husband Mark, and my nephews Mason and Mateo — thank you for grounding me in love. The walks, dinners, and baby cuddles offered me rest, joy, and comfort during the most intense parts of this journey. To Sima Nassiri— thank you for supporting me with care, nourishment, and the loving attention for Dominic that gave me the space to write. To

my Uncle Marc, Auntie Sue, cousin Madison, and Uncle Marvin — thank you for your love, support, and the stories you've shared. They have helped preserve our family's life histories and echo through the broader themes of migration and care in this work.

This journey has been made richer by the friendships and intellectual community I've been fortunate to be part of. To my dear friends, Jilliane, Justine, Nicole, and Samantha — thank you for being my chosen family. When I write about extended networks of care, it is you I see. Your support has carried me through every stage of this work. To my friend Humza, thank you for your constant motivation and for listening to every version of this project. Your friendship is a gift. To Karen Clarke — thank you for keeping me accountable and encouraging me to write, especially when I needed the push. To Conely de Leon — thank you for the generous collaboration that brought this research into the world, and for your mentorship and inspiring work. To my FilipinX community — thank you for your embrace and for breathing life into this project at many critical times. You have all taught me about the power of vulnerability in research, and I carry that with me. To Dani Magsumbol — thank you for creating a Filipinx writing group and connecting me with a beautiful community that has held and sustained me throughout this journey. I'm especially grateful to Jose Tovillo and Nick Millar for our writing sessions and the space we've cultivated to stay accountable and achieve our goals together. To Liza Constantino — thank you for your thoughtful review and editorial eye, which strengthened this work. To Lea Alilovic, thank you for the camaraderie and encouragement during the most demanding days. To my friends at Contingent Horizons — thank you for your solidarity, wisdom, and reminder that the PhD process can be collective.

To my Lola, this dissertation is dedicated to you. Your sacrifices, strength, and nurturing love are the roots of everything I am. I hope I've made you proud.

The research for this dissertation was generously supported by scholarships and awards from York University, including the Provost Dissertation Scholarship, the Faculty of Liberal Arts and Professional Studies Fieldwork Fellowship, the MITACS Research Training Award, the York Centre for Asian Research's Albert C.W. Chan Foundation Award and Language Award, as well as the Ontario Graduate Scholarship.

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Chapter 1
Introduction

It has been one year since the onset of the global health pandemic and one year since I visited my grandmother—my Lola. After much time spent calling her on FaceTime and dropping off groceries on her doorstep, seeing her in person filled me with joy. It also made me uneasy. As I sat down to enjoy a long-overdue meal with my Lola, I couldn't help but observe what the last year had done to her physical body. Her hair, in my memory, was always very short—dark brown with a tinge of red—and blown out to perfection. Today, her hair appears shoulder-length, grey from her roots, wavy, and pinned back behind her ears. Her eyes, a vibrant, rich brown colour, are now slightly faded. She appears smaller. Her clothes overwhelm her tiny build, and her knee-high socks fall to her ankles. The skin on her hands appears thin, and her glasses tilt slightly across her face. She moves slowly with her walker, moving from her bed to the couch to the restroom and kitchen, all a few feet apart. Her stature is small, as is her living space. The colour of her clothes is muted, and her combed-back grey hair shapes her falling cheekbones. A year in mandated isolation and limited social gatherings has accelerated her aging.

Images of her aging across the life course play in my head of my Lola and I: I am young—maybe 4 or 5. I run toward her in her grey station wagon as she waits to pick me up from school. Multiple times a week, she drives me to her house to eat, and then we head to my dance classes. I wave to her as she watches me do ballet through a big, fish-bowl-type window until my mom arrives. On Sundays, she takes my sister and me to church, and we share breakfast at a restaurant after mass. She accompanies me on school field trips as the parent chaperone, and when I am sick, I stay at her house and watch movies in her bed. In my teenage years, she continued to pick me up and drive me to various subway stations, and bus stops to go to high school in the city and later to university. I call her, and she charmingly responds, “What can I do for you?”, happy to be hearing from her granddaughter.

About eight years after I got my driver's license, she retired hers. Whenever possible, I would drive her to her medical appointments, grocery stores, and social gatherings. On some Sundays, I would pick her up to accompany her to church, and after mass, we would share coffee and croissants with her friends. I would visit her at the hospital and stay at her bedside when she was sick. Once, after she fell very ill, I attended her physiotherapy appointment. I watched her

through a big, fish-bowl type window, resembling that of my childhood. She waved and smiled brightly when our eyes locked. Now, when she calls, I say: “Is there anything I can do for you?”, happy to be hearing from my Lola.

For my Lola and me, the life course has come full circle in our intertwined lives. Eclipsing the moment we locked eyes through the big, fish-bowl type window during her physio appointment, it was apparent that our kindred spirits were bound in care. Care—shifting in nature throughout our life stages—has been an affective force binding our relationship as granddaughter and grandmother. The call to care and be cared for at once feels universal, yet the quality of care and the range of care practices are unique to our experience.

While my experience and relationship with my Lola is characterized by closeness and uncomplicated, persistent love, we have been privileged to have lived near each other for my whole life. The guarantee of close geographical proximity and mobility has shaped our ability to care for one another—a challenge for many transnational families, including my own. My observations of transnational family life and the impact that distance, time, and mobility have on familial relations have ignited my interest in migration studies. Significantly, I have witnessed how one's decision to migrate has lasting and ripple effects on people and places—starting with the fact that my Lola's migration prefigures my life, and I am now the beneficiary of the life she worked to establish in Canada.

Throughout the life course and in the context of my Lola's migration from the Philippines to Canada in the 1960s, mobility has been a defining feature of her ability to earn a livelihood. It has influenced the nature of her familial relationships and, arguably, the quality of and potential for other relationships as well. The opportunities that came with migrating and becoming a Canadian citizen resulted in an expansive transnational social network facilitated by extensive travel experience; this allowed her to create connections around the world. Her migration experiences, however, also led to immobility—to breaks in communication and connection. On the one hand, the absence of digital technology compelled her to write letters to family in the Philippines, yet on the other hand, she also experienced separation from family members—missing significant life events (births, deaths) due to cost and other travel restrictions. These experiences of immobility have then led to different forms of relationships. These dynamics of mobility and immobility, as well as the effect of movement on relationality and care, provide the foundations for my exploration of migration and transnational family life.

For my Lola, and for many others who have migrated to Canada from the Philippines, migration has given rise to a particular rhythm of life informed by movement away from their country of origin. For instance, migration might result in separated family units, which influence the emergence of relationships and care practices unbound to traditional family structures—for instance, robust communities of care' made up of acquaintances, neighbours, and other actors (Francisco-Menchavez 2018; Tungohan 2023). In this manner, the act of migration initiated a particular rhythm of life in which care and relatedness must adjust. One way that care is registered through migration is by migrants' pursuit of social and economic mobility and, by extension, security for their families. Whether through the establishment of transnational families or through labour migration schemes and visa policies that dictate the work they can perform, the act of migration marks their life's trajectory. In many cases, migration marks the life trajectories of generations that follow.

Migration is a defining form of mobility in the global context. Migrants are often caught between states of hypermobility and immobility at the same time. Inhabiting a diverse set of mobilities has led to transformations in family life and in caring relations, which then impact one's ability to care and be cared for. This dissertation project traces how the experience of care is influenced by migration and mobility and how migration and mobility are constructed against the backdrop of the wider global political economy. **I explore how, through mobility, care becomes an agentive force in negotiating the political and economic conditions that inform the life course. Centering the life course as a temporal frame, I consider how people have made sense of their migration experience over time. Embedded in these reflections are shifting care relations over time and the role of (im)mobility in shaping relations to family and place.**

My research explores family dynamics and caring relations over time in the context of Filipino migration to Canada. I have conducted life history interviews with three Filipina elderly migrants who came to Canada and who worked as professional nurses beginning in the 1960s. These women are 87, 82, and 65 years of age and are retired and semi-retired nurses who migrated from the Philippines to Canada. They were identified as interlocutors for this study in order to better understand their migration history and professional experience as healthcare workers in Canada. I conducted life history interviews with these women—focusing on their upbringing in the Philippines, their migration to Canada, and their transnational lives.

Specifically, I explore their relations to people and places throughout their life course, highlighting the significance of their care work as nurses and as mothers, daughters, sisters, and wives. These interviews were supplemented by conversations with their family members—particularly their children. Considering my interlocutors' life stages, their experience as first-generation migrants to Canada and my own positionality in conducting the research, an intergenerational lens is applied to the understanding of their migration experiences. My research asks:

- **How do shifting mobilities across the life course mediate and reconfigure the provision of care and relations among transnational families?**
- **What can elders' life stories tell us about the effect of migration on care relations over time, on their experience of aging, and on the effect of migration on the lifeworlds and the trajectories of subsequent generations?**

Background

The impetus of my research is guided by the fact that, while the migration is not unique to my family's history, there are unique conditions of migration that are common among the Filipino diaspora. For example, a common migration trajectory for Filipina women is to work in Canada as caregivers—a labour migration stream that often requires women to leave their children and partners behind for extended periods, particularly when obtaining citizenship is the goal. The Philippines and Canada have long sustained a relationship of labour migration, beginning in the 1930s through work and tourist visas, later formalized in the 1970s through the Employment Authorization Program, the Foreign Domestic Worker Movement (FDM) from 1981 to 1992, and subsequently through the Live-in Caregiver Program (LCP), which ran from 1992 to 2014 (Boyd 2017, 168).[1] **Care migration** is a primary pathway to Canada, which I refer to throughout my dissertation as the movement of migrants for employment in the care sector, from domestic work to nursing and more.

[1] Following the closure of the Live-in Caregiver Program (LCP)—which formally ended the live-in requirement for caregivers—Canada has continued to facilitate care migration through various pilot programs. Most recently, this includes the Home Care Worker Immigration Pilot (HCWIP), which encompasses both childcare providers and other forms of home-based health care support.

A central focus of my dissertation is the role of gender in shaping the experience of care migration and aging in Canada. Ethnographic and social science research in the area of transnational migration has examined migrant women, specifically their familial obligations as mothers, daughters, sisters, and aunts and the complexity of their relationships experienced when living apart (Avila and Hodagneu-Sotelo 1997; Parrenas 2001; Contreras and Griffith 2012; Tungohan 2013). The literature reveals how difficulties are encountered, for example, when female migrants attempt to simultaneously fulfill roles as workers, mothers, sisters, daughters, and community members. Labour mobility scholars have documented the myriad ways in which agency is enacted by female labour migrants who make decisions, act upon, and internalize their migration experience differently (Contreras and Griffith 2012). Here, their agency is a critical force affecting the ways that female migrants view themselves within flows of transnational labour migration and the ways that others perceive them.

Under precarious global economic conditions, the agency of migrants may appear paradoxical, and yet this is central to their experience. Labour mobility scholars examining experiences of migrant women employ concepts such as "flexible bodies" (Martin 1994), "rapid response workers" (Fussell 2009), and "perfect immigrants" (Hahamovitch 2003) to explain the global and political-economic forces that favour productive, available—and oftentimes, disposable migrant workers. For instance, labour mobility scholars argue that the same labour migration schemes that allow people to be mobile, entrepreneurial, and self-sufficient may also constrain their ability to adequately provide for themselves and their families (Contreras and Griffith 2012; Lazar 2013).

Scholars have also pointed out how the migration decisions of female labour migrants simultaneously reaffirm and contest their agency. While migration affords Filipina women employment and mobility, familial relations can be impacted by their employment conditions (Gardiner-Barber 2000, 408). The literature exposes a paradox where, on the one hand, migrant women may be valorized for meeting the economic needs of their families, but on the other, they are criticized for being physically absent (Contreras and Griffith 2012). In a study on Filipina live-in caregivers in Canada, one mother recounted: "I am a bad mother if I leave, but [would have been] an even worse mother if I stayed" (Tungohan 2013, 45). An added complexity is the fact that women who have been employed as caregivers are expected to balance giving attention to the children in their care while at the same time caring for their families back home. The

context of transnational motherhood and the maintenance of transnational families thus opens up questions about how we conceive of care across distance and time.

Transnational caregiving is determined by one's ability or capacity to provide care, one's cultural obligations, and one's family relationship and migration history, throughout which commitments are continuously negotiated over the life course (Baldassar 2007, 392-393). Each individual will experience different stages in life during which they require care and/or will be called to provide care (Alber and Drotbohm 2015). In this vein, configurations of care among transnational families transform alongside the **family life cycle**, defined as "stages of the physical and social reproduction of conjugal couple beginning with marriage or cohabitation, followed by the birth of children, childrearing, generational fission and death" (Bryceson 2019, 3045). Migration and the physical separation of family members can be disruptive to the family life cycle, creating challenges to the management of "birth, death, and illness" and, more generally, "family welfare within and between sending and receiving countries" (Bryceson 2019, 3050). My dissertation project addresses these complex relations of care to better understand how transnational migration affects familial relations over time.

These analyses of the experience of transnational families demonstrate how complicated care can be. Transnational families continually reconfigured throughout the migration process, are marked by exchanges or flows of care that are unique; they challenge "images of an all-loving, caring family and the life-long reciprocity in parent-child relations…" (Thelen 2015, 151). In critically attending to the dynamics between migrants and non-migrants, Francisco-Menchavez (2018) examines transnational family formations and circulations of care between migrant workers and their families abroad. Her research in both New York City and the Philippines illuminates the challenges in the lives of Filipino transnational families as they adjust "their family formation and operation because of and in spite of the context of migration and long-term separation" (17). Francisco-Menchavez (2018) expresses the complexity of transnational families when we consider "families left behind" as non-migrants, pointing to "the contradiction between the mobility of one or two migrant members and the immobility of their families in the Philippines" (23).

Central to my dissertation is the role of (im)mobility in the configuration of transnational families, as mobility dictates not only who moves and who stays but also the duration and pathway for migration, as well as the frequency and the points at which migrants and their

families can reconnect. Sensitive to the relationship between mobility and inequality, Adey (2016) highlights how "mobilities are produced and experienced unevenly by different peoples" (15). Feminist and queer theorists focusing on power relations have examined the impacts of mobility on autonomy and freedom—particularly the experience of mobility as it is shaped by gender (Kaplan 1996; see also Cresswell and Uteng 2008). In the context of migration, one's status—including age, gender, ability, and country of origin—informs decisions for migration and their trajectories, which, in turn, might also inform their immobility. Migration scholars have thus been critical of the governance of mobility—that is, who gets to move and what the quality of movement might be (Ahmed 2003). Scholars have pointed to the politics of mobility as a contemporary phenomenon producing inequality and 'otherness' because the movement of individuals shapes their life trajectories (Salazar and Smart 2011).

During the COVID-19 pandemic, Filipino migrants and the Filipino diaspora were heralded as 'heroes' for their role as front-line care workers and first responders during the health crisis. However, scholars were quick to criticize these pronouncements for glossing over the structural and historical conditions that lead to their overrepresentation in care occupations (Tungohan 2020), citing Overseas Filipino Workers as the "hurting heroes" (Manlangit 2020). Alex Nguyen (2020) builds on these observations in their article titled, "'Underpaid and Undervalued': Filipino Communities Face Disproportionate Impact from COVID-19", which describes how the pandemic reveals and heightens systemic inequalities in Filipino communities. Filipino Canadians disproportionately represent front-line and essential work in the healthcare sector as nurses, caregivers, and personal support workers in hospitals, nursing homes, and private residences (Nguyen 2020). The impacts of COVID-19 significantly affected their ability to send remittances, their access to healthcare, and their ability to return home—all in all leading to an increasingly precarious labour environment. The frequency in which Filipino migration trajectories are continually shaped by care migration and often precarious conditions ushers in a new sense of urgency to examine the politics of mobility and the implications of such experiences of migration over time. This visibility of Filipino care workers during the pandemic brings into focus the broader historical and political forces that have long shaped their migration trajectories.

My analysis examines the role of U.S. colonial history in the Philippines and Canada's imperial influences in shaping the migration trajectory of Filipino care labourers. In doing so, I

acknowledge how Filipino migration to Canada occurs within a settler colonial context, where migration and resettlement are entangled with the ongoing dispossession of Indigenous lands and the assertion of Indigenous sovereignty.

Scholarship on settler colonialism addresses the conflicting nature of the recruitment and resettlement of migrants as it contributes to the dispossession of Indigenous land and people in Canada. Debates on the topic detail how, on the one hand, immigrants are recognized as beneficiaries of Indigenous dispossession (Lawrence and Dua 2005) and on the other hand, their migration is an act of resistance and a symbol of decolonial freedom (Sharma and Wright 2008). These multiple perspectives are further challenged by acknowledging the processes of global imperialism and racialized exclusions, where Indigenous peoples and migrants have been marginalized within the same geopolitical spaces (Chatterjee 2019).

As Chatterjee (2019) notes, de-linking migrant labour from Indigenous land dispossession obscures the settler-colonial structure of the nation-state. To address this, Chatterjee (2019) introduces the concept of immigrant settlerhood, which recognizes both the distinct sovereignty of Indigenous nations and the need for a politics of accountability in immigrant settlement (645). Relatedly, scholarship on nested citizenship suggests that immigrant belonging should be understood first and foremost as contingent on Indigenous sovereignty rather than solely on recognition by the settler state (Ellerman and O'Haran 2021, 28).

While forwarding a politics of accountability for immigrant settlement, critical scholars remind us that not all migrants benefit equally from settler colonialism, nor is all migration consensual (Ellerman and O'Haran 2021). The forced enslavement of Africans in the United States (Byrd 2011) and the prominence of indentured and racialized Asian labour migration to North America (Day 2016) demonstrate how settler colonialism is not a single event but an ongoing process shaped by race, gender, and class hierarchies (Ellerman and O'Haran 2021). Byrd (2011) introduces the term "arrivant" to "signify those people forced into the Americas through the violence of European and Anglo-American colonialism and imperialism around the globe" (Byrd 2011, xix, as cited in Ellerman and O'Haran 2021, 23).

Addressing the complexity of immigration in settler colonial states, scholars suggest interrogating the structure of society in creating and upholding settler colonialism, as opposed to examining immigrants themselves and their integration into society, which reinforces settler colonialism (Ellerman and O'Heran 2021). Ellerman and O'Heran (2021) write, "It is by the

standard of the decolonized belonging, rather than assimilation into settler society, then, that we should measure the success or failure of immigrant integration" (30). Here, Ellerman and O'Heran (2021) are speaking to a commitment to decolonization that challenges "colonial narratives" and pushes us to imagine a future beyond the bounds of what we think is possible (31).

While this dissertation does not explicitly center on an analysis of settler colonialism, I acknowledge the structural entanglements of migration with the ongoing displacement of Indigenous peoples and lands. My engagement with decolonized belonging, as framed by Ellerman and O'Haran (2021), focuses on interrogating the structures that shape migration and settler colonialism rather than merely examining immigrant incorporation into settler society. This is reflected in my critique of normative understandings of upward mobility, particularly how my interlocutors' unrealized dreams are not simply personal shortcomings but are entangled in structural constraints rooted in the design of settler colonialism and the systemic marginalization of migrant labourers. These constraints not only challenge dominant narratives that define success solely through economic gains but also illuminate the conundrums of capital accumulation on colonized land—where migrants are invited to contribute to nation-building while remaining structurally excluded from its full benefits—a process that, in turn, reinforces the ongoing dispossession of Indigenous peoples and lands. Additionally, my exploration of caring relations beyond capital, labour, and time contributes to imagining alternative forms of relationality and community beyond the settler-colonial state's logic of productivity and value. To explore these structural entanglements, I turn to a discussion on life history methods, an approach that has allowed me to center the voices of my interlocutors and trace how their stories illuminate broader systems of empire, migration, and care over time.

Life history methods

To capture the impacts of care work over time and of one's experience of aging in Canada as an immigrant from the Philippines, the starting point for engaging my interlocutors rested upon their statuses as retired nurses and immigrants to Canada from the Philippines. I first engaged my grandmother, my Lola, as an interlocutor, followed by her friend and another family friend.[2] In adapting my methodological approach to the conditions of the COVID-19 pandemic, I

[2] All names are anonymized to respect the confidentiality of these family histories.

turned toward relationships already within reach. My Lola, ever curious, would ask how school was going and half-jokingly offer, "You could interview me." At first, I resisted. "We're too close," I told her. "I already know your story." I couldn't have been more wrong. What started as a practical pivot became a profound experience of discovery. I learned so much that I hadn't known about her and her stories, now documented, will remain an important part of our family's history. Upon commencing interviews with my Lola, I approached her friend and my friend's mom, both very familiar to me but who I would consider acquaintances.

I used purposive sampling, focusing on older, retired Filipino migrant women with nursing backgrounds whose life histories offered rich insights into care migration, aging, and intergenerational care. Relational access shaped my sample, as I interviewed women with whom I had pre-existing social ties—my Lola, her friend, and a friend's mother. This approach aligned with relational and ethical considerations central to life history methods, where trust, rapport, and long-term familiarity are critical for generating meaningful and in-depth narratives (Wicks and Whiteford, 2006). Given the personal nature of life history interviews, working with participants who already had some familiarity with me helped foster a sense of comfort and openness, which was particularly important given the sensitive topics we discussed—such as aging, loss, and the emotional toll of care migration.

While these women were familiar figures in my life growing up—my Lola, her friend, and my friend's mother—our relationship had remained largely on the surface; I knew little about their deeper personal histories. In this research context, I approached them as collaborators, not simply participants. I followed ethical protocols, ensured they understood their role, and maintained a professional boundary despite our familiarity. I approached each of my interlocutors by explaining the purpose of my research and asking if they would be interested in participating. During our first meeting, I reviewed the York University ethics consent form with them, ensuring they fully understood the scope of the project, their role in it, and their right to withdraw at any time without consequence. Our age differences also created space for formality, there was a certain respect for elders that I carried into our meetings where they were natural leaders in guiding our conversations. This formality helped me navigate the new relational dynamics our interviews created. I was no longer approaching them as the child they once knew, but as a researcher. Though they may have known me in my younger years—long before I had

the language or interest to lead such conversations—this new role reshaped our dynamic in meaningful ways.

Similarities and differences according to their career trajectories and family relations emerged during the course of research on their life trajectories. Two interlocutors, Rose and Gloria, ages 82 and 87, arrived in Canada in the 1960s and had come to Canada seeking work after they completed nursing internships in the United States. Another, Maria, has had a different trajectory; she is 65 years old, and at the time of interviewing, she was retired, but within the year, she had returned to work part-time as a nurse in a cosmetic clinic. Maria came to Canada in the 1970s with her family. Her parents were the primary applicants, and she herself was a dependent. All three interlocutors worked as nurses in hospitals throughout their careers, were married (now either a widow or divorced), had children, and resided in the greater Toronto area, cohabitating with one of their older children.

My interviews with three elder migrants took place over the course of one year, from December 2020 to December 2021. Rather than following a fixed schedule, I leaned into my interlocutors' availability, allowing for a participant-centered approach. I would typically plan our next call at the end of each conversation and message them a day before to ensure our calls were at a convenient time for them. These calls often took place weeks or even a month apart, depending on their availability and comfort, and each call lasted approximately an hour. I used Facebook Messenger to contact my grandmother's friend and my friend's mother, as it was the most accessible platform for them. I also used it to check in during key moments of the COVID-19 pandemic, such as following announcements of new lockdowns and to coordinate interview times and upcoming phone calls. I also spoke with five of their children—each in a single interview—to understand how intergenerational relationships shaped experiences of migration and care. Their perspectives provided insight into how care obligations, aspirations, and family dynamics were negotiated across generations, revealing how care migration not only shaped the lives of first-generation migrants but also influenced the futures and expectations of their children. I accrued 22 interviews in total during this time.

Conversations were led mainly by my interlocutors: questions were open-ended questions, which allowed for wide-ranging conversations on topics of their choosing. To establish clear expectations for both myself and my interlocutors, I began the interview process by sharing details about my PhD journey, field of study, general research interests, and the

specific goals of my dissertation. Before the interviews began, I explained the purpose of the research ethics process to them, and I made it clear that they could withdraw at any time. To avoid re-traumatization, I was attentive to sensitive topics, noting hesitations in their voice, following any attempts they might have made to change the subject. I tried to ensure my interlocutors knew they could change the subject at any time. I also responded with empathy and validation when they shared their hardships. I maintained strict confidentiality and exercised discretion when engaging with family members who recounted the same events from different perspectives.

I want to emphasize that my fieldwork occurred during the height of the COVID-19 pandemic, when we were constantly moving in and out of lockdowns, and everyday life felt incredibly uncertain. Even something as simple as planning a phone call sometimes felt unrealistic. There were days when rising case numbers, personal health concerns, or the general fatigue of the moment made it hard to commit to anything. As a researcher, I had to remain flexible and responsive, prioritizing my interlocutors' and my well-being over any strict schedule. It's hard to fully capture just how unpredictable that time was, but it shaped how I approached the research—with care, patience, and adaptability.

I employed a praxis of care throughout my fieldwork by regularly checking in with my interlocutors about their daily lives, health, and well-being before and after interview-type questions. This approach was in large part due to the personal ties I shared with my interlocutors. Familiar relationships made it both natural and necessary to prioritize care in our conversations. I also kept detailed fieldnotes, documenting not just their words but also observations about their emotional state, tone, and environment to ensure I was attuned to their needs and respectful of their boundaries. I also took notes throughout the year—capturing moments when images, social media posts, or passages from books resonated with the themes of our conversations and offered points for deeper reflection. After our informal check-ins, I would always pause to ask for their verbal consent before starting the formal part of the interview. This was done conversationally—for example, I would ask, "Is it okay if I start recording now?"—so they clearly understood when the recording and the more structured interview would begin.

These informal exchanges informed much of my research analysis, as they allowed me to attune more closely to how im/mobility shaped their experiences in older age. For example, due to lockdown conditions during the COVID-19 pandemic, their ability to go on social outings in

public was restricted, and their international travel plans were significantly disrupted. I also noted their descriptions of physical impairments, such as difficulty walking for extended periods or worsening eyesight that limited their ability to drive at night, as one interlocutor noted. The insights and reflections that emerged from this praxis of care informed Chapters 5 and 6 of my dissertation, which focus on the themes of accumulation and the long-term impacts of care. Specifically, I examine how care is embodied by addressing the physical toll it takes over time and how experiences of immobility—such as being unable to travel to the Philippines—influence end-of-life care arrangements and shape the experience of grief across time.

While there is a closeness and familiarity in my relationship with my interlocutors, I build on anthropological discourse that disrupts the dichotomy between "insider/outsider" positions when conducting ethnographic research (Narayan 1997; Zavella 1997). I adopt a self-reflexive methodological approach, acknowledging that I am simultaneously an "insider" and "outsider" or, as Zavella (1997) articulates, an "outsider within". This dual position accounts for the complex power dynamics imbued in "multiplex subjectivity" (Rosaldo 1989), including how my age, biracial ethnic identity, and education influence my ethnographic pursuit. Relating to Stacey's (1988) reflections on navigating hardship during fieldwork, I, too, had to confront themes of loss, grief and hardship as they emerged in the context of COVID-19 and my interlocutors' experience of loss throughout their life course. Adopting a reflexive and self-critical approach throughout the fieldwork process enabled me to monitor and mitigate these instances through empathy and the incorporation of pauses and check-ins before and after the phone call about their overall well-being.

While I had proximity, I also felt a deep sense of responsibility. Conducting life history interviews with family members and acquaintances required ongoing reflexivity, acknowledging how my own presence, relationship history, and positionality shaped the stories that were told, how they were told, and what was left out. I recognized that my interlocutors may have chosen to highlight certain moments, soften others, or leave gaps altogether—whether out of protection, pride, or emotional difficulty. These interviews were never fully objective exchanges. At times, pauses, hesitations, or moments of silence spoke just as loudly as their words. I came to understand these silences not as omissions or shortcomings, but as meaningful parts of the narrative, signaling unresolved feelings or experiences that remained difficult to articulate. Throughout the process, I remained attuned to the ethical weight of representing their stories

with care, accuracy, and humility, knowing that my interpretation would always be partial and filtered through my own lens. I examine my relationship with my interlocutors and my positionality in what Haraway (1991) has advanced as "situated knowledges," describing how researchers are embedded in the process and how narratives are always partial.

I consider my engagement with family and family friends as key interlocutors to be a strategic feminist historical research method. Scholars have been adept at identifying the complexity and limitations of a feminist anthropological endeavour. The late 1980s marked anthropology's "reflexive turn" (Clifford and Marcus 1986), highlighting the dilemmas ethnography presents, including navigating close relationships between researchers and research participants, which is of particular focus for me as a result of the fact that I shared close relationships with some of my interlocutors. Some challenges in navigating close relationships include the potential for tension to arise, noting the complexity of all relationships and the propensity for relations to shift over time (Narayan 1997, 34). In her 1988 article "Can there be a feminist ethnography?" Judith Stacey (1988) reflected on their experience of tragedy during fieldwork and how personal grief defined their research outcomes. In my own research, I can relate to how themes of grief emerged during fieldwork and how my interlocutor's vulnerability defined the knowledge I was producing. Stacey ultimately posits that though ethnography relies on mutual collaboration, the researcher's interpretation will nonetheless shape the research product. While I strived to lead with a collaborative approach, my role as a researcher means that I am always mediating, selecting, and interpreting stories through my own lens. Like Stacey, I acknowledge the power imbalance inherent in ethnography, where interlocutors share their lives and vulnerabilities, and the researcher holds the responsibility for deciding how these experiences are represented. This recognition urges me to be critically reflexive about my own positionality, the limitations of my interpretations, and the ethical responsibilities that come with representing others' lives.

Likewise, Lila Abu-Lughod (1990) also critiques the power dynamics between the ethnographer and research participants, cautioning against the tendency to depict women's experiences as universal. Abu-Lughod's 1993 ethnography on women in a small Bedouin community in Egypt discusses the power of narratives and storytelling to capture the nuances of lived experience. The acknowledgement of power dynamics, diverse experiences, and

intersectional identities has been a catalyst in feminist anthropology for addressing systemic issues, including advocating for equal rights in the workplace.

Building on the experiences of First Nations and Second Peoples researchers exploring the life histories of First Nations women, I follow a method where the relationship between the informant and the interviewer conducting life histories is given utmost importance; moreover, the interviewers commit themselves to do no further harm and to consider the interlocutor as equals in the creation of knowledge (Travis and Haskins 2021). In this way, I use the term interlocutor instead of research participant, for example, to emphasize the dialogical nature of knowledge production and to center their agency in contributing to and sharing their perspectives within the research.

Scholars Kath Apma Penangke Travis and Victoria Haskins (2021), in conversation with one another, reflect on the experience of women's life histories with family—noting the power of re-authoring and re-claiming stories that "contests the dominant narrative and challenges the accepted HIS-torical version" of a story (138). They express how conducting in-life history research methods with family is critical for understanding "identity, kinship relationships and resets the agenda allowing us to focus on healing rather than trauma" (Travis and Haskins 2021, 138). Moreover, they stress how crafting their family's life stories as artifacts afforded their family's "safe passage of return to country, to be connected and know their cultural kinship, relations and stories" (Travis and Haskins 2021, 135). Coming from a place of healing, they articulate through family life histories how a legacy is created for subsequent generations and how important it is that they come to learn of the stories through a First Nations perspective (Travis and Haskins 2021, 135). My impetus for this research is prompted by my own yearning to understand my family's history, and so it is with great care that I have conducted these interviews and conveyed these narratives, revealing the complexity of the migration journey across generations.

Building on this feminist research praxis, I have grounded my dissertation in life history methods which have historically been employed to capture the lives of women and to include marginalized perspectives largely absent from mainstream narratives (Warren 1982). Life histories are constructed by people's memories recognizing the importance of and the possibility of diverse experiences and multiple interpretations (Warren 1982, 225). The multiple interpretations that emerge through life history methods are viewed as "inevitable as well as

important in order to open up fresh and imaginative insights into the meanings of human experiences" (Warren 1982, 225-26).

Additionally, the life history approach is particularly suited for contexts involving diverse population segments, such as the elderly or marginalized groups, as it allows researchers to gather nuanced insights into their lived experiences under various socio-economic conditions (Kwan et al., 2023). A central feature of life history research is its emphasis on capturing individual narratives longitudinally through retrospective accounts that reveal how emotional, social, cultural, and political dimensions of people's lives evolve (Goldman et al. 2003). This includes the tracing of how people make meaning of significant life events. In doing so they construct narratives that may reveal underlying themes pertinent to their life course (Patching and Lawler, 2009). I committed to conducting in-depth interviews with these three interlocutors over the course of a year, providing the space and time for them to reflect, honouring the full arc of their life stories, not just their migration experience.

Life history methodology also employs a comparative, thematic data analysis approach, allowing researchers to identify patterns, points of divergence, and relational dynamics across different life histories (Hilberg et al. 2009). I analyzed the transcripts by first mapping major milestones and life events chronologically, such as high school graduation, migration timelines, marriage, and childbirth. This helped me establish a life course perspective for each interlocutor. From there, I conducted a cross-narrative thematic analysis, attending closely to passages that illustrated key themes I was tracking, particularly around care. This included examining how each woman experienced and negotiated care across distance and over time. For example, I examined how they mobilized resources like remittances, coordinated support networks, and made difficult caregiving decisions, especially in moments of crisis, illness, and during end-of-life care planning across Canada and the Philippines.

This thematic process was not just about identifying what was said, but about tracing how stories, memories, and experiences layered over time and space. My research is guided by storytelling in understanding multiple histories. Napolitano refers to tracing as an "analytical tool and an ethnographic site for inquiry" (Napolitano 2015, 47). Tracing as a methodological and theoretical approach, it "points to the imponderabilia of everyday life that opens up fieldwork to the impossibility of its full grasp"(Napolitano 2015, 50). A trace is described as a form in space that contains imprints from many worlds, allowing multiple narratives to emerge. When

numerous stories are told through a trace, it becomes a powerful reminder that there is no singular history and gives way to "the left-overs of histories, or histories that never were, so to speak" (Napolitano 2015, 51). Through this work, I aim to contribute to the robust literature on care migration and more concretely respond to the demand for more nuanced stories and recollections of how people experience time in distinctive ways (Tungohan 2019). I seek to not only bring older migrants and the experience of aging to the fore, in part to reveal women's life histories but also as a conduit to reflect further on the intergenerational implications of care migration.

Life history research and the storytelling it encompasses are also "selective and layered" (Gouthro 2018). The life history approach is complex as life history interviews are always "partial, selective, and purposeful" (Gouthro 2018, 57), with some aspects withheld. These silences and omissions may pose challenges to offering complete and full narrative accounts of these women's life histories, and yet the omissions also speak volumes about their migration experience, the pain points, the potential struggles, and the truths that are not yet grappled with, offering their own insights. Reflecting on omissions and silences, Achino-Loeb (2020) stresses that "any meaning we identify floats on a sea of silence", meaning that silences and omissions are embedded in all research, all knowledge-creation, which constantly change over time (as cited by Lamphere 2020, 71).

In this respect, the narrator—myself—is involved in their storytelling as I determine what is of significance and construct meanings from their stories. This relates to what Gouthro (2018) argues "(T)elling or writing stories is both a reflective and creative process, as the narrator selects which incidents to relay and determines how to provide an explanation of the significance of these events" (68). My narrative account is weaved through their stories, much like the anecdote I share at the beginning of the introduction, demonstrating how my perspective informs the process of sense-making in analyzing their experience of aging.

Throughout this dissertation, an intergenerational perspective is captured to detail how one's experience of migration relates to and impacts several generations. I apply a generational lens not only through my voice, my analysis, and my perceptions of events and stories but also in conversations with second-generation migrants—my interlocutors' children. It is important to foreground these perspectives as they inform my analysis of the longer-term implications of migration.

Multiple perspectives are critical to capturing a nuanced depiction of life events, as my interlocutors, through their storytelling, often adopted what Erdal (2017) notes as 'retrospective linearity'. In Amrith's (2021) multi-sited ethnographic study of Filipino care workers in different stages of migration, Amrith also conveyed how it was common among migrant women to share their stories "as a sequence of events that ultimately end with a 'successful' migration and community story" (137). This is depicted by one interlocutor, Gloria, who commonly ended her stories, filled with challenging truths with words like: "I cannot ask for more, and I am happy, and I have good life. I have good life here in Canada. Mm-hmm" (Gloria, March 19, 2021). This moment can be read through the lens of retrospective linearity, which emerges through the retellings of difficult stories—often when there is a lack of control, as a "process of sense-making that hindsight can enable" (Amrith 2021, 137). An intergenerational perspective, incorporating both my interventions as a researcher and the voices of my interlocutors' children, offers a valuable counterpoint to the concept of retrospective linearity. By including the perspectives of multiple generations, purely linear or singular narratives are disrupted, revealing the complex ways in which memories, experiences, and values are reshaped across time.

I also situate life history methods in the literature that describe how memory and embodiment are intertwined. Through the retelling of life histories, Strathern and Stewart (2011) explain how memories are registered through an embodied process, where oral traditions act as the conduit to pass on stories across generations. The literature on embodiment and memory also highlights how recalling one's biographical history is intertwined with bodily and emotional connections (Schillmeier 2015), so much so that remembering itself is an embodied process (Bienvenidos Santos 1955, 1979; Proust 2006). Attending to the material experience of the body and the body as a site of analysis, I also aim to add nuance to the multiple individual histories and emphasize the longitudinal perspective my interlocutors offer. Drawing on Foucault (1977), I understand how "[t]he body is an inscribed surface of events" (148). van Stanten (2014) draws on Foucault to describe how the body is implicated by history, stating, "A life—as part of history—unfolds itself in time and time affects the body" (29). Scholars have also argued that by attending to the body and its passage through time and space, one can observe how gender, time, and power are intrinsically related (van Stanten 2014).

It is well documented that historical shifts, socio-political movements, and environmental transformations inform new methodologies and theoretical approaches in the social sciences.

Since my fieldwork took place during the disruptions of the COVID-19 pandemic, I contemplate its impact in informing new ways of conducting research. Life history methods, for example, were easily accessible during the pandemic, during which I engaged with my interlocutors in interviews over the phone. Unlike some researchers who turned to technological innovations to adapt to the fieldwork experience during the pandemic, i.e., conducting interviews through online applications like Zoom, the pandemic required my interlocutors and I to revert to conducting interviews via the telephone. The shift to conducting fieldwork remotely has presented challenges and opportunities. Given ongoing lockdowns, their advanced age and heightened vulnerability to the virus, in-person visits were hindered, and technology proved to be a barrier to communication due to their inexperience with some applications. Research reflections during this time, for instance, note the difficulty of rapport-building in a virtual setting (Waugh 2023). As I have previously noted and as Waugh (2023) similarly observes, time dedicated to small talk before recording became critical to the remote experience. In my case, these reflections came to inform a significant part of my analysis. Their everyday experiences and reflections on how they were feeling, related to body aches, for example, gave me insight into their experience of aging and led me to make correlations between their descriptions of physically demanding care work and the impacts on their body over time. Moreover, the real-time emotions of grieving for a loved one during the pandemic led to reflections on past experiences of grief and the death of loved ones.

While conducting interviews remotely presented challenges in establishing connections, the nature of phone interviews also led to opportunities. For example, interlocutors may have felt more comfortable displaying emotion and opening up with the comfort that I could not see their expressions; this also forced me to attune to their tone and speech in concentrated ways. Adversely, conducting interviews through the phone limited my perception of their body language, which could have further animated emotions, like joy and despair, that had come through their stories.

