"Happy in my own skin": Filipina migrants' embodiment of ageing in New Zealand

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Abstract

Ageing Filipina migrants in New Zealand present a valuable opportunity for investigating how intersecting lines of power around ageing and migration produce both oppression and opportunities for resistance and subversion. Ageing bodies present a challenge to neoliberal idealisations of migrants and ageing persons who are required to be productive, responsible, and self-reliant. In this study I explore meaning-making around the ageing migrant Filipina's body and trace the links between individual level meaning-making and power configurations at the socio-cultural level. I investigate how discourses of the body, revealed in women's talk, reflect dominant structures of power around gender, age, migrant status, inter alia, and support a series of moral, ideological, and practical positions that have implications for the material body as well as subjectivity. I utilise a methodological framework that brings together feminist psychology, indigenous Filipino psychology and a poststructuralist approach to language. Applying thematic analysis on transcripts of conversations with the 20 participants, I systematically organised and identified discursive themes in the text. The four analytic chapters are organised around four areas that the participants' stories tended to focus on. The first two are about the two forms of labour bodies are able to provide – productive and reproductive work; and the next two are about two aspects of the physical body – beauty and health. These four form the basis upon which the value of the ageing women and their bodies are measured; they are judged positively based on their ability to continue contributing to society through their engagement in productive work and provision of free care work, their maintenance of a particular standard of appearance that is desirable and that conveys a continued interest in social participation, and good health that prevents them from becoming a public burden. In conclusion I find that ageing Filipina migrants are called on to construct narratives of success in migration through their bodies, that ageing migrants' bodies are constructed as producers, commodities, and consumers, that neoliberalism is encouraging new forms of ageism and sexism to flourish, and that participants struggle for positive identities through the use of various material and discursive strategies.

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with me the challenges and possibilities of raising a family while pursuing our passions in other countries.

Alwin, who suffers from delusions of my grandeur, the best thesis partner ever. Thanks for sending me related literature by email, the many discussions over coffee or tea *and* cake, and being such a good father to Rio. On to new adventures!

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Chapter 1: Introduction

As of 2012, an estimated 10.49 million Filipinos are migrants in over 200 countries across the globe (Commission on Filipinos Overseas, 2012c). We are now into the fifth decade of employing migration as a major economic strategy; from the small group of men recruited to work in plantations in Hawaii during the American colonial period (Battistella, 1999), migration has grown to involve millions of individuals, a large proportion of whom are women, which the Philippine state is 'managing' through the establishment of government agencies such as the Philippine Overseas Employment Administration (POEA) and Commission on Filipinos Overseas (CFO) (Guevarra, 2009). Many of these individuals are ageing in the countries where they now work and reside; and while scholarship on Filipino migration is significant within the larger arena of migration studies, little attention has been given to ageing Filipino migrants.

In this study I explore meaning-making around the ageing Filipina migrant's body. I am especially interested in tracing the links between meaning-making at the individual level and power configurations at the socio-cultural level. Ultimately, this project aims to gain insight on how macro-level structures of power are embodied at the micro-level through engagement with discourses around the body. It follows the idea that paying attention to individual experiences and meanings enhances our understanding and theorising of the complex ways inequalities operate and intersect in individuals' lives (King, 2006). This study does not ignore historical circumstances, socio-cultural and political structures that produce the unique challenges and opportunities ageing Filipina migrants experience. Rather, I deploy the Foucauldian notion of power as both micro and macro in scale (MacNevin, 2003) and that gender, age, class, migrant status, and other socio-cultural categories are social processes that operate at both these levels.

Migration and ageing are both phenomena that are understood in the wider literature as being shaped by a global shift to neoliberal ethics which advances the idea that human well-being is best served by allowing individual entrepreneurial freedoms and skills within an environment characterised by strong private property rights, free markets, and free trade (Harvey, 2007); by sexism against women, in which women's bodies are seen as objects of (male) desire (Bartky, 1990) and as most suited for reproductive work which is deemed less valuable than work that men perform (Parreñas, 2008; Twigg, 2004); and by ageism, in which negative stereotypes of old people support discrimination against them (Butler, 1969). These social-

political forces produce material and discursive conditions that can disadvantage migrants, women, and older people.

The study takes the body as path to understanding the link between these macro forces and micro level, everyday experiences. According to Faircloth (2003), "the body has no central meaning as a physiological 'thing,' but finds itself constructed through wider discourses of the body and sites of micropolitical interaction" (p.19). This study provides insight into how discourses of the body, revealed in women's talk, are reflective of dominant structures of power around gender, age, migrant status, inter alia, and support a series of moral, ideological, and practical positions that have implications for the material body as well as subjectivity. Yet while the body cannot be understood or analysed apart from or outside of society, its existence as a material, biological phenomenon cannot be ignored; it is simultaneously a social and biological phenomenon (Shilling, 1993; Ussher, 1989). Its materiality is affected by social relations, but it is also the basis for participation and entry into the construction of social relations (Shilling, 1993). As the body is both meaning-making and meaning-constructed, it is therefore an important site for both the inscription and contestation of power. These important features of embodiment as an approach to understanding human experience and subjectivity has been largely ignored in mainstream psychological theorising (Sloan, 2009).

In adopting an explicitly political stance for this project, I place my work within the area of critical psychology. Critical psychologists utilise multiple approaches (e.g. feminist theory, Marxism, postmodern theory) and methods (e.g. discourse analysis, ethnography, conversation analysis), but generally adopt a social constructionist approach to reality and experience and are interested in examining how social and historical forces combine to construct individuals (Billig, 2008). S*ikolohiyang Pilipino* (indigenous Filipino psychology) and feminist psychology are two critical psychology perspectives that inform this study's methodology, theory, and analysis. These will be discussed further in *Chapter 3: Methodology*.

Study objectives and theoretical approach

This study looks critically at how neoliberal ideologies, sexism, and ageism shape individual lives, practices, and bodies through discourse. I treat the body as a signifier, as constituted in discourse, but also as having a materiality that makes it irreducible to discourse (Shilling, 1993). Specifically, I ask:

- What discourses of migration and ageing are available to ageing Filipina migrants in New Zealand, as identified through their talk about their changing bodies?
- How do individual women engage with these discourses through embodiment? How is the power embedded in these discourses accepted, resisted and appropriated?
- What subjectivities and practices are made possible by the various discourses?

Broadly speaking, the study is an investigation of Filipinas' embodiment of ageing, where embodiment is taken to include "both the subjective meanings of the lived experience of the body for particular individuals and how those subjective meanings are modified by particular social and cultural contexts" (Paulson & Willig, 2008, p. 107). Embodiment is a powerful concept for apprehending several binaries that define social scientific debates and divisions: mind and body, structure and agency, society and individual, macro and micro, social and biological, material and discursive. It has been argued to have great methodological potential for psychology as one can attend to bodies (of either or both participants and researchers) during data gathering and analysis to enrich these processes (Finlay, 2006). A focus on embodiment has been demonstrated to be useful for a reflexive analysis that not only points to new, interesting directions for research in psychology, but also for informing our evaluation of the ethics of the research interaction as it affects participants and the researcher (Burns, 2006). In studies on ageing and psychology, embodiment has been used to explore and critique dualist conceptions of the body (Paulson & Willig, 2008), and to gain an understanding of trauma and its impact on older women's body image and bodily practices (L. Clarke & Griffin, 2008a). It should be noted that a focus on embodiment and an understanding of the body as a locus of meaning and control in psychology was initiated by feminist psychologists (Chrisler, 2011). For example, earlier work by noted feminist psychologist Jane M. Ussher (1989, 1997) contributed to exposing misogynistic psychological science by using a material-discursive approach (which I will discuss later) to the female body in order to unpack the social construction of women's psychology and mental health.

Recent trends in psychology indicate a turn to affect (Wetherell, 2014) which has been defined as "embodied meaning-making" (Wetherell, 2012, p. 6). Wetherell (2012) conceptualises affect as consisting of physical/biological responses and of *qualia* (subjective feelings, cognitions, evaluations, memories and appraisals of the situation), and as occurring continuously— an ongoing process of constitution and reconstitution, of ebb and flow. This new theorisation of affect and emotion proposes 'affective practices' as a fresh, pragmatic way of doing empirical research on emotion as they highlight both a tendency to follow existing, established patterns but also the potential for improvising and thus disturbing these;

also, they provide a link between the biological and the social. In the area of migrant studies, there appears to be great promise for this conceptualisation of affect to radically change our understanding of how discourses relevant to migrants and migration operate and circulate among individuals, in families, and in larger society. Some studies are already beginning to tread into this area and are yielding novel findings (see McKay, 2007; Parreñas, 2001a; Pratt, 2009). While data from this study could be 'read' with an orientation to affect, the objectives of the study required that I focus more on how ageing and the ageing migrant's body are constructed in participants' talk. In this introduction I gradually build a case for an embodied approach to the study at hand, followed through in discussions of the utility of an embodied approach to the study of ageing migrants in the next chapter. I begin here by building the theoretical foundation for this view of the body and subjectivity in the three subsections below, where I discuss 1) Foucauldian notions of power and its relationship to discourse, subjectivity and the body, 2) feminist critiques and appropriations of this and their implications for the current project, and 3) the material-discursive approach adapted for this study.

Power, language and subjectivity

> When I think of the mechanics of power, I think of its capillary form of existence, of the extent to which power seeps into the very grain of individuals, reaches right into their bodies, permeates their gestures, their posture, what they say, how they learn to live and work with other people.
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> - (Foucault, 1980 in Sheridan, 1980, p. 216).

Much of the scholarly interest in the analytic possibilities of the body today is inspired in some way by Michel Foucault's work. Spanning nearly three decades, Foucault's work brought attention to the body as a site power operates on; something that is both produced by power and offers resistance to it. Since Foucault, the body has ceased to be understood by social theorists as a wholly physical or material thing that individuals possess (Coupland & Gwyn, 2003; Shilling, 1993; B. Turner, 2008). Perhaps one of Foucault's greatest contributions was to theorise how power operated on the body through discourse to effect a particular kind of subjectivity, in order to satisfy particular ends. Coupland and Gwyn (2003) identify this end as "maintaining the productivity and political usefulness of bodies" (p.3). Foucault rejected a Cartesian dualism that identifies subjectivity with consciousness, and instead proposed the idea that questions of subjectivity are inseparable from questions of the

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body (M. McLaren, 2002). He provided a new framework for investigating power and its application on and by individual bodies.

According to Foucault (1972), language is constitutive of subjectivity. Discourses "systematically form the objects of which they speak" (Foucault, 1972, p. 49) which means they provide the structure for the way something is thought, and how we act on the basis of such thinking (G. Rose, 2007). Discourses offer 'subject positions'— those possibilities for subjectivity/identity or those positions from which individuals may speak the 'truth' about things (Arribas-Ayllon & Walkerdine, 2010)— which differ in the power they offer individuals (Gavey, 1997). More significantly, when individuals take up these subject positions, they 'misrecognise' themselves as the author of meaning, understanding themselves as "the source rather than the effect of language" (Weedon, 1997, p. 31). Language and discourse, then, because they shape knowledge and thought about ourselves and the world, have an impact on material bodies and what these bodies do, as well as what the world is like and how things are done in it. An important feature of Foucault's conception of discourse is that they are complex and contradictory, simultaneously the instruments and effects of power and points of resistance (G. Rose, 2007). These features are salient to the study at hand— ageing migrant Filipinas occupy varying social positions as migrants to New Zealand, as overseas Filipinos, as ageing individuals, and as women; that they occupy multiple social positions suggests that the possibility of alternative spaces within the interstices of varied relevant discourses is not only certain, it is multiple. These alternatives, and the opportunity for resistance, are always present, and coincident with power. Foucault described resistance as being "distributed in an irregular fashion: the points, knots, or focuses of resistance are spread over time and space at varying densities, at times mobilizing groups or individuals in definitive ways, *inflaming certain points of the body*, certain moments in life, certain types of behaviour" (Foucault, 1990, p. 96, emphasis added). This brings us back to the body as an important locus for the articulation and expression, but also resistance to and rejection of power.

In this project, I found useful Foucault's concept of governmentality, which refers to all efforts to guide, shape and direct the behaviour of others, including endeavours that seek to urge or educate one to channel, restrain and control one's passions, instincts and desires (N. Rose, 1999). Governmentality's effectiveness is in its acknowledgement of human beings' capacity for action and utilising this capacity for its own objectives (N. Rose, 1999), combining self-discipline and social control (B. Turner, 2008); individuals' autonomy is not a threat as it can be conscripted and shaped to support objectives such as, say, 'active' ageing

and migration for economic success (see discussion on Filipino migration and the 'modern retiree' in *Chapter 2*). The concept of governmentality highlights the shift of state concern from sovereignty over things (for instance, land and wealth) to maximisation of the population's productive capacity (B. Turner, 2008), that is, a concern for biopolitics—the regulation of a population's health, its growth, its ageing (Foucault, 2003). Biopolitics involves acting on the social body in a preventive fashion to optimise life chances and minimise risk; for instance, controlling environmental pollution, maintaining bodily health, nurturing children (N. Rose, 2001). Biopolitics led to the rise of demography, clinical medicine, and the life sciences, producing and utilising sophisticated knowledge and technologies for measuring and monitoring life, health, illness, and death (N. Rose, 2001). In the arena of studies on ageing, efforts to produce knowledge on older people are inextricably bound up with the state objective of regulating its population—monitoring and regulating its growth, and managing the economic relations between generations in particular (Neilson, 2003).

More recent applications of the Foucauldian concept of governmentality have shown it to be useful for theorising ageing and/in globalisation (Neilson, 2003), and for understanding how 'ideal migrants' (for example, see Guevarra, 2009; Walsh, 2011) and 'responsible' ageing citizens (see Pond, Stephens, & Alpass, 2010; Rudman, 2006) are produced. My own analysis finds some of its moorings in these newer, more specific applications as well as in Foucault's more 'classic' and generalised discussions of power, language, subjectivity and the body. In the analysis chapters, the idea of governmentality is seen in the alignment of individual desires with (the Philippine or New Zealand) state objectives (specifically, the production of 'responsible' and 'productive' citizens).

Building on Foucault's work, various authors from the 1990s onwards have been commenting on a particular kind of subjectivity being promoted by a neoliberal political rationality. This neoliberal political rationality is argued to encourage practices of the self that involve self-reflection, body monitoring and improvement, risk management, and lifestyle maximization (Lupton, 1995; N. Rose, 2001; Rudman, 2006). 'Empowerment' and 'choice' are key themes that portray individuals as savvy consumers and agents of their own success, disguising the many different sources of oppression and marginalisation that impact on the choices available to individuals. A particular kind of 'docile body'[1] (Foucault, 1977) is produced, disciplined to

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[1] Foucault (1977) spoke of docile bodies as the product of discipline that intends to increase each individual's utility and obedience. In *Discipline and Punish*, he described a 'mechanics of power'

reflect a new moral order with perhaps a new 'normal', say, for ageing individuals. What subject positions become available to ageing Filipina migrants within the context of a neoliberal, globalised world economy where human beings are seen as rational individuals participating in the global circulation of labour (Inouye, 2012; Wise & Covarrubias, 2008), where citizenship rights are bound to productivity and consumption (King, 2006; A. McLaren & Dyck, 2004), where physical appearance is increasingly important as an expression of individuality (Shilling, 1993), and where health is not only an individual concern, but a public duty (Armstrong, 1995)?

Feminist appropriations of Foucauldian theories of power

Although Foucault had not engaged directly with gender as a socially significant line of power and paid little attention to the body's materiality and the phenomenology of embodiment (Shilling, 1993), poststructural feminists have found Foucault's notion of the body productive for advancing a feminist agenda. By politicising the body and identifying it as an important site for social control, Foucault's work provided feminists with a framework for analysing how patriarchal power and norms of femininity affect women's bodies (M. McLaren, 2002).

Susan Bordo (1993), for instance, adopted some important aspects of Foucault's conceptualisation of power to analyse how contemporary consumerist culture shapes women's bodies. Her examination of how cultural imperatives of femininity are expressed in women's fixation on their bodies, especially on slenderness and dieting, led to her conclusion that anorexia (the focus of her analysis) is not a simple medical category describing a set of symptoms, but the "crystallization of culture" (p.139). Such an analysis helps advance feminist causes as they situate what might be regarded as women's individual and personal problems with their bodies within a larger social context. Directing attention to cultural and historical trends rather than to individual pathology frames women's suffering as the product of systematic and structural oppression, and points to areas for possible social change.

Another feminist, Sandra Bartky (1990), used Foucault's conceptual appropriation of Bentham's architectural panopticon to explain the 'internalisation' of the patriarchal ideals that women orient to. Foucault (1977) used the panopticon as a metaphor for modern disciplinary power. The panopticon, an architectural design for an institution (originally, a prison), relies not on metal bars or chains but on the consciousness of a permanent state of

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where individual bodies were made to "operate as one wishes, with the techniques, the speed and the efficiency that one determines" (p.138).

visibility to discipline individuals. Bartky (1990) used this conceptualisation of the workings of power to analyse how norms of beauty and femininity around the female body function as ideals against which women are required to constantly judge, measure and conform themselves (Malacrida & Low, 2008). A constant self-vigilance is exacted by the internalisation of a 'male gaze' or women's construction as objects for men's pleasure. Bartky's work, using Foucault's conceptualisations of power, provided feminists with new ways of understanding women's 'collusion' with patriarchy and why it can be difficult for individual women to reject patriarchal demands on their bodies.

More recent (re)development of these feminist reconceptualisations of Foucault's ideas around power, discourse, subjectivity and the body focus on their links to governmentality within a neoliberal political rationality. These ideas have been especially useful for understanding contemporary femininity where individual 'choice', 'agency', responsibility and 'self-realisation' figure prominently as found in women's magazines, advertising, and women's talk around their own beauty practices (E. Chen, 2013; Gill, 2007; Gonick, Renold, Ringrose, & Weems, 2009; Lazar, 2011; Stuart & Donaghue, 2011). As Oksala (2011) argued, this is a triumph, not of feminism, but of neoliberalism's "masculinist conception of the subject as an independent, self-interested, economic being has come to characterise also the feminine subject in the last decades" (p.105).

Germane to my study is the conceptualisation of power as having a gendered dimension; that it operates differentially on women's and men's bodies to produce different meanings and bodies for them. It becomes relevant to ask questions about what meanings of and possibilities for ageing are available to or denied from ageing women because they are women. How are these meanings embodied? How do bodily changes in appearance over time interact with internalised beauty and body norms? How do individual women collude with and counter sexist constructions of what the ageing woman's body should be?

A material-discursive approach to the ageing body

>…the body is most profitably conceptualized as an unfinished biological and social phenomenon which is transformed, <u>within certain limits</u>, as a result of its entry into, and participation in, society.

>-(Shilling, 1993, p. 12, emphasis added)

A study that takes on an embodied approach must consider the question of whether the body is to be seen as a biological, physical given, or something which is socially produced. Studies

of ageing had tended to treat the ageing body and its attendant 'issues' as a given. More recently, scholars have begun to take interest in looking at ageing as a socially constructed experience. Although such views of ageing and the ageing body have been fruitful for investigating how social structures produce the marginal position and difficult realities many ageing individuals face today (e.g. Bernard, Chambers, & Granville, 2000; Cruickshank, 2003; Gilleard & Higgs, 2000; Hepworth, 2003), they fail to account for the difference that material bodies make for each individual. Some bodies are more ill than others, some bodies look older than others of the same age, and bodies respond to health supplements, medical intervention, and exercise differently; these physical differences are just as significant for producing different experiences of ageing as the various configurations of discourses around gender, ageing and migration. What this implies is that the ageing body cannot be seen as an entirely 'docile' body. While its docility may be the objective of discipline, it is apparent, given the changes it undergoes, that the ageing body is a decidedly *unruly* body, constantly changing and increasingly difficult to *fix*, in the many senses of the word. For, certainly, the task given to ageing individuals in contemporary society is to not age— to 'fix' (read: secure or keep in position, but also repair, correct, manipulate) their bodies and keep them from changing.