In reflecting on how these narratives came together, I remained attentive to how the interview process itself affected my interlocutors. While I can't fully speak to what the process meant to each of them, many expressed a sense of eagerness and willingness to share their stories. Given that the interviews took place during the isolation of the COVID-19 pandemic, the opportunity to reflect on their life stories seemed to bring moments of solace and comfort. For

example, two of the women had lost their husbands, yet during their interviews, they laughed while recounting how they first met their partners and were completely charmed by them. These moments highlighted both the emotional depth and lightness that surfaced through their storytelling. They also noted that it was the first time anyone had asked them to speak in such depth about their migration experiences, their careers, and their feelings about aging. While I remain cautious about making assumptions about how they processed the experience, their engagement and openness throughout the process suggested that the interviews held personal meaning, at least in the act of being heard.

Remote interviews thus encouraged the inclusion of older populations, a voice often marginalized in a progressively digital world (Waugh 2023). Drawing on my experience conducting interviews remotely and in the absence of technological platforms (which remain of great use in a variety of contexts), I hope my research experience can offer insights into how to include marginalized voices like the elderly and can serve as a signpost compelling others to reflect on making research inclusive for researchers facing accessibility issues to fieldwork. The telling of their stories signifies the importance of including elderly voices to capture how the experience of migration gets configured and reconfigured over time, as well as insights on the impact of migration on their experience of aging and familial relations across generations.

In sum, conducting life history interviews illustrates how methodology and theory inform one another. My methodological approach aligns with the theoretical framework advanced in this dissertation, particularly from a feminist perspective, in the following ways: by pursuing a political aim to center underrepresented and historically marginalized voices, reflecting a broader shift in social science research that challenges traditional notions of representation and encourages the co-creation of knowledge; and by drawing on Clifford's concept of "partial truths" (1986), recognizing that life stories are neither complete nor linear but are historically situated, ever-evolving, and inherently incomplete. Building on this methodological grounding, the following section introduces the legacies of care framework to theorize how care is shaped and experienced over time.

Legacies of care: A framework for exploring the complexities of care migration over time

In confronting the COVID-19 pandemic that overlapped with the duration of my fieldwork, the omnipresent tone of death and dying became the backdrop of my conversations

with my interlocutors. The uncertainty of the pandemic led to new realities like lockdowns, self-isolation, new hygiene and preventative measures, which, for some of us, upended daily routines and suspended us in a liminal space of unknowingness. For some of my interlocutors, their advanced age exacerbated their anxieties of contracting the virus, and their fears of dying were validated with the passing of their peers and loved ones. During this acute time, reflecting on their lives became a moment of pause to consider the impacts of their lives, and they contemplated the implications of their life decisions as we all experienced a precarity of time. From their milestone life achievements to the mundane, I became fascinated with how their life decisions and their labour of care had generational impacts. Their life stories held a certain amount of gravitas—which can be attributed to the sense-making process of considering their life outcomes—and which was surely an effect of the uncertain time we were living in.

Drawing on their life stories, I consider the conceptual framework of the legacies of care to reflect on the impacts, implications, and effects of my interlocutor's migration, encapsulating the full complexity of their experience. The aim of the legacies of care framework I propose is three-fold:

- first, to describe how Filipino migration is tied to legacies of colonialism and to the structural conditions that are conducive to mobility trajectories shaped by care migration;
- secondly, to describe the expansive notions of care that are borne out of the transnational migration experience, specifically related to the care practices enmeshed in maintaining social ties in countries of origin and destination;
- thirdly, to describe the multiple temporalities of migration and the ways in which Filipino migrants' care extends beyond their lifetimes.

To capture the complexities of mobility, including migrants' dynamic aspirations and the structural conditions that shape their ability to move, I introduce the concept of **acquiescent mobility**, which is an adaptation and critique of Schewel's (2019) aspiration-capability framework. According to Schewel's (2019) mobility categories in their aspiration-capability framework, the term "acquiescent immobility" refers to an individual's inability to migrate and desire to remain. I employ the concept of acquiescent mobility to capture the tensions between one's conflicting desires to stay and go, as well as their capability to migrate. I reference their capability to migrate within the sociopolitical conditions that influence **the culture of migration**

(Massey et al. 1993)—where, in the Filipino cultural, political and socioeconomic environment, migration is often positioned as a rite of passage, of one of few options to support one's family. Throughout the dissertation, I expand on the culture of migration to illustrate how norms, responsibilities, and expectations related to mobility are internalized by individuals, transmitted across generations, and transformed over time. Taggeueg Jr. and Rodriguez (2022) argue that migration frameworks cannot be detached from histories of colonialism and empire. Thus, I detail how the culture of migration is shaped by colonial legacies and by state power that directly relegates Filipino migrants into care work (Tungohan 2021).

Acquiescent, in this depiction, thus refers to the macro structures that inform one's decision to migrate and the limitations one might face and that capture the sense that one is merely 'going along with' such pathways. As an intervention to this reductionist view, I instead pair the concept of acquiescence with that of mobility in order to emphasize migrants' agency, their knowledge of migration policies and legislation that they use to their advantage, and their willingness to acquiesce, which in turn allow them to reap the benefits that migration can offer. In this manner, I highlight the positive tenor that mobility carries among migrants—in contrast to immobility or being stuck. I employ the concept of acquiescent mobility to capture the multiple aspirations that a migrant may hold, including the dilemma of wanting a better life for their family, which is made possible through their migration as well as their desire to stay in their country of origin. Acquiescent mobility is further explored to describe the movement of people, resources, and caring practices that adapt to various states of mobility.

Considering fluctuating mobilities in which a migrant navigates transnational care across the life course, the legacies of care explore the expansive notion of care and social reproduction. My operational understanding of care draws from the anthropology of care, which takes human relations as its foundation, rooted in notions of morality, empathy, and interdependence while attending to how social, economic, and political conditions shape caregiving. Rather than simply framing care as a private or familial obligation, the anthropology of care emphasizes how broader systems of inequality structure care work. Namely, the gendered division of care, as Brush (1999) argues, where the divide between "production and reproduction renders women and men not just separate, but unequal" (161).

Much of the scholarship on care contributes to what Robbins (2013) identifies as the "anthropology of the good," which examines how caregiving opens possibilities for relationality

and new ways of imagining how people live well, support one another, and organize social life (458). Foundational to this work is Tronto and Fisher's (1993) definition of care as "everything that we do to maintain, continue, and repair 'our world' so that we can live in it as well as possible" (103). This framing moves beyond interpersonal care, including bodies, environments, and the socio-political contexts that sustain life.

Importantly, as Tronto (1993) notes, "…caring will always create moral dilemmas because the needs for care are infinite" (137), reminding us of the complex, sometimes conflicting, demands embedded in caregiving. Care practices are vast and multifaceted, encompassing a wide range of actions, emotions, and relational dynamics. Similarly, Kleinman (2009) characterizes caregiving as a "practice of empathic imagination, responsibility, witnessing, and solidarity with those in great need," a timeless moral practice that makes both caregivers and, at times, care receivers "more present and thereby fully human" (293). This perspective draws attention not only to the actions involved in caregiving but also to the affective and moral dimensions that shape how care is both given and received. The meanings of care itself are thus shaped by normative understandings of "need" (Thelen 2015), whether defined as assistance with daily tasks or companionship (Coe 2021). These insights guide my approach in this dissertation as I turn to the expansive, relational, and often uneven ways care is practiced within transnational families and migrant communities.

Attending to these layered dimensions of care, I tend to the diverse, intergenerational care practices that emerge by virtue of one's migration and where generations are sustained through this care work. The expansiveness of care encompasses the diverse care practices that transnational migrants employ to create and sustain transnational family households, as well as communities of care that are formed in the absence of the physical proximity of biological kin and where networks are formed as livelihood strategies (Francisco-Menchavez 2018; Tungohan 2023). Additionally, I consider the impacts of their care work through their careers as nurses in which their profession encompassed nourishing, healing, and support for local populations. In this view, legacies of care are illustrated by communities that reflect one's presence and the practices of care that maintain connections to lives past.

Legacies of care do not only relate to the communities that are created and sustained with each passing generation; they also speak to the culture of migration—that is, the migration patterns and flows that are influenced by cultural norms and values. In this context, I refer

directly to the embeddedness of care migration and how this figures prominently in Filipinos' mobility trajectories. Noting the structures that inform care migration trajectories, I draw on Choy's (2003) analysis of the "empire of care," and Taggeueg Jr. and Rodriguez' (2022) work on centring empire in the analysis of Filipino migration, which speaks to the profoundly entrenched ways in which "US imperialism in the Philippines and the transformation of the Philippine society as a consequence" has shaped and continues to shape the emigration trajectories of Filipino migrants.

Building on this framework, examining the roles of U.S. and Canadian imperialism in Filipino care migration reveals how global imperial and economic forces, particularly in relation to labour and education, have historically shaped migration pathways. U.S. government migration policies incentivized Filipino outmigration, influencing the widely held perception that migration was a key strategy for making a living. In Canada, the westernization of nursing education was a precondition for mass migration flows to Canada (Choy 2003; Ronquillo et al., 2011). Ronquillo et al. (2011), who interviewed nurses who migrated to Canada in the 1970s, describe how their nursing education included discussions of migration to destinations like Canada, which was presented by nursing instructors and educational institutions as "an end goal students should aspire to" (267).

Canada's labour migration policies were shaped by political and economic factors, specifically through bilateral agreements that influenced the recruitment of Filipino care workers. Damasco (2019), for instance, showcases correspondence between the Philippine and Canadian governments that describes the "Filipino First Policy". A reciprocity policy established in the late 1950s was "imposed on Canadians who entered the Philippines on a non-immigrant basis with pre-arranged employment in mining, petroleum, manufacturing, and trading" (Damasco 2019, 10). In exchange, Canadian immigration officials exercised discretion in admitting Filipino nurses, admitting them to Canada, often through pre-arranged employment (Damasco 2019, 11-12). It also revealed how Canadian immigration policies worked in tandem with recruitment strategies by other actors, including hospital administrators in Toronto (Damasco 2019). Moreover, the increase in Filipino nurses in Canada built a strong network among Filipino healthcare professionals. Many nurses who had participated in the EVP, particularly from Chicago, and who later returned to the Philippines, like my interlocutors, were advised by family

and friends on how to proceed to Canada. They were often encouraged to apply as they were perceived to be unlikely to be rejected (Malek 2022).

Canada's immigration systems in the 1950s and 60s can be described as "individualized and flexible", where racialized criteria persisted in the selection and recruitment of "ideal immigrants" to address labour market needs (Damasco 2019, iii). As Damasco (2019) notes, even though the nurses who arrived in the 1950s and 1960s achieved career progression in Canada, many obtaining supervisory positions, like that of my interlocutors, their appointment and 'successful' immigration experience does not reflect the elimination of racial discrimination.

Examining U.S. and Canadian imperialism as evidenced in migration is critical to understanding the multiple forces that have shaped global power imbalances and structural inequalities. It puts my interlocutors' motivations and discussions about agency into perspective as their migration experiences are inextricably linked to colonial histories and imperial forces, highlighting how legacies of care are shaped by historical structures influencing and sustaining care migration trajectories today. This history helps to set the stage for interrogating legacies of care, which captures how colonialism and empire shape migration and how its effects are endured across generations.

The concept of legacies of care is thus imbued with a haunting connotation to reflect the ongoing mobility and migration patterns of Filipino populations that continue to be informed by the legacies of colonialism. In this sense, their migration is characterized by inequalities in movement over time, reflecting the demand for care migrants that continues to increase globally and the manner under which these movements include precarious conditions related to migration status, labour and human rights, and working environments, that often result in family separation. Legacies of care thus underscore the ways in which Filipino families and communities have had to engage in care—as a result of the legacies of colonialism and structures of global inequality.

As explored throughout my dissertation, legacies of care represent the continuation and expansiveness of migration. One's migration trajectory does not begin and end with their travel to another country and settlement but spans distance and time, in which people's decision to migrate is contemplated long before they move; moreover, their eventual migration has intergenerational impacts in both their country of origin and settlement. The intergenerational nature of legacies of care means that its connotations can also transform over time. Critical to

this exploration is **the role of time and temporality** in which my interlocutors' perspectives over their life course create, define, transform, and sustain legacies of care. In this vein, I tend to the gender dimensions of their migration and care experiences across the life course.

The intersection of time, life courses, and mobilities has been taken up in interdisciplinary migration studies, where the 'temporal turn' signals the need to attend to migrants' multiple subjectivities and their "emotional and moral lives" (Amrith 2021, 130). My dissertation responds to the temporal turn in migration studies precisely through an exploration of migrants' emotional lives and moral worlds. I foreground care in the analysis of transnational migration, where I view care as the connective and malleable force—an ephemeral quality that threads through the female migrants' life course and beyond. In turning to care as a central tenet of my analysis, I examine its implications for migrants on multiple levels. Care influences my interlocutor's mobility in both material and structural ways, shaping their journeys as care workers and professional nurses. It also operates affectively, moving across distances and time to connect transnational families and communities. At the same time, care can have an immobilizing effect, informing migrants' decisions to stay. Migrants' decision-making encompasses multiple temporalities as they assess their immediate needs and envision long-term goals, all while navigating unforeseen challenges over time.

My approach to examining the themes of care, time, and mobility coalesces with the methodological approach I take to life histories. In Johnson-Hanks's (2002) description of vital conjunctures, they describe how life stages are not simply "liminal states between stable statuses" (865) but, in fact, signals to a "socially structured zone of possibility that emerges around specific periods of potential transformation in a life or lives" (871). Johnson-Hanks (2002) further explains how vital conjunctures are configurations of "possible change, a duration of uncertainty and potential" (871) in which not only future events are in process, but the future of one's personhood is also being claimed. The study of life histories is then not subject to chronological stages and assumed or predetermined by biographical analysis but open to how the life course is endured, how it culminates, and how specific events are navigated, interpreted, and experienced (Johnson-Hanks 2002, 872).

Critical to this notion of vital conjunctures is the idea of horizons, this reflection of futures that are at once "imagined, hoped for, or feared" (Johnson-Hanks 2002, 872). Johnson-Hanks (2002) refers to imagined futures as "the horizons of the conjuncture", which speak to a

period of time that ponders "hopeful prospects" and alternative futures (872). Life histories empirically locate these horizons of the conjuncture through acts of remembering and recounting, where interlocutors reflect on periods of "uncertainty, promise, or fear, [on] paths not taken, [and] alternatives since closed" (Johnson-Hanks 2002, 872). In taking up this notion of vital conjunctures and the horizons of the conjuncture, migration literature has identified temporal horizons as a conceptual framework to capture the dreams and goals of migration, often pointing to a migrants' desire for a better life, safety, and work opportunities (Amrith 2021).

Throughout the dissertation, I attend to the theme of temporality to reveal how the past, present, and future unfold and are intertwined. I employ the concept of temporal horizons throughout my dissertation to reveal the multiple temporalities of migration. Temporal horizons are linked to one's ideation about the future and relate to how migrants make sense of their plans, of the disruptions and obstacles to their plans, and of their present-day realities (Amrith 2021). The role of time in shaping and changing one's perspective can be referred to as "shifting temporal horizons" (Cwerner 2001), in which a migrant's journey consists of "non-linear and open-ended" imaginaries (Amrith 2021, 129). My analysis brings to the fore the recognition that migration is not a singular moment in time. The effects of migration linger across generations; more than this, they accumulate and evolve. The role of time is central to my analysis of the legacies of care through the illustration of multiple temporalities where our past informs the future, not in a linear manner, but in a way that ideas for the future are always present. This refers to Adam's idea of the 'future' of time, which "…brings together the linear and the cyclical in that it folds the future into the present. It is not simply that we are 'made' by our pasts, but that humans as cultural and social beings are future-oriented" (Griffiths et al. 2013, 7). The idea of futurities emphasizes the reality in which my interlocutors' made decisions about their migration and their labour of care with the knowledge that their actions at present will impact subsequent generations.

To examine the impacts of care labour over time, I utilize Tadiar's (2012; 2022) conception of **life-times**. The notion of life-times captures the complex historical, social, political, and economic forces that shape individual lives, particularly the value assigned to care labour and the long-term life outcomes associated with a lifetime of care work. According to Tadiar (2022), *life-times of value* is defined as "life with accumulable value transmissible across generations" where one's life is "subject to a process of growth and expansion," and in contrast,

life-times of waste reflects "life that tends toward being spent, its intrinsic value declining irreversibly over time" (93). Within this binary, Tadiar (2012) showcases how Filipino care workers contribute to the "surplus life-time" of their employers or, put simply, the people they care for through their social reproductive care work that inherently contributes to a life of accumulable value (792) but that their own value, defined by "inheritable material wealth" across generations depletes over time (787).

In relation to the concept of life-times, Isaac's (2022) idea of labour-time provides a distinct yet connected perspective that explores the commodification of migrant labour under global capitalism. In the book Filipino Time, Isaac (2022) examines the temporal experience of Filipino migrant labour tending to the productive demands of care work and the toll it takes on migrant workers, highlighting the depletion of their time, energy, and physical well-being. Themes of endurance and embodiment are central to Isaac's (2022) concept of labour-time, and this analysis is complementary to my exploration of the embodiment of care and the bodily effects of care migration over time. While both labour-time and life-times provide insight into the valuation of human labour within interconnected global capitalist systems, I ultimately ground my dissertation in Tadiar's (2022) concept of life-times, as it offers a critical, broader perspective on life outcomes across the life course and across generations. Specifically, I situate Tadiar's (2012; 2022) framework of life-times that assesses the accumulation of care work over time to contemplate the ways in which one's labour of care is endured and also goes beyond one's life course and across generations. Highlighting intergenerational care exchanges across the life course, I employ an intergenerational perspective to make the case that the past, present, and future are always entangled.

To further illustrate how themes develop throughout my dissertation, I offer a brief summary of each chapter that explains how legacies of care—the impacts of care labour and the effects of care migration—are realized over time. These summaries illustrate how the cumulative experiences of care migration shape lives across generations, demonstrating how care practices, obligations, and relationships evolve within the contexts of transnational migration and global capital systems.

Outline of the Dissertation

Chapter 2: Acquiescent mobilities: Exploring the culture of migration and the decision to migrate

This chapter explores my interlocutors' decision to migrate and the culture of migration, that is, the cultural norms, family obligations, and intergenerational responsibilities that guide migration practices within Filipino communities (Massey et al. 1993). By examining colonial histories and imperial influences, I explore migration from the Philippines to Canada, offering a brief historical overview of the evolving policies and socioeconomic dynamics that have influenced care migration over time. The chapter then examines Schewel's (2019) aspiration-capabilities theoretical framework to contextualize migrants' decision-making. I elaborate on the term acquiescent mobilities to expand Schewel's (2019) aspiration-capability framework, which emphasizes migrants' desires and abilities to migrate but does not fully capture the complex tensions underlying their aspirations. I engage with the literature on the politics of mobility to reveal how the influence of family, as well as the mobility and career pathways that they pursue, are embedded in larger assemblages of history and relations which put their aspirations and capabilities in conflict with one another. Incorporating Amrith's (2021) concept of temporal horizons, I argue that migration aspires toward a continually evolving future, where the pursuit of a better life sustains care migration from the Philippines to Canada.

I reveal how my interlocutors' migration experience is gendered, shaped by familial expectations and the gendered nature of the available labour pathways. Through their stories, I emphasize that migration decisions are highly relational and reflect a broader family endeavour.

Chapter 3: Exploring the Expansiveness of Care in Transnational Migrant Families

In this chapter, I engage with the anthropology of kinship, tracing how the discipline has critiqued the universality of kinship and examined diverse family arrangements and care relations. To capture the expansiveness of care, I draw on Carsten's (2000) notion of relatedness, which refers to contemporary understandings of kinship that go beyond the biological and extend to a range of diverse actors and practices in which human and non-human relations are considered. Carsten (2013) also explains how "warm" feelings can often stem from the same caring contexts in which sentiments of abuse, exclusion, and exploitation are formed. I introduce the concept of 'networks of care' to illustrate how gaps in care are filled through a range of

diverse actors, practices and techniques. I discuss how networks of care have evolved alongside the increase in migration, elaborating on the diverse strategies of care that emerge in the context of transnational families, employing the concept of acquiescent mobility to capture how people, resources and caring strategies adapt to individual circumstances.

Through ethnographic research, I detail my interlocutors' upbringing, early settlement experiences, and community life in Canada, highlighting the expansiveness of care arrangements and how diverse forms of care emerged even before their actual migration journey. I describe how diverse configurations of care are influenced by histories of colonialism and socioeconomic conditions that make mobility and care at a distance necessary. I elaborate on the concept of life-times to illustrate the relationship between migration and global capital production and how this impacts the quality of their livelihoods (encompassing familial relations, income, and mobility) that fluctuate across their life course. Through this analysis, I reveal how legacies of care reflect the ways in which the provision and experience of care are continuously shaped by shifting states of mobility throughout the life course. Additionally, I show how legacies of care materialize through the caregiving practices that transnational families create and sustain over time.

Chapter 4: Curtailed dreams and the promises of happiness: A migrants' care across generations

In this chapter, I continue exploring my interlocutors' motivations for migration. I detail their aspirations for upward mobility and how they have viewed migration as a pathway to a 'better life'. I examine how their migration decisions are shaped by visions of their family's future and how care, in this context, unfolds gradually over time. Alongside the stories of my interlocutors, I include insights from interviews with their children, who reflect on how their parents' migration shaped their own lives and experiences growing up in Canada, highlighting the generational impact and aspirations carried forward by migration. I situate my analysis of my interlocutors' retelling of their hopes and dreams and the opportunities for career progression that was unrealized in Ahmed's (2010) work on the 'promises of happiness'. The exploration of the promises of happiness reveals how global capitalist systems shape cultural and political constructs around mobility and how relationships between migrant parents and their children evolve as part of the broader aims of migration.

Acquiescent mobility figures here as a reflection on how migrants may follow specific pathways of mobility, accepting these routes as part of their journey. It complicates the notion of

dreams and career advancement, which can sometimes take on qualities of acquiescence—a form of non-resistance or "going along"—in the name of caring for one's family. I build on the legacies of care framework by explaining how the migration experience encompasses multiple temporal dimensions, with one key aspect being how the past shapes an individual's life outcomes. I extend this analysis by exploring the impacts of care migration, highlighting the limitations of my interlocutors' migration journeys through their unrealized dreams, and analyzing how their mobility paths continue to influence the career aspirations and ambitions of second- and third-generation family members. I also describe the expansiveness of care by revealing the multifaceted aspects of care through parent-child dynamics, in which my interlocutor's career pathway and the sacrifices they have made across their life course are imbued with feelings of satisfaction but also remorse and disappointment.

Chapter 5: The Embodiment of Care

In this chapter, I turn to the body as a site of analysis to expand reflections on the endurance and the accumulation of care over time. I explore the literature on the body and embodiment to contextualize how care is physically experienced and how these embodied impacts unfold over the course of one's life. I highlight how gender is a key component of corporeality, describing how global capitalist relations and gendered colonial ideologies underpin my interlocutors' embodied experiences of care work and migration. I further discuss embodiment theory as a temporal frame for understanding transformations across the life course.

I introduce Csordas's (2011) framework on the components of corporeality as "a way to examine embodiment…and a way to examine features of culture and self from the standpoint of embodiment" (154). The components of corporeality are explored in detail as a means to understand how the experience of care and migration are embodied. I draw on my interlocutors' experience of care as nurses and mothers in paid/unpaid and formal/informal settings through the analysis of four components of corporeality, sensory experience, orientation, capacity, and co-presence, to detail how care migration has impacted their life trajectory and aging experience. I supplement their insights with anecdotes from my interlocutor's children, who commented on their aging experience. In doing so, I analyze the effects of care migration over time through accounts of emotional and physical care labour over time. I close the chapter by discussing the

legacies of care framework, considering the temporal aspects of migration, the materiality of care, and how care extends across generations and beyond individual lifetimes.

Chapter 6: The accumulation of loss, love, and labour

This chapter explores my interlocutors' experiences of loss and their reflections that surfaced during the COVID-19 pandemic, as they were reminded of times when they could not be with loved ones during critical moments such as illness, end-of-life care, and funerals. In their narratives, my interlocutors move between past and present, with immobility and death emerging as central themes in their lives, pointing to a cumulative experience of loss over the course of their lives. These stories reveal the adaptive care practices developed by transnational migrant communities under conditions of immobility, as well as the challenges of arranging end-of-life care and ways of honouring and memorializing loved ones who have passed.

I consider the effects of accumulation through Tadiar's (2022) interpretation of "remaindered life-times," which demonstrates how global capitalist systems produce and sustain inequality over time and how migrants' labour is tied to their material and temporal experience of care. Discussions on the legacies of care culminate in my assessment of how caregiving extends beyond our current life worlds, connecting us to our ancestors and future generations through the responsibilities, values, and support systems that create and sustain familial and communal bonds over time.

Chapter 2
Acquiescent Mobilities: Exploring the Culture of Migration and the Decision to Migrate

Introduction

"…when I was young, my dream, really, is to go abroad [laughs].
When I was in elementary school, it's always in my mind that
I have to get out of the Philippines and work somewhere else
so I could earn money to support my family [laughs]."
- Rose, April 6, 2021

Migration is not a decision made in a single moment in time, but rather, a culminating event with its effects extending far beyond one's life course. As Rose explains above, migration is a dream; migration is for family, and sometimes migration is necessary. Even at such a young age, Rose understood what migration meant—what opportunities might follow re-location and what its potential could be for enhancing a family's livelihood. Reflected in Rose's statement is the reality that migration is a commonplace solution to a family's economic hardships and a viable career pathway. Her response suggests that cultural norms and values linked to migration can place a sense of responsibility on a child, even at a young age. Significantly, Rose's quote accentuates the nuances of migration, encompassing economic pressures, cultural and familial expectations, and emotional impacts. It highlights the politics of movement and the gendered nature of mobility.

This chapter examines immigration frameworks that describe migrants' decision-making and considers the legacies of colonialism and imperialism (Taggeug Jr. and Rodriguez 2022) as well as gender and family obligations that complicate one's decision to leave. I present ethnographic details explaining my interlocutors' migration trajectory and their reflections on the reasons for their migration, including their conflicting feelings about leaving. I offer the term acquiescent mobilities in response to Schewel's (2019) aspiration-capability framework, which traditionally focuses on migrants' desires and capabilities to migrate without fully accounting for the nuanced tensions in their aspirations. I discuss how Schewel's (2019) aspiration-capability

framework is limited in its interpretation of migrants' capability to migrate and the tension between their dual aspirations to stay in their country of origin and be with their family as well as to pursue economic opportunities and support their family. Acquiescent mobility speaks to Filipino's migration trajectory, highlighting how care migration, often among women, is a defined migration pathway to which migrants acquiesce. The notion of acquiescence does not overlook Filipino migrants' agency in exercising their decision to pursue migration. Rather, their decision to migrate for caregiving work becomes a structured and culturally embedded pathway that migrants "acquiesce" to—not necessarily out of pure aspiration but emerging from a combination of factors, including histories of colonialism and capital global relations that have influenced their economic need, and the cultural expectations tied to family support.

This chapter details my interlocutors' decision to migrate and builds out the legacies of care framework. Firstly, I begin expanding the legacies of care through a brief overview of the history of migration from the Philippines to Canada. In providing background on the migration dynamics between the Philippines and Canada, I set out to describe how migration policies have shifted over time and shaped migrant livelihoods. I center histories of colonialism and structures of inequality and/or of opportunity to describe pathways of care migration among Filipino migrants. I identify and challenge mainstream migration narratives that overemphasize economic opportunities as individuals' main reason for migration and also contest what scholars have pointed to as the overvaluation of migrants' autonomy by considering how they are shaped by colonial histories and global capital systems (Isaac 2022). In detailing the different ways in which scholars have interpreted migrants' motivations and mobility patterns, I discuss these theoretical frames of reference in contrast to my interlocutors' migration narratives.

Secondly, legacies of care are examined through the culture of migration—that is to say, cultural norms, roles and obligations are determining factors in informing migration practices, patterns, and trends (Massey et al 1993). I reveal how the culture of migration of Filipinos is oriented towards familial and intergenerational ties, held steadfastly throughout the life course. For my interlocutors, supporting their family was a motivation for migration. They each understood how their economic success materialized through remittances to family members in the Philippines. I also observe how their migration experience is highly gendered due to familial expectations and by virtue of their migration path in which they enter into labour that is highly gendered. By examining the culture of migration through my interlocutors' stories, I emphasize

how the decision to migrate is highly relational. I argue that legacies of care are reflected in the ways in which decisions for migration are motivated by support for family and, by extension, a form of care.

Thirdly, the temporal dimension of legacies of care is drawn out through my interlocutors' reflections on their migration stories across the life course. Examining my interlocutors' decision to move as an entry point reveals the multiple temporalities of migration. As Collins (2018) so aptly describes, the decision for migration is not "generated in a singular moment of 'decision-making', but rather must be grasped across past-present-future" (977). The perspective that my interlocutors offer in their older age offers insights into how the entire life course is considered in one's decision for migration. A temporal analysis of the culture of migration reveals how their migration decision was made in pursuit of a future for themselves and subsequent generations. Since my interlocutors expressed a long-term vision for their migration, I incorporated the notion of temporal horizons as a conduit through which migration connects across generations (Amrith 2021). Thus, individuals' decisions to migrate are informed by the pursuit of a future that is always unfolding. The notion that migration is a route to a better life is engrained in the culture of migration and is conducive to sustaining labour migration in the healthcare sector from the Philippines to Canada.

Filipino migrants and care migration to Canada

It is common to assume that Filipino migrant trajectories are mainly informed by global labour demands and by their desire for upward financial and social mobility. In nuancing these narratives, Filipino scholars have been attentive to the centring of American imperialism and colonialism and its embeddedness in all migration processes (Taggueg Jr. and Rodriguez 2022). For one, they acknowledge how U.S. colonial rule gave rise to infrastructures like the Philippines' state-managed labour export system, which has enabled the outmigration of Filipino labour migrants (Taggueg Jr. and Rodriguez 2022). In this section, I tend to the American and Canadian migration systems that have impacted Filipino care migration. My aim is to historically situate my interlocutors' migration journey and describe how and why care labour in both institutional settings, among families, and in transnational communities was so central to their migration trajectory.

The colonial history in which Filipino migration is embedded has led to the establishment of care migration as a mobility pathway to Canada. I refer to care migration as the movement of migrants for the purposes of employment in the care sector, spanning in-home domestic roles to nursing occupations. To understand the migration systems that shaped Filipino care migration to North America, I first examine the colonial histories that shaped these migration pathways.

The Philippines was under Spanish colonial rule for over 300 years since the mid-1500s (Herrera 2015). After the Spanish-American War in 1898, the Philippines, previously under Spanish colonial rule, became a U.S. territory under the American expansionist model of Manifest Destiny. U.S. colonial rule spurred migration from the Philippines to the U.S., beginning in 1906, where Filipino migrants, primarily single men, worked in sugarcane and pineapple plantations in Hawaii. Between 1906 and 1934, the migration of Filipinos to the United States, mainly Hawaii, grew to about 120,000 to 150,000 (Asis 2017). During this time, Filipino migrants were classified as U.S. nationals, and their movement was considered internal migration, although there was no viable pathway to obtain U.S. citizenship. The Tydings-McDuffie Act (Philippine Independence Act) of 1934 established a ten-year transition period leading to Philippine independence, which was delayed until 1946 due to World War 2. During this transition period, the Philippines was no longer considered a U.S. territory and was subject to U.S. immigration laws, including a visa cap of 50 immigrants per year. The visa cap dramatically halted movement, though some exceptions were made for skilled labour (Asis 2017).

During World War 2 between 1939 and 1945, the Japanese invaded the Philippines following their attack on Pearl Harbour in 1941, leading to the Japanese occupation of the Philippines between 1942 and 1945 bringing about years of severe hardship and devastation. While the Philippines obtained independence in 1946, the U.S. maintained control over military bases, trade policies and economic agreements. American strategic interests thus maintained control and had a major impact on labour migration trajectories (Asis 2017).

Indeed, post-war reconstruction efforts globally, specifically in the U.S. and Canada, also increased demand for migrant workers in key sectors like agriculture and healthcare. Political instability, widespread unemployment and poverty in the Philippines led Filipinos to seek economic opportunities abroad (Brush 2010). Outmigration was accelerated by the 1965 Immigration and Nationality Act in the U.S. and in Canadian immigration reform in 1967 to a

points-based system (Asis 2017). The 1974 Labour Code of the Philippines (Presidential Decree 442) solidified the pattern of increased outmigration of Filipino workers, establishing a framework for promoting outmigration facilitated by three key departments: the Overseas Employment Development Board, the Bureau of Employment Services, and the National Seamen Board (Battistella 1995; Asis 2006; Asis 2017; Ta-ay and Geronimo 2024). These departments came to form the Philippine Overseas Employment Administration (POEA), established in 1982 to manage migrant workers, including overseeing contracts, pre-deployment payments, and licensing and regulation requirements (Asis 2006). This migration infrastructure expanded to private sector agencies that acted as brokers to facilitate migrant labour (Asis 2006). Care migration studies have demonstrated how gendered, colonial ideologies were espoused by the Philippine government and are embedded in mandatory pre-departure orientation sessions (PDOS). Throughout these sessions, Filipino labour migrants were taught to embody virtues—like being "grateful" and "uncomplaining"—which reinforce and ultimately serve colonial, neoliberal ideologies (Tungohan 2021).

Specific cultural and educational practices were further adopted in nursing education in the Philippines, including requirements for English Language proficiency and the adoption and integration of Western medical practices in their training. Nursing education programs saw a major increase, with the number of schools growing from 17 in 1946 to 43 in Manila alone by 1977 (Brush 2010). These dynamics influenced a direct flow of Filipino migrant nurses into American healthcare institutions (Choy 2003; Espiritu 2005). U.S. imperialism shaped the nursing education my interlocutors received and their migration pathway through the Exchange Visitor Program (EVP), established in 1948, which enabled them to receive further nursing training in American medical institutions (Espiritu 2005). Between 1956 and 1973, it is estimated that "more than 12,000 Filipino nurses entered the United States through the EVP" (Brush 2010). The program allowed for two-year work contracts with the expectation that they would return to the Philippines upon completion (Choy 2003). Upon their visa expiring, many Filipino nurses did not make the journey back home; instead, they connected with colleagues and relatives across North America, continuing their migration journeys (Bustamante 1984).

Choy (2003) describes how the EVP became a major migration trajectory for nurses, once characterized by the Philippine Department of Labour as a "handy recruitment device" and "loophole for the circumvention of United States immigration laws" (as cited by Damasco 2019,

5). While established as a temporary exchange program, many participants transitioned to permanent residency. Permanent residency, though not a guaranteed pathway, was made more accessible by the Immigration and Nationality Act (INA) in 1965, which eliminated the National Origins Quota System that discriminated against Asian migrants, prioritizing skills and education (Eugenio 2024). Slogans like "your cap is your passport" (Choy 2013) and success stories of Filipino nurses being "the best in the U.S.A." were widely circulated through recruitment agencies and hospitals (Brush 2010). Recollections were reinforced by one interlocutor, Gloria, who commented on the imagery of nurses and the lure of the uniform which she had dreamed of wearing since childhood.

The migration of Filipinos to Canada began in the mid-twentieth century and coincided with Canada's growing population and changes to public healthcare. During this time, Canada was transforming its healthcare system, which was related to the growth and expansion of hospitals and healthcare services across the country. As of 1959, all provinces in Canada were shifting to nationalized public healthcare, which led to universal healthcare upon the introduction of the Medical Care Act in 1966 (Hicks 2011; Twohig 2011, 2018; Damasco 2019). The liberalization of migration policies in Canada in the 1960s led to increased opportunities for the migration of Filipinos to Canada, largely to fulfill labour shortages in the healthcare sector (Bakan and Stasilus 2003). Compared to the migration trajectories of Filipinos today, the cohorts of migrant Filipino nurses in Canada during the 1960s and 1970s experienced fewer barriers to entry into the country and the workforce (Bustamante 1984; Bakan and Stasilus 2003; Damasco 2019). A few conditions that eased their migration journey during this time were the lack of English language tests (until the 1980s), the recruitment of Filipino nurses with temporary student visas directly from the United States, the attainment of landed status, and the general recognition of work experience and educational background, which also facilitated their direct entry into the workforce upon arrival (Bakan and Stasilus 2003; Damasco 2019). Indeed, one of the first Filipina nurses documented, Virgina Levesque, gained experience working at a New York hospital before migrating to Canada in 1961 (Bakan and Stasilus 2003). Like the migration experience of Virginia, my PhD research concentrates on the migration experiences of retired, elder Filipina migrants who arrived in Canada beginning in the 1960s as professional nurses with prior work experience in the United States.

During the 1950s, immigration policy in Canada was characterized by selection based on "a hierarchy of most to least welcome" countries of origin, as well as "extreme discretion granted to the minister and thereby his senior officials" (Whitaker & the Canadian Historical Association 1991, 17). Even though there were clear efforts to dissuade the migration of Asians to Canada during this time, Filipino professionals were given preference (Damasco 2019). In their study on Filipino migration to Canada during the 1960s, Damasco argues that the first wave of Filipino nurses was supported by a bilateral agreement known as the Filipino First Policy (2019, 8). The Filipino First Policy enabled the economic expansion of Philippine businesses and ensured that Canadian immigration officials used discretion in admitting Filipino migrants in exchange for "favourable foreign exchange allocation," specifically regarding "economic exchanges with the Philippine government in mining, petroleum, manufacturing, and trading" (Damasco 2019, 9, 12). Damasco (2019) asserts that although Filipino nurses were given preference for entry into Canada, seemingly overcoming racial barriers, the typecasting of Filipino nurses as "desirable" and "ideal" was a form of gender and racial discrimination.

Compared to other migrant groups, the typecasting of Filipino nurses as innately "caring" by migrant officials and employers in the healthcare sector created a hierarchy among racialized nurses. For instance, nurses from the Caribbean experienced barriers to entering Canada in the 1950s, as scholars Bakan and Stasilus (2003) note they were "permitted into Canada only as' cases of exceptional merit', and on the condition that hospitals, which gave them job offers, were made 'aware of their race origin'" (107). Like Filipino nurses, nurses from the Caribbean also engaged in a two-step migration process, entering Canada through a country from where they did not originate. In this instance, however, Caribbean nurses employed in Britain had to notify employers of their colour up until the 1970s (Bakan and Stasilus 2003). While nurses from the Philippines were being strategically recruited in the 1960s through to the 1980s, gaining landed status upon entry, nurses from the Caribbean were often designated a "sponsored immigrant status," which impeded their employment trajectory and denied them access to social services (Bakan and Stasilus 2003).

Migration policies in Canada underwent a transformation in the 1960s toward the point system, where selection criteria were informed by education, skill level, and economic resources guided by Canada's labour market needs (Whitaker & the Canadian Historical Association, 1991). Scholars have since highlighted the influence of neoliberal ideology in devising the point

system, where immigrants were evaluated as commodities and favoured migrants based on high income, high education, and occupational pursuits (Bakan and Stasilus 2003). Despite a shift away from selection criteria based on ethnic and racial background, scholars have revealed that there continues to be growing inequality between immigrant and Canadian-born populations, as reflected in employment outcomes and the representation of racialized immigrants in low-skilled jobs (Galabuzi 2006).