My study continues a recent trend in ageing studies that focuses on embodiment (e.g. L. Clarke & Griffin, 2007; L. Clarke, 2001; Joyce & Mamo, 2006; Marshall & Katz, 2006; Twigg, 2004), particularly women's embodied experiences of ageing, looking at the body both as a material given, and as socially constructed. It responds to the call Jane M. Ussher made in 1997, when she pointed to the need for theoretical and methodological approaches that attempt to reconcile or address the artificial divide between the material body and the discursive body. To accomplish this, in her own work on the material and discursive regulation of women's sexuality, madness and reproduction, Ussher (1989, 1997) employed a critical sociolinguistic analyses coupled with an understanding of the reciprocal relationship between discourse and its material context. I adopt a similar material-discursive approach, which recognises the ageing migrant's body as having a physical reality that both provides material for meaning-making and is shaped by this meaning-making. As Shilling (1993) notes, there are "certain limits" to how the body can be transformed by its entry and participation in society. That these limits exist, and that they are *physical* limits, is never more apparent than in ageing. Bodily changes over time, some of them external and readily observable by others, and some of them internal and only obvious to the individual experiencing them (Ballard, Elston, & Gabe, 2005), all become the signs by which an ageing

body is known (Laws, 1995). What they imply, how individuals feel and what they do in response (which may have a material impact on the body) are meaning-making activities that are done in the context of varying and multiple discourses around ageing, being a migrant, and being a woman.

Adopting such an approach, which recognises both the body's physicality as well as its constructedness, means paying attention to bodily changes identified by my participants as being brought about by ageing, their reactions and resulting practices, and the logic underlying these. Using this approach in the analysis brings attention to the physical realities of ageing as experienced by individual women, without ignoring how economic, social and political conditions surrounding them (e.g. as transnational citizens who have varied economic and social resources to draw from) impact on these realities. It takes into consideration cultural representations of migrant Filipinas and of ageing women that form the matrix of discourses within which meaning is crafted and negotiated. By doing so, I provide an analysis that links power and discourse to material bodies and individual realities, in keeping with Foucault's (1980) assertion that "nothing is more material, physical, corporeal than the exercise of power" (p.57).

Overview of the thesis

Chapter 2: The Mobility and Visibility of Ageing Migrant Bodies. This chapter situates the study within broader literature on migration and on ageing. It provides the reader with an orientation to the history of Filipino migration in general and to New Zealand in particular, and looks at how gender is a significant structuring force in the experience of Filipinas' migration. It presents two trends in migration studies: transnationalism and embodiment, which have useful implications for the study of ageing migrants. The last section discusses idealisations of the migrant and the ageing person found in relevant literature.

Chapter 3: Methodology. This chapter discusses the shared principles and unique perspectives of the critical methodologies employed in the study— feminist psychology and Sikolohiyang Pilipino. These principles guided the sampling and recruitment, data-gathering, and analysis. In this chapter, I describe the participants of the study to orient the reader to their context and to clarify the limits of the sample for generalisation, elaborate on the indigenous Filipino method for data-gathering employed for this study and, in the last section, argue for the utility of a poststructuralist approach to language and describe how thematic analysis with an interest in power, discourse, and subjectivity was applied.

Chapter 4: The Productive Body. The first of four analysis chapters begins with participants' stories of their engagement with paid work in New Zealand. The three major sections revolve loosely around three different time points in the participants' lives as migrants to New Zealand. The first section discusses the challenge of finding employment as new migrants. The second section focuses on recent or current experiences of the challenges brought about by the participants' ethnicity and ageing, and the third looks at participants' expressed interest in continued employment into the future. Throughout the chapter I explore how constructions of the Filipino migrant (in prevailing discourses such as the Bagong Bayani and the Great Filipino Worker), and notions of 'positive ageing' figure in participants' meaning-making around the paid labour their bodies do.

Chapter 5: The Caring and Cared-for Body. This chapter highlights carework as an important concern for Filipina migrants who conceive it as a part of a network of obligations within the family. This chapter is organised into three major sections: the first focuses on women's performance of and concerns with carework in the past, at present, and the future; the second section looks at participants' notions of ideal care arrangements in old age; and the last section is on transnational retirement, a practice available to participants as migrants for performing their caregiving roles and for receiving care from family. In this chapter, I argue that although women's carework is crucial to the survival of migrant families in challenging circumstances, women's performance of this work remains largely undervalued. In the context of increasing commodification of carework, and a 'positive ageing' rhetoric, ageing Filipina migrants are constructed to be responsible for remaining independent for as long as possible, and for shouldering (some, if not all) the cost of carework.

Chapter 6: The Beautiful Body. This chapter develops from participants' stories around bodily changes related to their physical appearance. Many of these stories appear to be oriented towards notions of attractiveness and desirability, even if participants may position themselves differently in relation to these at different instances. The chapter is organised around two positions participants were seen to take on beauty and desirability. The first major section discusses the positive meanings participants ascribe to the changes in their physical appearance and to practices that maintain or enhance their looks. The second section discusses alternatives to these meanings that allow for resistance against the impetus to maintain a conventionally-attractive look. The discussion in this chapter engages with classic and contemporary feminist literature on women, ageing, and beauty as well as Filipino cultural resources around these topics. At the same time, the discussion is contextualised in

participants' experiences and understandings of Filipino migration and life as migrants to New Zealand.

Chapter 7: The Healthy Body. The last analytic chapter focuses on the large pool of 'health stories' from the participants. Many of these were produced in conversations about how their bodies have changed over time, and what their concerns were about the future. This chapter looks at participants' accounts of health-related changes and practices. It is divided into three major sections: the first looks at the healthy body's social significance and participants' understandings of what a healthy body affords them; the second section expounds on participants' ideas about how this healthy body is achieved by linking this to literature on the medicalisation of health and responsibilisation in ageing; the third section attends to participants' commentary about the economics behind a healthy body and their efforts at using health to build a narrative of success in migration.

Chapter 8: Conclusion. The conclusion chapter summarizes the entire thesis by offering some reflections on methodology, some common themes in the analysis, and pointing to an alternative conceptualisation of ageing for new directions in future research. I discuss how ageing Filipina migrants are called on to construct narratives of success in migration through their bodies, how ageing migrants' bodies are constructed as producers, commodities, and consumers, argue that neoliberalism is encouraging new forms of ageism and sexism to flourish, and that participants struggle for positive identities through the use of various material and discursive strategies.

Chapter 2: The Mobility and Visibility of Ageing Migrants' Bodies

> Our biggest export is OFW [overseas Filipino workers]. That's our export, see,
> that's why I'm against the RH [Reproductive Health Bill]. What will
> strengthen our country is our excess population that we've trained to take on
> work abroad that others don't want to handle.

> - Senator Juan Ponce Enrile (Macaraig, 2012, para. 7)

In the context of debates surrounding the Philippine Reproductive Health Bill (2012), which guarantees universal access to methods on contraception, fertility control, sexual education, and maternal care, Philippine Senator Juan Ponce Enrile made the statement quoted by press above. In that year, income from overseas Filipinos' remittances amounted to US$ 21.39 billion, comprising about 8% of the Philippines' GDP for 2012 (Magtulis, 2013). If the value of remittances is the sole measure of the success of our "biggest export", then Sen. Enrile's concern that allowing people to control and limit reproduction will weaken an already fragile economy is justified. Three points from this quote help introduce this chapter: first, the senator's expressed belief that the Reproductive Health Bill will be an impediment to the country's development as it will impact on the production (or, more accurately, reproduction) of our primary export—our "excess population"— is an example of how discourse shapes the material conditions of our existence. The senator refers to the physical reproduction of people but participates in their discursive production as objects that may be exported like any other commodity. Second, his reference to overseas Filipino workers (OFWs) as a group skims over the fact that a majority of these individuals who "take on work abroad that others don't want to handle" are women, and that this work is devalued and poorly paid. His remarks highlight a dual value for women's bodies: for their reproduction of Filipino workers, and for their labour as overseas workers. Third, his assertion that Filipinos are "trained" to take on unsavoury work again reflects efforts, both material and discursive, to produce Filipinos as ideal workers for a certain type of overseas employment. It denaturalises the idea that Filipinos are particularly well-suited to this work and reveals the investment of the state in the production of the Filipino as an overseas worker. The senator is but one cog in the Philippine state's biopolitical machinery, interested in maintaining what he presumes to be the proper size of the population (i.e. one with an "excess") in order to continue supplying the global market with our export, thus protecting the country's economy.

The bodies of literature on migration and on ageing are both vast. In comparison, the number of studies on ageing migrants is small, but growing. This chapter provides an understanding of this growing field in relation to the two larger areas of study. To do this, I organised the chapter into three major sections: the first section is an introduction to the phenomenon of Filipino migration; it provides a brief history of Filipino migration, outlines some issues relating to the construction of the Filipino as an ideal labour migrant, presents Filipino migration to New Zealand and raises the challenge of looking at the intersections ageing and migration. The second section looks at two trends in migration studies: the concepts of transnationalism and embodiment, and discusses how they may be usefully employed in the study of ageing Filipina migrants. This orients the reader to more recent developments in the area of migrant studies that provide important new concepts for studying the intersection of ageing and migration. The third and last section discusses idealisations of the migrant and the ageing person within the context of a neoliberal, global economy. It looks more closely at how ageism and sexism continue to define women's experiences as migrants and as ageing persons.

Filipino migration: A brief history and context

US$ 21.39 billion, the 2012 remittance value, is the highest amount overseas Filipinos have remitted since the start of the systematic exportation of labour by the Philippine government in the 1970s. Although Filipino labourers had been travelling abroad to work before then (for instance, as plantation workers in Hawaii from the early 1900s to the 1930s) the issuance of Presidential Decree 442 in 1974, which aimed to promote overseas employment and ensure "the best possible terms and conditions of employment" (*P.D. 442 Labor Code of the Philippines*, 1974, Article 17.2), marked the Philippine government's first clear involvement with Filipino labour export (Battistella, 1999; Guevarra, 2009). This new labour code established government agencies which served as official channels for the recruitment and hiring of all land-based and sea-based overseas workers. Significantly, it required overseas workers to remit a specific proportion[2] of their income through official financial institutions (*P.D. 442 Labor Code of the Philippines*, 1974, Article 22) .

In 1978, government policy shifted from favouring a government-to-government management of overseas labour to privatization of recruitment, with the government acting in a more supervisory and regulatory role (Battistella, 1999). This trend towards privatization

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[2] From 50-80%, depending on the occupation and conditions of employment (e.g. lodgings provided or not) (Guevarra, 2009).

culminated in the Migrant Workers and Overseas Filipinos Act of 1995 (RA 8402) which, Battistella (1999) notes, reflects the economic liberalist thinking of the time. This act allowed private recruitment agencies to charge workers one month's salary for their services, turned contractual negotiation into a private agreement between the agent and the worker, and created state-run programmes to prepare workers going overseas. From this point onwards, the state has claimed that it no longer promotes overseas employment but instead "*manages* labor migration by supporting the desires, choices, and freedom of Filipinos to work overseas"(Guevarra, 2009, p. 23 emphasis in original). To facilitate Filipinos' supposed desire for life and work overseas, policies were crafted to lower the cost of emigration, reduce travel taxes, provide convenience through 'one-stop' centres for processing, alongside government regulation of mechanisms for remittances (Raj-Hashim, 1994 in Cunneen, 1997).

It would appear that this 'desire' has only strengthened over time, and more and more Filipinos have exercised their 'choice' to achieve personal success through migration. Since the 1970s, with a few fluctuations due to political and economic crises (such as the Gulf War in the Middle East and the Asian economic crisis of the '90s), the number of Filipinos going overseas has increased fairly steadily, with more varied destinations. As of December, 2012, national government records show that, there are more than 10.49 million Filipinos overseas spread in 218 countries and dependent territories worldwide, including seafarers (Commission on Filipinos Overseas, 2012c). This figure likely underestimates the actual numbers, as these numbers are based on the movement of Filipinos that went through legal channels, and those who went through illegal means that were captured by relevant government agencies in the Philippines or the host country. It will not include Filipinos who have become naturalised citizens of another country and are no longer Filipino citizens or other 'irregular' migrants.

This number is an aggregate of several types of Filipino migrants: the permanent migrant, the temporary migrant, and the irregular migrant[3] (Commission on Filipinos Overseas, 2012c). As defined by the Commission on Overseas Filipinos (Opiniano, 2007), the permanent migrant is a legal, permanent resident in another country who carries a Philippine passport, but may even have become a naturalized citizen in the host country. The temporary migrant is an individual whose stay in the host country is more than six months, employment-related, and legally-documented. It also includes his/her family. The irregular migrant is one whose stay in the

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[3] In 2012, nearly half of all overseas Filipinos (4.93 million, or about 47%) were permanent migrants, about 40% were temporary migrants, and 12.8% (or 1.32 million) were irregular migrants (Commission on Filipinos Overseas, 2012c).

host country is not properly documented, who does not have valid resident or work permits, and who has been in such a status for over six months. These may be overstaying workers or tourists. Membership in these categories[4] is fluid in that individuals may be temporary migrants who become permanent migrants as they obtain citizenship or permanent residency status in their host countries, or become irregular migrants if they fail to meet the requirements for retaining their temporary status or gaining permanent residency.

What was supposedly intended by President Ferdinand Marcos in the 1970s to be a temporary measure has become an essential and reliable economic strategy for the Philippines (Battistella, 1999; Cunneen, 1997; Parreñas, 2008) for over four decades, and enabled the country to become what Rodriguez (2009) terms a 'labour brokerage state'. The phenomenon of the continued large-scale migration of Filipinos cannot be understood without taking into consideration 1) the global circulation of capital legitimated by neoliberal ideals that celebrates the free market as it diminishes the role of the state in ameliorating the impact of the growing inequalities it produces (Gimenez, 2009); and 2) the role of gendered and racialised constructions of Filipino women in the production of Filipinas as ideal (migrant) workers and wives (Cunneen, 1997; Guevarra, 2009; Rodriguez, 2009).

Many (e.g. Cunneen, 1997; Gimenez, 2009; Guevarra, 2009; Parreñas, 2001b, 2008; Sassen, 2000) have critiqued labour migration as being the result of neoliberal ideologies guiding the policies and practices which determine the global movement of labour and capital. Researchers implicate international agencies such as the International Monetary Fund (IMF) and the World Bank in pushing the Philippines to orient its economy towards the export of both its products and its people (Cunneen, 1997; Gimenez, 2009; Parreñas, 2001b, 2008; San Juan, 2009). IMF- and World Bank-imposed structural adjustment programmes, the opening of economies to foreign firms, and the reduction or elimination of state-funded social services have produced largely negative effects on 'developing' countries whose economies are "struggling, stagnant, even shrinking" (Sassen, 2000, p. 504). These effects include the reduction of traditional employment opportunities for men, the reduction of traditional profit-making activities, the fall in government revenues because of debt-servicing, and the increased urgency in many families and communities for alternative sources of income (Sassen, 2000). Migration for labour, particularly by women, through both legal and illegal avenues becomes a significant strategy for survival (Sassen, 2000). At the same time, in more

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[4] These categorizations cannot account for individuals who have gone abroad through proper channels using false documents— under aged individuals, people with false qualifications or assumed names.

affluent countries, the reduction of spending on social welfare (e.g. child care, elderly care) has led to a higher demand for particular raced, gendered bodies to provide the domestic service that allows first world women to engage in paid work outside the home (Calasanti, 2010; Inouye, 2012; Rodriguez, 2009). Gendered and racialised processes create differential conditions for men and women so that women migrate in far larger numbers than men to work as domestics, caregivers, nurses and as marriage migrants. For the majority of migrant women from developing countries, the burden of survival is made even heavier by the fact that the opportunities they have for work are limited to those that are poorly paid. The irony is that women's performance of these types of economically and socially devalued, gendered work subsidises and sustains the 'gains' made by modernisation and globalisation (Mills, 2003; Sassen, 2000).

Sociologist and migration scholar Rhacel Parreñas observed that "the Philippines does gain economic benefits from the exportation and commodification of the bodies of its workers" (2001b, p. 52). She identifies the Philippine state's iconic representation of the overseas Filipino worker as *Bagong Bayani* (modern-day hero) as a positive image that promotes emigration and stabilises the Philippine economy's dependence on its people's outmigration (Parreñas, 2001b). Another prominent migration scholar (Guevarra, 2009) investigated how the Philippine state and private recruitment agencies construct the Filipino as an ideal global worker. Guevarra's analysis (2009), paralleling that of Tyner (2004), found the successful promotion and production of the Filipino as an ideal worker to rest on 'empowerment' as a technology of government. The Philippine state and employment agencies together construct migration as a 'choice' made by Filipinos who are 'naturally' gifted workers and inclined to adventure, but who are constrained by the lack of good opportunities locally from fulfilling their potential and their roles as good, responsible family members (Guevarra, 2009). In emphasising individual responsibility, freedom and choice, the state and employment agencies together are able to discipline Filipinos to "fulfil the goal of producing 'responsible' (that is, economically competitive, entrepreneurial, and self-accountable) and therefore, ideal workers and global commodities" (Guevarra, 2009, p. 8). Migrants are represented to be autonomous, knowledgeable, and empowered agents who act rationally in their own best interest (Tyner, 2004). These analyses echo concerns that globally, economic and overall well-being is coming to be seen as something to be secured at the individual level rather than achieved through collective action or state intervention to mitigate the effects of globalisation (Inouye, 2012); this view is reflected in much of the scholarly work on the impact of migration on the psychological health of migrants, which tend to focus on individual level

analyses of stress and coping[5] (e.g. C. Chen, Smith, & Mustard, 2010; Hiott, Grzywacz, Davis, Quandt, & Arcury, 2008; Mui & Kang, 2006; Samonte, 1992, 1994; Torres & Wallace, 2013). Such a view of well-being is situated within a larger discourse of empowerment that constructs a neoliberal subject who is not only self-reliant, but free and autonomous from systems of oppression (Inouye, 2012). Indeed, the exacerbation of global inequalities has contributed to migration becoming a private solution to a public problem (Gimenez, 2009; Hochschild, 2002).

Filipina migrants: Cheap (re)productive labour

Conventionally, research on migration has ignored gender issues, focusing more on ethnicity and class; women were regarded as insignificant, being 'only' associational migrants (Agrawal, 2006; Palriwala & Uberoi, 2008; Phizacklea, 2003; Willis & Yeoh, 2000). These typically macro-focused studies tended to look at migration from a voluntarist/neoclassical, macro-economic perspective, which explains migration as a 'rational' individual decision, or a structural-historical perspective that emphasises unequal distribution of resources as determining individuals' choice to migrate; both are limited in that one ascribes power entirely to the individual who makes a rationally calculated decision, while the other falls into economic determinism (Agrawal, 2006; Palriwala & Uberoi, 2008; Truong, 1996). These macro-level frameworks, focused on economics, politics, and history, are inadequate for providing an understanding of the process of migration as lived out in the lives of individual men and women; they fail to recognize the different causes and consequences of women's migration, and that questions of women's autonomy and choice are not independent of issues of class and gender (Agrawal, 2006; Truong, 1996; Willis & Yeoh, 2000).