Building on the upswing of migration in the 1960s, Canada and the Philippines have sustained a long relationship of labour migration. Filipino migrants continue to represent one of the largest migrant groups in Canada.[3] Over time, there have been many shifts in immigration policies and restructures to the healthcare system, notably since the mid-1980s, marked by deregulation and privatization (Bakan and Stasilus 2003). The shifts in migration policies have come in different forms, like the Live-in-Caregiver program (1992-2014). Noting how conditions for migration have decreased in some cases, the Live-in-Caregiver program was criticized, for example, for the two-year live-in requirement that caregivers had to comply with before being able to obtain citizenship. The live-in requirement increased the vulnerability experienced by migrants and the prevalence of exploitation and abuse due to the unequal power dynamic between employers and caregivers (Tungohan 2019). While there have been shifts in the ways in which Filipinos migrate to Canada, they continue to be overrepresented in care sectors. Their overrepresentation was highlighted during the COVID-19 pandemic, which had a significant impact on Filipino healthcare workers, as 34.4% of internationally trained nurses are from the Philippines, and 90% of migrant caregivers in Canada are from the Philippines (Tungohan 2020).

The labour migration trajectory from the Philippines to Canada is thus characterized by increasing and steady migration flows (predominantly women) and an overrepresentation in the care sector. This enduring pattern of labour migration is deeply rooted in colonial histories that have shaped the Philippines' role as a key supplier of care workers to the Global North, reinforcing gendered and racialized labour hierarchies that persist today. As Tungohan (2021) emphasizes: "A decolonial analysis of Filipino labour migration thus reveals the enduring legacies of colonial arrangements: the Philippines is a 'neocolonial labour brokerage state' that

[3] The Philippines ranked #1 in 2016 and #2 in 2021 after India in the list of the Top 10 places of birth reported by recent immigrants, Canada, 2016 and 2021 (Statistics Canada 2022).

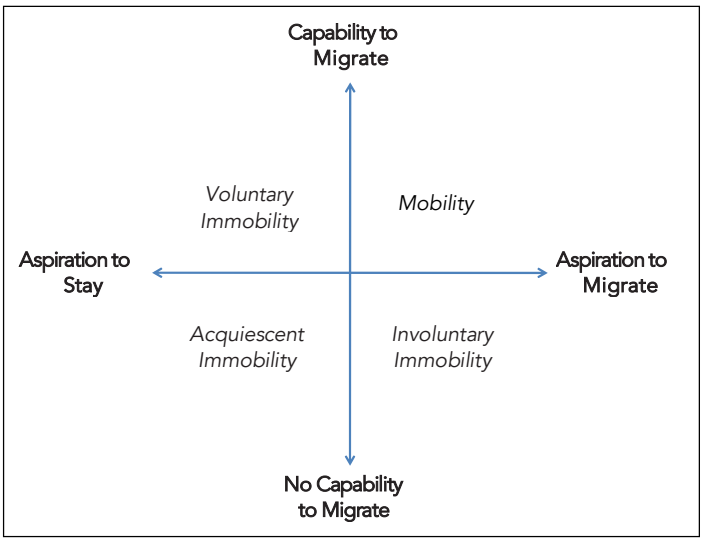
plays a direct role in ensuring that Filipino workers are continuously exported to rich countries. Historically and today, Filipino labour has been used to meet rich countries' labour needs" (36).

Theoretical explorations of migrants' decisions to migrate

Many frameworks have been used to understand an individual's decisions for migration. Interrogating theoretical frameworks about individuals' decisions for migration provides a nuanced understanding of individual motivations and structural constraints and opportunities that shape mobility trajectories. Examining the multifaceted factors driving migration provides a more accurate depiction of migrant's realities, highlighting how migration is both a personal and collective experience. Revealing the complexity of migration decisions offers the potential to inform migration policies, allowing for effective support systems that address systemic issues while aligning with migrants' aspirations and needs.

In Schewel's (2019) aspiration-capability framework (Figure 1), immobility and mobility are seen as intertwined and interactive within broader social and political settings in which conditions for migration are shaped. This framework incorporates non-economic reasons for migration, considering both the structural conditions of migration as well as one's aspirations (Schewel 2019). Here, aspirations refer to one's desires, wishes and capabilities that extend to one's resources, be they financial, social, or cultural (Schewel 2019). Drawing on Carling's (2002) aspiration-ability model, Schewel incorporates the notion of the capability to connect mobility and immobility as potential outcomes for migration, where the act of staying is a form of agency (Schewel 2019). An aspiration-capability framework is an assessment tool for learning about the determinants of movement, also allowing for deeper consideration of spatial and temporal dynamics of migration (Schewel 2019). A temporal and spatial frame of reference can be implemented to assess mobility outcomes in a given period, as well as across the life course (Schewel 2019).

Figure 1. (Im)mobility categories suggested by the aspiration-capability framework



Source: Schewel 2019, p. 335

This aspiration-capability framework considers the dynamics of (im)mobility, with reference to temporal and spatial frames that characterize an individual staying in place, as well as the structural constraints that limit non-migrants ability to move (Schewel 2019). In the aspiration-capability framework, Schewel (2019) outlines four types of (im)mobility: 1) voluntary immobility—i.e., factoring in one's capacity to migrate and one's aspiration to stay, then ultimately staying in their country of origin; 2) mobility—encompassing one's capacity to migrate and aspiration to migrate; 3) involuntary immobility—describing one's aspiration to migrate but with no capability to migrate, and finally, 4) acquiescent immobility, which details one's aspiration to stay and with no capacity to migrate. In this matrix, I could not pinpoint where my interlocutors fell when considering their decision for migration. Since the four types of (im)mobility described by Schewel (2019) are not, in reality, mutually exclusive, I point to the concept of acquiescent mobility to consider the complexity of the decision for migration—accounting for the history of migration, the culture of migration, and the predicaments faced when a migrant has aspirations to stay and go, while also having the resources to migrate.

Acquiescent mobility is a characteristic of the Filipino culture of migration, signalling the dilemma of having the means and pathway to migrate but feeling conflicted about the decision to leave due to strong familial and communal ties. The concept of acquiescent mobility can apply to

other migrant-sending countries where migration is not only an option but is also embedded in their society's shared values and seen as a viable economic opportunity and a 'natural' step toward their family's prosperity. While acquiescent mobilities emerge in a variety of contexts, through my interlocutors' stories, I highlight how these conflicting dynamics materialize in relation to gender norms and obligations. Indeed, while many migrants will feel a range of affective reactions to leaving home—including sorrow, doubt, anxiety, and fear—there is a particular set of conditions for Filipina migrants, namely mothers who are separated from their families, that make their decision for migration complex. Acquiescent mobilities thus encapsulate the multiple and conflicting aspirations that a migrant may hold, including the desire and capability to migrate for themselves and their families while also wanting to remain in the Philippines.

This scenario has been elaborated on by labour mobility scholars who have examined the gendered implications and the paradoxes of family separation via migration and transnational motherhood in particular. Dahl and Spanger (2010) illustrate, for instance, how discourses of motherhood in a child's life "produces dissatisfaction and unhappiness amongst the migrating mothers and the children left behind" and highlight the unevenness in this experience across the globe (120). Additionally, Parreñas' (2001) notion of transnational motherhood, based on research in the Philippines, includes the perspective of children left behind and emphasizes how socially constructed ideas of motherhood intensify feelings of grief. Tungohan (2013) introduces the term 'hyper-maternalism' to refer to "the way migrant women exhibit maternal care through financial support and thorough surveillance techniques enabling close communication across borders" (41). The social construction of being a "good" mother as one who is present physically, emotionally, and able to provide financially transcends distance and time. These ideals of motherhood complicate a woman's agency when they migrate and leave their children and family behind.

The dilemma of migration, where aspirations and capabilities often conflict, is not limited to the common experience of a migrant mother who works abroad to support her family, sacrificing physical closeness for economic provision. Thus, I situate the term 'acquiescent', defined as "non-resistance to constraints, its Latin origins meaning 'to remain at rest'" (Schewel 2019, 335) to capture migrants' willingness, acceptance of and active choice for mobility, despite

desires to remain. In this manner, their agency is at the centre, both acknowledging their decision for mobility and honouring their ambivalence in leaving.

I employ the concept of acquiescent mobility to examine the socio-political and economic structures that shape conditions for mobility, exploring the affective dimensions of aspiration and how affect drives movement. In a study examining the life narratives of migrants from Southeast Asia to South Korea, Collins (2018) illuminates how the affect of desire can reveal how migrants' subjectivity transforms with movement, as well as how mobility transforms the places and people they interact with. Collins (2018) follows Deleuze and Guattari (1987) in their conception of desire when he describes desire as "the energies that draw different entities—human, non-human, symbolic—into relation with each other and in the process generates social forms and affects" (965-966). Desire here is understood as the "emotional and embodied generators of migration" (Collins 2018, 966). For Collins (2018), the desire of migrants revealed three key findings: The first is that movement is tied to multiple temporalities. Second, immigration is supported by diverse actors and networks that make migration plausible. Third, migration is about becoming, specifically that a migrant's subjectivity is transformed in their movement (Collins 2018, 977-78). The focus on affect and desire is pertinent to my analysis as it offers a new lens to analyze mobility, centring on migrants' agency, migrants' autonomy as it is intertwined within broader histories and global capital systems, and the multiple temporalities this takes on.

With every movement, mobility can be politicized. According to Cresswell (2010), all forms of movement, the experience of mobility and the representations that get attached to it, are informed by "social relations that involve the production and distribution of power" (Cresswell 2010, 20). Further, mobility is something that is both practiced and embodied, shaped by social relations and productive social dynamics (Cresswell 2010). While this particular framing does not center on migrants' decision-making, it provides a scaffolding of references to assess and interpret the experience of mobility. Cresswell (2010) describes six facets of mobility guided by the following questions: 1) Why does a person or thing move? 2) How fast does a person or thing move? 3) In what rhythm does a person or thing move? 4) What route does it take? 5) How does it feel? and 6) When and how does it stop? (pp. 22-25). These questions shaped my approach to analyzing research data and interpreting my interlocutors' reflections. Considering the facets of mobility, that is, "the starting point, speed, rhythm, routing, experience, and friction," Cresswell

(2010, 26) puts forward the notion of 'constellations of mobility' that consider the historical contexts in which movement emerges, gets represented, and is practiced.

Taken together, theoretical frameworks that address the motivations and experiences of mobility (the aspiration-capability framework), the analysis of the affect of desire to prompt mobility (Collins 2018), and the politics of mobility (Cresswell 2010), provide the language to discuss how migration and mobility begin to figure in a migrants' life. I elaborate on these dynamics through my interpretation of acquiescent mobilities to fully address the complex tensions within migrants' aspirations.

The next section details my interlocutors' decisions to emigrate, illustrating the complexity of mobility dynamics described above. Their stories detail their upbringing and reveal how migration was made with their family in mind. They illustrate how care migration figures prominently in their migration journey and signal the long-term effects their migration had on their families and the wider Filipino community. The influence of their family, as well as the mobility and career pathways that they are pursuing, uncover how aspirations and capabilities are embedded in larger assemblages of history and relations which are in conflict with one another.

Examining the decision to migrate

Gloria

Gloria, born on December 24, 1937, grew up in Las Piñas, a city formerly part of the province of Rizal. She described her family as small—her sister and her mother in a small house. Her father worked in a different province and visited infrequently due to the long distance. They exchanged letters sparingly. Gloria's childhood was profoundly shaped by the impacts of the Japanese war in the Philippines and the economic devastation that followed. The economic precarity in her household informed her desire to do well in school and pursue higher education.

Before Gloria permanently settled in Canada, she migrated to the United States and interned as a nurse in Chicago. After completing four years of university, completing a board exam in nursing, and finally graduating in 1958, Gloria worked at St. Mary's Hospital in Chicago for two years as part of the visitor's exchange program. Completing university was no easy feat for Gloria. Gloria recalls being unable to take an exam for a long time because her family did not have the money to pay for it; she resorted to borrowing money from friends. Gloria's mom

worked intermittently, and they depended on their dad's salary. When Gloria went to Chicago, it was a big relief for her mom. Gloria promised to send her monthly salary back home, and she did. Aside from rent, food, and some pocket money, Gloria sent as much of her earnings as she could spare. With the money she sent, her mother was able to pay off all of the debts her parents had incurred from having to put Gloria through school. They were even able to build a two-storey house. Gloria was ecstatic to be able to help her mom. She described her time in Chicago as a period of fulfillment. In addition to helping her family, Gloria expressed joy in her reflections on the fun she had in Chicago with her friends—detailing many weekend trips to other parts of the United States and even staying out late many nights dancing.

Upon her return home to the Philippines in 1963, Gloria married a classmate and had her first child in the same year she migrated to Canada. Gloria's parents did not want her to leave, but they had become used to her being away while she was in Chicago. While Gloria dreamed of a better life—a "good" life—her decision to come to Canada was complicated. Gloria described the pressure she felt from her mother-in-law to migrate to North America for better livelihood opportunities. Gloria's mother-in-law pleaded with her about her son's mischievous behaviour and how migration could be a route to change his life. Gloria was feeling torn about leaving her newborn behind and described her mother-in-law's sentiments: "She wants to change his life, his life is topsy turvy… he has many friends, he likes to be in politics, it was not so good" (March 19, 2021). Gloria's in-laws insisted that they leave the baby, who would be in good care, and assured her that migration was necessary to change their lives. Gloria felt immense pressure to migrate and eventually took the long journey from the Philippines to Canada with her husband in 1964 when she was 27 years old. While Gloria detailed how painful it was to leave her daughter, she describes feeling somewhat at ease, knowing she was well taken care of in a multi-generational home complete with teachers, nurses, and full-time care. In describing the tension between staying and leaving, she noted her family's sentiments, stating, "Well, they all [like me] to come, but of course, they don't like also [laughs]" (March 19, 2021). Gloria was also relieved to experience ease in transitioning into the Canadian labour market:

> "During that time it was very easy, easy to apply for a job, and after 20 days you apply for a permit to stay and then after months, we have to pledge allegiance to Canada, so that we will be citizens, pledge allegiance to Canadian flag and then they made us citizens of Canada" (March 19, 2021).

Gloria's decision to migrate was guided by a strong motivation to support her family—first, to support her mother and sister. Her re-migration was guided by her own family's future prosperity. Gloria initially envisioned her migration to the United States as temporary yet necessary to improve the financial state of her family. Her remittances to her mother improved her family's livelihood in the Philippines significantly. However, Gloria's migration was also a deeply personal choice and one that offered her freedom, independence, and experience that was hers alone, as demonstrated by the joy she expresses when recalling her time in the United States. Following her return to the Philippines, her re-migration and desire to be a "good" wife, daughter-in-law, and mother partially informed her decision to emigrate to Canada. Left with few economic opportunities in the Philippines, Gloria was hesitant about her decision to migrate but ultimately chose to migrate in pursuit of a better life. Her re-migration, as she retells it, was far less joyous—made complicated by her separation from her daughter, but also perhaps, by the uncertain prospect of return. Her migration to the United States appeared to be temporary, and her re-migration was unknown.

Rose

Rose, born on December 24, 1942, grew up in a large family. She is one of six children—two boys and four girls. Her parents owned a plot of land where they ran a farm and oversaw a small boarding school. She frequently reflected on her childhood as a 'hard time' for her parents economically, also as a result of the aftermath of the war. Due to her parent's work obligations, Rose spent a lot of time between her grandparents' homes. Her siblings would take turns staying with both sides of the family, and she describes enjoying her childhood living in a big family unit among her cousins, aunts and uncles.

For Rose, the decision to leave the Philippines was easy, but leaving was much harder. She expressed how she had dreams since she was a little girl to go abroad, stating, "…when I was young, my dream, really, was to go abroad [laughs]. When I was in elementary school, it's always in my mind that I have to get out of the Philippines and work somewhere else so I could earn money to support my family [laughs]" (April 6, 2021).

The impetus for her desire to emigrate was clear: to work and financially support her family. For Rose, her older cousin, who migrated to North America, was her inspiration, mentor and role model. Rose graduated high school in 1959. She then went to Central Philippine University in

the city of Iloilo to complete a Bachelor of Science degree. After studying for two years in a pre-nursing course, she became an intern at the Iloilo Mission Hospital. This was part of her university studies. After five years, she took the board exam, and while waiting to do the board exam and receive the results, she was hired as a Clinical Instructor in Roxas city at the Emmanuel Hospital. The hospital was affiliated with the university as a training hospital for nurses as well. She stayed there for one year.

After passing the board exam, her mother requested that she move closer to home and work in the hospital in her home province of San Jose de Buenavista, Antique —a town on Panay Island, on the opposite side of Iloilo. As she described, there were many benefits to working there. She had a government salary, which was higher than average, and she was able to financially support her siblings through school. Her mother was also ecstatic that she was working in their hometown hospital. Her mom was so proud and would tell everyone she met about her daughter's success as a nurse. People came to recognize Rose for working as a nurse at the hospital, and she fondly recalls this time as being quite pleasant. Rose worked there from 1965-1966.

Rose became restless as she knew she wanted more for herself. She applied for an internship at a hospital in the United States without her family knowing. Her mom, in particular, did not want her to go as they were very close, and she knew she did not want her mom to miss her. When she got her acceptance to go, she told her mom, "I am leaving for the States," and so Rose's mom had no choice but to let Rose go. Rose immediately joked about needing her mom's support for airfare— "I told her, 'You better get ready!'" (April 13, 2021). Both of her parents did not like the fact that Rose would be separated from them. In the end, however, Rose believes they realized that, without her leaving, it would be hard to support all of her siblings on their own. She was the oldest of seven in the family and had a responsibility.

Rose went to Manila to process her papers to leave for the United States, but they were incomplete, which caused a delay. Rose stayed in Manila for a while because she wasn't sure when she would be able to go. While waiting, she applied to one of the hospitals in Manila and was hired immediately. As fate would have it, she reported for her orientation in the morning and by the afternoon, she got a call from the embassy alerting her that she would now be able to leave for the U.S. Because her papers were delayed by a few days, her plan to travel with a group

of ten others in the same program fell through. Rose was going to have to make the journey alone.

Rose recalled, "When you are determined and young, you are not scared of anything; nothing could stop me" (May 21, 2021). She remembered the plane and every port she travelled through. She spent one night in Japan, arrived in Seattle, travelled to Chicago, and then finally made it to Rochester, Minnesota. Following her arrival, she worked there for two years in a student exchange program from 1967 to 1969 at the Mayo Clinic Hospital on the Methodist Campus. While she described being lonely and scared, she was determined. Rose quickly got immersed in the field of medicine, and slowly, day by day, she began to settle in. As students, she describes, they were there to find a specialty. Every three months, they were introduced to new people, put into different departments, and were shown new techniques. Roses' curiosity was buzzing, and this was fulfilling for her. She worked in the eye department, the medical ward, dermatology, and obstetrics. Rose recalled how she especially liked internal medicine, learning about the different diseases and illnesses.

Over the next two years, she consumed herself with work and a new life in North America. During this time, she mostly wrote letters home, as phone calls were too expensive. Rose's family didn't like to be apart, but Rose knew they were happy she went abroad. Rose's family quickly felt the difference in her remittances, and she was happy to help. Rose going abroad meant her siblings could keep attending school.

Rose emigrated to Canada following the end of her internship as a nurse in Minnesota. After the student exchange program, Rose explained that all of the students were supposed to return to the Philippines, but many did not go back. Rose's cousin helped her apply to Canada and secure a job at the Toronto General Hospital. Rose described being so lucky that the hospital accepted her as a graduate nurse. Rose came to Canada in June 1969, started working in July, and immediately attempted to write the board exam to become a registered nurse. She failed the first time. She tried again in October and was elated to pass. Rose applied to come to Canada as a temporary resident and obtained a work permit—and six months later, the Canadian government wrote her letter that she was eligible to apply for permanent residence.

In the mid-1960s, when Rose initially embarked on her migration journey, travel requirements, documents for migration, and pathways to employment looked much different than they do today. Rose describes her immigration to Canada as easy and understood the demand for

nurses in Canada. "Because it's easy for me to come here through temporary resident. At that time, they needed nurses here in Canada, so they let me in. And then, when I arrived six months later, they wrote me a letter that I can apply for permanent residence" (Rose, April 6, 2021).

Rose's reflections on her initial decision to emigrate reveal how the migration journey is part of larger family goals and intertwined with migration opportunities. This is made evident when Rose clearly articulated her understanding of the Canadian labour market and the labour demands that were conducive to her migration. From Rose's cousin, who was a role model, to the influence of Rose's parents wanting her to stay but ultimately understanding how her mobility can have a positive effect on their family, the migration decision is complex and very much bound to familial relations and goals for professionalization.

Maria

Maria is the youngest of three children. She has one sister and one brother. Her mother owned a store, and her father was a driver for a passenger jeepney. Maria's decision to migrate to Canada is quite different from Rose and Gloria's. For Maria, her migration was prompted by her older brother's migration to Canada and his desire to sponsor their family. At the time, Maria was studying the sciences in school with hopes of becoming a doctor in the Philippines when her older brother arranged for the family to come to Canada. Maria stated that she was in tears when her family decided to migrate. All her other family members were saying, "Oh, everybody was dying to go to the States or Canada and look at you, you don't want to go" (Maria, June 24, 2021). Maria was distressed about her family's decision to go to Canada, and her aunts in the Philippines suggested she go and try for a year and come back.

Maria migrated in 1979 with her parents at the age of 18 when she was still considered a minor—allowing her to come to Canada under their application. During this time, her older sister was 21 years of age, and because of the uncertainty of migration laws, she remained in the Philippines. She stated, "…18 is still considered… considered a minor, right? Yeah, when you come here. I think it's when you turn 21, then you can no longer come with your parents" (June 24, 2021). With mention of her sister and her eventual migration to Canada, she stated,

> "… she's [sister] also a nurse, but she didn't come until later on, because when they processed our papers, she already turned 21, but they said she could have come with us because when they started that – when they filed the papers, she was still under 21. She could have come, but then my brother didn't know. But then, eventually, she came when

there's – I think there was an immigration law that any unmarried children can come. Because my mom and my dad came back and forth" (Maria, June 24, 2021).

While Maria's parents travelled back and forth to be with their children in Canada and the Philippines, they were relieved when the immigration law came into effect so their eldest daughter could join them in Canada. Upon Maria's arrival in Canada, she worked as a cashier and put aside funds for the school. With her brother's assistance, she saved enough for tuition and eventually enrolled in nursing school. Although she wanted to go into the medical field and pursue higher education, she understood the feasibility of enrolling in a nursing program.

Maria's migration was complicated and tied to the decisions of her family members, over which she expressed having little control. She even reflected on how her other family members made her feel when she did not initially express excitement over the opportunity to come to Canada. Maria's migration to Canada, however, offered her many opportunities throughout her life course, but at first, it came at the cost of family separation and unrealized educational goals.

Exploring the culture of migration over time

All three interlocutors expressed a degree of unease in articulating their decision to migrate. For Gloria, her migration to Canada meant leaving her daughter in the Philippines. Grief was expressed in the retelling of the deep sadness that surrounded her separation from her daughter. Despite the passage of over 60 years since her decision, Gloria also conveyed a sense of confidence in her decision to migrate. Similarly, Maria initially conveyed uncertainty about her decision to migrate but ultimately expressed gratification for her migration to Canada. Even Rose—the most ambitious and determined of all three interlocutors—was hesitant about leaving. She stayed back an additional year in her hometown, in part due to the anxiety of missing her parents and siblings. Rose also expressed being content with her decision to migrate to Canada.

The legacies of colonialism—and the resulting culture of migration that has been embedded in Filipino society—are manifest in pathways for mobility and conditions of migration. The most notable pattern of migration from the Philippines to Canada is women's migration for employment as caregivers. In 2010, the Philippines became Canada's largest source of short- and long-term migrants (Coloma et al. 2012)—creating many transnational families and generations of Filipino Canadians who call Canada home. According to Nocos (2013), ninety percent of the women who come to Canada through the Live-in Caregiver program are from the

Philippines. While avenues for labour migration in Canada have expanded over the years, labour migration from the Philippines continues to be highly relegated to gendered sectors of work, like the domestic and healthcare sectors, service sectors and other forms of precarious work (Damasco 2019). As Damasco (2019) also posits, even though Filipino nurses were given preference for entry into Canada—seemingly overcoming racial barriers—the typecasting of Filipino nurses as "desirable" and "ideal" was a form of gender and racial discrimination. My interlocutors' migration in the 1960s responded to shortages in Canada's healthcare sector, and my fieldwork taking place during the COVID-19 global pandemic points to not only the ongoing demand for Filipino labour in the care sector but also the preference for and continuous construction of the "ideal type" or "desirable" immigrant worker. Thus, the pathway for mobility is not only indicative of how migrants shape and are shaped by migration policies but also reveals the gendered notions of care work and the continuing legacy of these assumptions and criteria for care work that continue to dictate preferences for 'desirable' immigrants based on gender, race, and class.

The feminization of care and the uptake of nursing has been a primary pathway to education and employment, and thus, the decision to pursue a care migration pathway is highly gendered. In the book The Empire of Care, Choy (2003) describes the culture of migration as something that is often rendered invisible and inextricably linked to U.S. colonialism in the Philippines, where U.S. hospital recruiters and an Americanized hospital training system ultimately prepared Filipino women to work in the United States (4-5). Gender roles and duties are part of the culture of migration in the Philippines, as described by Tungohan (2021), who describes how state-mandated training for migration reinforces gendered values like being grateful and not complaining. The inculcation of such values illustrates the distinct impacts of colonialism on gender roles and values.

The culture of migration and draw to the care sector is evidenced in Gloria's reflections on the imagery of nurses and how she was drawn to the profession. She stated, "I want to be a nurse and every time I go to the hospital, I would see the nurses in the white uniform and cap, and I loved watching them" (Gloria, December 23, 2020). Gloria reflected on nursing in her admiration of the strength and sophistication of the profession. The predominance of the social order that accompanies migration trajectories illustrates migrants' willingness to acquiesce and the complex factors that inform their decisions to migrate.

The generational dimension of migration, as discussed above, illustrates how legacies of care are shaped by mobility, which in turn is affected by relations to a plethora of dynamics, including migrants' families, colonial histories, cultural expectations, migration policies, etc. Legacies of care extend beyond one's life course as it is informed by a culture of migration where mobility is identified as a route to achieving a "better" life. The envisioning of a better life prompted Maria and Rose to migrate for work opportunities and economic gains. For Gloria, this pursuit of economic stability was also coupled with increased social stability. Both Rose and Gloria shared a long-term vision for living outside of the Philippines and raising families in a country that offered financial and social security. Upon reflection, the age of my interlocutors informs their perspectives on their decisions and their life courses, a real sense of purpose and a sense of pride in having realized their dream of working, living, and raising a family in Canada. Their stories encapsulated this long-term vision and awareness about the meaning of their migration journeys in that they understood that they were enduring hard work and may not directly materially benefit from their decisions but that future generations would. Thus, their migration decision was in part in pursuit of bettering their life circumstances and those of their families in the Philippines.

This notion of a "better" life is very much enmeshed in a culture of migration. Constable (2014) signals the embedded values of migration across various cultures and communities and describes how this yearning for a better life or to provide for their family through migration can lead to what she calls the "migratory cycle of atonement" by which she means "circular patterns of repeated migration to the same destination country and home again" or how "others migrate 'on and on' looking for ever-better destinations in terms of pay and living and working conditions" (231). Constable (2014) documents how women are caught in a migratory cycle of atonement to prove their worth to themselves and their families or to compensate for previous failed migration attempts. Connecting to notions of the ideal neoliberal citizen and the individual configured in the pursuit of capital gains, this migratory cycle of atonement and view of migration as the route to a "better" life can thus lead to increased precarity. A neoliberal citizen classifies "good" citizens as those able to accrue social capital and "… those that fail to do so are deemed to be bad citizens who are less deserving of rights" (Mustafa 2016, 458).

Building on Mustafa's (2016) depiction of "good" citizens and "bad" citizens, Massey and his colleagues (1993) describe the increase of female migrants as a "culture of migration." The

"culture of migration" reveals how migration gains prevalence within particular communities, creating migration flows and patterns in response to the community's cultural perceptions and values where migration is seen as a route to a better life. A culture of migration is created when symbols become embedded in community life and are expressed in people's attitudes and behaviours, where migration is seen as a "rite of passage, and those who do not attempt to elevate their status through international movement are considered lazy, unenterprising, and undesirable" (Massey et al. 1993, 452-453). Thus, "good" citizens pursue migration and "bad" citizens may be seen as unmotivated. Massey et al. (1993) describe how the prevalence of migration amongst particular communities can lead to the creation of a vast social network abroad, and scholars believe that this social structure reduces the costs of migration (449). However, it is not to say that social networks lead to stability at any point in the migration process. Menjivar (2000) argues that structure and agency complicate the ideals of social networks amongst immigrants and are, in fact, "contingent and emergent" (36). A culture of migration can be problematized conceptually, as individual migration experiences feed back into and reshape the culture of migration, altering people's expectations and aspirations in a continuous feedback loop.

Through the narratives of my interlocutors, I illustrate how the culture of migration is informed by ideals of a "good" citizen which is tethered to notions about being a "good" worker. Notions of citizenship—as projected by the state, civil institutions, and the socio-culture of local communities—influence and are influenced by migrants' identities and are often constructed according to hierarchies of race, class, gender and other statuses (Brettell and Sargent 2006, 4). In the case of the Philippines, state interventions, exemplified by labour export policies and state-led training, and sociocultural narratives herald migrant workers as "heroes" acknowledging migrants' vital role in bolstering the nation's economy through remittances, significantly shaping migrant subjectivities (Eugenio 2023). By framing Filipino migrant workers as heroes, citizenship is reinforced as tied to economic contribution, positioning migration as a duty—a sentiment shared by my interlocutors.

Through my interlocutors' expressed difficulties of migration, encapsulated in sentiments of hard work, they acknowledged how obtaining Canadian citizenship was central to their long-term goals of financial prosperity and economic success that would be crucial for their family's livelihoods. Through their citizenship, they outlined the tactics by which they could better

support other family members in their migration to Canada. The idea of being a good worker and good citizen thus extends to my interlocutors' roles as mothers, daughters, wives, and sisters, as the prospect of migration also fulfills their desire to be a "good" family member by supporting their families in the Philippines as well as other family members in their pursuit of migration. Since Filipino migrants' ability to obtain Canadian citizenship is premised on their ability to work, their migration and labour of care influence what it means to be a "good" citizen and is a critical piece that enables them to support their family members, reflecting what it means to be a "good" family member. Thus, for Filipino migrants, their migration and pathway to citizenship in Canada are conditional to their labour.

Migration, in this way, can be viewed as a catalyst—not only for feeling hope but also for enduring and withstanding the conditions of migration, whatever they might be, toward a better life. For example, Rose reflected on her hard work and on the role of the family in supporting one another so that other family members could attend school in an effort to achieve economic security. According to Rose: "It was a hard life during those days after the war; you really have to work hard for it" (May 21, 2021). Rose described how her siblings would take turns working and supporting one another through school. She states, "When I was working, my sister was able to go to school as well, and my [other] sister finished her education in the same school" (May 21, 2021). Gloria also emphasized the desire and perhaps pressure she felt to do well in school. Gloria stated, "…we try to be always in the honour roll in the school. To be good, to be always in the higher grades… we studied a lot" (December 15, 2021). Sometimes, this would cause tension between her and her sister. Gloria laughed, "…when you are in the higher group, you're in a competition… I can study hard, my sister will study hard, but I have to study harder… Or else my sister will be in the honour roll higher than me" (December 15, 2021). Additionally, in a conversation about education, about ensuring that her siblings could also attend school, Rose lamented: "…lots of responsibility. I had to work so that they can go to school. They sacrifice too by waiting. My mom cannot afford for all of us" (May 21, 2021). Thus, hope is endured in the belief that the material outcome of their migration would assist their siblings through school and would have other positive outcomes.

Exploring their decisions reveals the multiple temporalities that exist in the migration experience. For example, envisioning a better life is a "**temporal horizon**" (Amrith, 2021) in which the realization of a better life for individuals embarking on a migration journey is always

on the horizon and is conducive to a culture of migration that requires mobility. This conceptualization of temporal horizons builds on Collins' (2018) work on desire, whereby "migrant desires demonstrates the multiple temporalities and rhythms of migration—the ways in which the generation of migration is distributed across the pasts of migrants and their families and into their lives abroad" (977). It is here that I begin to mark the ways in which their visions for the future at the time of their decision to migrate prefigure the existence of subsequent generations.

The reflections of my interlocutors highlight how migration is not understood as a singular moment in time. Legacies of care illustrate the life courses of migrants enmeshed in multiple temporalities where the past informs the future, not in a linear manner, but in a way that the future is always present. This refers to Adam's idea of the 'futuring' of time, which "…brings together the linear and the cyclical in that it folds the future into the present. It is not simply that we are 'made' by our pasts, but that humans as cultural and social beings are future-oriented" (as cited by Griffiths et al. 2012, 7). The idea of futuring emphasizes the reality in which my interlocutors' made decisions about their migration with the knowledge that their actions would impact the future of subsequent generations. It is from this starting point that I reveal the temporal aspect of migration and, more specifically, the ways that subsequent generations continue to be shaped by migration. I continue to theorize and build on this anthropological area of futurities (Bryant and Knight 2019) in the subsequent chapters that reveal the impacts of migration between generations.

Conclusion

In this chapter, I have examined migration frameworks and their limitations, capturing the historical, political, and social dimensions of migration experiences. I first elaborate on the historical context in which my interlocutors' migration occurred, including bilateral labour agreements between Canada and the Philippines, creating migration pathways in the healthcare sector. I build on the historical context to describe the culture of migration that is illustrated by my interlocutors' stories, in which they reflect on their decision to migrate, including career goals, family obligations, and dreams and hopes for the future. I argue that the concept of acquiescent mobilities should be considered in a mobility matrix to explain the tension between the desires and abilities to stay and leave. Acquiescent mobilities are part of the culture of

migration, where migrants actively employ agency in their willingness to acquiesce to migration pathways for the benefit of themselves and their families. I make the case that migration is always relational, in this context, bound to familial obligations and gendered roles and norms and legacies of colonialism. I also argue that the experience of migration is bound to multiple temporalities, informed by one's past and also through the envisioning of a future that the potential of migration can bring.

The concept of legacies of care is reflected in my interlocutors' reflections on their decision to migrate in the following ways: First, the care migration pathway is informed by historical, structural, and socioeconomic conditions that shape their experience of migration. Secondly, the culture of migration is recognized as a practice of care for the family and subsequent generations. Thirdly, subsequent generations will continue to be shaped by this history of migration. The following chapters examine the dimensions of the legacies of care and the many layers of migration as articulated by my interlocutors and their immediate family members in Canada regarding how their dreams have played out over their life course, how care relations among family members and communities have evolved and how the experience of migration has impacted their experience of aging.

This chapter sets the stage to further examine the complexities of migration from a longitudinal perspective. This dissertation elaborates on the aspects of migration and mobility as they shape and are shaped by care across their life course. From their early settlement experiences (Chapter 3) to negotiating their dreams in a new country (Chapter 4), to their career trajectory and how that has impacted their experience of aging (Chapter 5), to the complexity of sustaining familial relationships during times of illness and death (Chapter 6).

Chapter 3
Exploring the Expansiveness of Care in Transnational Migrant Families

Introduction

In this chapter, I bring to light how the onset of migration sets into motion a range of care practices and care actors that shift the care dynamics in families. For transnational families, the mobility of one or more family members means extending their circle of care. Extensions of care occur by virtue of distance, when one's absence necessitates that care obligations get taken up by new actors, and when the person migrating establishes networks of care in their new place of residence. Ever-evolving care dynamics are made complex by mobility and can be disruptive to traditional care exchanges across the life course. For instance, migration can be a challenge for parents caring for their children at a distance. It can pose difficulties for working parents to care for their children in a new country without the support of extended family, like grandparents, who can help care for their young children. Furthermore, migration can impact the care of elderly parents whose children are abroad. While (im)mobility can challenge familial relations, it is also the impetus for new and rich connections to emerge.

This chapter examines my interlocutor's life experiences—tracing the flow of care in a pre-migration setting, in early settlement experiences abroad, and beyond. I employ the concept of 'acquiescent mobilities' to convey how care practices and actors are set into motion, mobilizing resources and people to support transnational family networks. The idea of acquiescent mobilities emerges from a critique of Schewel's (2018) framework for mobility that examines people's decision to migrate. Acquiescent mobilities complicate our understanding of the mixed feelings of those wanting to stay and migrate. Thus, their desire to stay is often at odds with their pursuit of the opportunity for a better quality of life and personal fulfillment through career advancement and socioeconomic stability. Their life stories of migration reveal how people acquiesce and how they willingly engage in and take on caring roles in response to mobility within families. I draw on Tadiar's (2022) concept of 'life-times' to describe how care relations and experiences of migration are shaped by global capital systems and, as a result, shape their livelihoods (encompassing familial relations, income, and mobility) that are in flux throughout their life course.

This chapter sets the tone for analyzing the expansiveness of care—as an affect, as a practice, and as a network. Moreover, it is in this context that my dissertation addresses care and its intersection with themes of mobility, time, and the life course. I explore the broad scope of caregiving practices, the diverse emotions embedded in care that fluctuate over time, and the persistent roles, duties, and expectations associated with migration, which serve as a basis for laying out the legacies of care framework.

In the first section of this chapter, I address the study of kinship in anthropology, critiquing the universality of kinship and illustrating the diversity of care relations grounded in Carsten's (2000) concept of relatedness. I also introduce the concept of "networks of care" as an expanded framework of care that is used to demonstrate how gaps in care are filled through a variety of actors and care practices. I complement this section with a critical analysis of transnational care and global kinship to describe how networks of care have evolved alongside the increase in the movement of people.

In the second section, I provide ethnographic details of my interlocutors' upbringing that illustrate how diverse configurations of care existed before their migration journeys. Their childhoods reveal how families strategize and adapt according to the country's socioeconomic climate and how networks of care are formed by actors like neighbours and grandparents. The third section examines my interlocutors' early settlement experiences in Canada and exposes the navigation of care across distance. I conclude the chapter with discussions of mobility, power, and gender as it relates to one's agency.

Figurations of relatedness and networks of care

Anthropological studies of kinship have undergone a significant shift in the 20th century, moving away from the Western biogenetic model—which defined kinship through descent, blood, and later genetics—as the "rational", dominant framework for understanding kinship. Early kinship studies, particularly those of Radcliffe-Brown (1950) and Lévi-Strauss (1949), emphasized formal structures as the foundation of social organization, with descent theory focusing on kinship ties between parents and children (Radcliffe-Brown) and alliance theory centring on marriage as a key mechanism for structuring both kinship and political relations (Lévi-Strauss). However, these frameworks implicitly labelled other, non-biogenetic forms of kinship as "primitive" or "fictive."