In recent years, scholars of migration and globalisation have paid more attention to gender as an essential aspect of the processes involved in the movement of capital and labour (Agrawal,

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[5] These studies often frame migrants' psychological/mental health as a function of their ability to adjust to their host country (e.g. acquire language skills, develop and access social support, secure work that matches their skills/education). Social sources of stresses (e.g. discrimination, poor job opportunities for migrants) are often included, but regarded as 'givens' that remain unquestioned and that individuals are suggested to need 'training' and 'support' to overcome. For example, while Chen et al.'s (2010) study provided strong evidence that over-qualification (employment in a job that is below one's skill, education, and experience) resulted in poorer mental health over time for migrants, their conclusion generally skimmed over the fact that migrants' education and experience are not properly recognised and utilised. Instead, their recommendations included the provision of information regarding the types of work migrants are likely to end up with and how long they can expect to be in this "sub-optimal employment" (C. Chen et al., 2010, p. 616) after arrival in Canada; such information was suggested to reduce unmet employment expectations which the study demonstrated to increase the risk of deteriorating mental health.

2006; Mills, 2003; Phizacklea, 2003; Willis & Yeoh, 2000). With the increase in women's migration globally, with family and without, studies in the late '70s and '80s began to investigate the presence of women in the migration process (Agrawal, 2006; Tyner, 2004); from the late '80s onwards, more attention has been paid to gender as an organising principle in migration, and to women as gendered actors in the migratory process (Phizacklea, 2003). Macro-level studies have given way to more micro studies, with an interest for revealing how gender operates at both the micro and macro level. The global economy, the Philippine economy, and migration laws all constitute gendered processes, and the workings of gender at this (macro) level informs and is shaped by how gender is constructed at the (meso) level of the community and formal organisations (e.g. migrant advocacy groups, recruitment agencies), and (micro) level of the individual and family (Calasanti, 2010; Parreñas, 2008). And although the production and maintenance of gendered hierarchies around the globe in relation to the transnational movement of labour and accumulation of capital is not a modern invention (Phizacklea, 2003), what is remarkable is how this system of hierarchies now reaches all corners of the globe (Mills, 2003) and involves huge numbers of women traveling greater and greater distances (Ehrenreich & Hochschild, 2002).

Women as workers and as migrants have a crucial role to play in globalisation (Calasanti, 2010; Mills, 2003; Parreñas, 2001b; Sassen, 2000). Women's labour is defined as less valuable and therefore, is cheaper than men's (Mills, 2003). This devaluation is extremely important for global capital accumulation. Globally, women form the backbone of export-oriented industries and agriculture in third world countries, and the low-paid sectors in manufacturing and service industries in first world countries (Gimenez, 2009; Mills, 2003; Parreñas, 2008; Rodriguez, 2009). In wealthier countries, some jobs, such as domestic work and carework, have become constructed as essentially performable only by gendered (female) foreign migrants (Rodriguez, 2009), producing what is termed the 'transfer of reproductive labour' from wealthier societies to poorer ones (Truong, 1996). Sassen (2000) links the effects of globalization and the increased presence of women in global circuits of labour; she refers to the dependence of families, communities, and states in developing countries on women's (low-paid, precarious) labour for making a profit as the 'feminisation of survival'.

In her work, Parreñas (2008) focused on how a gendered economy allows wealthier nations to exploit poorer nations and worsens the inequality between these nations and their women as they participate in a global economy. She notes:

> The need for women workers is based on the ideology of women's domesticity,
> one not solely shaped by traditional cultural views but also fuelled and dictated
> by the foreign influences of more developed nations in search of docile
> workers in factories and maternal figures to care for children and the elderly in
> their homes. (Parreñas, 2008, p. 33)

Parreñas (2008) argues that the Philippine state, in the interest of further participation in a global economy, retains the ideology of women's domesticity while promoting women's participation in paid work. Sustaining such a paradox ensures the maximum production of the nation. It translates to an average of 1.5 times more Filipino women than men emigrating for over three decades, from 1981 to 2012 (Commission on Filipinos Overseas, 2012b). It means a strongly gendered labour migration and marriage migration, as the largest occupation group by far is that of household service worker (i.e. domestic workers, most of whom are women)[6] and the overwhelming majority of marriage migrants are women[7]. However, the large number of Filipinas migrating (whether temporarily or permanently) over the last three decades has periodically raised concerns about the 'social cost' of migration (Parreñas, 2008), including the emotional and psychological toll on migrant Filipinas and the families they leave behind (Arellano-Carandang, Sison, & Carandang, 2007; Parreñas, 2001a, 2006).

Paradoxically, the anxieties around the migration of Filipinas and the enablement of such a large number of them to migrate are both produced by the same discourses around what it means to be a Filipina. An ideology of domesticity constructs Filipinas as docile, naïve, and less likely than men to engage in collective organisation; this has been argued to make them attractive resources for manufacturing labour (Parreñas, 2007). The same ideology of domesticity constructs Filipinas as being more 'loving' domestic workers compared to women of other nationalities (Williams and Gavanas in Shutes & Walsh, 2012); and as caring, compliant, and accommodating and therefore ideal as wives (Cunneen, 1997). However, the association of these particular qualities with Filipino women as a whole naturalises such gendered constructions and thus obscures the oppressive relations between men and women (Aguilar, 1989; Eviota, 1992), and between richer and poorer nations (Ehrenreich &

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[6] In 2012, more than 155,000 new hires (about 34% of the total for 2012) deployed abroad were in this category, ten times greater than the next largest category which is nurses, majority of whom are also women (Philippine Overseas Employment Administration, 2012).

[7] On the average, 91 per cent of all marriage emigrants from the period of 1989 to 2012 were women (Commission on Filipinos Overseas, 2012a). Number of emigrants for this period ranged from less than 8,000 in 1989, to over 21,000 in 2012, for a total of 434,137 (Commission on Filipinos Overseas, 2012a).

Hochschild, 2002; Lacsamana, 2009; Rodriguez, 2002). Filipinas are regarded as naturally suited to particular jobs and roles, and not as placed or kept there by exploitative relations.

The 'success' of Filipino labour export as an economic strategy clearly rests not only on the construction of Filipinos as an ideal worker, but on the promotion of a racialised, Filipina brand of femininity that is synonymous with domesticity. In later chapters (particularly *Chapter 5: The caring and cared-for body*), I aim to demonstrate how these two ideals work through the valorisation of sacrifice and suffering to regulate ageing Filipina migrants' bodies and behaviours.

Filipino migrants in New Zealand

Filipino migration to New Zealand is slightly different from the pattern and profile of Filipino migration to other parts of the world. Filipinos trickled into New Zealand in the '60s, as a handful of professionals and students came to Auckland and Thames (Norman, Udanga, & Udanga, 2011). Migrants to New Zealand have been largely female from the '70s onwards, when "it became known that Filipinas were loving, kind and excellent homemakers" and "Kiwis[8] sought them for their lifetime partner" (Norman et al., 2011, p. 9). Filipinas who came to New Zealand during the '70s, '80s and '90s were most likely to be marriage migrants while in other places where large numbers of Filipinos migrated (whether temporarily or permanently, such as in the United States and the Middle East), entry as a labour migrant or as associational migrant was the more common path.

From 1981 to 1990, the total net inflow of Filipino women was 900, while the net inflow of Filipino men was 400 (Population Statistics Unit, 2007). By 1991, the New Zealand Census reports that Filipinos as an ethnic group had the highest percentage of females at 70.2%, and that many of these women were married to non-Filipinos (Baral, 1995). Although the percentage dropped, the trend remained the same through the '90s, with a net permanent and long-term inflow of 2,300 women and 1,900 men from 1991 to 2000 (Population Statistics Unit, 2007). By 2001, the number of Filipino residents in New Zealand had increased to 11,091, 63.6% of whom were women (Statistics New Zealand, 2002a). In the last decade, the gap between the numbers of women and men arriving began to decrease. This may be attributed to the introduction of the Skilled Migrant Category in 2003 which changed New Zealand's position from being "a passive recipient of residence applications to becoming a more active recruiter of skills and talent" (Population Statistics Unit, 2007, p. 1). With the

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[8] Kiwi is an informal term for New Zealander.

recognition of potential migrants' prior work experience, a wider range of professionals arrived, often with their families. From 2005, the number of Filipino arrivals increased steadily and rapidly, with slightly greater numbers of men than women arriving, unlike in previous years (Population Statistics Unit, 2007). Of the 3,200 permanent, long-term arrivals from the Philippines in the year ended June 2007, nearly half (46%) were in the 'response out of scope' occupation category, which includes people who give responses such as housewife, retired, student or child (Population Statistics Unit, 2007). In addition, the majority of these arrivals (1,000) were aged 14 years and under (Population Statistics Unit, 2007). The data suggest that many of the new arrivals migrated to New Zealand as part of a family. This family migration may explain the narrowing gap between the number of male and female arrivals to New Zealand. Despite the disparity between numbers of Filipino male and female arrivals decreasing, the overall sex disparity in the population of Filipinos remains the highest among all overseas-born people resident in New Zealand, with women comprising 56.9% of all Filipinos according to the 2013 national census (Statistics New Zealand, 2014d). The most recent data from the 2013 census indicates that the Filipino population in New Zealand has more than tripled since 2001, with Filipinos now totalling over 40,000, becoming the third largest group of Asians (Statistics New Zealand, 2014e).

Filipino migrants to New Zealand from the 1990s onwards[9] tend to be highly skilled professionals, but in rather distinct, somewhat gendered fields. According to the 1991 New Zealand Census, Filipino men were more likely employed in the science/maths/engineering professions and business services, and as labourers and machine operators while more Filipino women worked as professionals and technicians, office clerks, service workers and machine operators (Baral, 1995). From 1991 to 2000, 500 women professionals, 60% of whom were nurses or health professionals, and 400 men professionals, who were architects, engineers and related professionals[10] came to reside in New Zealand (Population Statistics Unit, 2007). In 2007, the main professional group of Filipino women permanent and long term migrants was the business professionals group, which includes accountants[11], personnel professionals and other business professionals (Statistics New Zealand, 2006), while men

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[9] I have been unable to obtain any data on the professional background of Filipino migrants earlier than 1990, and so cannot say how Filipino migrants from these earlier years compare to the more recent ones in terms of professional background.