This assumption was challenged by Schneider (1968, 1984), who demonstrated that kinship is a culturally constructed system of meanings, positing that Western understandings of kinship that rely on the cultural idea of "common blood"—is a notion that is not universal. Schneider argued that the distinction between "natural" kinship, that is, relations by blood, and "legal" kin ties through marriage, for example, were cultural constructs reflecting a broader symbolic system that shaped social roles and expectations and were in no way a biological reality.

Following this critique, Needham (1971) took this argument further, famously stating that there is "no such thing as kinship"—at least not as a universally applicable category (5). Needham (1971) recognized kinship as a system of relations shaped by power dynamics, rejecting the notion of a universal structure based on biology and descent. This interpretation emphasizes that each society and culture defines kinship according to its own ideologies.

In response to these critiques, anthropologists expanded the study of kinship to include diverse ways of making kin, often referred to as "relatedness" (Carsten 2000). Relatedness refers to how people enact and experience kinship in ways that do not necessarily align with biological or legal definitions. Carsten (2000, 2011) has argued that kinship is created through "shared substance," including food, cohabitation, bodily fluids, and everyday care practices. Drawing on research in Southeast Asia, her work highlights that kinship is not simply given at birth but actively created through lived experience.

While Carsten focuses on how kinship emerges through shared experience, in contrast, Weston (1991, 1995) examined how LGBTQ+ communities in the U.S. have formed "Families We Choose"—kinship networks based on intentional, voluntary ties rather than biological descent, highlights how kinship is a form of resistance to dominant family norms. Weston's work demonstrates that kinship is profoundly shaped by sociopolitical structures, noting the exclusion from legal and heteronormative family structures as primary factors.

Strathern (1992) also examines kinship through a legal lens, exploring technological transformations, like assisted reproduction, which challenges and extends traditional understandings of kinship beyond biological ties. She emphasized the role of law in defining kinship relationships and highlighted how kinship is not "natural" but is actively produced through social, legal, and technological processes. Strathern's (2020) recent work elaborates on the expansiveness of kinship through concepts like relationality, which captures the varied and

dynamic ways people form social connections beyond conventional kinship categories. Her work critically interrogates how kinship is shaped by power and gender, contributing to debates on the politics of relatedness.

Building on these insights, Borneman (1997) has proposed studying "processes of voluntary affiliation", where kinship-like bonds emerge through care and mutual support rather than formal structures. Case studies examining how people move around legal limitations and social constructs to meet pragmatic and emotional needs demonstrate how kinship principles vacillate between larger societal goals, like that of social reproduction (Borneman 1997). Borneman (1997) illustrates how the need to be cared for transcends legal and social constructs and how people find creative ways to meet their needs when they come up against exclusionary conventions (582).

Kinship in anthropology has thus evolved from biological interpretations of relations to flexible frameworks that acknowledge how social structures embedded in systems of power shape figurations of relatedness. For migrants, conditions of mobility and immobility are influenced by global power systems, shape caring roles and expectations, and inform modes of care and care actors. Migrant families and communities who may be separated from biological kin have then had to create alternative systems of support through community-based caregiving networks and informal kin-like relationships (Baldassar 2007).

The diversity of care experiences in contemporary society can be translated to institutional settings such as hospitals. For example, varied care arrangements are formalized in the health sector through terms like "networks of care," which refer to the intentional coordination and effectiveness of interconnected service delivery touchpoints designed to address critical gaps and ensure continuity in patient care (Carmone et al. 2020). While networks of care reflect legal interpretations of care arrangements, such as emergency contact lists or next-of-kin designations, they also serve as a framework for understanding how individuals and institutions strategically organize care to address gaps to ensure continuity in care provision.

I am drawn to this interpretation of networks of care as it aligns with how my interlocutors employ various care practices and strategies to meet and sustain their caregiving needs across borders and over time. I translate this interpretation of how kinship is enacted in hospital settings to illustrate how migrants experience care structurally (through legal and

bureaucratic frameworks) and emotionally (through social networks and relational ties). Thus, I aim to examine how care arrangements shape the experience of caring and being cared for.

Throughout this dissertation, I draw on the concept of networks of care to frame my understanding of the expansiveness of care highlighted by the breadth of care practices migrants employ to navigate and bridge care gaps across their life course. This framework reflects how kinship does not always conform to legal or genealogical definitions but instead encompasses a diverse range of actors, care roles, and practices that evolve throughout a migrant's life course. I use networks of care to demonstrate how migrants' care experiences are excluded from and extend beyond formal legal and genealogical understandings, capturing the fluidity and adaptability of care relationships in transnational contexts. In doing so, my work builds on and challenges past anthropological conceptions of kinship to further account for the complexities of care.

Concepts of transnational care

Discussions of kinship have expanded in light of increasing transnational migration. Global kinship is a term that has been introduced to reflect the emerging forms of relations that are produced through global processes, including transnational migration (Carsten 2007). The purpose of mobilizing the concept of global kinship is to examine how relations and networks of care have evolved alongside transformations in global economic and cultural politics. Research on global kinship suggests that the movement of people and the movement of ideas, in tandem with the proliferation of technology, shapes our evolving ideas about kinship, in addition to the ways we "do kinship" (Carsten 2007, 404). Through the lens of relatedness, networks of care are established in "unexpected places in unexpected ways" (Carsten 2007, 405).

Transnational networks of family care are expanded through mobility. Transnational families are defined as "familial groups with members living some or most of the time separated from each other, while nonetheless feeling a sense of collective welfare, unity and familyhood across national borders" (Bryceson 2019, 3043). Physical distance creates diverse expressions of bonds and forms of relationships that change at various stages of the family life cycle (Bryceson 2019). Skrbiš (2008) documents how migrants' "emotional coping strategies related to physical separation from their 'left-behind' family members are scantily documented" (as cited by Bryceson 2019, 3042). Transnational families impact migrants' decision-making and constitute

"a multi-dimensional spatial and temporal support environment for migrants" (Bryceson 2019, 3043). The realities of transnational families change over time, ranging from deep emotional bonds to severed ties. Transnational families have received much attention in migration literature. In fact, several concepts have been employed to describe unique care relations that emerge from transnational family life including what has been described as "care triangle" (Graham et al 2012), "care circulation" (Baldassar and Merla 2013), "transnational hyper-maternalism" (Tungohan (2013), "transnational care constellations" (Oliveira 2015), "multidirectional care" (Francisco-Menchavez 2018), "communities of care" (Francisco-Menchavez 2018), and "care loops" (Isaksen and Näre 2022) to name a few.

In addition to these concepts of transnational care, Coe's (2021) notion of inscriptions offers a valuable lens for understanding how caregiving emerges and adapts to shifting mobility patterns and caregiving demands. Coe (2021) introduces the concept of *inscriptions* to describe "new practices and discourses" that emerge "when some people are doing, believing, and feeling in similar ways", of particular notice in contexts shaped by shifting patterns of mobility and migration. In her research on social change in the context of aging in Ghana, Coe (2021) documents how actors—such as older women who now increasingly move in with their daughters, neighbours and tenants who step into caregiving roles, and religious institutions that organize programs to combat social isolation—adapt to the strains placed on families by changing caregiving landscapes. These actors and practices represent contingent responses to the growing challenges families face in sustaining care, similar to the ways in which care gaps are filled by diverse actors and practices that make up networks of care. The concept of *inscription*, drawn from Stack and Burton's (1993) notion of "kin-scripts," highlights how caregiving practices and expectations are not just inherited but actively created and negotiated over time. Unlike static scripts, *inscriptions* emphasize the processual and emergent quality of how care roles and life course patterns take shape through everyday interactions (Coe 2021, 4).

My dissertation responds to the existing work on transnational families, observing the acceleration of global migration and mobility, which calls for a deeper understanding of the dynamics of transnational family life over time. In the following chapters, I examine the temporal dimension of care, illustrating how caregiving practices and connections extend beyond

the life course, revealing how migration influences family bonds across generations and lifetimes.

In the literature on transnational families, Baldassar (2007) addresses themes of globalization and transnationalism to show the ways that families form bonds through emotional and moral support across large distances. Baldassar (2007) develops an analytical framework to explore modes of transnational caregiving, encompassing three factors: one's ability or capacity to provide care, cultural obligation, and one's family relationship and migration history in which commitments have been and are continuously negotiated over one's life course (392-393). I consider Baldassar's (2007) work on the emotional labour that goes into the upkeep of family ties and the managing of "truth and distance" (401) among family members to be no small undertaking and adds to a discussion of how kinship is being reconfigured through transnational migration into new ways of relating and more flexible, open-ended networks of care. This work displays how gender is a central factor in shaping roles and expectations for care within transnational families.

Gendered paradoxes of transnational migration

The increase in the migration of female labourers has brought attention to the reconfiguration of family households and the division of family responsibilities, as women sometimes negotiate their roles from a distance. Processes of socialization give endurance to longstanding notions of care obligations required at a particular life stage and by whom ideas about motherhood are often contested by migrant mothers navigating work and care (Alber and Drotbohm 2015). Contreras and Griffith (2012) outline three paradoxes in the experience of migrant mothers. They examine temporary labour migration from Mexico to the U.S., where women obtain visas to work in small coastal factories picking meat from blue crabs. In this context, women negotiate life and migratory decisions which both reaffirm and contest their skills and capacities as skilled migrant labourers and mothers to children abroad (Contreras and Griffith 2012). There are three paradoxes in the goals of migrant mothers: constructing quality family life while separating the family, transgressing while reaffirming traditional gender roles, and striving to become better mothers apart from their children (Contreras and Griffith 2012, 53). These paradoxes highlight how one's decision to migrate for economic purposes is motivated by their desire to enhance their family's quality of life, a quality of life that can also become

ruptured by the long-term impacts of social and psychological anxieties caused by separation and the general hardships of adapting to a new country.

Another paradox is revealed in instances where women move away from traditional gender roles as primary caretakers through the assertion of their independence as self-reliant breadwinners. At the same time, women often leave their children in the care of other women, reaffirming women's role as caregivers. It is revealed that even in cases where children are left with male partners, the men will often seek assistance from female kin or females in their community for childcare (Contreras and Griffith 2012, 57). A woman's role as a caregiver is exemplified by all three women in my study who relied on an extended care network to help raise their young family. The support came in the form of female family members or nannies. Considering this context, scholar Parreñas (2005, 92) refers to the "gender paradox," and Kingsolver (2007, 290) references the "paradoxical globalization" to illustrate the migratory dynamics of women who transgress traditional gender roles by asserting economic independence and mobility on the one hand, and on the other hand reaffirm traditional gender roles by exercising their motherhood abroad and leaving their children in the care of other women. Female agency, described as paradoxical in this context of migration, illustrates how power can simultaneously oppress and empower an individual. My research reveals how agency is exercised through diverse care practices, allowing women to navigate and assert control within the constraints and opportunities that migration presents.

This chapter tends to the diverse strategies for care and care relations that emerge out of the context of transnational migration. In this chapter, I elaborate on the 'legacies of care' framework to articulate how configurations of care and care migration trajectories have been shaped by colonial rule in the Philippines and colonial ideologies enacted by Canada's migration policies and healthcare institutions. This chapter details my interlocutor's upbringing in the Philippines to reflect the broad range of strategies for care that were employed within their families as well as in their community, often driven by economic necessity before and after their migration.

The illustrations of my interlocutors' upbringing—and later, their migration and settlement in Canada—reveal how transnational migration both reinforced and challenged gender roles within their families. Through their stories, I trace a diversity of care configurations over their life course and argue that colonialism and transnational migration have a major impact on a

migrant's ability to care and be cared for. Moreover, I establish that even after many decades in Canada, my interlocutors' livelihoods continue to be shaped by transnational migration. I argue that we must consider migrants as transnational subjects even in their older age. I extend the legacies of care framework that posits that care relations are diverse and expansive. The expansiveness of care figures in their stories as care relations emerge from love and affection, as well as feelings of guilt, resentment, and evolving conflict, extending across many actors.

Tracing care and reconfigurations of family before migration

The literature on transnational migration and family relations often speaks to the unravelling of family structures and the reconfiguring of care relations as one or more members of a family migrate abroad and families become separated. Less consideration is paid to the diverse ways in which families strategize and adapt, often according to a country's economic climate, even before the migration journey begins. I ground my analysis in the historical context of U.S. colonial rule in the Philippines as well as the aftermath of World War two and the Japanese occupation of the Philippines, which informed labour migration trajectories and the strategies for care employed by families and communities that often separated family members across provinces in the Philippines.

The upbringing of Rose and Gloria provides important insights into how infrastructures of care are created, established, and persevered. Often driven by necessity, I document how many working family members were expected to seek employment opportunities far from their home, requiring that the care of children be provided by other actors beyond their immediate family like grandparents, cousins, aunts, uncles, and even neighbours. These arrangements, of course, are not uncommon, but it is significant to note that such arrangements existed before the interlocutors' experience of migration, meaning they were familiar with navigating care arrangements across distance over time. Thus, mobility and family separation are neither modern products of globalization and migration, nor is transnational migration a predominant circumstance for family separation and extended networks of care. Their experience reveals how poverty and economic opportunities have informed decisions of interprovincial and transnational migration, resulting in family separation and the need for alternative strategies for care. Their upbringing provides an entry point to interrogate the expansiveness of care and caregiving

relations in all its forms. I begin with a discussion of how the interlocutors' caregiving arrangements in childhood expand notions of care and contribute to scholarship on relatedness.

Gloria

Growing up in the Philippines, movement and mobility were facts of life. Whether families were fleeing neighbourhoods impacted by the war or relocating for economic opportunities, moving between family members' homes and uprooting one's life were common features of my interlocutors' childhood. For some, these conditions of mobility often meant family separation. Take the story of the interlocuter, Gloria, who retells her childhood when her father was largely absent due to his work in an electric distribution utility company in another province.

Gloria's father worked for The Manila Electric Company (also known as the Manila Electric Railroad and Light Company), or Meralco for short. Gloria's father took this employment opportunity in another province in the mountains, two to three hours away by bus from their family home in the city of Las Piñas, a suburb near the shores of Manila Bay. Living very far from their family home, Gloria's father would visit them only once or twice a month. This arrangement lasted for the duration of Gloria's childhood, and she shared that between the infrequent visits, she and her sister would send letters to their father in the absence of a telephone.

During World War II, when Japan invaded the Philippines, Gloria lived in hiding with her mom and sister at the foot of a mountain. Chickens lived under their house, producing eggs for them to eat. For water, Gloria and her sister would go to the river with a bin, fill it up, and carry it on their shoulders home. Gloria shared one memorable time, in the middle of the night, when their neighbour came to them exclaiming to Gloria and her sister that their dad would like to see them. Gloria and her sister then followed their neighbour to see their dad. She was so happy and also very scared. Their visit with their father was only an hour or two. She affectionately described that "he will embrace us tight and he was missing us, and we are missing him too, after that, my dad has to go." Gloria's dad was at risk of being identified as a guerilla and fled to the mountain in hiding. After that, Gloria stated, "We don't see my dad very often" (April 5, 2021).

For Gloria, her father was not the only parent who had to travel for work or other reasons (in Gloria's case due to fear). Gloria also shared how, after the war, her mother also had to leave

them for a work opportunity in another province. Gloria's mother often travelled to the province of Laguna for business, living away from home for three to four weeks at a time. Laguna was approximately 4 hours by bus from their family home, and during these times, Gloria and her sister would live with their grandparents, where their uncle also resided. Gloria shared that her grandparents lived very close by—allowing her and her sister to attend the same school. Surrounded by neighbours, Gloria described their closeness stating, "We are always together almost, you know, the neighbours are very close to each other" (December 15, 2021).

In fact, Gloria commented on the hardships of her upbringing and how her family relied on the support of neighbours to meet financial needs.

> …you know we are very poor, I don't even – we don't even have a telephone in the house, no. I had to ask [neighbours], yeah, to ask our friends to get my mom. You know, when I was in the university, they will tell me – the office will tell me, 'Oh, Miss…you cannot take the exam because you haven't paid for this month this month.' So, I have to call my mom to my neighbours, say, 'Mom, I need some money' [laughs]. And my mom have to borrow from – have to borrow money from friends. Yeah. And bring it to me. Yeah. That's how hard it is. My parents have a hard time… to bring me and my sister to finish university (March 19, 2021).

Gloria told me how her migration enabled her mother to repay their debts and make improvements to her mother's living conditions at home. In describing her parents and the impact of her migration, Gloria stated:

> They were very poor. So, it was very hard, very, very hard for my mom. So, when I went to Chicago, it was a big relief for my mom. I promised her I will send you my monthly salary. And we opened a bank account, and then, I send my mom my money. And she paid all our debts, you know, that she borrowed for my school. And she paid all of those. And she was even able to have a house built, a two-storey house (March 19, 2021).

When Gloria was growing up, neighbours were instrumental in her completion of school, and she fulfilled both caring and financial roles, in addition to receiving support from her parents.

Rose

Rose's family story is also characterized by mobility. These conditions of movement were particularly acute during the war in the early 1940s. Rose shared how she was born in the mountains where her family was hiding. She described how every time they had to relocate and hide, family members would carry her pregnant mother from one place to another as there was no car.

When the war ended, and they were back to 'normal living', Rose described, hard work began: "…because of poverty, you know, after the war, there was not too much money. My dad is working out of the – out of my province to support us, plus, we have a little bit of farm to support us…" (April 6, 2021).

Rose's parents owned a rental home across the street from a high school, where other students from different provinces would stay when they attended school. She described it as a boarding house where her mom would prepare food for the students living with them at the time. Rose's parents also owned a farm where they lived, in which her dad was primarily in charge. Rose explained how, because the farm was very small and laborious, she and her sister often stayed with their grandparents. Rose stated:

> But during, you know, during those times after the war, your parents are busy, so I mostly lived with my grandparents, both sides. Every now and then I go to school in how many different places [laughs], in elementary school. I stayed with my grandmother for a while on my mom's side, and then, I go to my dad's side (April 6, 2021).

She described how her siblings were sometimes separated among the grandparents. "Sometimes when I go – yeah, we're separated. Like, [my sister] stays more on my father's side, and I stay on my mother's side. Like, it's changing sometimes, you know." Describing the playful nature of her upbringing, she stated: "…whoever is available to look after us, then they take care of us. But it was fun, you see all of your cousins and aunts and uncles. You live together [laughs]" (April 6, 2021).

She further described,

> "My dad used to work outside of my province. So, my mom is busy with the farm, so we – I live with my grandparents. Sometimes my mom's side, and sometimes my dad's side. So, when I was in grade one, I was in – I went to school in the town where my mom's grandparents – my mom's parents live. So, I live with them. And then, when I was in grade two, I moved to my dad's mother, my grandmother, on my dad's side, until I was going to high school" (May 21, 2021).

Rose's reflections detail how members of her family were mobile in response to the country's poor socioeconomic conditions, which led to diverse care arrangements during her childhood. The literature on migration and transnational families addresses family formation and caregiving strategies among family members in a post-migration context after one or more family members have settled in a new country. What does not get often accounted for, however, are the care arrangements that occur due to internal mobility and precede migration journeys. It

is significant to examine these pre-migration contexts, given that strategies for care resemble post-migration settings. Care arrangements that include extended family and community members are often overemphasized in transnational care literature, and in this pre-migration context, we can shift our attention to how socioeconomic conditions prompt expanded care arrangements, not limited to families of transnational migration.

My interlocutors' upbringing resonates with that described by Anderson (1971) and Wilmott and Young (1963), who address the flexibility of family membership and household structure in the context of nineteenth-century Lancashire and East London, respectively. They described that when economic resources were strained, family resources and kin moved between households as a direct response to conditions of poverty. This is made evident by the fact that my interlocutor's higher education was made possible by the support of resource-sharing between neighbours. Wilmott and Young (1963), in particular, point to how resource-sharing between family households can be gendered, following a matrifocal pattern, where the family structure is based on ties between the mother, daughters, and sisters. Transnational care literature that examines care migration, and specifically Filipina migration, tend to these gendered dynamics, which illustrates the responsibility of women to provide for their families (Constable, 1997; Parreñas, 2001; Yeates, 2004). Gloria, in this instance, expresses how her mother incurred debt to send her and her sister to school and how, when she first migrated to Chicago, she felt obligated to send portions of her salary home to support her mother.

These caregiving strategies brought on by socioeconomic conditions can be explained by the impact of colonial occupation that necessitated these kinds of care arrangements. My interlocutors point to the aftermath of the Japanese occupation of the Philippines from 1942 to 1945 to explain poor economic conditions and job precarity in the Philippines that led to family members working in different provinces. Further to the socioeconomic conditions, the historian Catherine Cenzia Choy (2003) documents the proliferation of nursing education and nurse migration in the Philippines during this time. Choy (2003) describes how the uptick in nursing was a product of Spain's colonial education system and U.S. colonialism in the early twentieth century and is directly related to the mass migration of Filipina care workers to North America starting in the 1940s. These conditions informed the care work my interlocutors engaged in, both at work and at home.

The concept of acquiescent mobilities is relevant in the context of the internal mobility of my interlocutors' parents and the care arrangements that then fell into place. Acquiescent mobilities highlight the politics of movement and considers the dilemma of one's capability to migrate and their conflicting desires to stay and leave. Gloria expresses how poor her family was, which necessitated both of her parents to leave their home province to secure work. Rose also describes how her father had to work out of province, leaving her mother responsible for their family farm while she and her siblings stayed with their grandparents. Thus, although Gloria and Rose's parents were able to internally migrate for work, they both expressed the hardships that prompted such mobility and the care arrangements that then followed. Mobility is made complex here as their inter-provincial migration is a response to limited work opportunities and also their need and desire to secure work elsewhere. Acquiescence in this context captures the colonial histories and socioeconomic conditions in which mobility and care at a distance were necessary. Gloria and Rose's family's mobility in seeking work out of province, though, speaks to an active willingness and agency on the part of these women. Acquiescent mobilities go hand in hand with the culture of migration, which emerges as people become actively mobile in pursuit of economic gains and the desire to support their families. Acquiescent mobility reflects the mobility of people and resources that adapt to socioeconomic circumstances, realized in the form of migrating for work and expansive care arrangements.

The family arrangements and strategies for care that are detailed by my interlocutors' stories also reveal aspects of the legacies of care framework, in the way that expansive notions of care and social reproduction are articulated. The extension of care figures in the care arrangements that the interlocutors reflect upon include situations where the children live with a single parent while the other parent works in a different province for long periods or situations where children live with grandparents and other cousins. Other actors are also present, including Gloria's neighbours, who assisted their family in meeting financial needs, such as the cost of her education. The expansiveness of care also relates to time, where I observe how care relations, according to my interlocutors, were sustained, such as through Gloria's ties to her family after migrating and her efforts to repay neighbours and rebuild their family's home. Their stories reveal legacies of care as they encompass the notion of time, given that flexible care arrangements and strategies for care can be traced pre-migration and continue well beyond their

settlement, with specific reference to the role of remittances and maintaining ties to family and property in the Philippines.

Early settlement experiences and raising young families through networks of care

The experience of acquiescent mobility continued to figure in their early settlement experience in Canada, where caring arrangements adapt to mobility patterns. Extended networks of care marked my interlocutors' upbringing and continued to characterize their experience as migrants themselves. Diverse care arrangements by a myriad of actors, as well as resource sharing within their community, continued in their adulthood. Indeed, when it came time to embark on their migration journeys, expanded care arrangements were critical for their mobility and the caretaking of their family. I elaborate on how care arrangements adapt to mobility patterns. The adaptation of caregiving strategies within transnational families also reveals how gender roles and norms are challenged and reinforced. Through their stories, I also illustrate the long-term effects of migration and care among transnational families over time. These dynamics are articulated by Gloria's early settlement experience in which her mobility reconfigures intimate familial relations, like that of a mother and daughter, as caring from a distance becomes the norm. The long-term impacts of migration and caregiving are additionally illustrated by Rose's early settlement experience, during which she engaged in sponsoring other Filipinos to support the upbringing of her young family.

<u>Gloria</u>

In our discussion of Gloria's migration journey and her first few years in Canada since her migration in 1964, she detailed how leaving her daughter in the Philippines was made easier, knowing there was an expansive network of care to support her. Gloria described how she and her husband left her daughter in a multigenerational home, where her daughter's aunts, uncles, and grandparents were present to provide around-the-clock care. She also found comfort in knowing her in-laws were professionals like teachers and nurses, and their expertise in teaching and the medical field was welcomed when raising her daughter.

Of course, these extended forms of care were complicated, and overlapping care roles clashed at times. This was particularly acute when family members were apart for long periods.

Gloria recalls her daughter's homecoming in 1967, about four years after they arrived in Canada, stating:

> [Her] auntie brought her here, Auntie Lori. Yeah. Mommy Lori, they call her Mommy Lori… And your mom doesn't like to come with me [laughs]. We pick them up at the airport and Mommy Lori said, "She's your mom! She's your mom, there's your dad!" She doesn't like to come with me [laughs] (March 19, 2021).

Auntie Lori soon returned to the Philippines, leaving Gloria's daughter with her and her husband permanently. Through the discomfort in retelling this encounter, Gloria revealed the underlying conflicts and hardships she faced in adjusting to her daughters' relocation and new life in Canada. In reflections on the experience of migration, both Gloria and her daughter share conflicting emotions about the impact of their years apart.

> Gloria stated, "We were waiting – I was waiting, waiting for her. And we just call her by long distance to talk to her. And I know that she's coming, I was so excited. I was so excited because we left her…And I felt so bad, but we have to come. To change our lives. But it did not change [laughs]. We found a job, but the life was not so good, too" (March 19, 2021).

In the present day, Gloria's daughter, Christina, reflected on her relationship with her parents, stating: "Parents, [I was] never really close to them, really never had a solid bond with either of them. And with my father, less, much less than my mother. With my brothers, I'm quite close to both of my brothers. So they kind of made up for what I was lacking with parents" (September 9, 2021).

These reflections highlight the impact of migration, distance and time on familial relationships and reveal the complexity and costs of labour migration. Gloria's sentiments about leaving her daughter and embarking on a migration journey are coated with a range of emotions, including grief and hope. Addressing the impacts of mobility on care, Francisco-Menchavez (2018) dismantles "the idea of care work as nurturing or loving, and presents examples where care work is done with contradicting emotions to insist on recognizing the labour in caring" (27). In this context, examples of care work not only include forms of activity; through Gloria's daughter's reflections on estrangement, she illustrates how care is not necessarily an expression of love and nurturance but can also be entangled with feelings of guilt, resentment, and conflict. The complexity of care was made evident by Christina, who expressed conflicting emotions about the fact that she did not have a close relationship with her parents. Christina emphasizes distance in her relationship with her parents and the impactful role of her siblings in fulfilling the

nurture and care that may stem from parent-child relationships. Gloria had two more children in Canada in 1967 and 1971. Gloria's son reaffirmed shared sentiments, commenting on his sister's experience of reunification at such a young age. Reflecting on his close relationship with his siblings, he stated:

> I think because the dynamic of [my sister] coming later, after [my mom and dad] had settled in Canada… because really, it was an incredible shock for a four-year-old to come to Canada with her aunt and then see her parents who she hasn't seen for a year… So, I could imagine for [my sister], it was very difficult for her to adjust. Not even realizing it as, you know, as a toddler that, you know, she has to mature somewhat, a lot faster, because of her circumstances (September 9, 2021).

Gloria's son reflects on the fact that he is close with his siblings because of his sister's unique settlement in Canada. His experience demonstrates how migration impacted not only Gloria's daughter but also her siblings, who did not share the same experience directly.

While Gloria and her daughter maintain a cordial relationship, Christina has explicitly characterized their bond as not being close. Her reflections on estrangement suggest that their relationship has been shaped by the physical and emotional distance brought on by Gloria's migration, further illustrating how caring relations are not always grounded in warmth and affection but can also emerge from experiences of conflict and tension. However, estrangement due to long-term distance is not always the case. In Holdsworth's (2013) exploration of the impact of mobility on family relations, they unpack the assumption that intimacy declines as people move apart. Holdsworth (2013) challenges the interdependency of mobility and intimacy, describing how intimacy can be formed and maintained according to the conditions of corporeal co-presence and beyond. Instead of subscribing to the notion that an individual leaving their family home marks the transition from dependent to independent, Holdsworth (2013) traces how intergenerational relations are reconfigured throughout the life course, which includes the cultivation of intimate relations despite the distance. Migration research expands on how migration-induced separation shapes intimacy and care across distances, transforming familial bonds over time.

The contemporary literature on transnational caregiving explores the unique strategies families use to stay connected and provide care. Recently, this scholarship examined the role of digital technology (Francisco-Menchavez 2018), a communication tool that was unavailable during Gloria's initial migration and separation from her daughter. Gloria's migration illustrates

the long-term implications of migration, in which familial relations are complicated considering the daughter's age of separation, prolonged distance and lack of communication. Together, Gloria and Christina illustrate a common migration story of sacrifice, optimism and fragmented familial relations marked by migration. To complicate the messy emotions that mark migration, I draw on Magsumbol (2022), who describes Filipino labour migration as entangled in a 'political economy of emotions' defined as "…the powerful emotional cues of responsibility, guilt, love, and affection that power the Philippine labour brokerage system, and deployed by the nation-state to ensure the imperatives to leave and to return" (128). A political economy of emotions is tied to the Filipino migrant, for it is not an individual that migrates but someone that is part of a family, a community—"people who have and maintain kin relationships, people who themselves create families and communities of their own, then they land and acclimate." (Magsumbol 2022, 128). When one decides to migrate, it changes the trajectory of their life and those around them for generations to come.

Rose

Rose migrated to Canada in 1969 when she was 27 years old. For Rose, early settlement experiences in Canada were coloured by the birth of two children, demanding strategies of care that encompass extended networks to help raise her young family. For Rose extending her network of care in Canada came in the form of sponsoring other Filipino migrants. She stated,

> "…at the beginning when the kids – when May was born, I was so lucky enough to have – Tito Marc's mom came over when she was a baby. But she didn't stay very long, she only stayed for a year. And then, after that, there – I had a friend who look after May when Tito Marc's mom left for Philippines, going back home. And then, after that, we moved to a house… So, it was quite hard, because Tito Marc is working evenings, I work days, so we take turns and we bring May to the babysitter. We have a babysitter… Tito Marc takes May in the morning and I pick May up when I come home from work. I was lucky enough that my babysitter is Filipino and she's really good, she looks after May. So, I wasn't worried about getting home late and stuff like that" (April 13, 2021).

Rose reflected on how grateful she was that her mother-in-law could travel from the Philippines and stay with them to help with their newborn baby. She also described the comfort she felt knowing their babysitter was Filipino when she had to access care outside of her immediate family.

Rose further explains how she went on to hire help. She says:

> But eventually, I hired a nanny. I hired a nanny when Jacob was born, because there's already two of them to have to look after. So, I hired a nanny. And then, [the nanny] stayed with me for two years, and then, I hired my other cousin to come from the Philippines to help out. Yeah. Until [pause] the kids went to school. So, it was OK… So, I didn't have any more nanny and we just look after the kids. Yeah. [Sighs] It was hard at the beginning. But it was good because there's some people who, you know, try to help you out sometimes.
>
> Actually, my nanny that I sponsored came from Spain… But is a Filipino that went to Spain for also the same work, you know. But because of a lot – at that time, there was a lot of nannies here that know some friends somewhere else, so somebody ask me if I can sponsor her, because I needed help. So, I said, "OK." I was lucky enough that this person that I sponsor is from my hometown! Yeah. So, I was, you know, I was glad, because we speak the same language [laughs], you know, and of course you live in the same place, so you – I know their family (April 13, 2021).

Sponsorship was a key avenue to building a community of care. The Immigration Act of 1976, implemented in 1978, introduced family class sponsorship, enabling Canadian citizens and permanent residents to sponsor close relatives, including spouses, children, parents, and grandparents, as well as an assisted relative category, a sub-category for people who had relatives in Canada and that also had occupational skills in demand (Atkey 1990).[4] To provide sponsorship, individuals had to be over 18 years of age. Sponsors were also required to meet financial requirements, ensuring they could support their family members without relying on public assistance, and in doing so, they had to sign an undertaking to support them for 3 to 10 years, depending on the age of the sponsored person and their relationship to them (Atkey 1990). Limits were not set on how many people you could sponsor but rather on your ability to meet financial requirements.

Rose found peace in knowing that her nanny was from her hometown in the Philippines. Hiring nannies and engaging in sponsorship became a norm for Rose as she and her husband juggled their work schedules and raising their young children. Rose stated:

> So, you are more, like, you know, you're more secure, right? To think that you are in the same town. Yeah. But then, she decided – she only finished her two years contract. Because at that time, there was only a two-year contract, you know. So, they have to find other jobs, too. That's why I sponsor another one and I got in my cousin. So, that's why – yeah, yeah, that's – it was nice, because, you know, when you go to work, your mind is at ease, because somebody's there to help, you know. Yeah. Because Tito [Marc] was

[4] The Assisted Relative Category was abolished in 1993 as part of an immigration reform that reduced points awarded for having family in Canada, favouring high-skilled immigration (Canadian Council for Refugees n.d.)

> working sometimes evening, and I work also – when Tito Marc works evening, I work days [laughs]. So, we plan our time so that the kids are being looked after (May 21, 2021).

Rose's commitment to supporting her family never wavered, and in fact, her migration had a ripple effect on many members of her immediate and extended family, as well as other Filipinos wanting to migrate. Upon her long-term settlement in Canada, Rose described hiring many nannies to care for her young children, including a Filipino nanny from Spain and another nanny who was from the same hometown as her. Rose described how nice it was because they spoke the same language and lived in the same place, and she happened to know their families. Rose felt more at ease and secure leaving her children with someone she felt close to. Rose claims that, at the time, it wasn't hard to sponsor a nanny and that it was beneficial to receive help at the beginning of her settlement in Canada.

During this time, Rose also sponsored immediate family members. Rose explained how her mom never liked to come to Canada, so when she died, she sponsored her dad and her brother, who was dependent on her father. When they arrived, she became aware of a law that allowed parents to sponsor their kids who were not married. So, once her brother got a job, her dad was able to sponsor her two sisters who were not married. Between all of us, she explains, we could all support each other. She stated:

> We helped – yeah, my family came, you know, when I sponsored them, they came, and they find a job…I tried to help them find a job. And my brother, he found a job through your Tito Marc…and then my brother sponsors his wife [laughs], and my sister sponsors her husband. So, like, I started the foundation here for my family, and then they all do their own part to sponsor their own family, you know (April 6, 2021).

Rose described this period of her life as a hectic time but emphasized that it was important she did what she could to support her kids and family. Although she described there being a lot of paperwork, application forms, and the stress of having to show proof of income, she was proud of how hard she and her husband worked. They bought a house in Scarborough, so whoever they sponsored would have a place to stay.

Rose's early settlement experience illustrates the roles and responsibilities of migrant women, who are both breadwinners and caregivers for their families and are responsible for delivering and coordinating care. In addition, migrant women may also feel responsible for

ensuring the long-term security of family members through logistical and financial support, as demonstrated here through sponsorship and support with housing and employment in Canada.

The emphasis on the role of female caregivers is further illustrated by Maria, who also relies on extended visits from family members who travel to Canada and from the Philippines. Like Rose and Gloria, Maria describes the challenges of raising her young family while working full-time, with limited support from family in Canada.

Maria

Maria detailed the challenges of balancing work and family. Since she and her husband had limited family support in Canada, she worked permanent night shifts as a nurse in a hospital to split caring roles with her husband. She lamented the impossibility of scheduling during that time, describing the busyness of the day-to-day,

> "…we have to juggle, so…I come home, drive them to school, sleep for a bit, and then, of course, you know how there's activities, drive them to piano, to sports, to [dance]. Like, I juggled – I don't know, I don't know how I did it with three kids... I don't know how I did it, but I did. [Laughs] (June 24, 2021).

The shift work took a toll on her body, though she described it as necessary to care for their young family. She stated,

> "…my body adjusted to it, I guess... My mom used to [be with us] for a bit, but then, when she went home to go to the Philippines and, you know, [to Pickering], I didn't have a babysitter, so [my husband] was working days, so the only way we can manage it is for me to work permanent nights" (June 24, 2021).

Maria appreciated the support from her immediate family members when they were in Canada. At times, she also had access to caregiving support from her sister, although they experienced some difficulty aligning their schedules as her sister was also a nurse. Maria thus formed extended networks of care through institutions, like daycare centres, in their absence.

Maria described how she enrolled her kids in Montessori at 18 months so she could manage to get enough sleep for work. For Maria's family, this sometimes meant extended aftercare at daycare. Describing her busy life during this time, Maria stated, "I would leave them longer at the Montessori school, that would be considered daycare. If I will tell the Montessori school,

> "OK, I'm leaving them until 4:30." So, normally, you would pick them up at 3:00, right? So, I will tell the school, "OK, can I leave them longer, until 4:30 or 5:00?" so I can have

> longer sleep. If I know I'm working that night, I will extend their stay at the school. And then, that's considered already daycare" (June 24, 2021).

Expanded infrastructures of care are evident in Maria's early settlement experiences in Canada, where her mobility is localized, and care is negotiated between her spouse, other actors and institutions as she balances raising children and her career. The effects of transnational migration figured in her everyday life, specifically in the absence of family members living in proximity to them. She often laments that the hardships emerge from not having her immediate family members nearby who could care for her young children. Maria, Gloria, and Rose share this experience, highlighting the politics of the movement. The observations of who, how, and when people move in this context reinforce the claim that mobility impacts the propensity to care and be cared for.

Expansive networks of care through community

This section explores how legacies of care are grown and sustained through communities of care (Francisco-Mencahvez 2018; Tungohan 2023). Well-documented communities of care within Filipino migrant communities are reflective of social networks, which support securing employment and accommodation in countries of destination and are also observed for their advocacy efforts and collectivity as catalysts for change (Francisco-Menchavez 2018; Tungohan 2023). Communities of care encompassing extended family members, nannies, and teachers, for example, contribute to redefinitions of the family as familial roles extend beyond the nuclear household and bonds become embedded in broader networks of transnational ties. Among my interlocutors, these communities of care are reflected in their stories of creating and participating in community life in Toronto, Canada.

In Toronto, the Filipino community was created and enmeshed in vibrant cultural spaces. One of my interlocutors, Rose, described her active involvement in these spaces, beginning with her participation in Fiesta Filipina as a dancer, a dance troupe established in 1966. Her engagement deepened when she participated in the Miss Philippine Independence beauty pageant and won the title of Miss Philippine Independence in 1971. This title further led to her becoming a representative of the Filipino community to the broader City of Toronto. As Miss Philippine Independence, she attended various multicultural events, such as the annual caravan, a festival featuring pavilions that showcased the traditions, dances, and cuisines of different countries,

including the Philippines. In addition to representing the Filipino community at these events, she took on responsibilities such as welcoming new immigrants at the airport alongside the Philippine Embassy. Rose expressed pride in wearing traditional Filipino costumes at all of the events.

Rose's active involvement in the Filipino community ultimately led her to meet her husband. Rose's husband was a former professional basketball player from the Philippines and, upon arriving in Canada, became quickly involved in the local Filipino basketball scene. Rose, in describing how she and her husband met, alluded to the vibrant community life in which they were both engaged. Rose first saw her husband at a basketball event where she was asked to open the game with the ceremonial ball toss. They later met at the post-tournament gathering and then again at a community fundraising event for the Filipino community held at St. Basil's Church in downtown Toronto.