[10] However, this data describes new arrivals' professional backgrounds, which do not necessarily correspond with their occupation in New Zealand (Baral, 1995).

[11] Some evidence shows that accounting is a profession dominated by women in the Asia-Pacific region, specifically in countries such as Singapore and the Philippines (A. Miller, 2014).

tended to come from the computing, architecture and engineering fields (Population Statistics Unit, 2007). Current data from the 2013 census indicates that Filipino men were most likely to be working[12] in the manufacturing industry (18.7%), while Filipino women were most likely to be working in the health care and social assistance industry (32.0 %) (Statistics New Zealand, 2014c).

The proportion of Filipinos who are employed or are looking for employment has tended to be greater than that of the national population. 1996 census figures show that a little over 70% of Filipinos were in the labour force (Statistics New Zealand, 1996), while the 2013 census proportion has increased to 78.9% (Statistics New Zealand, 2014c). Although Filipino women also tended to have higher rates of labour participation than the national proportion, they have tended to have lower rates of labour participation than Filipino men[13]. In the 2013 census, 83.5 percent of Filipino men and 75.6 percent of Filipino women were in the labour force (Statistics New Zealand, 2014c).

These figures provide evidence for how migration is a gendered process. Gendered processes are at work not only in sending countries that benefit from actively constructing particular forms of femininity, but in receiving or recruiting countries as well (Barber, 2008; Liang, 2011; Shutes & Walsh, 2012). Different paths for Filipina migration to New Zealand (for example, as marriage migrants, as skilled workers in gendered professions, and as associational or family migrants) invoke different but related conceptualisations of femininity and hold different values and meanings. In the analysis chapters, I will discuss how different notions of femininity and the gendered roles they are expected to perform as wife, mother, and worker shape participants' meaning-making around their changing bodies.

The challenge of ageing bodies

Migration studies is a field with a long history covering a wide range of topics and utilising a wider range of perspectives and approaches. However, not much attention has been paid to ageing as an important feature of migrant experience and a factor in migration (Percival, 2013a). Yet there are many important intersections between ageing and migration – migrants are ageing in their adoptive country (Bolzman, Poncioni-Derigo, Vial, & Fibbi, 2004; Cruz,

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[12] Note that this data refers to the current employment all Filipinos residing in New Zealand during the 2013 census, similar to that presented from the 1991 census (second line of paragraph). However, other figures provided (identified as covering the period 1991-2000 and year 2007) refer to professions (but not current employment) of permanent and long-term migrants for those years.

[13] This statement is based on findings and data from the 2001, 2006, 2013 censuses (Statistics New Zealand, 2002b, 2013b, 2014c).

1999; Galang, 1995; Go, 1989; Letargo, 2014; Moon, Lubben, & Villa, 1998; Zontini, 2004, 2006, 2014), individuals are migrating as retirees, not labourers, to other countries (Gambold, 2008; Gorringe, 2003; Gustafson, 2008; Longino Jr., 1994), and individuals from poorer countries are being recruited as migrant workers to care for ageing populations in wealthier ones (Datta et al., 2010; Hawthorne, 2001), or to help boost the economy of countries with an ageing population (Pool, 2002). In addition, other axes of inequality, particularly around gender and ethnicity, are also at work in migration.

Across the globe, women form the majority of the elderly (HelpAge International, 2014), and many of these experience poor health and increasing disability, as well as reduced income (Calasanti, 2010; HelpAge International, 2013). Women are more vulnerable than men in ageing as the impact of gender-based inequality experienced throughout their lifetime accumulate and are magnified in old age (Browne, 1998). Women's lower education, less formal labour experience, more caregiving duties, and lower social status (in general, and for widows or never-married women in particular), all make an impact on their physical and mental health, income security, and their capacity to access services and protection as well as to participate meaningfully in the community (Calasanti, 2010; HelpAge International, 2013). Many women, especially those in developing countries, are engaged in unpaid work or in informal economies where they receive no regular wages, and are excluded from pension schemes that are crucial to economic security in old age, or are disadvantaged in that their pension is tied to their spouse's employment (Calasanti, 2010). In effect, despite the global economy's dependence on women's unpaid and low-paid labour, they stand to receive little credit and support in old age for their contributions.

Ageing migrants have particular vulnerabilities (Bolzman, 2012). Cultural differences between the migrant's home and host culture make existing caregiving options in the host culture undesirable for some migrants (Jacobson & Rosales, 2010; Kimura & Browne, 2009; Twigg, 2002). Migrants are economically disadvantaged in old age as pensions or retirement income is often based on an individuals' regular contributions throughout his or her working life (HelpAge International, 2013) and they have had less time to accumulate pension funds in the host country, or exit earlier from the workforce because of poorer health (Bolzman et al., 2004; Bolzman, 2012). Ageing women migrants may be at a greater disadvantage as women more typically have difficulty obtaining full-time, well-paid jobs in the host country (A. McLaren & Dyck, 2004; Morrison & Lichter, 1988; Yakushko, 2009). Also, benefits received in the host country (such as in the United States) usually cannot be transferred to the home country where some migrants wish to retire (Rigor, 2013). In addition to these varied sources

of stress, migrants also experience biographical disruption (disruption of the structure of one's everyday life) and status discrepancies (typically, a decline in social status) when they move to another country, especially one that has a different language and culture (Li, 2011). And yet, as some researchers found, older migrants can consist of some of the "most disadvantaged, deprived, socially-isolated and socially-excluded older people," as well as "some of the most enterprising and innovative of today's affluent older people" (Warnes & Williams, 2006, p. 1259). Older migrants can experience ageing in another country within a wide range of possibilities, from being one of hardship and loneliness to one of freedom and opportunity.

This smaller, more recent body of studies on ageing and on migration, that pays attention to the multiple social locations individuals occupy, are initial forays into intersectionality, or the idea that multiple axes of power intersect to reinforce each other to create a unique 'matrix of domination' (Collins, 2005). The concept of intersectionality proposes that individuals occupy a unique space where multiple oppressions and opportunities combine and intersect in complex ways that impact on one's ability to negotiate and manage relationships and outcomes (Connidis, 2006; Slevin, 2010). Age, ethnicity, and migrant status, for instance, are not seen as if they produced discrete blocks of oppression that could be stacked on top of each other to produce more and more oppression. Rather, they are understood as weaving a complex tapestry where patterns for both opportunity and oppression are made in the unique ways they came together. Looking closely at micro-level workings of power, at these patterns of domination and resistance, can be productive for exposing and critiquing socially-produced inequality (King, 2006).

With ageing becoming a serious concern for more and more countries, and migration and globalisation becoming a common feature of life in the twenty-first century, it becomes more urgent to find ways of analysing migration from both a global and local lens that takes into account gender, age, class, and ethnicity. An embodied approach appears promising, particularly for outlining how the inequality produced by abstracted, global forces make themselves material in individuals' lives, as well as for identifying strategies for resistance. Because Filipina migrants can occupy these various spaces of intersection (as ageing migrants, as migrant workers who care for ageing locals, as transnational retirees), a study of their experiences and meaning-making may offer interesting insights about the ways in which constructions of ageing, gender, ethnicity, and migration serve to marginalise ageing migrant Filipinas. In addition, it may also reveal the strategies they employ to oppose their subjugation and actively construct alternatives that are more enabling and empowering.

Transnationalism and embodiment: Trends in migrant studies

The two trends in migrant studies that I discuss below offer different but complementing conceptual tools useful for the study at hand. The first trend is the interest in transnationalism, which, interestingly, was formulated in the early 1990s, following Schiller, Basch and Blanc-Szanton's (1992a) observations of various migrants— among whom were migrant labourers from the Philippines. A second trend, which can be said to have a long history but which has gained momentum in migration studies only in the last decade, is the concept of embodiment. I discuss each in turn below.

Transnationalism

Schiller et al.'s (1992a) observations of migrants to New York from the eastern Caribbean islands, Haiti, and the Philippines inspired the concept of transnationalism, which they defined as migrants' engagement in a social process wherein they "establish social fields that cross geographic, cultural, and political borders" (p. ix). Migrants' interest in, and opportunities for, forging and sustaining multiple social relations that link their communities of origin and settlement may have increased as a result of greater movement of individuals around the world and greater accessibility of travel and communication. Transnationalism is a feature of the liminal existence of many migrants; it describes the experience of people who are never entirely here nor there, who have multiple loyalties and interests located in multiple geographic, cultural, and social sites.

Transnationalism's application in a wide variety of scholarly efforts at understanding migration means the concept is expanding in how it is theorised and conceptualised (Vertovec, 1999). As a *descriptive* concept, transnationalism has allowed researchers to capture what is fast-becoming a common feature not only of migrant life, but of life in general in the 21st century. The scope of its application has extended to families, communities and networks that are of relevance to migrants, and who or which may be participants in, or beneficiaries of, the social, political and economic networks that migrants build. And so, a growing body of research has examined transmigrant identities, activities, and practices—for example, transnational philanthropy (Alayon, 2008, 2009; Licuanan, Mahmoud, & Steinmayr, 2012), the "long-distance nationalism" of transmigrant Filipinos in Japan (Tigno, 2008, p. 21), transnational families (Blume & De Reus, 2009; Calasanti, 2010; Ho, 2002; Ip, 2011; Parreñas, 2001a; Porio, 2007), transnational mothering (Madianou & Miller, 2011; Parreñas, 2001a), the 'transnational corporation of kin' of Pacific Islanders (Marcus, 1981 in Bedford, Ho, & Lidgard, 2002), transnational retirement (Bolzman, Fibbi, & Vial, 2006; Gorringe,

2003; Gustafson, 2002, 2008; Percival, 2013b; Toyota & Xiang, 2012), transnational medical travel (Holliday, Bell, Cheung, Jones, & Probyn, 2014; Jones, 2009; L. Turner, 2013), and transnational health-seeking by ageing migrants (Sun, 2014). Of particular interest to psychology are those explorations of phenomenon that involve a transnational circulation of *affect* (as theorised by Wetherell, 2012) – a complex network of feelings (e.g. love of country, love of family, obligation/responsibility, feelings of entitlement, shame, guilt) traversing time and space that both undergirds and is produced by the multi-stranded links migrants forge between home and host country.