These depictions of community life highlight how migrants can foster communal relationships, creating expansive networks of support and fostering the visibility of the migrant community. Through Filipina beauty pageants, multicultural parades, church groups, and Fil-Can basketball leagues, the landscape across the Greater Toronto Area in Ontario, Canada, has been transformed. Significantly, these community spaces serving as inclusive hubs for Filipino migrants are often created in response to and against the backdrop of exclusionary and racist spaces that marginalize them. For example, the second generation commented on experiences of racism within their schools and extra-curricular programming growing up. One of Gloria's sons reflected on the negative experiences of playing competitive hockey. He stated, "Because I played advanced sports and I was in competitive sports, it was quite tough. I've been called every derogatory name in the book on the ice. Yeah. And, you know what, at the time, that was the way society was. I had been called 'chink'… 'Paki,' you name it" (September 9, 2021). While racism and discrimination did not come to the fore often in conversations with my interlocutors, they certainly figure in migrants' experiences.

Recognizing the limitlessness of life and labour, Tadiar (2012) introduces the notion of 'surplus life' to refer to "modes and practices of 'living' or life… the forms of social life making that persist beyond and despite capitalist subsumption" (798). In the context of Filipino migrant workers, Tadiar (2012) acknowledges how their decision to migrate not only confines them to a future of hardships made under the struggle of global capitalism but also opens them up to new

possibilities. In harnessing our political imagination, Tadiar (2012) suggests that envisioning "new spaces of unpredictability and portals of escape" among "remaindered life-times of disposable life might ultimately come to shape the timeline of global capitalism's duration and end" (800). Significantly, life-making practices occur not only in resistance to capitalism but because of and in spite of it as well (Tadiar 2012). Isaac (2022) also explains how affective labour encompasses "creativity, skill, knowledge, and movement," showcasing the vast range of human capacity when detached from monetary outputs. Isaac (2022) posits that the breadth of productivities makes it challenging to discern how labour is absorbed and constrained by global capital but that it is nonetheless woven into the experience of time (14). Both scholars explore how "surplus life" (Tadiar 2012) and "life-making practices" (Isaac 2022) are disruptive to capital relations and reflective of the radical ways people resist labour conditions under global capitalism. This analysis supports my observation that extended networks of care challenge capitalist logic by highlighting how migrants create communities of care to navigate the absence of traditional caregivers and sustain transnational ties. These networks reflect the possibilities for an expansive notion of care. Moreover, communities of care as a "life-making practice" illustrate the complexities of relationality, as care extends beyond nuclear families and operates through alternative forms of social reproduction that are not solely dictated by economic structures. A focus on global capital production, migrant labour, and its impact on relations set the stage for a deeper discussion on how mobility and power intersect, further revealing the ways in which the politics of movement influence the coordination and quality of care.

Mobility and power

The notion of acquiescent mobility illustrates how people, resources and caring strategies are developed and continue to adapt to individual circumstances. In the context of migration and transnational families, the term "acquiescent" encompasses the onset of care arrangements that are sometimes necessary for migration to occur, as well as the care arrangements that emerge out of the migration experience. For instance, it would have been difficult for Gloria to migrate without the support of her extended family caring for her young daughter. Similarly, extended networks of care are transformed through the migration experience—as in the case of Rose's sponsorship of Filipino migrants who would help care for her young family. Acquiescent mobility is exemplified in the domino effect one person's migration has in mobilizing other

people and resources. For instance, Rose and Maria's parents visited Canada for short periods to help raise their young family. Acquiescent mobility, in reference to the care arrangements of transnational families, thus depicts migrants' willingness to adapt.

While intentionality and agency are at the forefront of how migrants employ resources to care for their families, the term acquiescent also implies compliance. The dynamics in which migrants yield to pressures and circumstances are relevant in analyzing migrants' relation to power and the global capital relations that shape their experience. Examining the dynamics of im/mobility, power, and care migration, scholars Bélanger and Silvey (2020) draw on Doreen Massey's‘ power geometry of space-time compression', which reveals how different social groups experience differentiated mobility. Massey states, "...some people are more in charge of it than others; some initiate flows and movement, others don't; some are more on the receiving end of it than others; some are effectively imprisoned by it" (as cited by Bélanger and Silvey 2020, 3424). **The term acquiescent mobility aids in illustrating the extent to which individuals have control over their migration experience, and this occurs on a spectrum which changes over time.** For instance, Rose would not be able to sponsor other migrants and family members without proof of income. Upon advancements in Rose's job, she was able to make choices for care that better supported her family. The intersection of labour and power is made evident by migrants' capacity to exercise agency given structural conditions that are beyond their control. Acquiescent mobility captures the complexities of power in migration, where migrants like Rose navigate a spectrum of control influenced by factors such as employment status and financial stability. As demonstrated through Doreen Massey's "power geometry," these dynamics reveal that labour conditions and economic advancement can either limit or expand migrants' choices, illustrating how power and labour intersect to shape their migration and caregiving abilities.

Moreover, I situate Tadiar's (2012, 2022) work on "life-times" throughout my dissertation to draw parallels between labour and care and how the experience of care migration is endured over time. The concept of life-times examines the role of capitalist labour production, informing life trajectories split between "lives worth living and lives worth expending." In Tadiar's (2022) account, the production of value can be mapped across "life-times of value," which depicts a life of "growth and expansion" where value is accrued over generations, in contrast to "life-times of waste" characterized by servitude and disposability where "waste rather than value accumulates" (93). In assessing the early settlement experiences of my interlocutors, I tend to the ways that

care labour was tied to their mobility and the kinds of sacrifices that were made to realize their migration. While Tadiar's (2022) analysis of "life-times of value" and "life-times of waste" describe how particular labour relations create binary life trajectories split between "value" and "waste," these life stories, pre-migration and early settlement describe how complicated and layered these dynamics are. The conditions of their migration, as tied to reproductive care labour and constituting adverse circumstances like family separation, can be depicted as life-times characterized by servitude. However, wealth accrued due to their migration, which had a ripple effect, as Rose demonstrates how the early years of her settlement afforded other family members the opportunity for migration. In examining how care labour is deeply intertwined with global capital systems, it is clear the nature of care relationships and general livelihoods (encompassing familial relations, income, and mobility) are shaped unequally.

The impacts of labour on care relations are dynamic and in flux throughout their life course. These life stories of migrant women's upbringing and their adaptation—and their resilience during their early settlement period and beyond—reveal the multiple temporalities of migration that bind the past, present and future. The notion of temporal horizons figures here as the guiding force, giving endurance to the binding of care relations over time. The temporality of migration figures in migrants' belief that things will eventually get easier. When Gloria, for instance, stated, "…I felt so bad, but we have to come. To change our lives. But it did not change [laughs]. We found a job, but the life was not so good, too" (March 19, 2021). Gloria's reflection also speaks to the endurance of her labour and the on-goingness of her goals. Gloria's sentiment also encompasses the ways in which her upbringing and her care labour—in the workforce and within her family—are tied to hopes for the future. The weight of migrant women's migration, so far as their mobility is tied to the betterment of their family, emphasizes gender roles and obligations and how they are contested and reinforced throughout the process.

Conclusion

This chapter offers a critical lens to understand the ways in which expanded networks of care are co-created through various stages of their early settlement in Canada. Their stories continue to reveal how care is tied to capital-labour relations, informed by their social position, across axes of difference like their gender, as well as their country's history of colonialism and occupation and the socioeconomic opportunities available to them. My interlocutors' upbringing

and early settlement experiences reveal how mobility and labour influence the propensity to care and be cared for, including their capacity to sponsor other migrants, enrol their children in private school, and afford extra-curricular activities for their children. These instances of care were also required according to gaps in care that were created by virtue of their labour migration. Their stories offer a longitudinal lens that reveals how generational hardships and sacrifices were made through migration, sometimes at the cost of familial relations. Through these hardships and sacrifices, however, expanded networks of care emerged and evolved.

The expansive practices of care, the variety of affects infused in caregiving, and the enduring roles, obligations, and expectations tied to migration together lay the foundation for exploring the legacies of care. The following chapter examines the dreams they hoped to achieve through their migration, challenging notions of upward mobility and migrants' success. The subsequent chapter further extends how the experience of migration impacts generations, demonstrating how aspects of the legacies of care emerge out of the context of migration and are endured over time.

Chapter 4

Curtailed dreams and the promises of happiness: A migrant's care across generations

> "There is nothing more vulnerable than caring for someone; it means not only giving your energy to that which is not you but also caring for that which is beyond or outside your control." (Ahmed 2010, 186)

Introduction

In the abovementioned quote, Sara Ahmed (2010) describes the vulnerability of care, highlighting not only the fragility we embody as our spirit becomes linked to things external to us but also care is entangled with risk and uncertainty. I consider Ahmed's (2010) observation as a conceptual anchor to explore themes of care, migration, vulnerability and temporality throughout the chapter. To care for another is to invest in someone or something else, employing emotional and material resources toward a future that is never fully in one's control. I highlight this quote to convey an important aspect of the weight of migration, borne by the pressure to be successful and the uncertain future that migrants face when they decide to leave their country of origin and embark on a new life. Migration is itself an act of care work. It is a temporal orientation to the anticipation of a future not yet realized, a future always in motion, in the process of becoming.

My interlocutor, Gloria, who often reflected on her realized dreams, stated, "I dreamed that I will have a good life and that I will have my children. And, yeah, well, I have [my house after that], and you know, I had to work hard. I had to work hard" (March 19, 2021).

Gloria so poignantly articulates the motivations for her hard work. Her dreams were an extension of herself, realized in the form of closeness to her children and materialized through home ownership—a drive toward permanence and security. Her perspective is shared with having realized her dream, one of many dreams that was shaped by labour, uncertainty, and sacrifice throughout her life course. Gloria expressed relief in sharing this sentiment, a sense of completeness that can perhaps only be conveyed with the gift of time and retrospection. Her repetition of the experience of 'hard work' also illustrates the embodied toll of care and migration—the energy and fragility encompassed in dreaming, hoping, and caring for an

uncertain future that was not simply contingent on her hard work. In fact, in the retelling of her life story, there were many points at which this dream was in danger of not being realized.

For instance, Rose, Gloria, and Maria all expressed a desire to be more than nurses and to achieve a higher status in the medical field—whether it was a dream to become a doctor or pursue higher education in medicine. Although they are depictions of an 'immigrant success story', as measured in terms of upward economic and social mobility, this chapter creates the space to understand the ups and downs of their life achievements through their eyes. The aim of this chapter is not only to assess their retirement as goalposts to measure or define their migration experience as one of upward mobility and success but to give room for reflection on their migration and work experiences, their hopes and desires at different life stages, and to highlight the ongoing-ness of their life's trajectory through the articulation of dreams and desires.

In addition to the stories of Rose, Gloria, and Maria, I also share insights from interviews with their children, who reflect on the impacts of their migration, how this has shaped their lives, and what their experiences of growing up in Canada were like. From their reflections, I reflect on the generational weight of a parent's migration and how their parents' dreams for themselves and their children are informed by the experience of migration. A key aspect of this chapter is a discussion of career pathways of first- and second-generation migrants, demonstrating how migration informs economic outcomes, specifically aspirations and professional trajectories across generations.

For instance, Ahmed's (2010) observation about the vulnerability of care is illustrated in the parent/child dynamic captured in this chapter, as the children reflect on their parents' care that was not always expressed through overt nurture and love but rather through the weight of expectations and pressure to succeed. As described by the children, their parents' care was enmeshed in the sacrifices of migration, like leaving their social network and having to parent in a different cultural context. As Ahmed reflects in the quote above, care is a central yet precarious aspect of migration, shaping a parent's hopes and desires for a happy and healthy future for their children, which is much out of their control. However, what this chapter highlights is how migrant parents' vulnerability is amplified by the migration experience due to the emotional and financial costs of leaving and how the second generation bears this weight.

Though this chapter centers on aspirations and intergenerational care, I also want to note an important dynamic that was present: at the time of our interviews, each elder interlocutor was

co-residing with one of their children. This living arrangement hints at the presence of multidirectional care, where aging parents are supported by their children, even as these elders remain embedded in familial caregiving roles. While I did not directly ask how they felt about this arrangement or whether expectations of reciprocal care or obligation shaped it, I now recognize this dynamic as one deserving of deeper inquiry.

In this chapter, I argue that the migration of a parent is an act of care, extending the legacies of care framework in two distinct ways. One dimension of the legacies of care framework is expressed through the structural factors, including their migration pathway and labour conditions that influence the degree to which their aspirations are realized. Migrants' care work, both within the family and in hospitals, serves as both a means of securing a future and a constraint that limits other career trajectories, creating tension between their realized and unrealized dreams, a defining feature of the legacies of care framework that illustrates migrants' navigation of personal sacrifice and aspirations for the next generation. Another key dimension of the legacies of care framework is then the impact of migration on migrants' children, who inherit the successes as well as the sacrifices or emotional burdens of their parent's migration. Though migration offers educational and economic opportunities to second-generation children, they also take on complex emotional expectations, including the pressure to succeed as a way to validate their parents' sacrifices. This chapter thus extends the legacies of care framework by interrogating the impacts of care migration, describing the limitations of my interlocuter's migration pathway through their unrealized dreams, and examining how their mobility trajectory continues to shape career pathways and desires for the second and third generation.

Moreover, I describe the expansiveness of care through the lens of second-generation migrants and their interpretation of their parents' child-rearing. For example, I discuss how they understand that care comes in the form of sacrifice and how forms of caring had to shift to different cultural contexts between Canada and the Philippines. I also analyze how their migration encompasses multiple temporalities—specifically, how their pasts and their and their children's visions of the future drive their decisions.

In the first section of this chapter, I attend to the mobility trajectory of Filipino migrants and their relegation into care work and nursing, specifically describing how these migration pathways are limiting. I challenge the "upward mobility" narrative by pointing to the fragments of interlocutors' dreams left unrealized, and the impacts that complicated migration trajectories

have on subsequent generations. A deeper reflection on their lives provides the space to explore the experience of migration as one that is always unfinished. I then shift to a discussion of my interlocutor's "curtailed dreams" and unfulfilled futures, foregrounding the intricacies of their hopes and ambitions through their life stories. I provide nuance to the blanket depiction of immigrants as 'successful' or 'success stories' who have achieved 'upward mobility' and provide context to the Filipino migration experience.

In the second section of this chapter, I attend to the ways in which their migration experience has impacted their children's decisions about their own career paths. Gloria and Maria's children provide insights into how their parents' migration has informed the choices they made. Second-generation migrants describe having to make career choices that were influenced by their parents. These ranged from choosing stable career paths, like being a doctor or an accountant, to making particular financial decisions, like not moving away from school. Second-generation migrants describe a unique set of pressures to be 'successful' and live up to their parent's desires for them. Since the foresight of their parents' migration was premised on their children's (and future generations) well-being and success in Canada, an exploration of second-generation migrants' career pathways reveals the ongoing weight of migration. The perspectives shared by second-generation migrants uncover the complicated life decisions that they have had to negotiate with their parents.

I emphasize the vulnerability to care, the weight of one's migration journey, and how migrants' aspirations become tied to the livelihoods of the second generation and notions of security. There is a vulnerability in caring within this context due to the heavy responsibility of providing for their families and future generations, where fulfilling caregiving roles is closely tied to their family's stability. This draw to secure happiness in both abstract and material forms propelled their migration journey, and in this way, mobility has an affective impact on the development of familial relations. I explore the impact of mobility on migrants' life trajectories and the ways in which mobility creates new forms of relationality that inform their approach to parenting.

In the third section of this chapter, I expand on the notion of acquiescent mobility in the context of career progression to articulate how mobility has figured throughout their life course. Drawing on the fact that their aspirations for career advancement were not realized in the way they had initially envisioned, I look at how they reflect on their career paths and adopt a form of

'upward' mobility that made sense for them. The concept of 'acquiescent' comes to reflect the ways in which migrants yield to limited forms of mobility, complicating how dreams for mobility take on the quality of acquiescence, a form of non-resistance, of 'going along' with.

I also expand on the multiple temporalities of the migration experience and the notion of temporal horizons, where the pursuit of a 'better life' transforms over time, is reconfigured and often becomes contingent upon the success of the second generation. This is articulated through the second generation's reflections on what their parents conveyed to them as the "right" choice regarding their careers. I ground my analysis in Ahmed's (2010) work on the promises of happiness to illustrate how the pursuit of migration is rooted in mainstream notions of "happiness." According to Ahmed (2010), the ideals of happiness are culturally and politically constructed as a way to influence behaviour, norms and expectations that align with global capitalist systems. I employ the notion of the promises of happiness to trace the unfolding of migrant parent and child relations as an extension of the goals of migration. In this manner, the notion of temporal horizons (Amrith 2021) is central to understanding how dreams and aspirations shift over the life course and encapsulate notions of a 'good life.' Expanding on temporal horizons, I demonstrate how migration encompasses multiple temporalities, including how their pasts shaped their mobility trajectory and how imaginaries for the future shaped their decision to migrate.

Migration trajectories over time: The case of Filipino migrants

Between 1942 and 1968, the nursing profession in the post-war era was characterized by a strong demand for nursing, which was made possible through the expansion of educational programming delivered in Canada, of which grants were devoted to recruiting nurses (McPherson 1996). The expansion of the nursing profession was also made possible through the abolition of some ethnic and racial barriers in which nursing training programs shifted to include African-Canadian and First Nations women. Additionally, there was a substantial increase in immigration, with approximately 20,000 nurses migrating to Canada between 1962 and 1968 alone (McPherson 1996, 213). Though notably, skills recognition remained difficult along ethnic and racial lines, where many Caribbean-trained practitioners, for instance, were required to 'upgrade' their skills and undergo further training to obtain RN status, to which accessing additional training sometimes proved difficult (McPherson 1996).

Alongside demographic transformations in the healthcare sector, new technologies and therapies, as well as new roles, were established in the nursing field, marking the onset of an intensified work pace. A hierarchy was established between nursing administrators, general-duty staff, and various levels of subsidiary workers who performed 'domestic' tasks defined as 'non-nursing' activity, including the cleaning and preparation of supplies such as "basins, bedpans, and instrument trays" (McPherson 1996, 223). While divisions were set between 'professional' nurses and 'non-professional' subsidiary workers, differences in status were influenced by educational background, ethnicity and gender, in which gender largely informed how roles of authority and subordination were constructed and negotiated (McPherson 1996).

Although the role of nurses continually evolves, their position has been historically defined by hierarchical relationships—including subordination to male doctors and administrators, a higher status than non-working women, and opportunities for professional advancement that were often contingent on race and immigrant status (McPherson 1996). Despite the growing professionalization of nursing, the field remained shaped by gendered ideologies that defined nurses as subordinate caregivers rather than autonomous medical professionals. McPherson (1996) highlights how nursing education was imbued with codes of conduct that framed nurses in a "wifely position relative to the male doctor and a maternal position relative to the dependent patient" (15). This positioning reinforced the perception of nursing as feminized labour—undervalued and structurally marginalized within the broader medical profession.

While Filipino nurses who migrated to Canada in the 1960s were able to achieve career mobility over time, conditions for later cohorts deteriorated. McPherson (1996) acknowledges that working conditions for nurses declined among the subsequent generation (between 1968 and 1990), driven by increasing managerial oversight, the rationalization of nursing tasks, and workforce shortages. Efficiency measures, such as patient classification systems, were implemented to standardize nurses' work, which intensified workloads and led to stress and dissatisfaction (McPherson 1996, 251-252). Additionally, while gender continued to shape the profession, class and ethnicity became dominant factors in workplace hierarchies, reinforcing disparities between nurses and less-trained patient-care personnel (McPherson 1996, 260). While the previous generation sought to assert nurses' professionalism in the medical field, greater class consciousness among nurses emerged in the 1970s, both as a response to these deteriorating

conditions and as a result of their increasing willingness to organize for improved labour rights (McPherson 1996).

In Damasco's (2019) study of Filipino migrant nurses to Canada in the 1960s, she confirms their ability to obtain "occupational mobility" (12). Similarly, Espiritu (2003) examines the same population of Filipino migrants but to the United States and describes them as part of an 'affluent group' who were able to achieve higher rank positions, like that of managers, by the 1990s. The findings from these studies are confirmed by my interlocutors, who also migrated to Canada beginning in the 1960s and were occupationally mobile. I highlight their career progression and the period of their migration, noting that scholars have documented a decline in migration conditions for later cohorts, particularly regarding occupational status, working conditions, and pathways to citizenship.

These downward trends have been linked to shifts in global economic patterns and neoliberal migration policies, which prioritize flexibility while reducing structural support for migrant workers. Global economic patterns and observations of migrant behaviour have been documented by Mustafa (2016), for example, whose work focuses on the interpretations of citizenship in the Muslim community in Britain post 9/11. Mustafa (2016) describes neoliberalism and its emphasis on flexibility as key factors shaping female migration. Mustafa (2016) draws on Harvey, who defines neoliberalism as "... a theory of political economic practices premised on the primacy of private property rights, free markets, and free trade" (2005, 2). The influence of globalization on the lives of individuals in the context of neoliberalism reconfigures the notion of 'good citizens' as those able to accrue social capital and "... those that fail to do so are deemed to be bad citizens who are less deserving of rights" (Mustafa 2016, 458).

Attending to the ways in which neoliberalism impacts the way people move, Ong (1999) examines interpretations of citizenship among affluent migrants in the Asian-Pacific context. Ong (1999) employs the term globalization to highlight emerging transnational business regimes: "...the condition of cultural interconnectedness and mobility across space…" (1999, 4). Ong characterizes the era of globalization as 'flexible' in her analysis of how "subjects respond fluidly and opportunistically to changing political-economic conditions" (6) and how globalization impacts the cultural logic informing "behaviour, identities, and relationships" (1999, 22). Similarly, Martin's (1994) analysis of bodily constructions in immunology and health reveals a shift toward viewing bodies as flexible entities, a perception that mirrors broader changes in

structures of power. Under neoliberalism, the flexible body is favoured according to independence and freedom, yet it comes at the cost of people's need to constantly adapt (Martin 1994, 145). Flexibility is often encouraged at the expense of individuals' well-being and survival while benefitting capitalist systems that exploit adaptability for productivity and economic gains. Ong further describes how globalization has been configured at the local and individual levels by pointing out how affluent migrants embrace flexibility rather than strive for stability (1999, 19). Flexibility, when possible, in this context, is desirable for migrants seeking to secure economic advancement and safety, although, as Martin (1994) reveals, it reinforces precarity in people's constant adaptation to unpredictable political and economic circumstances.

While flexibility is often promoted as the ideal trait for migrants, advocates documenting the experiences of Filipino migrant care workers in Canada have highlighted significant barriers to career advancement and even entry into the workforce. For example, they point to the challenges for credential recognition, coupled with stringent requirements for higher education and language skills (Banerjee et al., 2018). These challenges are compounded by deteriorating conditions of work, including mandated requirements for live-in care and the acquisition of citizenship that is tied to one's employer, duration of employment, and length of stay in Canada (Banerjee et al., 2018). My point is that flexibility is not always a guarantee of fluidity or ease for the labour migrant. Nonetheless, federal programs for care work as a viable pathway for migration to Canada has expanded over the years, and the Filipino population remains overrepresented in the numbers of migrants pursuing this migration pathway (Banerjee et al., 2018).

Consequently, the progression of the outmigration of Filipino workers to 'wealthier' countries has resulted in concerns about the "global extraction of care," documenting the deficit of social and emotional resources in the Global South as more women relocate to the Global North for employment in the labour of care (Alber and Drotbohm 2015, 3). Scholars have referred to this as the "global care chain" (Ehrenreich and Hochschild 2002), the "new world domestic order" (Hondagneu-Sotelo 1997) and the "global care economy" (Yeates 2004).

Considering the figuration of intersectional identities on mobility, Leung's (2017) assessment of the relationship between social and academic mobility reveals how upward mobility is not unilateral but instead multifaceted and dynamic, especially when considerations for class and gender are factored in. Leung (2017) examines the experience of individuals from

Hong Kong and Indonesia in their pursuit of academic training in places like Germany, the Netherlands and the United States (2704). Taking a longitudinal, life-course approach, Leung (2017) finds that notions of 'upward' mobility are debunked due to the multiple and often conflicting identities that migrants occupy at any given time. This work draws on Parreñas (2001), for example, who describes 'contradictory class mobility' where Filipino migrants, in their role as domestic workers abroad, experienced financial gains leading to 'upward' mobility and simultaneously 'downward' mobility according to their social status associated with their employment.

There are, of course, gender dynamics at play, as Ackers and Gill (2008) also found that even as women experience career progression, their roles as wives and mothers may be unequal compared to their partners due to caregiving responsibilities. Leung (2017) builds on Kofman (2004), who highlights that we ought not to treat mobile persons as individuals, to what they refer to as "methodological individualism" (a well-established concept that goes back to 19th-century sociology), and instead seeks to understand how migrants navigate complex power dynamics, including those with family members and institutional actors. It is in this context that I elaborate on the gendered experience of care migration, specifically regarding family obligations, roles, and responsibilities that have shaped their career trajectories.

The following section provides anecdotes from Rose, Gloria, and Maria, who share their reasons for becoming a nurse, details about their career trajectory, what they liked about nursing, and reflections on their hopes and dreams. While precarious work conditions in the care sector prevail, it is unlike my interlocutors' initial experience in Canada. Through shifts in migration and work conditions for nurses, I have shown how my interlocutors' experiences may differ from those of more recent cohorts. Such drastic changes in migration policy and career trajectories emphasize the need to analyze care labour within specific historical and political contexts. In doing so, I have also revealed how gender and racial hierarchies in care labour persist, shaping the trajectories and roles of migrant nurses over time. In the subsequent section, I discuss their career progression and reflections on the nursing profession to add nuance to the notion of upward mobility while also highlighting the drastic shift in migration regulations and conditions.

First generation

Rose

Rose was very clear about her ambitions to become a doctor and lamented the costs associated with education and training as barriers to her pursuit. Rose stated, "…I wanted to be a doctor before, but because of poverty, you know, after the war, there was not too much money…my family cannot afford to send me to medicine school, so I took up nursing" (April 6, 2021). Rose was pleased with her decision and proud of her career. For the most part, she very much enjoyed being a nurse, detailing, "I like being a nurse because I like to look after patients…You talk to them, and if they get better, you feel better" (April 13, 2021). Rose, however, was also honest about the challenges of working as a nurse in critical conditions. At the time when Rose was working in the ICU, it was called the Respiratory Failure Unit. She described her position in the ICU, stating, "All my patients are like most accidents that can't breathe on their own, so they have to be put on the machine…most of my patients are all on the [respirator] machine." Rose continued,

> …It was hard! It was a very, very depressing place to work because you see all these young people who are involved in motor vehicle accidents, and then they have a [frail] chest because of the injury, you know. Yeah. And I was able to work there for two years, and they even told me, they said, "Boy, you know, lots of nurses don't stay too long in that place" (April 13, 2021).

Lamenting the relational aspects of nursing, Rose clearly illustrates how nursing impacted her emotional state in both positive and negative ways.

Rose was the oldest and first member of her family to finish university. While Rose was proud to complete her schooling and support her siblings through school, she expressed expectations of her siblings to do well. In describing the challenges of supporting all of her siblings in Canada and through school, she emphasized her desire for her sister Mira to become a doctor. She recalled her conversations with her sister, stating, "I told her to [become] a doctor because I said, 'I will support you, as long as you be a doctor,' because I didn't—I was not a doctor, so I said, 'So there will be a doctor in the family" (April 13, 2021). Rose articulated her dreams for her sister to also pursue the pathway to becoming a doctor. Whether or not it was Mira's dream, Mira also had trouble following this career path.

While Mira was applying to medical school and preparing to take the board exam in the United States, she met many difficulties, including her desire to start her own family. Mira

ultimately decided to go back to the Philippines to get married and pursued migration once again, this time sponsoring her husband and son. Rose recalled this time, stating,

> "She has to spend so many years studying before she can be a doctor. So, she decided to just find a job and support the family. So, right now, she's working in the doctor's office. And, like, assistant with the doctor" (April 13, 2021).

Rose was proud of her career as a nurse, though her ambition to be a doctor and hopes that her siblings too could become doctors remained.

In her reflections, Rose's support for her siblings and desire for her siblings to be successful were realized. She stated, "Yeah. I help their kids through when they were in the university. So … now, they help their own family, their own business, so I'm happy that, you know, they're successful. My nephew's doing very well" (May 21, 2021). Moreover, she relished what her siblings as a collective were able to achieve; these sentiments emerged concerning what they were able to build in the Philippines. She stated, "…we decided to build a better house for us so we can go home and go home and vacation [laughs]" (May 21, 2021).

Gloria

Among all the interlocutors, Gloria expressed the most enthusiasm for being a nurse. She described her days as a nurse with the utmost gratitude and respect for the profession. Detailing small aspects of the job, she explains how her days would go, "take blood, give medicine, take blood pressure, take temperature, help the patients" (January 6, 2021). When she was working in Chicago, she described her experience being in charge of the surgical floor. She continued to recall the minute details of her job, stating, "…all the of the patients were coming to my floor from the operating room. I can withdraw blood, insert medicine, those things are part of nursing..." She continued describing aspects of the job:

> On the surgical floor, you have the patients coming, they transfer them to my floor… then we change the dressing, and we watch the blood if they have a blood transfusion, and we take care of that, and that's it. We take care of the patients, turn them from side to side so it will not be hard for them; you take care of them… (March 19, 2021).

From a young age, Gloria explains how she knew she wanted to be a nurse. She recalled memories in elementary school, stating, "Since I was little. I wanted to be a nurse. We usually write a small book… And what do you want to be when you grow up. I wanted to be a nurse" (March 3, 2021). Her admiration for the profession was an ongoing theme as she often described

nursing as her dream, repeating, "Nursing is really nice, I love nursing, it was really my dream" (March 19, 2021). Her fondest memories of the profession stem from her time as a student and her love of learning. She described the classes she took, ranging from medical classes, surgical classes, operating room classes, and other subjects related to it. She described having many friends in school, which continued to be a rewarding aspect of the job. She stated, "I had a good life in nursing, I had many friends, a very good experience, I miss it, I miss the people, my co-workers, and I miss the work" (March 19, 2021).

Her passion for the job led to career advancement. She retells, "First, I was an ordinary nurse, then I became in charge of the floor, and then I became a supervisor of the whole building. When I was in the North York Senior Health Centre, I was in charge of one floor, and then I became a supervisor of the whole building until I retired" (March 19, 2021). She was very proud of her accomplishments. Significantly, Gloria expressed how her migration and career pathway offered her a good place to raise a family, "money wise" she said, "it's easier." Gloria articulated what her hard work would mean for her family, stating:

> It's a better life. We have work, we have our house, and I have my whole family. Life in Canada, everything is free… doctors, hospitals, medicine. If you have a profession, it's easy… If you really want to work, you can (March 3, 2021).

Gloria continued to associate her hard work with the well-being of her children, often repeating, "I dreamed that I will have a good life and that I will have my children, and I have a nice house, and you know, I have to work hard" (March 19, 2021). She continued in another conversation, stating, "But I have my three children, I am very lucky to have my [future] then are very good, they have good lives, they have good lives, they have good job, they're very good to me. What more can I ask?" (March 19, 2021) Gloria reflected fondly on her hard work and how her perseverance had materialized, expressed in sentiments like, "I cannot ask for more, and I am happy, and I have a good life. I have a good life here in Canada. Mm-hmm" (March 19, 2021). While her vision of home ownership and having children were accomplished, Gloria also detailed her dreams of pursuing higher education. In retelling a conversation with her friend, Gloria stated,

> So, they called me, "Why don't you go to school and continue your master's degree?" I said, "I don't think so." I said, "No because I have a little baby… And I don't think [my husband] will like me to go, because he will not – he will be able to go out." [Laughs.] He will not be able to go out and join his friends. He will be looking after [the baby], you

> know. He will not like me to go to school. So, I did not go to school. I just have – I just finished my – I finished as a registered nurse (March 12, 2021).

While she expressed gratitude and a sense of pride about her career achievements, her conversation with her friend reveals her desire for higher education and how her role as a wife and mother impacted her pursuit.

Maria

Maria, as described in the previous chapter, was hesitant about her migration to Canada, and her entry into nursing was less intentional than, say, Gloria. She recalled, "I was crying, yeah, because… everybody kept saying – my family and my aunts were saying, 'Oh, everybody was dying to go to the States or Canada and look at you, you don't want to go.' And then [I] said, 'Yeah, but I want to wait [until] I'm a doctor,' and they said, 'Just go maybe for a year and come back,' right? So, I came here, it was hard at first" (June 24, 2021).

Maria described how her friend from the Philippines came to Canada at the same time as her, and since they were both interested in the medical field, they decided to pursue nursing school together. She stated, "I started to like [it] here, because then my friend, who was also taking, like, sciences [in the Philippines] … She was one of my friends – good friends in the Philippines. She came a few months later. So, we both went into nursing school. So, [we still] kind of wanted to go into the medical field, but then, so we – it was easier for us to go to nursing. So, we both went into nursing. And then, that's it. And I'm still here [laughs]" (June 24, 2021). For Maria, the pursuit of nursing in Canada was a much more feasible career choice than the pathway to becoming a doctor.

Maria worked as a nurse's aide during the summer months and attended Seneca College (in Toronto) to earn a nursing degree. Maria graduated in Canada in June of 1982 and got a job in November on the medical floor of Centennial Hospital. Maria describes that she was a charge nurse on the medical floor for some time before moving to the Intensive Care Unit (ICU), where she also rotated as a charge nurse. To enter the intensive care unit, Maria went back to school to undertake a critical care program. She stated, "I started in the medical floor. And then, eventually, I went back to school and took the – because you have to have the critical care program to go into intensive care unit. And then, I took that course, and then, working the intensive care unit for another 20 years." She describes her role, stating:

> …[it] involved a lot of liaising between the doctors and administration. We have to make sure there's beds for some patients, and we make sure if they need to be transferred out to a downtown hospital, we coordinate with the clinical care team, like, the ambulance and the doctors on the other end… that's what the charge nurses deal with (June 24, 2021).

Maria worked on permanent nights until she retired. Maria recalled the challenges associated with caring for patients in the ICU and the stress of decision-making, especially during the night shift. Although Maria has gone back to nursing at a small clinic during the pandemic part-time to keep herself busy, she reflected on how she sometimes misses working in the ICU; in the very busy and difficult environment, she claimed: "you get a rush" (June 24, 2021).

Maria also stated that she felt the people at the hospital were her second family, and the hospital was her second home:

> My colleagues there, we were a good team. Yeah. It's always nice because in the ICU, even though your patients come in really, really sick, so when they come into Emerge or whatever and they have a heart attack, everything goes in. Like, you know, all the nurses, preparing the beds, every – the doctors would do that, and all your colleagues will be doing one of, like – you know, and they say, 'OK,' if it's my patient, they will say to me, "Lucille, do your charting," you know, you're recording whatever is going on, and they'll do, "OK, I'll put in this line, I'll do this." Yeah, so it's good teamwork. Which I love (August 22, 2021).

Maria, reflecting on the positive and rewarding experience of the nursing profession, also expressed the desire for her children to pursue an occupation in the healthcare field. Her desires for her children's career path are later explored by her daughter.

Dreams deferred

All three interlocutors shared sentiments of gratitude and enjoyment for their careers as nurses. They described how rewarding it was to help others and how the nursing environment fostered community—providing them with a sense of family at work. They were proud of completing school. For Rose and Gloria, they were the first in their family to do so, and most importantly, they appreciated what their labour could do for their family. In Rose's case, for instance, she was able to support her siblings through school and over time, she was able to support her nephew's business in the Philippines and even renovate their family's childhood home. For Gloria, her labour as a nurse was articulated in relation to the well-being of her

children, and likewise, for Maria, her migration was largely informed by her family's own migration goals. In this manner, their life histories reveal how patterns of mobility get constructed according to their family, highlighting how migration and life choices are highly relational and linked to family and community (Holdsworth 2013; Amrith 2021).

In describing their motivations for migration and their nursing careers connected to family support, my interlocutors reveal the role of gender and their perceived obligation to fulfill their duties as a 'good' daughter, wife, and mother. This is demonstrated in Rose's support for her sibling's education and her sacrifice to pursue nursing instead of higher education to become a doctor. It is prevalent in Gloria's consideration of the family when she chooses to place her desire for higher education on hold. It is prevalent in Maria's reflection on her own migration and her pathway in nursing, in which her migration was articulated as intrinsically tied to her family's migration. Maria's nursing career was also in opposition to her initial desire to pursue higher education to be a doctor in the Philippines. In this context, their care labour for their family is understood to be a "form of social capital" that gets "unevenly distributed within families, subject to cultural notions of gender and identity roles relating to rights and obligations to care, which intersect and interrelate with the historical care regimes of the various nation-states and communities in which families reside" (Baldassar and Merla 2014, 7-8). In many ways, my interlocutors' reflections mirror these in that they always concluded their thoughts with gratitude for their accomplishments and how their work materialized into better lives for their families. This has also been described as 'retrospective linearity', where narratives follow a series of events that end with a 'successful' migration story (Erdal 2017, cited by Amrith 2021).

While their migration is largely positive and their careers undoubtedly worthy of praise, I highlight their reflections on their sacrifices and their unrealized dreams to provide space for complaint. I draw on Ahmed's work on 'complaint as feminist pedagogy' (2021) to bear witness to complaints on the part of my interlocutors. Ahmed (2021) describes how complaints are a form of feminist pedagogy, as they can be a source to reveal systemic power relations and challenge such structures. Ahmed (2021) notes the silencing of marginalized voices and describes how honouring their complaints and bringing them to the fore are a form of learning and advocacy critical to challenging inequalities.

Their reflections on hopes and dreams also draw attention to the multiple temporalities of migration journeys that consist of "acceleration, queuing, being still, stopping, repeating, etc."

(Amrith 2021, 129, drawing on Griffiths et al. 2013). In detailing moments of rupture, disappointment, and stagnation, I seek to make the life course framework complex, describing how life trajectories are "asynchronous, sticky and non-linear" (Amrith 2021, 143). My interlocutors' articulations of their work and migration decisions, as tied to their family relationships, also expose how time itself is understood to be gendered, where power and control operate alongside "the hegemonic linear male time of Western society" that deepens gender inequality (van Santen 2014).

Building on these sentiments, Isaac (2022), in his work on the temporal experiences of Filipino migrants, discusses the notion of "not wallowing," which he describes as a shift in mood, "a material affective response to unequal power, redirecting a relationship with a person, authority, or discourse so as to refuse to be in sync with that trajectory or timeline" (97). My interlocutors express confidence in their decisions, noting that while they may have faced disappointments in their hoped-for achievements or ideal career paths, they ultimately feel content with what they have accomplished. Their being content and ultimately pushing forward reveals what Isaac (2022) describes as an "affective agility" responding to "the demands of continual suturing and keeping at bay multiple pressures of national histories and spaces that are not of one's own making" (97). Isaac's assessment of Filipino migrants' ability to "not wallow" brings to the fore the multiple temporalities of the migration experience in which the past, present, and future are intertwined.

An exploration of how time, gender, and care figure across the life course is further examined in the sentiments shared by their children, the second generation, in the subsequent section. They detail their own career trajectories, their parents' expectations, and their experiences of being raised in Canada by immigrant parents.

Second generation

During the COVID-19 pandemic, I decided to continue my interviews with the children of Gloria, Rose, and Maria over the phone. Though they have been able to access video conferencing platforms, I became comfortable with interviewing over the phone. Conversing over the phone appeared to offer some anonymity for myself and my interlocutors, allowing us to pause and creating a buffer from intense emotions—an essential aspect when engaging in vulnerable and challenging discussions. Phone interviews were preferable because, although I

was familiar with my second-generation interlocutors as family and friends, the distance provided by the phone allowed us to adopt distinct roles as interviewer and interviewee. This separation helped maintain a sense of formality and focus on our conversations. They sounded nervous and cautious at first, unsure about how the interview would go and what questions I would ask. As the conversation went on, they opened up and welcomed the opportunity to reflect on their childhoods, careers, and dreams.

The literature on immigrant families has largely documented how the second generation feels the impact of their parents' sacrifices (Ahmed 2010). The pressure from their parents, coupled with their parents' efforts to integrate into a new society and to parent in a country that was different from their upbringing, certainly influenced the trajectories of their children. For instance, upon reflecting on their career trajectories, Gloria's children pointed to the pressure they felt from their parents to pursue a well-paying career and the guidance they wished they had received in navigating career pathways. Gloria's daughter had gone to school for accounting, following the advice of her parents, and later reflected on her dreams to become a teacher.

> …How did I choose what to study was mainly my parents. They chose a career that they thought was lucrative enough once we got out of school, and I've followed with that. It was pretty much kind of set in stone for me that that's what I was supposed to do. And so, when I finished school, that was obviously the path that I tried to take. I didn't really have the interest for it, but I stuck to it for a little while [laughs], and then started doing my own thing (September 9, 2021).

Gloria's youngest son also expressed difficulties in choosing the career path that was most suitable for him. He stated:

> I didn't really have much guidance in which path to go. I wish I had someone to talk to about that. I'm sure there were people, like, the guidance teacher and everything, and they did, like, some studies where you'd answer a bunch of questions and that would tell you which path to go in high school.
>
> …no one actually told you. Like, I took business management, and that course is good, but for you to get a [job] they should have told me, like, I wish someone told me I should have went more into a certain path, like, business management is too general, it's a little bit of everything. So, I wish someone told me to take marketing or whatever. Like, something more detailed, type thing (September 9, 2021).

Gloria's son expressed concern, disappointment, and a yearning for a clearer direction, unlike the path his older sister felt was imposed on her. Gloria's middle child reflected on the

struggles his parents must have felt in raising them here in Canada. On growing up with immigrant parents in Canada, he stated,

> …that did pose its challenges…they had to acclimate to not only bringing up children, and teenaged children but bringing up in a foreign society. They had to adjust their – they had to adjust how they raised us because the way they raise children in the Philippines is – may not apply in the same manner here in Canada because there are so many different variables (September 9, 2021).

For Gloria's middle child, there was a clear understanding of the difficulties his Filipino parents faced in raising children in Canada. In confronting the challenges their parents faced while raising them and articulating how their parents influenced their career pathways, it was clear to these participants that as members of the second generation, they bore the weight of the intergenerational promise of success. Examining the family dynamics of migrant families, Ahmed (2010) addresses the conflict of generational wants, where the parents' desires are informed by their culture of origin and their children's desires are influenced by the culture of destination (149-150). Gloria's son recognizes the generational differences by empathizing with his parent's struggles raising children in Canada, in a culture different from their own. Maria's daughter expressed a mix of pressure from her parents to succeed, as well as some flexibility and opportunity to pursue her own passions. Maria's daughter attended York University and received a Bachelor of Fine Arts in voice and then went to Queen's University to obtain a Bachelor of Education. After her schooling, she found a teaching job at a Catholic secondary school and is a long-term music teacher. Leading up to her career as a teacher, she described how she took singing and dance lessons as a child and ultimately wanted to pursue a career in theatre.

> I actually auditioned for a school in New York, but because my parents couldn't afford the tuition… that's why I ended up falling back on teaching…

> …growing up… my first dream was to be a performer. But then, it changed, obviously, because my parents kind of were, like, 'OK, no, you're not going to New York.' So, then, that's when [the] kind of, I guess, realistic dream came in. So, yeah, so, I just had to fall back on what else I could do. I guess, like, being a music teacher was the next best thing (August 26, 2021).

Maria's daughter described how her parents would have liked her to enter the medical field, but she never excelled in math or sciences growing up. She stated,

> My parents, obviously, their first choice for me was to be in the medical field. So, when it came to grade 11 biology when we had to, like, choose specifically what we wanted to focus on, my parents wanted me to take biology; I took biology, I took it twice, and I failed one, and I got a 67 in the other. And so, that's how I knew for sure I was, like, 'No, I can't go into sciences, like, I just – it's not for me, I'm not absorbing the information.' So, for me, I guess I was, like, my parents were kind of, like, "OK, fine, like, you tried it, you don't like it, then…" (August 26, 2021).

Maria's daughter went on to describe how the majority of her family is in the medical field and how this informed her parents' understanding of a secure career path. She reflected:

> I think because, like, my whole entire family is, like, part of the medical field. Like, my mom is, my aunt is, my other aunt is, if they're not directly a nurse, they're either, like, a medical, like, research assistant, they – yeah, there's, like, so many different fields of my family that work in the medical field. So, it was just kind of, like, OK, well, they know that they get good benefits, they know that they get, you know, good pension. So, I guess because they know – like, it's job security, right? So, I guess because they know all these things, they're familiar with all of these things, it's just, like, 'OK, well, you should do that because this is what we know.' (August 26, 2021)

Maria's daughter clearly articulates how a social network and familiarity with the profession informed her parents' desires for her to enter the medical field, exposing some of the challenges that she faced in making career decisions. While also addressing the generational tensions between the differences in desires among the first and second generations, Maria's daughter's reflections also reveal how the second generation experiences curtailed dreams, that is, desires unrealized. Just as the first-generation experienced barriers to career progression in the medical field, migration influences the career pathways among the second generation.

The intergenerational transmission of dreams and aspirations, where migrant parents' sacrifices are directly linked to their children's future success, is a key aspect of the legacies of care framework I am building out. Legacies of care are sustained through the constrained choices migrant children feel when navigating their parents' expectations of them. I demonstrate this through Maria's daughter, for example, who did not enter the medical field as her parents would have preferred but became a teacher. Her decision was influenced by her knowledge of job security and the values about work passed down from her family, showcasing how parental expectations are deeply embedded in decision-making.

The legacies of care framework aims to expand notions of care, and here I present this through the parent-child relationship in which care manifests through the emotional weight and expectations migrant children take on in response to their parents' aspirations, sometimes at the

cost of their own desires. Legacies of care encapsulating the emotional weight between migrant parents and children illustrates how care and love are not always expressed as overt nurturing but come in the form of expectations in which migrant children carry feelings of obligation to fulfill their parent's aspirations for them, sometimes grappling with feelings of resentment and guilt as they navigate their parents' desires with their own. Moreover, in interpreting the second generation's career and life choices as care practices, I illustrate how care flows in multiple directions across generations between children and their parents. Rather than a unidirectional flow of care from parent to child, the second generation's reflections reveal that care is more dynamic.

Curtailed dreams and acquiescent mobility

Rose and Maria both expressed dreams of becoming a doctor, but the cost and time associated with the pursuit of medical school prevented them from realizing this dream. Gloria, on the other hand, expressed that she had always wanted to be a nurse and had been proud of her career as a nurse. In reflecting on her career trajectory, she did, however, express desires to pursue higher education—for example, a master's degree in a related field. In their study of Filipino migrants in Australia, Lim (2020) describes desires unrealized as 'curtailed dreams.' Their study employs the concept of migration regimes, understood as a social process consisting of "the policies and practices that structure the individual's lives, as well as the practices of individuals themselves," to learn of the structures impacting the experiences of migrants throughout their life course (Lim 2020, 2). The barriers impeding the career progression were largely financial; this was coupled with the expectation to provide for and give support to their family members. While support for one's family is not unique, it is, however, a very common feature among labour migrant women who pursue work opportunities abroad.

I argue that curtailed dreams are not limited to the first generation but also to the experiences of second-generation migrants, in part because of the way their lives are shaped by migration. Rose's labour supported her siblings through school, a duty she felt obliged to reciprocate as her siblings delayed their own schooling due to the family's limited financial resources. Likewise, Gloria did not pursue higher education due to care work demands for her family. The financial constraints of higher education also figured in Maria's decision to pursue nursing rather than realize her goal of becoming a doctor. Curtailed dreams are subsequently

reflected in the experiences of the second generation, who describe the challenges they face in making career decisions. Their nuanced experiences challenge commonly held beliefs about upward mobility, highlighting the complexity and non-linear nature of migration's impact on economic outcomes and its role in pursuing career aspirations.

The concept of acquiescent mobility is particularly relevant here, as I capture the ways in which aspirations and capabilities are at odds with one another. The dilemma is revealed through realized material success but also having to acquiesce to constrained circumstances. My interlocutors expressed desires to pursue higher education and, in some cases, their goal to become doctors; their aspirations ultimately conflicted with the long-term goals of their families and the resources available to them. Despite these constraints, they all experienced occupational progression in terms of advancements in their responsibilities on the job, and they were all ultimately proud, to one degree or another, of their nursing career. Through nursing, they derived a sense of accomplishment, which was evident in their home ownership and financial support for other family members.

Among the second generation, acquiescent mobility manifests in a different form as tensions arise around missed opportunities and different perceptions of success and security, as many felt pressure to pursue education and careers that did not entirely align with their personal ambitions. Migrant parents have come to understand their migration and the associated sacrifices as a necessary investment in their children's futures. While the second generation may understand their parents' sacrifices, they may feel emotionally burdened and constrained by their expectations of them. Their reflections highlight how the legacies of care framework encompass the intergenerational transmission of both aspirations and constraints, where acquiescent mobility emerges as a characteristic reinforcing a pattern of sacrifice, compromise and negotiation among subsequent generations in pursuit of stability and success.

Agency is essential to the notion of acquiescent mobility; I draw on Saba Mahmood's work (2005) to reveal how my interlocutors were active in their migration journeys, in pursuing career paths, and in navigating opportunities using the resources and networks available to them. Mahmood (2005) goes beyond normative liberal assumptions that focus on challenges to social norms and opposition to structures of subordination. She argues for the importance of moving past assumptions concerning agency and freedom as innate to the human condition. Rather, she defines agency "as the capacity to realize one's interests against the weight of custom, tradition,

transcendental will, or other obstacles (whether individual or collective)" (Mahmood 2005, 5-6). Mahmood detaches understandings of agency from the narrative espoused by those promoting progressive politics by attending to the ways in which norms are both resisted and upheld and where progressivist ideas of passivity and docility may also be understood as a form of agency.

In this sense, my interlocutors' choice to pursue nursing was not an act of passivity nor liberation but an enactment of agency within the structural constraints they navigated. Their decisions were shaped by economic necessity, familial obligations, and global labour market demands, illustrating that agency does not equate to freedom but reflects their capacity to leverage available resources and social networks to create opportunities for mobility. Following Mahmood's observations, their agency was not defined by resistance to dominant structures but by their capacity to work within, accommodate, and sometimes even reinforce prevailing norms that aligned with their aspirations and survival strategies.

While Mahmood's analysis of agency is rooted in discussions of religion, where she rejects how women's religious choices may appear regressive through a Western feminist lens, her insights extend to broader debates on structure and agency, particularly in the context of migrant women, whose decisions—whether in career choices, migration strategies, or familial obligations—demonstrate how agency is enacted through both accommodation and negotiation within existing social structures.

Migration scholars (Goss and Lindquist 1995; Halfacree 1995; Tungohan 2017) have interrogated the relationship between agency and structure in decision-making processes and migration outcomes by applying Gidden's structuration theory. Structuration theory is "an approach to social theory concerned with the intersection between knowledgeable and capable social agents and the wider social systems and structures in which they are implicated" (Gregory 1994, 600). Migration scholars have been adept at describing how migrants fully know the rules and regulations governing their mobility. In a study on Filipino migration, Goss and Lindquist (1995) describe how migrants actively assess the risks and benefits of migration by engaging in discussions with their social networks. In this manner, migrants thoroughly assess the costs and opportunities and the negotiations they must make.

Migration scholars applying a gendered lens to Giddens' structuration theory have emphasized the importance of examining how patriarchy operates in different contexts to fully understand migration decision-making and its potential to reinforce gender inequalities

(Halfacree 1995). For example, Tungohan (2017) expands on structuration theory in the context of migrant worker activism, illustrating how activists both navigate and challenge migration institutions and neoliberal systems, simultaneously reproducing and resisting the structural constraints that shape their lives and labour conditions.

The term acquiescent mobility captures the interplay between structural forces and individual agency, as I have sought to detail the external influences shaping migrants' trajectories—mainly colonial legacies and an established culture of migration—while also centring migrants' voices in articulating their reasons for migrating. I honour their decisions as fully informed by the structures that facilitated their migration. In describing acquiescent mobility, I contribute to further discussions on migrant decision-making and its entanglement within the structure-agency dynamic, emphasizing how multiple temporalities shape such decisions.

Temporal horizons and the promises of happiness

In the legacies of care framework, I describe how there are multiple temporal dimensions in the migration experience. One significant temporal aspect is how the past informs one's life outcomes. Mobility, which is tied to work in the health care sector or in a care role like domestic work, continues to be a predominant feature of Filipino migration. As I have articulated in the previous chapter, the culture of migration—that is policies, norms and social constructs about migration—influence educational pursuits, career paths and where people migrate to (countries of destination).

To emphasize how this pattern of migration is maintained, I draw on the study of temporality and future studies in anthropology and employ Collins's (2008) argument for "tempocentrism." This approach to time suggests that "…cultures are often placed on different temporal paths, inevitably heading toward designated futures of repetition disguised as perpetual change" (Collins 2008, 5). Bryant and Knight (2019) argue that this notion of tempocentrism does "…not look to the future for the legitimation of the present, but rather looks to the future to radically shake our understandings of the past and to remake identity in the present" (13). It is in this manner that the life history methods used in this dissertation interrogate my interlocutors' past to provide a nuanced understanding of their migration.

Further, in this chapter, the temporality of my interlocutors' decision to migrate is tied to their own and their family's future successes—as seen in their siblings' pursuit of education, for example, and their hope and success for their children's future. The notion of temporal horizons is relevant, as it depicts how migrants' lives are shaped by multiple temporalities, with reference to actions and decisions that are linked to a "horizon" or imaginaries about the future. A horizon has been theorized as an expectation, described as a metaphor for "the openness and unreachability of the future" (Bryant and Knight 2019, 55). A future's horizon bound in expectation is "always something yet to be made" (Bryant and Knight 2019, 55), or quite figuratively, a horizon is described as "an apparent line separating the sky from the earth which moves away when one approaches it" (Drozdzynski 1974, 80).

Temporal horizons and the notion of 'promises' figure prominently, as both imply waiting for a future that is not yet realized (Bryant and Knight 2019). In other words, "awaiting the fulfillment of a promise" is the same as having expectations about the future (Bryant and Knight 2019, 63). Here, I situate temporal horizons through my interlocutors' dreams of a "better life" or a "good life" via migration and through their expressions of hope for the second generation. For example, Rose articulated her desire for her siblings to pursue medical school, and Amy, Maria's daughter, described her family's desire for her to pursue an occupation in the medical field. As Amy articulated, these dreams were framed as the goals of "security."

Relevant to this analysis is Sara Ahmed's examination of promises and the conditionality of happiness that figures in the temporal horizons of migrants. In Ahmed's (2010) exploration of the promises of happiness, they describe how social lives are constructed according to ideals of the future. The future is often framed around ideologies of happiness and can reveal itself through feelings of hope. For Ahmed (2010), the promise of happiness is "always 'ahead' of itself," as is hope—best described as a "future-oriented emotion" (181). In this manner, the feeling of hope and the act of envisioning a future is conceptualized as a form of care. Ahmed (2010) writes, "…to care for someone is to care about what happens to them" (186). In expressing the vulnerability that is involved in planning for the future, Ahmed (2010) states, "[C]aring is anxious—to be full of care, to be careful, is to take care of things by becoming anxious about their future, where the future is embodied in the fragility of an object whose persistence matters" (186). This chapter then examines how the dynamics of mobility and care

are revealed across the life course, as these pertain to my interlocutors' career trajectories and those of their children.

I build on the legacies of the care framework to explain how care is malleable and comes in different forms and how it affects the migration experience. In this context, I describe how migration is driven by the ideation of their family's future and how care gets realized over time. For example, Rose describes her desire for her siblings' educational attainment—something that is realized through the remittances she sent home, through guidance on their school choices, and through the sponsorship of their migration to Canada. For Gloria, her dreams were articulated through her desires for her family's well-being and security. I position Ahmed's (2010) exploration of the promise of happiness as a route to explore the caring dynamics that emerge among migrant families, namely between migrant parents and their children. The promise of happiness is important here because of how my interlocutors' migration journey is expressed through desires for their family's future. In discussing their motivations for migration, as outlined in the previous chapter, I explore how my interlocutors projected ideals of 'promissory forms of happiness' (Ahmed 2010, 160) onto their future. These projections of happiness were layered with ideas of economic security and a "better life," but at what cost did their mobility come and to what extent were their desires achieved?

According to Ahmed (2010), "conditional happiness" occurs "where one person's happiness is made conditional upon another's" (133). Ahmed (2010) describes how happiness involves a "logic of deferral [where]…parents defer their hope for happiness to the next generation in order to avoid giving up on the idea of happiness as a response to disappointment" (59). In this manner, Ahmed (2010) writes that "the obligation of the child to be happy is a repaying of what the child owes, of what is due to the parents given what they have given up" (59). Ahmed (2010) describes this dynamic as the 'happiness duty', where the key duty of the child to make their parents happy is to perform happiness "the right way" (59). Since the term 'duty' implies "returning what is owed", it is imperative that children conform to their parents' ideation of happiness (Ahmed 2010, 59). This patterning of behaviour can be further described as "happiness scripts," which detail a set of culturally specific guidelines and directives to achieve happiness (Ahmed 2010, 59).

The actions of second-generation migrants were integral to the imagined success of first-generation migrants. Happiness scripts and the happiness duty figured in the lives of second-

generation migrants in the ways that they made decisions about their careers. Gloria's daughter described the dilemma of choosing to go to school for accounting, knowing that was not her strength but that it fit her parents' ideal of a 'secure' career path. Maria's daughter also expressed hesitation in her pursuit of a career in the performing arts, ultimately settling to become a teacher—a career that was somewhat in the realm of what her parents envisioned to be an appropriate career path. In this manner, the second generation also experienced "curtailed dreams," a legacy of their parent's migration.

Conclusion

In this chapter, I discussed my interlocutors' motivations for migration as it concerns their desires for 'upward' mobility and migration as a conduit to a 'better' life. I describe how their migration is driven by the ideation of their family's future and how care, in this sense, is realized over time. The legacies of care framework is expanded on through the examination of my interlocutor's career trajectory as well as their parent-child relationships, both of which reveal how care is negotiated and shaped, layered through the experience of migration. I challenge notions of "upward mobility" by describing limitations to career aspirations and career advancement, which include financial challenges and family obligations. In documenting nursing careers and dreams unrealized, I also reveal how acquiescent mobility figures in their migration and career trajectory. Acquiescent mobility is revealed in the way that their aspirations and capabilities are at odds with one another and shaped by a culture of migration and familial and gendered obligations. I nonetheless demonstrate how my interlocutors' have exercised agency given these conditions.

Further, I have described how care extends to the motivation (by obligation) and is imbued with many affects, including guilt and resentment. The multifaceted aspects of care are exemplified by the sacrifices of my interlocutors, including choosing a career pathway that is affordable for their family and putting higher education on hold to meet the needs of their family. The complicated nature in which care can manifest is also present in my interlocutors' approach to parenting, which was impacted by their migration. Their children reflected on the challenges of being raised in a migrant household, including the lack of familiarity with navigating the Canadian education system and the weight of their parents' hopes and desires that complicated their decisions concerning their own career trajectories.

Finally, I explored the multiple temporal dimensions of the migration experience. I refer to my interlocutor's decision to migrate, which is not only influenced by a prevailing culture of migration and imaginaries about the future but is also marked by the ways that care extends over time. I elaborate on the notion of temporal horizons to describe how actions are dictated by ideations about the future, and I supplement this analysis with Ahmed's (2010) exploration of the promises of happiness to explain how migration is bound to notions of security and a "better life." I position Ahmed's (2010) concept of conditional happiness to further contextualize the experience of migration across generations.

This chapter tends to the margins of the common migration story from a feminist perspective. I reflect on my interlocutors' accomplishments, detailing the fullness of their careers and the family life that they are so proud to have nurtured. I also give them space to learn about the challenges of their migration, their hopes of what could have been and the dreams they never dared to say out loud. I also lean into the ongoingness of migration through the lens of the second generation.

The subsequent chapters will continue to explore the multiple temporalities of migration and the care dynamics encompassed in the migration experience. The following chapter extends what is built on here by examining migration from a longitudinal perspective. Through the lens of aging, I demonstrate the long-term effects of migration, specifically related to the impact of care migration and care work on the aging body and care relations.

Chapter 5
The Embodiment of Care

"For migrants, then, this perilous undertaking is a gamble, or what in the context of Filipina migration is understood as a form of fate playing, for which they lay down the ante: the fee they pay and their bodily life""

- Tadiar 2012, 792

Introduction

This chapter was prompted by observations of the living conditions of my interlocutors during the COVID-19 pandemic, coupled with their experience of aging; this analysis highlights the fluidity of mobility across their life course while emphasizing the dynamics of immobility at this particular juncture. Due to lockdowns and public health requirements for social distancing, my interlocutors found themselves unable to visit with friends and family and engage in regular daily activities, like going to church, as well as international travel, impeding their ability to travel home to the Philippines. Their physical immobility was also impacted by their age; their careers as nurses that spanned several decades had taken a toll on their bodies, contributing to physical impairments like back and hip injuries that hindered their ability to walk. Some lost their driver's licenses, impairing their mobility even further. Acquiescent mobility figures again at this stage of their lives due to their aspirations for things that require mobility, like spending time with their grandchildren and returning to the Philippines, which have become limited by their capabilities. With their agency always in practice, they adapted to conditions of immobility by turning to technology to maintain ties with family and friends through platforms like WhatsApp and FaceTime. Of course, the COVID-19 pandemic does not mark the first time their physical mobility has been hindered; it simply brought to the surface their recurring conditions of immobility and the subsequent adaptations of care. The ways in which the pandemic was not experienced equally revealed the differentiated impacts of the crisis on embodied experiences and aging.

This chapter examines theories of embodiment to understand the lived experience of the body and how its positionality within social, political and economic systems shape individuals' livelihoods over time. I draw on Tadiar's (2012, 2022) work on life-times to expand on themes of accrual and duration in the political and economic constructs of labour and time. Tadiar (2012)

demonstrates foresight in their analysis of the impact of labour on the body over time through the example of Filipina migration, in which natural and cultural time collides at the onset of their decision to migrate. As Tadiar (2012) describes, "For migrants, then, this perilous undertaking is a gamble, or what in the context of Filipina migration is understood as a form of fate playing, for which they law down the ante: the fee they pay and their bodily life" (792). For Tadiar, the body is the site of analysis and central to the potential for life-making practices that are either life of abundance or depletion. The concept of life-times figures in Tadiar's (2012) reflections on time is that "people serve as ante and bet for the chance possibility of another fate in exchange for a better fortune" (795). As Csordas (2011) defines embodiment as one's corporeality in relation to the world and others, Tadiar extends this notion by showing how capitalist structures shape the temporal and material realities of migrants' bodies, making them sites of both extraction and resistance. Thus, enmeshed in my discussions of embodiment and care is a critical understanding of how capitalism figures in their relations across the life course.

In this chapter, I argue that the body is a central site to explore the material and emotional impacts of migration and care work over time. I examine how care migration shapes the embodiment of care over time, particularly for aging Filipina migrants in Canada, whose bodies reflect their labour through physical deterioration, affective attachments, and shifting capacities for care. The chapter demonstrates that gender norms—underpinned by global capitalist relations and colonial histories—have profoundly shaped the roles and responsibilities of care workers, influencing their labour within the home, in institutions such as hospitals, and across transnational settings.

The chapter unfolds in three ways. I first begin the chapter with reflections during fieldwork that prompted my attention to the body, followed by an overview of the literature on the body, embodiment, and the life course. In this section, I \introduce a framework of the components of corporeality, which grounds my analysis of how care migration is embodied, racialized, and gendered. I then relate theoretical approaches of embodiment to discussions of the life course, integrating Tadiar's (2012; 2022) analysis of life-times to emphasize how capitalism and the embodiment of care are enmeshed—as care workers' bodies become the sites of extraction, productivity, and depletion over time. Theoretical explanations of embodiment and the body form the basis of my argument that the experience of care migration is not only shaped

by economic and political forces but is also deeply felt and carried through the body, influencing experiences of care as well as aging.

The second section of the chapter explores four components of corporeality: sensory experience, orientation, co-presence, and capacity. Here, I detail my interlocutors' experiences, incorporating their narratives as data to illustrate how care is embodied. I differentiate between embodiment, which focuses on the lived and felt experiences of care through the body, and corporeality, which offers broad frameworks to examine how institutional and labour structures and migration processes shape care experiences over time. Using these analytical frames, I examine the role of the body and the labour of care, placing focus on the sensory experiences of caregiving, where one's physical and emotional self attunes to that of my interlocutors' patients' experiences. In relation to the notion of orientation, in which environments are critical in shaping our sense of self, I describe how the institutional setting of the hospital exposed racial hierarchies that shaped my interlocutors' sense of self and overall experience as nurses. I explore the concept of capacity through my interlocutors' long-term experiences in care work and its physical toll, illustrating how care migration and the demands of care work have shaped their ability to provide and receive care. I also address different kinds of embodied care that were prompted by my interlocutors' migration journeys, including co-presence by proxy and virtual co-presence. In these instances where being physically present is made challenging, migrants and their family members navigate the provision of care by standing in for one another and/or engaging through digital technology.

Finally, I conclude the chapter with a discussion of the legacies of care framework, arguing that the embodiment of care illustrates the temporality of migration, the materiality of care, and the extension of care across generations and beyond the life course. By situating my interlocutors' experiences within this framework, I argue that care migration leaves an intergenerational, embodied legacy that influences aging, migration care practices and the future of care itself.

Fieldwork notes

While conducting fieldwork, my interlocutors and I were subject to confinement in our own homes due to public health policies in response to the COVID-19 pandemic, which curtailed international travel and imposed local lockdown measures. The first province-wide lockdown

took place on March 17, 2020, which mandated the closure of non-essential businesses and banned public gatherings of more than 50 people, lasting approximately two months before a phased re-opening of public establishments. A second province-wide lockdown took place on December 26, 2020, for 28 days, followed by a third one on April 7, 2021, initially planned for four weeks but extended until June 2, 2021 (Kingston IN Focus, 2025). Though all three of my interlocutors lived with other family members, the second and third provincial lockdowns were particularly difficult socially, as they included stay-at-home orders which legally required people to remain indoors except for necessary activities like grocery shopping or medical appointments. In some cases, special accommodations were made for seniors to grocery shop at earlier times of the day to avoid large crowds. Though they did not disclose specific health conditions that made them more vulnerable to contracting the virus, they all expressed hesitation about being in public.

During the lockdowns, we all remained in our homes, anxiously waiting for conditions to improve. COVID-19 bookended our conversations, "Are you safe? Are you staying home?", "Did you hear we can register to get the vaccine soon?" "I keep praying for this to be over." We could not have predicted the ways in which our lives would be upended by the pandemic, the numerous shifts in our behaviours, and the endless thoughts that the pandemic generated. From the constant body scans to ensure we were symptom-free to the second-guessing of every cough and headache to wearing masks when we left the house and keeping our distance from others in public spaces, our lives changed dramatically.

Perhaps in light of the pandemic and the constant checking in for one another's safety, our interactions often began or ended with the question, "How are you feeling today?" My fieldwork notes were peppered with lists upon lists of symptoms and health concerns shared by my interlocutors. As Gloria said:

> I sleep very little… I don't take sleeping pills, only Tylenol to sleep, and then I cannot sleep anymore… I wake up at 4 o'clock and pray the rosary, and then at 8:30 am, I watch the daily mass on the television on YouTube… The doctor called… I need to go for some tests for my abdomen because something is wrong (March 12, 2021).

She also mentioned toothaches and issues with her lower dentures.

In attuning to their state of health, I unconsciously assumed the role of a health practitioner, following up with the frequency and intensity of the headaches they were

experiencing and asking questions about their troubles with insomnia. "What time did you wake up?" "What did you do that early in the morning?" "Did you sleep for a long time the next day?" I joined them in prayer that their illnesses did not worsen and checked in to ensure they had any medication they needed. Their illnesses were compounded with fears and anxieties about being in a public space and contracting the virus, which their older age made them more vulnerable to.

Mindful of their physical states and experience of aging, I reflected often on themes of immobility and stillness—how, at their current life stage, immobility has become a defining feature of their lives and how they are reconciling the potential of never returning to the Philippines. Captured by our body's capacities and its influence on our experiences of care, this chapter examines the experience of aging care workers and the ways in which their life courses involving mobility and care have been embodied. I explore mobility and embodiment through the documentation of their life as transnational migrants and care workers, examining the emotional and physical impacts—and in some cases, deterioration that is a consequence of the demands of their occupations, such as hip replacement surgery and back injuries. I turn to the literature on the body, embodiment, and gender to contextualize how care is physically experienced and how these embodied impacts unfold over the course of one's life.

The body, embodiment and gender

The body, according to Lock and Scheper-Hughes (1990), can be broken into three categories: the individual body in the "phenomenological sense of the lived experience," the social body representative of "nature, society, and culture," and the body politic, relating to the "regulation, surveillance, and control of bodies" (488-489). Tadiar's analysis of Filipina migration and the gamble of bodily labour as an economic bet extends Lock and Scheper-Hughes' framework, offering a critical perspective on how capitalist accumulation structures the life course and embodiment over time. The concept of life-times relates to Lock and Scheper-Hughes' (1990) concept of the body politic as it progresses in understanding how global capital labour production shapes bodily experiences over time. Tadiar's emphasis on the migrant body as a site of economic extraction and life-making, which oscillates between livelihoods of abundance and depletion, illustrates Lock and Scheper-Hughes' concept of the body politic as it conveys how the body is subject to regulation and control influenced by political and economic structures. Tadiar's attention to the body also reflects Lock and Scheper-Hughes' (1990) concept

of the social body, as migrants' bodies reflect not only individual experiences but also come to represent the broader workings of global capitalism and migration processes enmeshed in structures of power.

Anthropologists have examined the body through several registers via texts, symbols, and discourses to unravel power relations (Mascia-Lees 2011, 1). The body is viewed as an intuitive site where "social truths and social contractions are played out, as well as a locus of personal and social resistance, creativity, and struggle" (Lock and Scheper-Hughes 1990, 506). Mascia-Lees (2011) reveals two main insights about the body— one is that the body "reproduces assumptions about universality and normativity," and the second is that "bodies cannot be divorced from their lived experiences" (2). Through this interpretation, the body reflects systems of power and oppression as well as agency and political transformation (Mascia-Lees 2011, 1). Mascia-Lees (2011) suggests that bodies are "constituted by, and constitutive of, political economic formations" and yet uniquely inhabited at the individual level.

Since the 1990s, the study of embodiment has focused on the sensorial experience of the body, emotions and affect in relation to the social and material world with which the body interacts. A key observation from the literature in the anthropology of the body is that the body and its environment are always in relation with one another, shaping and being shaped by these interactions. Csordas (2011) defines embodiment as "our fundamental existential condition, our corporeality or bodiliness in relation to the world and other people" (137). Discussions of embodiment refer to "patterns of behaviour inscribed on the body or enacted by people that find their expression in bodily form" (Strathern and Stewart 2011, 389). Ethnographic methods have been employed to learn the ways in which one's body moves through the world. As Strathern and Stewart (2011) argue, "experience is always lived in bodily ways" (396). The exploration of the body as it intersects with culture and the world can be referred to as the "cultural phenomenology of embodiment" (Csordas 2011, 137).

I draw primarily on Csordas's (2011) framework on the components of corporeality to explore my interlocutors' experiences of aging in Canada and to reflect upon the ways that their care work and migration journeys have coloured this experience. The components of corporeality consist of bodily form, sensory experience, movement or motility, orientation, capacity, gender, metabolism, co-presence, affect, and temporality (Csordas 2011, p. 147-148, see Table 1 below). Csordas' (2011) perspective offers both "a way to examine embodiment…and a way to examine

features of culture and self from the standpoint of embodiment" (154). Here, the body serves as a starting point and a central frame of reference that allows us to observe change and transformation through the perspective of the individual, in addition to changes in society that influence their experience. Through the process of aging, one gains a longitudinal perspective, tracing not only changes in their body but also the ways in which their body interacts and responds to a changing social world. Temporality concerning embodiment is thus central to understanding my interlocutors' experience of care across the life course.

Table 1. Components of corporeality

Components of corporeality	Definition
Bodily form	We have arms, legs, torso, head, upright posture; body schema and image are based on wholeness or integrity but bodies can be both diminished by amputation and loss of organs or capacities, and restored or enhanced by prosthesis.
Sensory experience	We have certain senses defined in variable ways (five senses plus proprioception and temporality) with a certain range of possibilities for their use and development, and certain consequences for their loss derangement.
Movement or motility	Our ability to move is characterized by agency and intentionality, defined by style; it requires effort and encounters resistance.
Orientation	We inhabit space, both natural/geographical and constructed/ architectural, and even more fundamentally we create space by the manner in which we move in relation to objects and others.
Capacity	We possess certain capabilities of execution and endurance and certain consequences in case of loss or loss of function of any of them, as well as for these capabilities to be enhanced or augmented by technique, tool use, technology, or drugs.
Gender	This includes interaction among sex, sexuality, and gender; it includes specificity of gendered experience, as well as transgendered and intersexed forms of being.
Metabolism/Physiology	Specifically highlighting the processes of building up and destruction of protoplasm essential to life, and the chemical changes providing energy and assimilating new material, what is at issue is the experience of organic functions, changes, and modulations.
Copresence	This includes historically and culturally modulated forms of intersubjectivity, intercorporeality, alterity, sociability, and somatic modes of attention, both in face-to-face context and increasingly in virtual settings created by technology.

Affect	Culturally formulated and situationally specified as emotion and feeling, insofar as it is a component of embodiment it includes recognition of states and changes, intensities and fluctuations of agitation, arousal, excitation, passion.
Temporality	Insofar as it is a component of embodiment, this is not a feature of linear chronology or sequence so much as experience of duration, aging, mortality, death, reincarnation, out of body experience, diurnal rhythms, and seasonal cycles.

Source: Csordas 2011, p. 147-148

Gender is a dominant factor shaping the experiences of migration, care work, and aging among my interlocutors. Csordas (2011) highlights gender as a key component of corporeality due to the specificity of the gendered experience (148). Though my interlocutors did not explicitly ascribe meaning to their gender in reflections on their roles and responsibilities, their occupation of care work across public and private domains is gender-specific and has greatly influenced their life experiences. My interlocutors' embodied experiences of care work across the life course are underpinned by capitalist relations that reinforce gendered divisions of labour through care work. Reproductive labour has historically been taken up in the private domain, relegating women into caring roles in both formal and informal settings. Brush (1999) determines that, ultimately, the division between "production and reproduction renders women and men not just separate, but unequal" (161). Brush (1999) posits that production and reproduction occur not in separate domains but across "spatial" and "logical" realms that are mutually constitutive (182). This is especially true since caring roles like caring for children, the elderly, or the ill have been increasingly outsourced to paid services within the market (Tronto 1993). A division of labour designating women to households requires them to provide particular "moral experiences" (Tronto 1993, 52) and to execute reproductive labour tasks. Foucault (1988) and Marx (1894) argued that traditional notions bound in a monogamous marriage and nuclear family were dictated by economic conditions, impacting not only social and domestic activity but also who and how partners should be in this respective relationship. Capitalism, in this regard, "requires us not only to behave in certain ways but to be certain types of people" (Mansfield 2000 as cited by Stockey-Bridge 2015, 93).

Driven by economic conditions, my interlocutors' reflections have revealed how traditional caring roles were internalized. Whether it was caring for siblings at a young age, sending remittances to support their family, and later raising their families while working full-

time, gender norms influenced their familial roles and responsibilities. Gender inequalities, as reflected in their caregiving roles within their families, extend to the public sphere in their occupation as nurses. Through the lens of embodied care work, political underpinnings about gender hierarchies in the workplace are observed. Tronto (1993), in assessing caring relations, builds on this "danger of care", that being the effect of parochialism, whereby those entwined in a relationship of caring supersede their own needs for those whom they are caring for (170). In her work on caregiving for seniors, Buch (2013) exemplifies this danger of care by describing how the moral value of home care workers stemmed from "their willingness and ability to prioritize others' bodily needs and desires over their own" (644). Since the morality of care receivers is often prioritized by caregivers, Buch (2013) illustrates how the relations between caregivers and care receivers rely on sustained inequality and hierarchical relationships (637). The unidirectionality of caregiving and its associated embodied practices demonstrate how social relations in the context of care work reproduce inequality. I address this in the section on sensory experiences in which my interlocutors express the relationality of care work and the physical and emotional labour of attuning their own bodies to the caring needs of their patients.

Of course, care work is structured by intersecting inequalities with racial hierarchies influencing access to labour market opportunities as well as workplace experiences. One of the central claims of the literature in the anthropology of the body is the notion that the body is always entangled in systems of politics and power, which onsets an emotional epistemology that informs a particular learning of race (Ramos-Zayas 2011). Ramos-Zayas (2011) employs the concept of embodied racialized affect to acknowledge "the complexity of an interiority that always already occupies a social and political space…" (26). An embodied racialized affect in this manner is then a tool to examine the experiences of marginalization and the process through which people "enter social consciousness through affect, and might explain the conditions of social subordination accordingly" (Ramos-Zayas 2011, 26-27). Ramos-Zayas argues that racialized workers' experiences of marginalization are structural and deeply internalized, further suggesting that there are material consequences to the embodiment of racialized affect, giving the example of the emotional labour that Latinx American youth take on when entering the labour market (Ramos-Zayas 2011, 28). The framework of embodied racialized affect allows us to consider broader collective experiences where overt racism within institutions presents as a site for resistance and the internalization of racial hierarchies.

Expanding on this framework, Ameeriar (2017) introduces the notion of a "sanitized sensorium" to explain how racialized bodies, particularly immigrant women, are rendered legible through the management of sensorial cues such as smell, dress, and emotion (3). Central to this process is what Ameeriar (2017) terms "pedagogies of affect", educational practices aimed at regulating "affect, emotion, feeling, and ways of being" (55). These pedagogies shape how immigrant women embody forms of professionalism that are both gendered and racialized according to Western norms (Ameeriar 2017, 56). Ameeriar (2017) illustrates how pedagogies of affect manifest, particularly in her study of "Nurture," a Canadian credential-recognition program for nurses, where immigrant women were instructed on how to suppress anger, resolve conflict, and project subservience, effectively disciplining their bodies to conform to racialized and gendered expectations. Notably, this training omits explicit discussion of racism, instead encouraging women to self-regulate their affect in response to discrimination, thereby further entrenching racialized norms (57). I address these dynamics in a subsequent section on orientation, where my interlocutors navigated instances of discrimination in the workplace. These negotiations of race and gender in care work must also be situated within the colonial histories that continue to structure migration.