As an *analytic* concept, transnationalism has made possible the recognition of migration as a movement of people, not just passive objects or commodities being exchanged. Transnationalism regards individuals as "consciously participating in the construction, deconstruction, and manipulation of their identities and roles" (Rios, 1992, p. 226). It emphasises migrants as active agents of their own identity who choose "when and where to play the role of the assimilated, the ethnic minority, or the foreigner" (Rios, 1992, p. 226). For Schiller et al. (1992b), transmigrants' efforts at maintaining several identities simultaneously is a strategic response to a global economic and political situation characterised by vulnerability and insecurity. Transnationalism allows migrants to 'keep options open' through continuously translating gains in economic and social position from one setting into political, economic and social capital in another (Schiller et al., 1992b). For instance, transnational retirement is seen by researchers as a way for ageing individuals to maximise pensions and lifestyles, allowing modest or inadequate pensions in one country to afford them improved healthcare, caregiving, and leisure options in another (Bolzman et al., 2006; Gorringe, 2003; Percival, 2013b; Warnes & Williams, 2006).

The concept of transnationalism has also made available for examination and critique the practice of 'transnational governance'— the institutionalisation and promotion of transnationalism to satisfy *state* ends (Guevarra, 2009; Phillipson, 2002)— a type of government from a distance (N. Rose & Miller, 1992). A few critics have analysed the Philippine government's promotion of discourses of Filipino citizenship, nationalism and migration which require migrants to fulfil certain obligations to the state: for instance, paying taxes, envisioning the Philippines as an ideal holiday destination, and becoming a development partner through remittances and investments (Guevarra, 2009; Rodriguez, 2002; Schiller et al., 1992b). For example, in the '70s, President Ferdinand Marcos urged migrant Filipinos abroad to visit the Philippines as *Balikbayan* (homecomers or returnees); their presence was meant to grant legitimacy to his dictatorship and assure foreign investors of the

country's political stability (Rodriguez, 2002). In 1988, President Corazon Aquino used the term *Bagong Bayani* for the Filipino migrant worker[14], which emphasised their role in nation-building (Guevarra, 2009). And in 2002, President Gloria Macapagal-Arroyo referred to the Philippines as the home of the Great Filipino Worker[15], promoting the Filipino as an ideal commodity for labour export (Guevarra, 2009). In each case, pronouncements and exhortations were accompanied by structural and legal changes (for example, lower air fares for balikbayans, duty-free purchases for overseas workers returning to the Philippines, and the establishment of remittance-based development projects) that made it possible for Filipinos' duties and responsibilities to their state to extend beyond national borders; in effect, turning nationalism transnational. For over four decades, then, the Philippine state has worked at disciplining its people both within and outside its national borders, has aimed to produce Filipino migrants who are good workers and good citizens, and has reincorporated them into its nation-building projects so that they may serve as resources for the country.

Despite the appeal and utility of transnationalism, some caution in analysis is urged by other scholars, who point out that transnationalism appears to take for granted the socio-economic or class advantage of transmigrants (Kandiyoti, 2003). For instance, the transnational space that Filipina domestic workers create and navigate is not the same as the one made by professional male Filipino-Americans (Ogaya, 2006). Ogaya (2006) draws on Parreñas' (2001b) concept of 'contradictory class mobility' — referring to Filipinas' experience of the simultaneous increase in financial status because of overseas employment, alongside a decline in their social status because of the low regard for domestic work— to illustrate the difference class and gender make in the transmigrants' status. The type of social fields these Filipina labour migrants create and occupy and their ability to access and maintain them are influenced by their status(es) and the resources available to them as domestic workers. The options low-skilled Filipina labour migrants are able to 'keep open' in transnationalism are different from those that a highly-educated, highly-skilled man from a developed country might have. Some transnationals may belong to a global 'elite' — such as British expats in Singapore's financial district (Beaverstock, 2002), and Chinese entrepreneurs (Ong, 1999)— others are much more limited in their mobility and what they can/are allowed to do in another country. For example, elderly family members who migrate to their children's host country to

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[14] Bagong Bayani was first used by President Aquino to refer to Overseas Filipino Workers (OFWs) in a speech she made to Filipina domestic workers in Hong Kong.
[15] President Gloria Macapagal-Arroyo said in a speech on Migrant Workers Day in 2002, "The work and reputation of the overseas Filipinos confirm to the world that indeed, the Philippines is the home of the *Great Filipino Worker*" (in Guevarra, 2009, p. 3).

help care for young children may face challenges adjusting to a new culture, a new language, and a new social role (Treas & Mazumdar, 2004; Xie & Xia, 2009). Older workers may find themselves disadvantaged in applications for labour migration (McKelvey, 2009), but retirees from wealthy countries may find themselves critical to a local economy in another country (Gustafson, 2008). Acknowledgement that different bodies occupy transnational spaces differently, or that they occupy different transnational spaces altogether, represents an important theoretical gap in transnationalism as it has been typically conceptualised. It is a gap which the interest in embodiment as a framework for approaching migration studies seeks to address.

Embodiment

Calls for a more embodied approach to migration studies and the conceptualisation of transnationalism have increased in recent years. Migrants jump between categories (of temporary, permanent and irregular) and from country to country, but the ease of these transitions are radically different across race, birthplace, gender, (dis)ability, and by country. As Dunn (2010) succinctly points out, "(t)ransnationals are unevenly empowered within emergent transnational fields, and the analysis of their embodied movement draws attention to these power imbalances" (p.4). In the field of geography, Dunn (2010) proposed that an embodied approach to migration reveals at least five important findings: "that migration is not so free and easy; that access to mobility is uneven, that exposure to imposed mobility is unfairly distributed (religious and racial persecution, etc.); that there are costs (and not just benefits and agency) associated with mobility; and that bodies are simultaneously mobile and emplaced" (p.5). Another geographer, Tyner (2004), studied Filipino migration and was particularly interested in how migrants and migration are discursively produced through the exercise of disciplinary techniques of power. He asserts that gendered (and/or racialised) discursive formations are inscribed upon bodies for 'strategic' purposes; that is, the production of productive migrant bodies suitable for marketing to labour-importing countries (Tyner, 2004). In his discursive analysis of institutional documents (from the Philippine Overseas Employment Administration), Tyner found the migrant body constructed as having 'natural drives' for satisfying their 'socioeconomic needs and wants' that cannot be suppressed; the migrant body is also viewed as a rational decision-maker whose 'right' to choose migration as a means for achieving self-fulfilment should be protected and guaranteed by the government (Tyner, 2004).These two geographers highlight the body's significance as a site of inscription, as something that carries and produces meanings, and as forming the basis for social inclusion and exclusion in migration.

Researchers utilising an embodied approach to studying labour migrants find that migrant workers' bodies are commodified and produced to conform to the desires of foreign employers in recruiting/receiving countries (Batnitzky & McDowell, 2011; Findlay, McCollum, Shubin, & Apsite, 2012; Guevarra, 2009; Liang, 2011; McDowell, Batnitzky, & Dyer, 2009). Instead of treating migrants as a pre-given entity, some argue that migrants are made by institutions who produce specific types of bodies and then market these to other countries (Guevarra, 2009; Tyner, 2004). These various studies demonstrate how racialised and gendered ideals figure in employers' and managers' expectations, in recruitment agencies' hiring and training, and in migrant workers' embodied performances to produce the 'ideal worker', and are then reified in the process. Bodies are evaluated for their health (Findlay et al., 2012), for successful display of suitability (which includes physical appearance as well as the provision of the required emotional/affective labour) to provide a particular service (Batnitzky & McDowell, 2011; Liang, 2011) and for displays of appropriate and acceptable forms of femininity and masculinity as required by the job (McDowell et al., 2009). The association of women's bodies with reproductive work, such as care work (Twigg, 2004), figures prominently in the gendered processes that produce migrant women as ideal for 'feminine' work (e.g. child care, elderly care, cleaning, nursing) (Calasanti, 2010; Hochschild, 2000; Parreñas, 2001b; Tyner, 2004). Successful labour brokerage by private recruitment agencies and the Philippine government is based on selling the Filipino as being singularly *able-bodied*— able to embody those qualities most desirable and well-suited to the job at hand. However, just as important, is the actual display of such a body by Filipinos themselves; the delivery of goods as advertised, as it were (Guevarra, 2009).

The use of an embodied approach to migration may provide unique insights about migrants' experiences and meaning-making around ageing, as the body is central to ageing and ageism. It is mainly through the body that the old are identified (Laws, 1995), and it is because of the ageing body's perceived failings that their oppression and discrimination are justified (Phillipson, 2002). Some studies (Bolzman et al., 2004; McKelvey, 2009) highlight the value of the migrant's body as a productive body; it is a value that is thought to diminish in ageing. Other studies highlight the ageing migrant's body as a consumer, crucial in some countries for revenue through medical tourism and/or cosmetic surgery (Ackerman, 2010; Holliday et al., 2014; Jones, 2009; L. Turner, 2012) and through retirement migration (Gorringe, 2003; Gustafson, 2008). One study on elderly, immigrant, Jewish women in America found the ageing body to be a site for establishing 'successful' Americanisation; these women used their body to display how well they incorporated American fashion and, in so doing, embodied

American culture (Furman, 1997). As signifiers of successful acculturation to America, bodies were potentially sources of distress and shame for these particular migrants (Furman, 1997). Additionally, feminist critique of how women's bodies are more closely associated with caregiving (Browne, 1998; Twigg, 2002) are relevant to studying women migrants' employment experiences and challenges (McNamara, 2007; Morrison & Lichter, 1988; Yakushko, 2009) and their caregiving responsibilities in ageing (Allen & Walker, 2006; Calasanti, 2006; Moon et al., 1998; Zontini, 2004).