My interlocutors' migration journey, as discussed in previous chapters (see background on care migration to Canada in chapter 3), reveals how colonial ideologies are gendered and embedded in education about migration in the Philippines (Tungohan 2021). Research on the Philippines as a major labour brokerage state reveals how Filipino workers are encouraged to become the "ideal migrant subjects" (Tungohan 2021, 39). Through the socialization of gender norms, female care workers are encouraged to view themselves as "innate mothers" who are in service of others and take on qualities of obedience (Tungohan 2021, 40). Gendered colonial ideologies are embodied through migration and care work as Filipina labour migrants adopt subservient virtues, as Tungohan (2021) characterizes as "grateful" and "uncomplaining" (35). Gendered migration trajectories are sustained by colonial ideologies with long-lasting impacts across generations.

Building on the idea that gender as a component of corporeality shapes embodied experiences with lasting effects across generations, we can turn to the theory of embodiment and its temporal dimensions to deepen our understanding of how these experiences evolve and accumulate over time.

Theorizing embodiment across the life course

Embodiment theory is helpful in analyzing the life course as it draws attention to the body's social, cultural, and historical context as well as its way of being (Strathern and Stewart 2011). One way in which embodiment theory addresses the life course is through discussions of temporality and what Strathern and Stewart (2011) call "Now-Time." In their conceptualization of Now-Time, one's memory strings together individual narratives, rituals, and experiences. In this conceptualization, individual narratives are registered, embodied, and then encoded through memory, where experiences get passed on to subsequent generations through oral traditions (Strathern and Stewart 2011). The active role of memory allows narratives to "reach back to an earlier 'Now-Time' and pull it into the present" (Strathern and Stewart 2011, 398). In this manner, the body does not exclude the mind but instead activates the mind as part of one's 'embodied existence' (Strathern and Stewart 2011, 396).

Similarly, the construction of my interlocutors' life stories is an ongoing process, as their past is not static. Through the process of remembering, their past gets reconstructed through the new meanings they ascribe to events. I leverage the theoretical framework of corporeality as a lens to examine embodiment. While embodiment refers to the lived experience of the body, corporeality provides specific aspects or components through which we can analyze how these experiences take shape, particularly in understanding the physical and emotional impacts of care work over time. I also position the linkages between embodiment, memory and time as a route to interpret their experience across their life course.

Memory and embodiment are impacted by people's environments (Strathern and Stewart 2011). Another concept to articulate the lasting impacts people make is through the notion of "personscapes," which refers to a "process of coevolution between person and landscape" (Strathern and Stewart 2011, 393). Personscapes get sustained over time through "…sensory experience with its awareness of emplacement in landscapes, [which] feeds strongly into memory and helps to form a residue of experience that stays with and can transform, a person over time" (Strathern and Stewart 2011, 393). I draw on discussions of memory, embodiment, and place to argue that our existence transcends the life course and one's death; through memory and our connections to places and people, we extend and sustain life worlds beyond our individual life course.

In my research, the temporal frame of the life course is critical for situating their life experiences as Griffiths et al. (2013) describe the life course as the bridge between the 'natural' and the 'cultural' or rather where "natural and cultural times meet" (6). In relation to the body and the experiences of older Filipina nurses, my analysis tends to age, body changes over time, and how, culturally, their lives of care labour have impacted their aging. The life course has come to represent the passage of time marked by individual life "events, decisions, and disruptions" (Griffiths et al. 2013, 12). The life course can also represent the collective experience of time—offering generational insights about particular group decisions and outcomes (King et al. 2004). Examining the experiences of Filipina elders and illustrating the embodiment of care, my research thus offers insights into the experience of time from migrants in this cohort and from a gendered perspective.

Embodiment and corporeality: Lived experiences of care work

Csordas's (2011) framework of the components of corporeality is central to my understanding of my interlocutors' experiences of aging in Canada and the ways in which their care work and migration journey have shaped their experience. Csordas' (2011) perspective offers "a way to examine embodiment…and a way to examine features of culture and self from the standpoint of embodiment" (154). Here, the body serves as a starting point and main frame of reference for observing change and transformation from the individual's perspective and highlighting the changes in society that influence their experience.

In this section, embodiment refers to my interlocutors lived, sensory, and affective experiences, focusing on how migrants physically and emotionally internalize their labour over time. It is not just about performing care tasks but about how care labour is mediated and how it manifests in the body—through touch, proximity, empathy, exhaustion, and physical deterioration. The narratives of my interlocutors illustrate how caregiving extends beyond action to something felt, absorbed, and carried within the body, affecting emotional well-being, mobility, and overall physical state.

While embodiment highlights how care work is felt and lived through the body, corporeality provides a broader lens to analyze how migration, labour, and institutional structures shape bodily experiences over time. My interlocutors' narratives show how the emotional and

physical toll of care work is deeply embodied yet also shaped by structural factors, including workplace hierarchies, migration policies, and aging-related limitations.

Drawing on my interlocutors' narratives, I examine how care is embodied through four key components of corporeality explored in this section: sensory experience, orientation, capacity, and co-presence. **Sensory experience** highlights how care work is deeply felt through empathy and constant attunement to patients' needs. **Orientation** reveals how caregivers navigate social hierarchies in the hospital, as institutional spaces shape their professional identity and sense of belonging. **Capacity** illustrates the toll of care work, as aging bodies reflect years of labour, leading to physical deterioration. I then explore **co-presence**, which extends notions about the embodiment of care beyond physical proximity, demonstrating how care is exchanged in virtual spaces. Together, these dimensions illustrate how care is embodied and shaped by lived experiences and structural forces over time.

Sensory experience

According to Csordas (2011), sensory experience refers to "certain senses defined in variable ways (five senses plus proprioception and temporality) with a certain range of possibilities for their use and development, and certain consequences for their loss derangement" (147). Isaac (2022) articulates the importance of attending to bodily senses as it is "an interface for ways to be in the world to mark and take up durations and space" (9). Anthropologists have employed understandings of the sensory concerning embodiment to illustrate the realities of care workers and the conditions of care work. In doing so, scholars have conceptualized embodiment in reference to the range of sensorial techniques that help caregivers attune their physical bodies and emotional selves to that of their clients (Mazus 2013). The embodied care practices that are often documented in this context stem from caring relations that are formed in different cultural contexts (Mazus 2013) or according to different levels of cognition (Kontos 2005). Without a shared cultural milieu, the physical body is relied on to create and sustain caring relations. A caring sensorium, if you will, is then established through embodied care practices.

Here, I present the experience of one interlocutor, Rose, who poignantly illustrates how a caring sensorium is established in her depictions of relationality to her patients. Rose, in her reflections on being a professional nurse, described the relationality between her and her patients and how her emotional and physical self sometimes mirrored their well-being. She stated, "You

know, I like being a nurse because I like to look after patients, you know. You talk to them, and if they get better, you feel better" (April 13, 2021).

She continued to describe how her emotional self struggled working with very ill patients in the Intensive Care Unit (ICU) as she had done for many years. She reflected, "… it's a very challenging job because you know how ICU is… it's [called] respiratory failure unit at the time when I worked there. All my patients are, like, mostly accidents that can't breathe on their own, so they have to be put in the machine. And most of my patients are all in the machine" (April 6, 2021). She reflected further:

> …It was hard! It was a very, very depressing place to work because you see all these young people who are involved in motor vehicle accidents, and then they have a [frail] chest because of the injury, you know. Yeah. And I was able to work there for two years, and they even told me, they said, "Boy, you know, lots of nurses don't stay too long in that place" (April 13, 2021).

Rose's reflections demonstrate how her workplace and role as a nurse impacted her emotional state in both positive and negative ways. Her reflections on care work illustrate how care is at once relational, affective, and embodied in that the state of her patients impacted her own sense of well-being and emotional state.

Maria also reflected on the emotional aspect of working in the ICU. She stated, "ICU is more, like intense…you have your adrenaline going all the time" (June 24, 2021). In explaining her day-to-day work, she elaborated on what it was like to care for multiple patients at a time, stating, "This [work] is a different kind of busy. Because you will be [working] with one doctor, with one surgeon, and he or she will operate on four patients, and you have that one after the other; it's just like a production" (June 24, 2021). Despite the intensity of caring for multiple patients and the sheer busyness of the ICU, Maria also described fond memories, namely pointing to the relief she would feel when the patients would feel better. She stated, "… it's nice when you see them get better… We have a lot of patients usually that come in the cardiac arrest, the heart attacks or whatever during wintertime. You know, when there's a lot of people shoveling the snow and some people in their 40s, 50s… they recover well!" She continued, "…those are the nice ones that you see your hard work… my colleagues there, we were a good team" (June 24, 2021). Maria was very proud of how her care work and teamwork with colleagues benefitted so many patients who came through the ICU during her time as a nurse.

Rose's and Maria's reflections on caring for patients in a critical state demonstrate how caring relations encompass embodied experiences based on extended empathy, proximity, touch, and physical closeness. Their experiences can be exemplified by Mazus's research (2013), which illustrates embodied care work through an understanding of empathy described as a "multimodal process that not only involves perception, intellection, affect, and imagination but also the bodily, sensory, and tactile aspects of lived experience…" (127). Empathy encompasses embodied caring practices, demonstrating how two bodies move synchronously, mirroring one another's manners and mannerisms and pre-emptively gauging caring needs. Mazus (2013) situates affectionate relations in globalized care arrangements, whereby caregivers may be required to adjust to different cultural contexts. Given different cultural backgrounds and perhaps no shared language, bodies become the "social instrument for communication" (Mazus 2013, 121). These reflections demonstrate how nurses embody care through sensory awareness, emotional responsiveness, and physical proximity in their demanding work environments.

In the context of caring for multiple patients in an ICU, engaging one's senses and extending the role of empathy to assess a patient's physical state, as well as their caring needs, was required. The anticipation of caring needs was also critical in the fast-paced, team-oriented setting that Maria describes. Moreover, both Maria and Rose expressed a change in their emotional state upon the recovery of their patients. In Rose's articulation, she expressly acknowledged how her well-being mirrored that of her patients. Oftentimes, many nurses had to be rotated out of the emergency unit because it could be a depressing place to work. Rose and Maria illustrated the demands of care work and the use of the sensory in extending patient care by anticipating and attuning to patients' needs and, subsequently, the emotional impact patients' well-being had on them. More about embodied adjustments in the nursing environment, be it physical or emotional, can be explored through Csordas' concept of orientation.

Orientation

Orientation refers to the space we inhabit, "both natural/geographical and constructed/architectural," and most critically, the space we create "by the manner in which we move in relation to objects and others" (Csordas 2011, 147). One's orientation is guided by relations, defined by Strathern (2020) as "elusive" and "attractive," whereby people "are drawn into relations with the things, beings, and entities that form their environment" (4). Orientation is

a critical analytical tool to examine Filipino care workers because of the gendered and racial dynamics that often get presented in institutional settings like hospitals. The historical account of Filipino care migration to Canada touched upon the racial dynamics, that is, the social distinctions and hierarchies that emerged among Filipino and Caribbean care workers, with studies further examining not only a racial hierarchy present in their admission to the country but also differences in workplace experiences (McPherson 1996; Stasiulis and Bakan, 2003; Flynn 2011). The concept of orientation helps explain how Filipino care workers navigate institutional spaces shaped by gendered and racialized hierarchies. These dynamics are especially evident in hospitals, where power relations between doctors and nurses, as well as nurses and patients, manifest in daily interactions. Maria's account of workplace discrimination illustrates how such hierarchies influence the perception and treatment of racialized nurses.

Maria detailed how nursing during the '80s was inequitable, a conclusion she drew from her numerous encounters with discrimination from coworkers and patients. Maria recalls, "I was looking after a lady – she wasn't really that old, maybe mid-50s or maybe 60, and, you know, she told me as soon as she saw me enter the room and said, "I don't want to be looked after you, go home to your country! Get your boat!" She says, "Get into your boat and go home to your own country." Reflecting on the absurdity of the encounter, Maria laughs and exclaims, "That's the first time I experienced discrimination" (June 24, 2021).

Maria continued, lamenting the horrors of workplace racism in the context of mandatory TB tests for healthcare workers. While discussing the results in the nursing station, she recalled, "…one doctor, he looks at me, and he goes, 'Hm, considering you come from a third-world country, you're still showing negative in your TB skin test?'" And I said, "I come from the Philippines, that doesn't mean I come from [laughs] the dumps," like that. And he was surprised with my answer" (June 24, 2021). Maria, though disturbed, reflected light-heartedly on these experiences, noting how the workplace became progressively better and more accepting of differences over time. While Maria frames these incidents as isolated experiences, her reflections align with broader structural patterns of racialized labour in nursing. Scholarship on care migration has long documented how racial hierarchies are embedded in institutional settings, shaping both workplace dynamics and professional recognition.

Flynn (2011), in their study on the migration of Caribbean nurses to Canada between 1955 and 1977, describes how the social norms and values promoted by institutions get

internalized, be it through schools, hospitals, churches, or the family unit. It is through the process of interpellation that individuals "internalize particular meanings and values and take up the identity offered to them by the institution[s] in question" (Flynn 2011, 7). Flynn (2011) details how the devaluation of the credentials and experiences of Caribbean nurses contributed to the internalization of racism.

Flynn (2011) explicitly discusses how the lack of recognition of Caribbean nurses' credentials upon migrating from the United Kingdom to Canada resulted in their assignment to more menial tasks, leading to deskilling over time. At a broader structural level, Flynn (2011) argues that the medical field reinforced racialized and gendered hierarchies, including notions of whiteness, which were reflected in its organizational structure—where white doctors and nurses held greater authority (142). The British- and Caribbean-trained nurses in Canada described their experience as "degrading" and "demoralizing" (Flynn 2011, 140). Despite the lack of recognition of their qualifications, the Caribbean nurses prided themselves on having undergone rigorous training and providing quality patient care (Flynn 2011).

Unlike Flynn's (2011) interviewees, who identified race as a significant factor shaping their nursing experience, my interlocutors did not lament such experiences. However, they, too, strongly upheld their professional status, suggesting that this identification with nursing may have been a way to navigate or counteract marginalization without directly addressing racialized experiences. Rather than directly confronting racialization, their emphasis on professionalism may itself be a response to the highly racialized and gendered conditions they faced. Constructing a secure professional identity could have served as a strategy to mitigate exclusion, assert legitimacy, and create stability in their field.

The internalization of institutional norms does not mean that racialized nurses passively accept these structures; rather, as Maria's experience shows, they navigate, contest, and sometimes even resist these forms of exclusion. Maria's account of workplace racism—precisely a racist remark from someone in a position of power—illustrates an encounter in which she may come to internalize and simultaneously resist racism, demonstrating the complexity at which bodies are imbued with agency and hold the capacity for transformation amidst structures of politics and power. I include Maria's experiences of racial discrimination to illustrate how one's orientation through the bodywork of care and the occupation of predominantly White institutional settings can be created, sustained, and challenged. Moreover, I further convey how

one's orientation is a corporeal facet of embodiment and reflect on the "material consequences of embodied racialized affect," which is pertinent to further analysis of temporality and the duration of such experiences (Ramos-Zayas 2011, 28). The way in which behaviours and emotions are endured—particularly through humour and light-heartedness—suggests not an absence of the impacts of racism but perhaps a learned strategy of resilience. I further explore the relation between the body and the environment through Csordas' concept of capacity. The concept of capacity highlights the interplay between one's body and the demands of one's environment, reflecting how individuals navigate the physical challenges of their many roles over time.

Capacity

I argue that care labour actively shapes one's capacity and influences their experience of care. Drawing on my interlocutors' lived experience, I demonstrate how the physical demands of care work accumulate over time, influencing their bodies' capacity and long-term caregiving abilities. Capacity refers to "certain capabilities of execution and endurance and certain consequences in case of loss or loss of function of any of them, as well as for these capabilities to be enhanced or augmented by technique, tool use, technology, or drugs" (Csordas 2011, 147). In the context of care migration, my interlocutors' experiences foreground this component of corporeality, as these illustrate how their ability to provide care was dependent on particular capabilities. Moreover, there were consequences to extended periods of care labour regarding physical health impacts and care arrangements. This section examines the physical demands of care, focusing on how caregiving affects the body over time. Distinct from the embodiment of care as translated through empathy, for instance, I describe how our physical selves are an embodiment of care, bearing the marks of the labour and strain involved in providing for others. I illustrate this through Gloria's physical deterioration in old age, as described by her children, who reflect on the long-term toll of decades of nursing. I also reflect on her retelling of her inability to drive, as it became a turning point, symbolizing the loss of independence and impacting her ability to care for herself and others.

Gloria, who retired from nursing after many decades of working with seniors, reflected on the details of the job, including the physical aspect, stating, "When I arrived here, I worked with the older people. I give baths to the older people—shower, sponge bath." Gloria's son discussed the toll the job had on her body over time, stating: "She worked as a nurse during a

time when there was not a lot of equipment to assist in lifting patients. As a result, over three decades of stress to that specific area [her back] created a degenerative condition that eventually required medical intervention in her senior years" (September 9, 2021). These reflections illustrate the impact of care labour on one's physical body over time. The decline in her physical state led to a shift in her independence, marked by new living arrangements and her inability to drive.

Between interviews about their migration experience, we reminisced about their day-to-day activities. Gloria reflected, "I don't have any plans. Just stay here… I cannot walk by myself. Before, I can go anywhere. I can drive, I can walk, I can bring [my grandkids] anywhere… Those are my days, and I loved it" (February 26, 2021). Enfolded in the ability to care for her grandchildren was her mobility. Gloria marked the shift in her mobility and independence by recalling how she retired her driver's license. She cherished her freedom, and the recent retirement of her driver's license signalled a considerable loss in her life. She stated:

> I loved driving. It's too bad I stopped driving. After that incident with the old lady at the crosswalk…you know, that place near the old people's home… I was turning left, and [it was] also a green light on the other side, and the old lady was crossing, and I was turning left, and I did not see her…it was foggy… [I turned left] and it was good I stopped abruptly, the old lady hit my car, she hit my car, she fell. I cannot walk around, I was just standing beside my car, I didn't help her at all, she walked around the car and then crossed the car, and everyone was watching her…. I was so scared, and I said that maybe that was my signal to stop driving... since then I stopped driving. I did not do the road test again or the exam again and I stopped driving—I was so scared. But I wish I could still drive (February 11, 2021).

Driving for Gloria marked her independence; it was more than getting her groceries and taking herself to doctor's appointments. It was the conduit to her social life and her connections to the community and beyond. Driving was part of her identity, and it was one of the most significant ways she could express care. She was known to drive her friends to church and organize the carpool. Her driving was a core function of family life, taking her grandchildren here and there. She alluded to how devastating it is to have lost her license; she stated, "You'll feel sorry when… after the incident… I wish I could still drive so I could drive [younger granddaughter] to school and home" (February 11, 2021). The yearning to continue driving remains less about her own volition but the ability to extend herself in service of her family.

These sentiments reflect the enormous weight of paid and unpaid care labour and the care dynamics that ensue according to one's mobility. Salient in Gloria's reflection is the role of

mobility and its influence on her capacity to care. In Gloria's experience, her active years of nursing led to physical deterioration in her old age and consequently to losing her driver's license and, later, even her ability to walk. In this manner, mobility figures in Gloria's migration and career as a nurse, subsequently leading to conditions of immobility which impaired her ability to walk, drive, and care for her grandchildren. The following section further expands on the theme of mobility and its figuration in care migration and labour.

Co-presence

In this section, I describe how transnational families care for one another across distance and over time through what medical anthropologist Thomas Csordas calls co-presence, defined as "historically and culturally modulated forms of intersubjectivity, intercorporeality, alterity, sociability, and somatic modes of attention, both in face-to-face context and increasingly in virtual settings created by technology" (Csordas 2011, 148). The transnational families in my study exemplify how social relations can be developed and maintained through Information Communication Technologies (ICT)and how virtual mobilities have come to be recognized as a "substitution" for face-to-face communication (Adey 2017).

Co-presence describes how transnational families engage in expansiveness and high-quality exchanges despite their lack of physical proximity (Baldassar et al. 2016). Baldassar (2008) has traced how co-presence gets constructed among transnational families through emotions of "missing" and longing" in four distinct ways—"discursively (through words), physically (through the body) as well as through actions (practice) and imagination (ideas)" (250). Co-presence is further extended by transnational actors who employ "co-presence by proxy" where care is "achieved indirectly through objects and people whose physical presence embodies the spirit of the longed-for absent person or place" (Baldassar 2008, 252). For example, de Leon has written about her experience of delivering care in person and by proxy on behalf of her mother while attending her late aunt's burol (wake) and funeral (de Leon and Blower-Nassiri 2024). Isaac (2022) has also elaborated on the proliferation of e-burol, which is the live-streaming of funeral vigils (115). Thus, through a range of care practices, the "embodied physicality of care" or physical proximity as an indicator for quality care exchanges has been challenged in light of transnational kinship networks (Baldassar and Merla 2014). Indeed, Baldassar and Merla (2014) argue that "not all caregiving has to be embodied or proximate in

order to qualify as care," noting, however, that not all "virtual forms of care are equivalent to embodied forms, but instead that it is the quality of the relationships, rather than the form or mode of caregiving that is important" (Baldassar and Merla 2014, 12). In detailing how virtual co-presence and care exchanges have figured across their lives, I also acknowledge how virtual co-presence exemplifies creating and sustaining networks of care in which diverse care practices are adopted to fill gaps in care delivery.

Commenting on their migration and early settlement experiences, Rose described how she kept in touch with her family through the mail. She stated, "Phone is too expensive, so you write letters, you know. Yeah, those times, there was no internet and all those other stuff. Yeah, so, writing letters" (April 6, 2021). Gloria also described the hardships associated with family separation by noting that in the 1960s and 70s, she engaged in long-distance phone calls to keep in touch with her daughter. Gloria's recollection of times of grief while separated from her daughter and her daughter's estrangement from her parents highlight the complexity of fostering virtual co-presence across distance and over long periods of time. These recollections also depict how virtual co-presence, that is, shared presence through a range of communication technologies (Baldassar 2008), is a feature of transnational migration and transnational family life.

Virtual co-presence became particularly relevant to my interlocutors during the COVID-19 pandemic. In recent times, Rose has displayed sorrow about the inability to see her grandkids during lockdown periods and has commented on how they adapted to life during COVID-19. While not visiting her grandchildren or driving them to and from school, she stated, "We just talk on the phone or the messenger" (May 21, 2021). Further, Rose commented on how COVID-19 put her in a vulnerable position due to the virus's impact on the elderly and due to the heightened threat of contracting the virus. Her family frequently expressed concern about her being in public, and she also described going out less frequently. During this time, travel restrictions appeared at the local level and raised challenges to international travel, disrupting her annual trip to the Philippines. In this instance, imagined co-presence is evident in her practice of praying for and in her longing for a return to the Philippines. Lamenting on her disappointment, Rose stated:

> …we were planning to go home with Auntie Marly… but because of the pandemic, yeah, [we] have to cancel the ticket and everything… That's too bad. Well, hopefully soon we'll be able to travel again. I hope soon. Well, we just – it's a good thing there is messenger [laughs]. [Laughs] Imagine if there's no messenger. My God, everyone will get crazy… Like, almost every day. We have a group, like, my sister, my brother in the Philippines, I

> only have one brother in the Philippines now, everyone is here. So, we FaceTime, you know, we do – we see each other through messenger (April 6, 2021).

It is evident in their reflections that mobility issues influence the ability to provide and receive care. In the present day, immobility conditions brought on by the pandemic and their advanced aging altered their ability to provide care to family members near and far. Their advanced aging also marks a significant shift in their lives from primary caregivers to receivers of care. However, the presence of 'caring' encounters in digital spaces highlights their adaptability and the impact of COVID-19 on general care practices.

I also highlight this anecdote to reflect on how virtual co-presence in old age has become a permanent feature of caregiving among transnational families. Though technology was a mediator for care and familial bonding before the pandemic, the pandemic created harsh new realities for the elderly that impeded their ability to travel and make plans, causing them to rely even more on technology for communication. This anecdote also considers the limitations of virtual co-presence for care for the elderly as their needs become more demanding—shifting from emotional to progressive physical support. Taken further, considerations for virtual co-presence in more acute times like death, dying, and illness were brought to the surface, given their older age and restrictions to mobility.

Virtual co-presence can elicit embodied care through objects or individuals that evoke the presence of a loved one or a familiar place. It highlights the expansiveness of care, demonstrating the diverse ways transnational communities maintain connections and provide support beyond physical proximity, extending care labour into virtual spaces. At the same time, virtual co-presence also reveals the politics of care, exposing how the absence of physical, embodied care is deeply felt among transnational family members, particularly elders, and becomes especially pronounced during moments of illness, crisis, or loss. While virtual co-presence can be satisfactory in transferring care and maintaining relationality, it cannot fully account for the sensory, affective, and material dimensions of physical presence deeply embedded in caregiving and intimate relationships.

In summary, exploring the components of corporeality provides a means to understand how care labour and migration experiences are embodied. The components of corporeality relate to the legacies of care framework in that they share a focus on how bodies and practices of care are influenced by and respond to broader social, cultural and historical forces over time.

Csordas's corporeality framework enriches the legacies of care framework by offering a grounded, bodily perspective on how care work affects individuals physically and emotionally. The legacies of care framework contextualize these embodied experiences within a historical and intergenerational narrative. The following section elaborates on the legacies of care among Filipino migrants, centring on the futures of subsequent generations who are impacted by care migration.

Conclusion

This chapter draws out connections between care migration, care labour, and the body to emphasize the continuity in which significant life events, like migration and work, affect us over time. The scenarios detailing the components of corporeality demonstrate how the physical and emotional labour of care impacts the body. Evident in each scenario is the element in which my interlocutors' care work impresses upon their environment and the people they interact with, namely their family members.

Noting the implications of care migration across generations, Taggeueg Jr. and Rodriguez' (2022) work on centring empire in the analysis of Filipino migration speaks to the profoundly entrenched ways in which "US imperialism in the Philippines and the transformation of the Philippine society as a consequence" have shaped and continue to shape the emigration trajectories of Filipinos (119). With a focus on the body as a site of analysis, I have sought to reveal the endurance of these legacies and depict a snapshot of the socio-political and economic context in which care continues to be made and remade. Elaborating on the Filipino body as it is enmeshed within global capital time, Isaac (2022) writes, "…the Filipino body is asynchronous, never quite arriving or returning. She is always a custodial subject—surveilled, managed, administered, extracted. This is the story globalization makes apparent" (10).

Highlighting the temporal dimensions of care work, Valerie Francisco-Menchavez (2025) documents the deeply embodied experiences of relationality that caregivers navigate. For example, she recounts an interlocutor expressing the pain of loss that accompanies caring for elders, noting the strong emotional bonds that are established between caregiver and patient. Francisco-Menchavez (2025) observes how caregivers care for one another in these instances, describing the "collective lifting of burdens" as one of persistence, emphasizing the temporal quality in caring, where "past experiences of hardship give way to future possibilities of care for

one another" (105). These insights reinforce how embodied caregiving is interpersonal and collective, carrying forward the weight of caregiving across time.

My analysis thus brings to the fore the salience in which migration is not a singular moment in time. In recalling how the past and the future continue to impress upon the present, legacies of care speak to the continuation of migration trajectories from the Philippines into care sectors across the globe and the ways through which these pronounced migrant patterns—and the Filipino diaspora—are presumed to embody care. A focus on the legacies of care reveals how care migration and care work impress upon the body and illustrate how we remain tethered to the corporeal experiences of our ancestors.

This chapter builds on themes of temporality and mobility through the body as a site of analysis. In documenting the reflections of my interlocutors, I examined their experience of aging in Canada and how their care work and migration journey has coloured this experience. I underscore how care work is endured over time, impacting their physical bodies as well as their familial relations. I do so by exploring the components of corporeality as it relates to my interlocutors' experience as nurses and caregivers within a transnational family. I explore how care is a sensory experience influenced by one's orientation, capacity, and gender and embodied through different techniques of co-presence. I bring to the fore how mobility is tied to the experience of care and how these dynamics are in flux over time. Attuning to the body as a site of analysis emphasizes how migration does not occur in a singular moment, as the impacts of migration can be felt long after.

In this vein, I reflect on the material work of care that is not only subject to the body but where the impacts are intergenerational. The future of Filipino studies should take note of the embodied experiences of care migration and these impacts over time, given the expanding Filipino diaspora and the ongoing need for transnational care arrangements. As the following chapter will describe, embodied experiences of care migration and the navigation of transnational care are particularly acute during times of illness, death, and aging. Care for aging parents—both in the countries where migrants settle and in the Philippines—continues to shape the affective experience of care migration, with emotional impacts often felt deeply across generations, especially during prolonged family separations.

Chapter 6
The Accumulation of Loss, Love, and Labour

Introduction

Living through the global pandemic brought to the fore poignant reflections on illness, end-of-life care, and dying. The fear my interlocutors felt in accessing public spaces and the regrets they shared in not being able to care for their friends and families as they once did due to the public health restrictions highlighted how conditions of immobility have been present throughout their life course and how their caregiving had to adapt to these realities. The conversations that bookended our interviews highlighted their concerns about the uncertainty they had about gathering with family and friends as they once did and when they might be able to travel to the Philippines again. This uncertainty, albeit prompted by the global pandemic, was not a new feeling.

This chapter discusses my interlocutors' experiences of loss and reflections that emerged in light of COVID-19 when they were reminded of the moments when they could not be with loved ones during acute times of illness, end-of-life care, and funerals. Lamenting these times, their personal confrontations with dying also materialized due to their heightened vulnerability to the COVID-19 virus and their encounters with friends and family who had passed during the pandemic. In their stories, my interlocutors shift between past and present, with immobility and death emerging as defining aspects of their lived experiences. These illustrate the accumulation of loss that they have endured over their life course. They also reveal how transnational migrant communities have adapted care practices to conditions of immobility over time. They also speak to the challenges of coordinating end-of-life care and the ways that they honour and memorialize their loved ones who have passed.

I open this chapter with field notes about ancestry to draw out themes of aging and transnational care and the emotional struggles of not being physically present for family in times of crises and the end of life. A discussion about ancestral connection reveals the expansiveness of care across generations. The expansiveness of care refers to the notion that caregiving extends beyond our current lifetimes and connects us to our ancestors and future generations. An expansive view of care encompasses the affects, responsibilities, values, and support systems passed down through generations, creating a continuous thread of caregiving that influences and

sustains relational bonds over time. I include these field notes in this chapter because it has informed how I am thinking about transnational migration, familial relations, and their dynamics over time. The fieldnotes provide insight into the strong pull and deep desire to connect with the sense of belonging that comes from our ancestral roots and ultimately reveal the enduring legacy of labour migration in shaping Filipino diasporic identities. I have selected these field notes because they have prompted deeper reflection on the legacies of care. The notes capture the complex emotions, tensions, and challenges of missing one's homeland, feeling out of place in a different country, and longing for familial connection. These notes provide a diverse perspective from younger migrants, illustrating how the culture of migration affects subsequent generations, which sets the stage for understanding its lasting impact.

In this chapter, I discuss how transnational families navigate end-of-life care arrangements. I contemplate what it means for migrant communities when they are not able to grieve in person and, in some cases, gain closure. I detail how these experiences of loss have an enduring effect that culminates and impacts care dynamics across generations. I draw on Tadiar's (2012; 2022) notion of remaindered life-times, to build on the discussions of the valuation of labour and to begin to reflect on how labour intersects with the temporal dimensions of care. I reflect on the legacies of care, framing and analysis that tend to the multiple temporalities of migration and intergenerational care and how the labour of care figures throughout one's life course and extends beyond individual lifetimes. I conclude the dissertation with key takeaways and reflections for future research.

Fieldwork notes

An Instagram post reflecting on Filipino-American History Month captured my attention. It came from a dear friend, a community educator and a birth worker. The post encompassed a collage of hand-written letters and old photos from her childhood, which conveyed what Filipino-American History Month meant to her. She wrote on October 1, 2022:

> *I was 7 years old the first time I saw snow. I looked up at the sky, opened my mouth and caught snowflakes on my tongue. It was unremarkable.*
> *I expected them to taste like magic, like sparkle incarnate, like winter poprocks candy—but no. Though, what I do remember is catching snowflakes on my mittens and staring at their designs for long moments at a time before they would melt away. Now THAT was remarkable.*

This month of October is Filipino-American History Month (FAHM). On October 18, 1857, the first Filipinos were recorded to have arrived in America by way of the Spanish galleon. Though, recent research has indicated we had been in America for much long than what record shows.

It was in 2003, when my little body settled in so-called Canada with my mom. My dad had come here first and we followed soon after him. I don't remember if I was ever told that I would be moving away from the Philippines. What I remember was going to government offices with my mom to file paperwork back home, intermittent trips where my dad would come visit before our big family migration, and the departure party my Lola threw for us. My last memory of the Philippines was being told to choose between two things I wanted to bring with me on the airplane: either an art set or a little bag shaped like a dog. I don't remember which one came with me.

Last night, I ruffled through photo albums to look for photos of me and my family when we first arrived. I came across photos of my first day of Canadian school, us posing beside our first house (we lived in the basement) and my dad's shiny Vitara, our tourist trips to Niagara Falls, a Valentine's Day letter my teacher wrote me in grade 3 complimenting my good English and written stories, and me wearing my very first winter jacket. These were the first records of me arriving in the country I would always struggle to call my home.

I have lived in so-called Canada for more than double the time that I had lived in the Philippines. It breaks my heart. I understand the opportunities here, I understand the reason we needed to leave, but I will never forgive what I had UNKNOWINGLY given up to have the privilege of migration and western status. There are cousins I have never met back home, the death of my Lolo that I have not yet properly grieved, the changes to my family homes that I haven't lived through. But most of all, I grieve the time I have lost. The time I would have spent with my Lola, my Lolo, my Mamas, and my Paps, Ninangs, Ninongs, Titas, and Titos as they aged, had children, celebrations, ate meriendas. Everything.

Her post continues, grappling with the dilemma that is migration, as she writes, "If we're stronger together, why did it feel like we needed to be broken apart in order to be strong?" in conclusion, she states, "I would happily give everything up. I just want that time." In her profound recollection, I resonate with her words as they relate to my interlocutors' retelling of illness, loss, and grieving.

In another Instagram post during Filipino American History Month, a user named Yumi Sakugawa, unknown to me poetically lists three points on ancestry.

> *1. There is a deep well within me that can only be filled by connecting with my ancestors.*
> *2. It cannot be filled by success, it cannot be filled by friendship, it cannot be filled by career, it cannot be filled by material objects, it cannot be filled by romantic-love, it cannot be filled by individualistic self-improvement, it cannot be filled by money, it cannot be filled by social capital, it cannot be filled by anything external.*
> *3. What if you do not know who your ancestors are? You may not know them by name, but it is also impossible to not know them. After all, they are intertwined into the energetic fabric of your being. They are what gives you joy. They are how you relate to the ocean. They are how you move your body, how you desire, how you nourish yourself, how you grieve, how you die, how you resurrect yourself from the ashes of destruction again and again. You are the cumulative echo of all who came before you, beating a song in your chest.*

I am struck by their sentiment and by the idea that no material objects can fill the void of not knowing your ancestors and of not connecting with them. I am brought back to the notion of temporal horizons and how the vision for a 'better life' is a pulling factor that draws individuals away from their home countries to new countries with different opportunities. It is ironic, then, that in seeking to meet one's basic needs and in the quest for generational wealth, a void can grow in its place. I locate the void in my friend's anecdote, where she describes the loss and sorrow. She feels that she is missing out on a full life in the Philippines and that no form of success experienced in Canada will be able to fill that void. As a second-generation migrant, I locate the void of not knowing my ancestors in my own experience of never meeting my grandmother's siblings and extended family members in the Philippines, and I resonate deeply with the sentiment that I am intrinsically and deeply connected to a past and place unknown to me.

Im/mobility and the challenges to care among transnational families across the life course

The above reflections offer a way to think about how, in the face of aging, death, and distance, ancestral connections can provide emotional continuity and a sense of belonging, even when physical presence or caregiving is constrained by immobility. These reflections speak to a critical argument of the dissertation: that migration is not a singular moment in time, and not only do the effects of migration linger across generations, but these experiences accumulate. In

previous chapters, I have highlighted stories from my interlocutors' childhoods that were characterized by family separation and economic strife. I reveal how their migration journeys began even before they left the Philippines and illustrate how the conditions of past generations have influenced the entirety of their life course. Though experiences of migration reveal how distance and mobility are conducive to disjuncture and rupture, I argue that movement can also serve as a conduit for continuity, sustaining connections across generations. These reflections also illustrate how grief tied to experiences of migration, broadly speaking, manifests across generations. The anecdotes I share in this chapter emphasize how, in one's older age and/or when considering end-of-life care, yearning for connections to one's homeland intensifies. Not being physically present in times of crises, illness, and death creates a deep sense of loss for my interlocutors. Ancestral connections during times of crises in transnational care settings also offer a source of solace and emotional support among migrant communities when the ability to be with family is impossible. I ground my analysis in these field notes to illustrate the material and emotional ways that care culminates in familial bonds and shared practices that are passed down to future generations through remembrance and connection. Shifting from the personal emotions of loss and longing, I build on this chapter's focus on loss, end-of-life care, and the coordination of care across distance during crises to further examine how political and socioeconomic conditions shape and influence the formation of familial connections and practices of care, revealing how external forces impact the ways families maintain and reconfigure bonds across generations.

Mobilities research is concerned with how movement is bound to a particular politics—that is, the ways in which power and the production of social relations inform mobilities (Creswell 2010). Attending to inequalities of mobility, scholars have been attuned to the fact that mobility is made intelligible through forms of immobility, as movement simultaneously promotes fixity, stasis, stillness, and exclusion (Creswell 2010; Salazar and Smart 2011; Sheller 2011). Migration research has complemented this area of mobilities research through critical assessments of who gets to move, how, when and where (Ahmed 2004). These assessments are particularly salient during times of crisis, such as illness, loss, and global health pandemics, when transnational families are in a vulnerable state. In such states, the socioeconomic and political factors shaping one's ability to move, be it finances or legal requirements, extend

beyond one's physical movement, where systemic structures support or inhibit the ways in which caregiving is coordinated.

Discourses of immobility are often framed as a state of constriction, restraint or passivity, in view of immobility and stillness as a "problem to be dealt with" (Bissell and Fuller 2011, 3). Shifting away from narratives of immobility as involuntary or a threat to freedom, literature in migration studies illustrates mobility on a spectrum, adding nuance to the migration experience. Acquiescent immobility, for instance, was brought to the fore to describe how one's decision to stay is a form of submission to a range of complex factors. Schewel (2018) explains that acquiescent immobility, while it may suggest a lack of desire to move, actually implies an acceptance that migration is not a feasible option for reasons like family obligations and economic constraints. States of immobility are heightened during moments of grief or advanced aging, where decisions to move, stay, or return are shaped by multiple factors, including financial and physical reasons, as well as emotional histories and a desire to be close to family.

Through the concept of acquiescent mobility, I illustrate how people can also express a form of submission to conditions of mobility for the same reasons, be it family pressures and work opportunities. These movements are not only physical but deeply emotional, especially in times of illness or death in the family, where migrants, for instance, are confronted with the inability to return and the guilt of absence. In contrast, migrants may feel an emotional pull to return home to care for their family during critical times, making their movement one of obligation. This experience can also give rise to feelings of resentment or guilt, particularly when such decisions come at a personal, professional, or financial cost. I elaborate on acquiescent mobility to depict how certain norms concerning migration and return migration become internalized—particularly in a context where the culture of migration is strong and migrating is viewed as a family duty, a rite of passage, or the primary means of economic advancement. Over time, these cumulative decisions regarding one's movement reinforce or contest the culture of migration, leaving embodied marks on individuals and shaping the dynamics of transnational family life.

I have introduced the concept of acquiescent mobility in relation to the kinds of (financial) resources and social networks, for instance, that are arranged among transnational families to provide care for one another. The mobility of resources and networks is made particularly evident among transnational families in times of crisis and illness. Literature on

transnational families during times of crisis, illness and death describes the unique experience of navigating the provision of care across borders. For example, resources and networks are mobilized among transnational families through an increase in remittances, costly last-minute travel arrangements to and from one's country of origin, or even 'care-by-proxy' as discussed in Chapter 5, where people stand in for other family members who cannot be there in person.

Acquiescent mobility in these contexts illustrates an adaptation to circumstances where individuals do not actively resist their situation but instead portray behaviours of resilience despite conditions that are less desirable. Adaptations to hardships add to the culture of migration, specifically related to the provision of care among transnational families, which perpetuates and normalizes roles and expectations in such circumstances. A culture of migration encompasses roles and duties among transnational families across the life course and is accentuated during times of crisis.

Migration affects caregiving roles and responsibilities, as these roles and responsibilities are negotiated by generations over the life course. Scholars have identified the centrality of the concept of the life course in examining transnational families, as they have sought to understand the impacts of navigating different life stages across borders and between generations (Levitt and Glick Schiller 2004; Baldassar and Merla 2014). The life course framework helps to illustrate how life events, such as marriage, starting a family and retirement, influence people's abilities to provide care (Baldassar and Merla 2014). The life course is also critical to understanding the notion of intergenerational reciprocity in which migrant children feel obligated to care for their parents and grandparents in the later stages of their lives since they received help from them in their earlier years (Baldassar and Merla 2014).

My dissertation builds on literature that examines how family roles and obligations are mapped across the life course, which are affected by migration patterns. An example of attempts to synchronize family life courses occurs between adult children who have migrated and their elderly parents, where adult children anticipate an eventual return home, albeit temporarily, to visit their parents (Horton 2022). While timing is essential to kin work, as Coe (2016) describes, obstacles such as the lengthy process of obtaining a visa, gathering sufficient finances, and taking time off work often pose barriers to returning home. This is especially true if care obligations are time-sensitive and are brought on by sudden illnesses and the coordination of end-of-life care. Scholars have also noted how disasters and global emergencies can pose similar

challenges, with the recent COVID-19 pandemic posing challenges to care. The pandemic, according to Horton (2022), "de-synchronized life courses," reconfiguring caring roles among family members rapidly due to sudden deaths and shifts in health status from chronic illnesses to terminal illnesses (507). Renewed attention is being directed to the ways in which the complexities of synching life courses across generations are indicators of social inequality.[5] Socioeconomic factors are particularly important for migrants navigating care transnationally. Financial means are often tied to migrants' employment outcomes, which impact the quality of care they can provide (Baldassar and Merla 2014).

Inequality in caregiving is not only linked to the resources available to migrants for the provision of care. In times of crises, illness and death, inequality is also tied to the actual experience of grief and loss (Nesteruk 2018). Concepts like "disenfranchised grief" (Doka 1989), "ambiguous loss" (Sanchez et al. 2021), and "good death" (Horton 2022) are employed in migration research to elaborate on the ways in which migrants' grief and experience of their loved ones passing may be incomplete and unvalidated and oftentimes mediated at a distance. The concept of "good death" is specifically linked to "physically accompanying the dying… as key not only to the emotional health of the dying but also to that of their family members" (Pavon Sanchez et al. 2021, as cited by Horton 2022, 508). Migrants whose visa status prevents them from going home cite their immobility as detrimental to their wellbeing, especially in cases where they cannot even return home to pay respects to a parent's grave (Horton 2016, 196). Practices to cope with immobility have led to a rise in digital methods for mediating care. Isaac (2022) describes mediated care during times of grief as *digital mourning*, where technology is used to maintain connections, honour loved ones, and process loss in situations of physical immobility. In these contexts, researchers also acknowledge how gender exacerbates inequality as the pressures to coordinate the provision of care often fall on women (Baldassar and Merla 2014).

The repetition of acts of care among migrant families during these acute times of illness or crises accrues over time. This chapter elaborates on how migrants receive difficult news, respond to crises, and deal with grief over time. I extend the literature on migrants' decision-

[5] Hünteler, B. (2024, October 8). *Re-thinking family generations: Diverse life courses and how they relate to social inequality*. The Future of Our Living Together: Tuesday Dialogue Series of the Einstein Center Population Diversity. Max Planck Institute for Demographic Research & Institute of Sociology and Social Psychology (ISS), University of Cologne. [Digital event]. Zoom.

making by describing how im/mobility not only figures at the beginning of one's migration journey in their decision to migrate but is also characteristic of multiple decisions that people must make once they migrate. It reveals how migrants continually negotiate shifting states of mobility across their life course (Schewel 2019).

Re-living past experiences of loss during COVID-19

While conversing with my interlocutors about their migration journey during the COVID-19 pandemic, a series of memories recalling moments of immobility mirrored their present-day reality. Over long phone calls, they reflected on the times in which they were unable to aid loved ones who were ill and often missed attending funerals in the Philippines. During the first few years of their migration to Canada from the Philippines, they described lacking the means to travel home and feared that travelling outside of the country could jeopardize their goals of obtaining citizenship in Canada. As their time away from the Philippines accumulated, news of ill and deceased family members became normalized, albeit in a disturbing way. One interlocutor, Gloria, reflected on her experience living away from home during these critical life moments.

> It's hard to be going home. To attend the funeral costs lots of money … We are just getting money from 8-hour shifts. It's hard to be going home for the funeral … They just write me letters that my father died, and then Ray [an uncle] … and my sister… I think my sister died before my mom. My sister died before my mom. So, it was Ray who told me they are all gone (February 26, 2021).

Gloria goes on to detail the shock she encountered with the news of the death of her younger sister.

> You know they were all supposed to come here. The whole family. And in December, she got sick. I don't know what sickness. And she suddenly died. I was so surprised. Because they were supposed to be coming here. She was sick of something, and she died. That was so bad because I was ready for them to come here, the whole family (February 26, 2021).

Gloria wrestled with both her sadness and confusion regarding the sudden passing of her sister and the unknown nature of her sickness. Gloria mourned for her sister and the potential of her migration to Canada with her own family.

Rose also described instances where immobility impacted family reunification at the end of life. Rose details how she sponsored her cousin from her mom's side to help care for her young kids. She described how her cousin fell ill with breast cancer and that when she passed, they did the funeral and burial in Canada. At this time, her cousin's parents were not able to come to Canada and their future plans for migration were also disrupted because no one was able to support them in Canada. Moreover, Rose details her concerns about burying her cousin in Canada. She stated, "…she was just buried here because it's so hard to transport the body to the Philippines. It's expensive, too, at that time, you know. So, we just buried her here" (May 21, 2021). Due to high costs, her funeral and burial occurred in Canada in the absence of her family and, most notably, her parents. Rose's anecdote about her cousin illustrates how migration impacts end-of-life arrangements and impedes family reunification at critical times. Both Rose and Gloria's accounts also highlight how sudden illnesses and deaths in the family disrupt plans for migration among other family members.

At the height of the pandemic, local and international travel restrictions hindered their ability to be with family members overseas—this time with the additional threat of contracting the virus and falling ill themselves. Their ages made them increasingly vulnerable to the virus, whereas their physical immobility made them weary of travelling. In late May 2021, one research participant, Rose, shared the news that two friends had recently died due to COVID-19 and that she could only attend a virtual funeral ceremony. Rose also expressed sadness about not attending the funeral in person, especially in the context of her late husband's death anniversary. In celebrating her late husband, she details how she engaged in a socially distanced visit to her daughter's house with her other family members, noting, "We just stayed outside their house, we didn't stay long" (April 13, 2021). From these stories, my interlocutors move back and forth between the past and present, where immobility and death were defining features of their lived realities.

Gloria also shared a similar encounter, noting her close friend who had passed. "Now that my friend died, we cannot even go to the funeral, I'm planning to call them to learn what they did, maybe they were cremated?" Gloria extended her reflections about death concerning her own life, stating, "I have my own plot. When I was still working at North York Seniors Health Centre, my friend and I went to Christ the King Cemetery and the two of us bought a plot, so we are neighbours" (January 15, 2021). She continued with a small laugh,

> Her sister heard about it and then said, "Buy me one too", so the next one to us is [her] sister … the lady [worker at the cemetery] said, "when you are there, don't be so noisy because you will be side by side" (January 15, 2021).

With sincerity, Gloria shared, "Whoever will go visit there will have to bring flowers to all three, so we all have flowers." Gloria continued, "At my age, I have to prepare myself, like [family members' name], she was ready, I have to do the same." Gloria ends the conversation by stating, "My friend and I, we thought about it for a long time, because during the time the plot wasn't very expensive… All my friends have plots already, they are prepared too" (January 15, 2021).

For middle-aged and elder migrants, the losses they describe are also compounded by the severing of ties to relationships and places (Akhtar and Choi 2004). In Isaac's (2022) analysis, return migration involves the idea that migrants often imagine their return as if people and relationships back home have remained unchanged or static. It is common for migrants to experience "anticipatory grief" as a result of "coping with migratory losses earlier in life, as well as discontinuous family relationships in origin countries and expanded social roles and responsibilities" in their country of settlement (Olena 2018, 1018-19). Gloria, for instance, when imagining her potential return to the Philippines, expressed her concern, stating, "I'll become sick there and then you will not know what to do with me [laughs]. You know, there are old people that can go home, but, you know, not like me, you know, I have this walker and I'm not really very strong. You know, I don't like to go home like that." The experience of return highlights the tensions that arise in imagining one's return "caught between national and familial continuity and the fear of the impossibility of recovery of the past" (36). This relates to Gloria's reflection on her wish to return home to better health. Her thoughts on the loved ones she has lost also highlight a desire to return to a place where those people are still there.

For Gloria, her old age and health status jeopardize her ability and desire to return home, complicating her relationship with the Philippines. Gloria's inability to imagine a physical return or burial in her homeland opens questions about the alternative connections she can envision within her circumstances. Her decision to buy a plot of land with friends, for example, illustrates an acquiescence to her situation where she has sought out meaningful ties despite the distance from her birthplace. Additionally, her end-of-life planning in Canada, including instructions for visitation, reflects a Filipino migrant's anxiety about being unable to visit the gravesites of family members, perhaps revealing a sense of closure as she copes with the disruptions in her

connections with home. These decisions highlight the complex ways in which Gloria navigates her relationship with her homeland, balancing between loss, adaptation, and the creation of new forms of attachment.

The memories of death crystalize in the face of my interlocutors' mortality and advanced age, anxieties heightened during the pandemic. In recalling their experiences of migration, both the four walls confining them in their current place of residence and the numerous places they have travelled to and lived in emerged as markers of their mobility and immobility. Struck by Gloria's reflections about coming to terms with her own death, her light-hearted anecdote, and instructions for delivering flowers to her gravesite, I began to reflect on the care that continues beyond one's life course. In the subsequent section, I observe the ways in which my interlocutors and their children have endured loss and how they engage in care practices that honour their loved ones. I highlight the role of social media in connecting to and honouring loved ones who have passed on, which is particularly relevant for Rose and Maria, who are both widows.

Preserving memories and honouring lives in virtual spaces

There are other ways that memories are preserved and honoured through acts of care beyond the life course. In fact, both Rose and Maria, who are widows, spoke at length about their spouses. The memories they shared about their spouses included meeting for the first time, raising their young families, building community at church and basketball, and taking vacations. Critical to the preservation of these memories has been their engagement on social media. Posting photos with captions commemorating milestones, like anniversaries and birthdays, are ways in which they preserve their memories and continue to care for them in their physical absence. For example, Maria's daughter posted her travels to Marseille, France, where she visited the places her dad had been and recreated the same pictures posing as her dad did at tourist attractions. In this manner, she connects with her father through these places and by marking these visits through photos and engagement online. Thus, these acts and photos of remembrance honouring our loved ones who have passed on gesture toward a protocol for care that extends beyond the life course.

Beyond social media, Rose's family has honoured their loved one by hosting a Filipino-Canadian basketball tournament annually since his passing in 2017. Rose's husband was a pro basketball player in the Philippines and became the president of the Filipino basketball

organization in Toronto in the 1970s. Rose's son documents in an Instagram post on July 24, 2022: "Still missing you Dad… Especially more today… We love you and I know you are watching over us… In honour of your memory & legacy, we are hosting another tournament for you… Happy Birthday." Here, Rose's son continues to celebrate his dad's birthday and honours his memory both through this reflection and, as he mentions, through a basketball tournament, honouring his father's involvement in the establishment of the FilCan basketball league in Toronto. Convening the community through sports is a way to honour his father's legacy and cope with their family's grief.

For transnational families, being physically together is a rare privilege, and in its absence, they also create a sense of community through digital spaces. The growing literature on migration explores the role of social media and digital platforms for migrants navigating complex emotions, including grief and mourning (Isaac 2022). Hård af Segerstad et al. (2022), for instance, explores the concept of "digital remains" to illustrate how migrants use digital technology to maintain connections with deceased loved ones and their homelands, allowing them to engage in grief rituals despite physical distance. These "digital remains" have a lingering effect, an imprint on societies writ large that shapes future generations and their interpretations of caring relations.

As digital platforms like Skype and Zoom have evolved, collective mourning in virtual spaces has served migrant communities who cannot be together physically (Isaac 2022). During the global pandemic, this became a reality for many more. In an interview on the politics of mourning during COVID-19, Judith Butler laments, "A purely private form of mourning is possible but cannot assuage the cry that wants the world to bear witness to the loss" (Butler and Yancy 2020). Here, Butler highlights the fact that alternate forms of mourning in these states of immobility do not compensate for the desire to be physically close. Isaac (2022) examines the practices of mourning within the Filipino diaspora and acknowledges how Butler is ultimately ushering in the point that the deceased are irreplaceable and, in fact, "No amount of consolation can truly console, Nothing, not even physical presence will ever be enough". There are, however, "varied intensities of mourning and relating differently to loss as well as to family and other communal structures" (123).

These reflections reveal a common desire for collective closeness (physical or otherwise), collective remembering and relationality in mourning. The commentary also reveals how

mourning at a distance during COVID-19 is new and novel for some. However, my interlocutors' stories illustrate how immobility during times of crises, illness and death has been encountered over time and is not a new experience brought on by mobility restrictions during the global pandemic but a recurring reality for transnational migrant communities to mourn and cope with conditions of immobility.

It is in this context of transnational families navigating care under acute circumstances that I apply Tadiar's (2022) interpretation of "remaindered life times" (a subset category of life-times), which aims to bring marginalized experiences to the fore and illustrate how global capitalist systems produce and sustain inequality over time. As Tadiar (2022) describes, time itself is a resource that is unequally distributed. Among my interlocutors and the migrant communities they are part of, time is most scarce when responding to instances of illnesses and managing end-of-life care at a distance. Due to the inability to be physically present during these times, migrants' experiences of grief can be characterized as "ambiguous" (Boss 1999; Sanchez et al. 2021) or "disenfranchised" (Doka 1989), in which the processing of grief takes on a unique temporal quality due to the feeling of incompleteness or lack of validation. Moreover, when migrants are grappling with the notion that they may never return to their country of origin and be reunited with family members, they may experience "anticipatory grief" long before any kind of crisis occurs.

Tadiar's (2013; 2022) interpretation of "remaindered life times" refers to the ways in which marginalized people's labour is unrecognized in capitalist systems, in which lives or experiences are made invisible or forgotten. According to Tadiar (2022), the labour of marginalized populations under global capitalist systems can be characterized as "remaindered" because they are not given equal opportunities to accumulate wealth and social mobility. Tadiar (2012) laments the devaluation of labour, specifically the labour of care among Filipina workers over time, pointing to the conditions of capitalism that shape life trajectories that keep migrant workers in a state of survival, unable to accrue wealth. While this framing may not fully capture the material realities of my interlocutors, many of whom were able to achieve home ownership and financial stability, Tadiar's observations remain helpful in understanding how care labour has shaped their experience of aging, particularly concerning the emotional and embodied toll of cumulative losses over time. In the margins of global capitalist structures, what is "remaindered" are care practices that connect generations across transnational spaces. Although transnational

migrant families have adapted their care practices to cope with immobility for decades, I ponder how we might measure and fully understand the gravity of these accumulated losses over time.

To begin addressing these accumulated losses, I return to the various lines of inquiry that have guided this dissertation and identify areas for further research. I have illustrated how the expansiveness of care manifests in the context of migration, whether through care-by-proxy or enduring separation, the diverse care practices and complex affects that emerge under these conditions reveal how migration reshapes caregiving bonds across family members and generations. Attending to the emotional weight of these adaptations, particularly the strained relations during moments of crisis, reveals how feelings such as longing, regret, and guilt accumulate in the margins of migration. Longing, for instance, surfaced in fieldwork reflections on ancestry and the desire to reconnect with familial roots in the Philippines. At the same time, guilt emerged in Gloria's reflection on her sister's death, especially her sister's inability to migrate and join her in Canada. Tending to these emotional complexities is one way to reveal the accumulation of loss over time.

Another register to understand the gravity of accumulated losses over time is through the body. I have explored how care work manifests in the aging bodies of migrant women, with attention to the emotional labour of caregiving and the visible signs of physical deterioration. While themes of grief and tension during times of crises were not directly analyzed in relation to the body, existing research shows that grief is deeply embodied, particularly through the way we anticipate feelings of grief and how grief is often likened to bodily injury (Ratcliffe 2023, 43). Further research interrogating the embodied experiences of "missing" and "longing" could offer deeper insights into the cumulative impact of loss over time.

I have also gathered insights into the accumulation of loss from an intergenerational perspective. One dimension is the inheritance of legacies of care in the form of the weight of migrant parents' sacrifices and expectations, as explored in Chapter 4. As articulated in the chapter on curtailed dreams, there is grief tied to migrants' unfulfilled dreams and aspirations often carried by the second generation. Moreover, from this generational perspective, this concluding chapter has examined how experiences of loss have been transformed into care practices, including the unique and meaningful ways family members are memorialized—demonstrating how accumulation can also be generative and potentially healing.

Attention to the experience of time and shifting temporalities is critical to understanding the accumulation of loss. I have situated migrants' caring experiences within broader historical and sociopolitical structures that shape mobility. However, ongoing analysis of migration and the social policies that govern mobility and caregiving is necessary to understand the long-term impacts of migration further. By attending to these structural factors, I have highlighted how conditions of loss can shift over time, including how changing visa policies or labour conditions support or constrain migrants' ability to move and provide care during times of crisis. Maintaining time as a central analytical frame invites further exploration into how experiences of loss and care are transformed across different historical and policy contexts. These shifting temporalities and structural conditions set the stage for understanding how care unfolds across generations, shaping legacies of care.

Legacies of care

A legacy denotes a long-lasting impact and something left behind, and to this, I challenge the life course framework and posit that care goes beyond it. Care beyond the life course signals to me how we care and commemorate loved ones who have passed on or, similarly, how we are reminded in unique ways of the care and compassion of our ancestors. The legacies of care framework culminates and figures prominently in this chapter, as reflections on aging, death and aftercare illustrate "care that carries on" (de Leon and Blower-Nassiri 2024). Legacies of care encompass the tangible and intangible effects individuals leave on others and on the places they have connected with. The legacies of care framework unfolds in three distinct ways, showing why, how, and what it means for transnational migrants to provide care over time. Firstly, it explains why migrants continue to care for loved ones across distances, highlighting how colonial legacies and global capitalist systems create and sustain inequalities of movement. The legacies of care framework show how colonial histories—such as the Americanization of nursing education during U.S. colonial rule, which influenced migration pathways like the Exchange Visitor Program—have shaped a culture of migration, reinforcing labour migration patterns from the Philippines to the global North, especially in the care sector. These patterns persist as they influence caregiving roles across generations. The experiences of my interlocutors in their navigation of crises, illness, and end-of-life care reveal how systemic inequalities and colonial legacies perpetuate states of immobility.

Secondly, while labour migration trajectories create challenges to caregiving, they also provide opportunities. As such, legacies of care are reflected in the ways in which transnational migrants establish and maintain care relationships. The framework emphasizes how migrants provide and receive care over time in ways that become normalized in the context of increased migration. It highlights the strong gendered implications of care labour, particularly noting that migrant women have distinct responsibilities for coordinating and delivering care.

Thirdly, the ways in which "care carries on," as demonstrated by migrants who maintain ties with both their deceased loved ones and their homeland in the Philippines, particularly in their older age, ultimately highlight the enduring connection across generations. These practices demonstrate how relationships and cultural bonds persist even after migration and across time, emphasizing a continuous sense of belonging and care that transcends physical distance and time. Legacies of care thus figure in the ways in which transnational communities pass on emotional and material care practices across generations. It is the large diasporic communities that continue to be impacted by migration and navigate connections to place in their own distinct ways.

Imagining care futures

To extend the legacies of care framework, I now turn to consider how these legacies shape imagined futures for migrants themselves and subsequent generations, particularly in terms of how care might evolve amidst ongoing mobility constraints, policy changes, and intergenerational expectations. My thesis posits that the experience of care is made unequal through changing states of mobility across the life course, influencing life trajectories, including one's experience of aging and the navigation of end-of-life care. At many junctures in my interlocutors' lives, I have illustrated how futurities are a central concern, that is, how migrants have contemplated the future and acted upon it. I address how my interlocutors reflected on their desires, hopes, and anxieties, and I have interpreted them against the backdrop of global capitalist relations and histories of colonialism that have shaped them. Their concerns about the future were not abstract but deeply embedded in power relations stemming from these. Contemplations about unknowns, particularly when they could see their families and/or return to the Philippines, reflect how uncertainty about the future is shaped by conditions in the past and

present, where insecurity and structural constraints directly impacted their ability to plan and act.

As Abram (2017) states, the anthropology of the future "offers a means to disaggregate the ways that the future is of concern to different people at different times, in different ways…" (74). She emphasizes that attending to what people worry about in the future is a guide to understanding their present conditions. The fact that uncertainty about the future was a profound concern for my interlocutors at many junctures throughout their lives underscores the instability and insecurity they experienced. Analyzing how migrants conceptualize and act upon the future allows us to trace the power structures that shape their realities.

The examination of power structures is the productivity of futurities—to examine not just how people anticipate the future but how they strategize, negotiate, and adapt in response to the constraints of the past and present. By foregrounding how my interlocutors engage with the future—whether through planning, hope, or anxiety—I illustrate that migration is about movement across space and navigating multiple, often unpredictable, temporalities. Their concerns about employment, family reunification and aging demonstrate that futures are actively shaped and contested rather than unfolding as linear trajectories.

Tadiar (2012) engages with the concept of futurities in their discussion of life-times to reflect on how labour is bound to global capitalist relations and colonial histories, but also how remaindered life-times can be used as a vernacular through which to imagine life beyond these systems. Life-times are deeply embedded in multiple temporalities—rooted in colonial pasts and neoliberal presents—but are also future-oriented, as envisioning "social practices of life and experience… outside the formal sites of labour exploitation" is itself a means of challenging power structures (Tadiar 2012, 11). Or as Isaac (2022) has framed care, "Operating on the somatic as well as the communal level, care work is the creative labour necessary to connect with people… to project futures for others and ourselves that guide the everyday" (16). In examining a migrant's care labour—within and outside capitalist relations—over the course of their lives, I acknowledge that care itself is a vehicle through which life is made productive. Care is not just reproductive labour but an expansive, future-making practice enacted through dreaming, hoping anticipation, and expectations (emphasized in Chapter 4 on curtailed dreams).

As an act of future-making, dreaming is one of many survival strategies. Through dreams, care is enacted, and through anticipation and long-term planning, subsequent generations

can sometimes benefit from their parents' migration through educational opportunities, for example. However, as James Clifford (2013) reminds us, "not all futures are imagined as 'open-ended'" (48). Migrants do not dream in an abstract or unrestricted manner; rather, their aspirations are shaped by migration policies, labour precarity, and the persistent realities of racialized and gendered hierarchies. Their futures are contingent—always imagined within the boundaries of structural constraints and capitalist relations that make particular possibilities viable while foreclosing others.

Nonetheless, as I have explored, there is productivity in contemplating and imagining futures. Envisioning one's future—whether individually or collectively—is itself an act that, while it does not exist outside power structures, actively engages, contests, and transforms them. Dreaming, then, is not merely an aspiration but a form of care that transcends conventional valuations and extends beyond the accrual of material wealth. Dreaming is embedded in care practices passed down across generations, not only as a survival strategy but as a blueprint for flourishing within and beyond structures of colonialism and capitalism. Tadiar's concept of remaindered life-times foregrounds precisely this—how everyday social-making practices are not entirely subsumed by capitalist demands but offer alternative ways of producing life beyond dominant economic and political structures. In this sense, care is a future-making strategy that redefines dominant economic and social value models. While neoliberal capitalism frames labour in terms of productivity and economic output, migrants' acts of care, support, and intergenerational investment reveal alternative ways of structuring life and securing futures.

By analyzing care through the lens of futurities, my research highlights how migrants plan for, anticipate, and negotiate the future. In this manner, care in its many forms gets enveloped as an activity encompassed in Tadiar's theorization of remaindered life-times. Care, in this sense, can be categorized as an act of resistance against precarious labour and migration policies that limit their agency. Through this lens, I demonstrate how futures are neither predetermined nor entirely open-ended but are actively shaped by structures of power and acts of care that work within, beyond, and sometimes against them.

Following Tadiar, I see futurities not as limitless openness but as grounded in the material realities of labour, colonial histories, and transnational struggle. A key insight for care futures I offer is the expansiveness of care, acknowledging that care is not solely an affirming or loving act but is also imbued with negative emotions such as guilt, anger, and resentment. Tending to

the expansiveness of care raises the question: what possibilities emerge from these affective states, particularly in contrast to normative understandings of care that center love as its primary driving force?

In my vision of care futures, I suggest a more expansive framework—one that recognizes and embraces the complexities of care rather than reducing it to standard, idealized notions of care as selfless and affectionate. This framework accounts for diverse care practices, recognizes the multidirectional flow of care and its associated possibilities and challenges, is shaped by structural forces, and acknowledges the multiple temporalities of care, including how it extends beyond the individual life course. In this concluding chapter, I examine how care through grieving can serve as a transformative force, pushing toward thinking about the future of migration by making space for mourning, loss, and the reckoning with historical and structural inequalities that shape migration trajectories.

In advancing notions about the expansiveness of care, I attend to the pressures and obligations shaped through migration in which care flows are multidirectional and intergenerational. Throughout my interlocutors' retellings of their lives, I have identified how their hopes and dreams were not solely focused on their trajectories but were deeply grounded in improving the lives of their children and their parents, with care flowing in both directions. This was particularly evident in the practice of sending remittances, which not only supported a better future for their children but also paid down their parents' debt and helped rebuild family homes in the Philippines. These anecdotes are not presented as novel insights but rather to reinforce, through grounded narratives, the types of intergenerational dynamics that the futurities approach calls us to remain attuned to. In this way, I highlight how migrants continually navigate obligations across generations and geographies, reinforcing that caring futures are not linear but shaped by overlapping pasts, presents, and futures.

Considering care futures includes addressing the long-term impacts of transnational migration on care labour over time. One critical aspect emerging from my research is how we plan for the long-term care of migrant care workers. Discussions about the care of care workers emerged during the COVID-19 pandemic when the inequalities facing frontline workers were exacerbated and exposed (Tungohan 2021). These speak to the need to plan for the long-term care of migrant workers and their families and, specifically, the coordination of end-of-life care in transnational families.

In reflecting on time and the long-term impacts of migration, care futures must also consider migration planning, policies and practices that tend to shifting care relations among transnational families over time, including the intergenerational and multidirectional nature of care. For example, migration research has addressed the challenges of immigrant adult children going to their home countries to care for elder parents (Miyawaki and Hooyman 2023), as well as migration policies like the Government of Canada's Parents and Grandparents Program (PGP) or Super visa for parents and grandparents to facilitate the visitation of their family. Additional research has explored how older sibling roles (ate/kuya) can be reimagined as forms of mentorship and support within Filipino community educational initiatives for migrant youth (Catungal 2019). While such policies have been critiqued for their imposition of neoliberal governmentality, arguing its selective approach reflects economic market demands rather than prioritizing the wellbeing of families (Li 2023 et al.). I mention these examples and policies to acknowledge how the diversity of care relationships can be expanded to a focus on shifting care dynamics over time, as well as the variety of care actors involved among migrant families.

By addressing the expansiveness of care and the long-term impacts of care migration, care futures can also imagine care beyond the life course. I have noted how remembering, memorializing, and continuing care practices for those who have passed are examples of ongoing relationality. I have also exemplified how migrants and migrant communities engage in these practices in ways shaped by the conditions of im/mobility. The future of care must then decenter life-course models of caregiving to recognize the multiple temporalities of care across generations and borders. Care is best understood as a generative force that continues to shape migrant lives and communities. In the conclusion that follows, I reflect on the broader implications of these care legacies and the contributions this dissertation makes to migration, aging and care scholarship.

Conclusion

It is apropos to conclude my dissertation with an analysis of navigating end-of-life care arrangements among transnational families. I am inspired by the resilience of transnational families as they navigate caregiving through shifting, often uncertain, conditions of mobility. I have grounded my dissertation in the vastness of care, opening with a thematic chapter on transnational care (chapter two) to highlight the broad scope of relationships. I have

demonstrated how care can simultaneously involve positive qualities like kindness, love, empathy, and affection, as well as negative feelings such as guilt, resentment, and conflict. I aimed to provide nuance to care among transnational communities to account for the dynamic and fluid nature of mobility. I have shown how migration and im/mobility fundamentally alter caring relations, reshaping the ways in which individuals provide and receive care across distance and time. Migration influences not only the practical aspects of caregiving but also the affective bonds and responsibilities as families navigate the complexities of separation, communication, and transformations in caring roles over time.

I have also centred discussions around the temporal dimensions of migration, asserting that migration is not a singular event but a process that is informed by the past, continually made in the present, and unfolding over time. One's experience of migration is informed by their personal history, the socioeconomic and political dynamics in their country of origin and their upbringing and its influences on migrants as they shape the social fabric of the communities in which they settle and influence the livelihoods and wellbeing of their families across generations and borders.

I have drawn on Tadiar's (2013; 2022) analysis of life-times to highlight the temporal aspect of care migration, revealing how capitalist systems create inequalities that limit labour migrants' access to time and resources, affecting their and their families' care expectations and experiences. The life course framework highlights the temporal challenges to aligning life courses across generations and reveals the limitations of the framework, as caregiving often extends beyond the life course. Nonetheless, in the context of aging and care, the life course framework helps explain how migration decisions are made and how migration disrupts life course trajectories, underscoring the diverse factors that motivate people to move.

People migrate for many reasons, often driven by a combination of factors that together create opportunities or force them to move. In chapter three, I elaborated on the concept of acquiescent mobilities to describe the complexity of migration decisions that encompass the tension between people's desire to stay and the opportunities that await them upon migration, as well as the gendered and colonial influences that shape their migration trajectory in terms of pathway, country of settlement, and employment. The concept of acquiescent mobilities emphasizes migrants' agency in decision-making and highlights the strong influence of a culture of migration.

As I have described, the decision to migrate is often made with the future prosperity of their own lives and subsequent generations in mind. The notion of temporal horizons has been one useful temporal dimension to explore to capture how migrants envision their future and make decisions. Temporal horizons illustrate how aspirations for migration are time-bound, meaning that when their aspirations meet their lived realities and present circumstances, migrants adapt, concede, and create new plans. Chapter four explores these temporal dimensions as my interlocutors reflect on their dreams and ambitions for their careers that may have fallen short. I also include reflections from their children in which they shared how migration has influenced their lives, whether it impacted their relationships with their parents due to prolonged distance or even informed their own career trajectories. This chapter reflected on "curtailed dreams," which brought sacrifices and unmet expectations of migrants and their families to the fore.

My interlocutors were ambitious about their careers, and they took great pride in their roles as nurses. However, their long careers as caregivers came with significant sacrifices. Their reflections on work and their current physical state illuminated the visceral labour of care, exposed by the impacts on their physical bodies and state of immobility. In chapter five, I detail the embodiment of care, highlighting care as a corporeal activity—one that is deeply physical, as well as its mentally and emotionally demanding costs. Tracing their nursing careers across components of corporeality, I reveal how the care migration trajectory impacts one's experience of aging.

Noting their state of immobility brought on by the physical realities of aging and the global pandemic's mobility restrictions, I analyze how im/mobility has figured across their life course, specifically in the context of arranging end-of-life care. These reflections strengthen the foundation of my dissertation, which argues that mobility affects the provision and experience of care. They show how unequal access to mobility creates disparities in the experience of care, even during critical times of crisis, illness, and death. My interlocutors' anecdotes about end-of-life care arrangements also expose the limitations of the life course framework in that care practices go beyond. The ways migrants engage in caregiving across borders and over time highlight their adaptability and innovation, even in crises. When they face barriers to providing in-person care, dynamic care practices emerge. It is in these challenging spaces that I believe lasting legacies of care are formed.

Legacies of care are the care practices among transnational communities that emerge alongside migration policies and evolve according to technological innovations. I hesitate to label these care practices, such as the attending of funerals via Zoom, as "innovative" because it implies an entirely positive outcome. While these practices are indeed remarkable adaptations to changing mobility circumstances, they arise from enduring socio-political inequalities shaped by the legacies of colonialism and deeply ingrained social and racial constructs surrounding caregiving. Isaac (2022) shares in this analysis of adaptive care practices, refusing to characterize Filipino culture through the lens of heroism but emphasizing that "this affective agility is a response to the demands of continual suturing and keeping at bay multiple pressures of national histories and spaces that are not of one's own making" (97). I describe caregiving practices within transnational communities as a legacy because although these practices are not fixed in time, they carry a sense of permanence, contributing to a culture of migration that future generations learn from and continue to build upon.

Legacies of care not only reflect the caregiving practices that arise in response to changing mobility conditions but also emphasize the long-lasting migration patterns that have become key mobility pathways, contributing to the formation of transnational and separated families. What I aim to contribute to migration scholarship is an exploration of the temporal dimensions of migration, showing how mobility is influenced by colonial legacies and how migration experiences continue to evolve over time. Mobility not only shapes people and places in the present but also leaves lasting impacts for future generations.

Contributions and a look ahead

My ethnographic research has been informed by perspectives and methods in anthropology. In doing so, I have taken a holistic approach to understanding the social, cultural and historical dynamics that have informed Filipino migration patterns and practices. I have grappled with issues of power and pondered over questions about the valuation of labour over one's life course. I have been attentive to the ways in which inequalities stem from and are shaped by the intersecting axes of identity—namely, gender, age, ethnicity and migration status.

I place the experiences of individuals at the center of the research, allowing interlocutors to guide the interviews and tell stories that are meaningful to them. I have made a strong effort to prioritize their interpretations of events, remaining true to their experiences while also

considering the subtle ways they navigate their everyday lives. Through this approach, capturing the agency of these migrant women has been of utmost importance. I have focused on highlighting their ability to make choices and exert control over their circumstances despite the challenges they face.

I aim to make theoretical contributions on several fronts. For instance, I have considered the anthropology of time, specifically in my explorations of the temporal experience of transnational migration throughout migrants' life course and beyond. I elaborate on familial and relational ontologies in the context of transnational migration and the different ways in which care is organized and practiced among migrants across borders over time. I expand on categorical framings of kinship, primarily through Carsten's concept of relatedness, which is grounded in understanding kinship as a process of connection not determined by biology but as a dynamic social practice. I also highlight the complexity of care by showing the wide range of emotions it can evoke. The anthropology of aging is of central focus as I reflect on intergenerational relationships, the intersections of aging, mobility and inequality, the impact of migration on aging, and the examination of end-of-life practices. Overall, I contribute to the anthropology of migration by focusing on the socioeconomic, historical and political factors enabling mobility, the formation of transnational communities, and the role of care in labour migration.

Conducting research during the COVID-19 pandemic had a major impact on my methodology and significantly shaped the themes that emerged from my research, which were primarily related to topics of mobility and immobility. In conducting research during this critical time, what came to the fore was this approach to migration from a mobility perspective, recognizing that migration is not a one-time event but an ongoing process, with states of mobility constantly changing throughout an individual's life. As this chapter emphasized, migrants have long experienced inequalities related to immobility, often preventing them from providing in-person care, and the restrictions brought on by COVID-19 were not a new challenge for transnational communities. Conducting research during the pandemic highlighted the vulnerabilities of the elderly and how immobility and isolation worsened their social realities. Engaging in life history interviews during this time provided not only social interaction and companionship for them but also underscored the fragility of aging and the importance of capturing their perspectives of a life lived. The voices of elderly migrants should be elevated in

research and migration and social policy. Their reflections on the past offer a valuable longitudinal perspective, which is essential for evaluating the wellbeing of future generations.

I am in awe of my interlocutors' life experiences and the paths they have followed. I am deeply grateful for their time and storytelling, which has taught me so much. I have gained insights into the experience of aging migrants whose decade-long careers as nurses have impacted their physical bodies and emotional states in particular ways. In their older age, migrant women have faced immobility, which forced them to confront their connections to both people and place. This included coping with increased social isolation, the likelihood that they might never return to the Philippines, and making arrangements for end-of-life care. My research also highlights the fact that the labour of care, over time, affects not only emotional wellbeing but also takes a physical toll on the body. Recognizing this is particularly important when considering the experiences of migrant care workers as they age. These insights are crucial for future research, as care migration pathways remain significant. It will be important for migration governance and national policies in health and labour to consider how future generations can circumvent the physical and emotional demands of care work and navigate the challenges of immobility that arise in older age.

My research has explored the temporal complexities of care migration, where the past, present, and future are inextricably linked. Acknowledging the intricacies of time, Tadiar's (2022) notion of remaindered life-times posits that while the provision of care is unevenly shaped by pervasive colonial legacies and global capitalist systems, it is in the margins of these systems that new ways of living can be imagined. I am inspired by Tadiar's push to imagine alternative futures that deviate from capitalist value systems. I hope to have paid attention to imagining futures by acknowledging the expansiveness and boundlessness of care. The ongoingness and evolution of care among transnational families as they adapt to shifting states of mobility is profound. In these marginal spaces emerge different potentialities for care and for living. The practices transnational families employ in order to stay connected reveal the essence of what is most meaningful in life and demonstrate that care is the fundamental bond that ties us together, extending beyond individual lifetimes and across generations.

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