Embodiment allows a more critical regard of how transnationalism is accomplished by different bodies. It is useful for understanding both men's and women's experiences as migrants, because their opportunities for migration, access to employment, and potential for assimilation in the host country is bound up with their bodies. As discussed previously, Filipinas' migration to New Zealand is hinged upon a particular version of femininity, which defines them as especially attractive for certain social roles and occupations. The persistence of such visions or ideals, and consequently, Filipinas' success at migration, is due to their confirmation *in the flesh.* Embodiment, then, can be a productive theoretical tool for unpacking gendered and racialised discourses around Filipino migration, as well as for looking at individuals' engagements, negotiations, and conflicts with those meanings.

Idealisations of the ageing migrant: Responsible, productive, self-determining

In this section I discuss two separate but in some ways very similar idealisations relevant to the ageing migrant based on the literature. The first one is the 'ideal immigrant'—the imaginary individual possessing all the qualities of a desirable immigrant. The second one is the 'modern retiree'—the epitome of 'successful ageing' as defined by Rowe and Kahn (1998). As I will show in the discussion, both these idealisations present as genderless but are in fact shaped by socially produced, gendered ideals. In both idealisations, particular versions of femininity are preferred, encouraged, and produced, and women's pursuit of this femininity disadvantages them. Another similarity between the two is their emphasis on self-responsibility and productivity. Both emphasize the locus of responsibility for success and personal well-being to be at the level of the individual. In discussing the 'ideal immigrant' and the 'modern retiree', I argue that neoliberalism, sexism, and ageism shape these idealisations. These idealisations' common features and their particularities are relevant in the analysis for understanding ageing Filipina migrants' subjectivities, shaping how ageing, the body, and bodily practices are perceived and made sense of.

The ideal immigrant and New Zealand (colonial) migration

The movement of migrant individuals across borders is subject to monitoring and control through policies which establish requirements, quotas, and processes that aim to select those migrants which have the most to contribute to the host country, and exclude those who are detrimental to its interests (Beaglehole, 2006). With the establishment of policies for migration, then, the state creates the 'ideal immigrant'— the imaginary individual who possesses all the qualities of a desirable immigrant and 'deserves' to become a citizen. Historically, in countries such as the United States of America, Canada, and Australia, these policies constructed the ideal immigrant as being of a particular ethnicity, specifically white (Bedford et al., 2002). Colonialism and slavery motivated constructions of certain ethnic (white) bodies as naturally possessing better intellect, morals, sexual restraint and refinement compared to other ethnic (non-white) bodies; such constructions justified the dominance of one group over another (Nagel, 2003; Shilling, 1993). These shifting but also persistent constructions have a bearing on which immigrants are welcomed, which are subject to scrutiny (e.g. rigorous health checks and background checks), and which are rejected.

In colonial New Zealand, that the ideal migrant was strongly defined along lines of ethnicity (whiteness) following the establishment of the colonial state in 1840 is apparent in the practice of the recruitment and offer of assisted passage *only to* populations in the United Kingdom and Europe, as well as in the imposition of limits and increasing taxes against Asian, specifically Chinese, immigrants[16] (Beaglehole, 2006; Phillips, 2012e). This preference for peoples of a specific ethnicity was guided by a colonial agenda (Phillips, 2012g):

> [Immigration] would not only create an economic boom; the new immigrants could settle on land purchased and confiscated from Māori, to engender social order and 'British civilisation' (para. 3).

Social order and 'British civilisation' were conceived as being produced in/by British bodies and ethnically-similar bodies; Māori (who were New Zealand's first settlers, ahead of the

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[16] The Interim Report of the Chinese Immigration Committee (1871) provides interesting information about the early New Zealand government's efforts at answering the 'Chinese question'. Witnesses interviewed mostly provided a picture of the Chinese as immoral, diseased (specifically, with leprosy) and dirty (Chinese Immigration Committee, 1871). While some endorsed the contrasting view that Chinese were frugal, orderly, untiring workers who took on work Europeans refused, most committee members generally agreed that Chinese immigration should not be encouraged, that their influx be monitored and controlled through tax impositions (Chinese Immigration Committee, 1871).

British by at least 500 years), Asians, and other ethnically dissimilar bodies are unable to engender (read: produce, reproduce, propagate) social order and 'British civilisation'. And so, during this time, young white men and women attracted by a growing economy, the establishment of gold mines, and the promise of land, and free or assisted passage[17] to New Zealand by agents who actively recruited migrants from Britain, Ireland, Scotland, Canada, and Australia, came in large numbers to New Zealand (Phillips, 2012f).

However, while being an important requirement for successful colonization, the 'correct' ethnicity was not the only requirement for (ideal) immigrants to New Zealand during the 1800s. With the view that population growth would serve to invigorate the country, policies and regulations such as this were intended to produce a stream of immigrants whose bodies were deemed desirable for fulfilling specific, economically advantageous purposes which included both productive and reproductive work. A typical set of regulations for the introduction of immigrants in various settlements around New Zealand, which laid down the basis for offering assisted passage, included clear preferences for: persons of the labouring class, younger rather than older persons (below 45, 50 or 60, depending on certain other conditions), persons of sound mind, good health, and good character, those with capital to establish certain industries, and single women to do domestic service (Bowen, 1871). Potential immigrants who successfully embodied the ability to do particular kinds of work and who had been evaluated as adequately displaying such were granted the privilege of assisted passage. Immigrants in the 1840s consisted mainly of men who were skilled as agricultural workers, mechanics, craftsmen, builders, soldiers, and their families; but from the 1850s, single women became the "most preferred" and were offered free passage in order to "to even up the sex ratio and provide wives and domestic servants" (Phillips, 2012f, para. 3). British women were conceived as having particular role to play in establishing a colony; domesticity was considered their 'natural' occupation as the "reproducers of the next generation of (New Zealand's) citizens" (Pickles, 2002, p. 80). Some were mobilised by the British Women's Emigration Association (BWEA) to fulfil a "destiny for which their gender uniquely suited them: to care not only for husbands and children, but for all those whose

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[17] Assisted passage refers to financial aid for to travel to New Zealand (G. E. Wood, 1950). This may mean free passage (for instance, to women 15-35 years of age accustomed to domestic work and of 'good moral character') or the acceptance of deferred payments for passage for persons of particular trades or skills (Bowen, 1871).

lesser race and lower morals marked them out as in need of 'imperious maternity'[18]"(Bush, 1994, p. 386).

In the early 1900s, with the outbreak of war, suspicion and hostility against some immigrants (e.g. Germans, Chinese, Indians, Dalmatians and Italians) intensified and became crystallised in such policies as the Undesirable Immigrants Exclusion Act of 1919, and the Immigration Restriction Amendment Act, passed in 1920 (Beaglehole, 2006; Phillips, 2012b). These policies defined the ideal immigrant even more strictly as of British or Irish descent, a trend that continued into the 1950s with an assisted migration scheme that favoured "British citizens 'of European race and colour'" (Phillips, 2012a, para. 4). The assisted migration scheme during this period differed from earlier ones in that single people were preferred over families (because of a housing shortage), and focused on people with industrial skills rather than farmers or domestic servants (Phillips, 2012a). Migration from Asia was especially 'discouraged' through poll taxes, a strict quota, and restrictions on family migration (Beaglehole, 2006; Ip, 1990, 1996). Still, exceptions regarding country of origin and race were made for those who had guaranteed employment, a considerable amount of capital, or particular knowledge and skills (Beaglehole, 2006).

Despite these restrictions, from the 1950s onwards, colonial and paternalistic relations between New Zealand and certain Pacific Islands permitted the entry of large numbers of migrants from the Pacific Islands into New Zealand as unskilled labour to fill the labour shortages that followed the post-war economic boom (Barker, 2010; Bedford et al., 2002; Phillips, 2012d). By 1972 there were over 50,000 people of Pacific Island origin living in New Zealand (Phillips, 2012d). The entry of Pacific Islanders in such numbers was not unnoticed by the public and by the state. They were seen to be employed in jobs that were often in direct competition with Māori (Bedford et al., 2002), became the target of criticism in electoral campaigns that led to a change in government (from Labour to National) in 1974, and were subject to the infamous 'dawn raids'[19] of the mid-'70s (Bedford et al., 2002; Phillips, 2012c). The raids specifically targeted migrants from the Pacific Islands who did not have valid permits and visas (Bedford et al., 2002; Phillips, 2012c).

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[18] Writing in the BWEA's newly founded journal *The Imperial Colonist*, a Mrs. Chapin declared that the amount of work England was doing *for* Africa "goes to prove that the impulse is one of *imperious maternity*. I like the words imperious maternity much better than imperialism" (Chapin, 1903, cited in Bush, 1994, p. 385, emphasis in original).

[19] Dawn raids refer to a police strategy of visiting targets in their homes during the early hours of the morning in the hopes that the element of surprise will increase the likelihood of arrest.

As in other traditionally popular immigration destinations such as the United States, Canada, and Australia, policies that excluded or severely limited the immigration of people based on their country of origin and/or ethnicity slowly changed in response to changes in societal attitudes about racism and discrimination, the development of specific labour shortages, and population concerns (Bedford et al., 2002; Guevarra, 2009; Phillips, 2012a). According to Phillips (2012d), the rise of independence movements in British colonies, the civil rights movement in the United States, and a Māori cultural revival forced New Zealand to confront racist attitudes that later led to changes in its immigration policies.

The Immigration Act of 1987 allowed more egalitarian immigration policies to be put in place, with an emphasis on personal merit rather than national or ethnic origin (Beaglehole, 2006; Bedford et al., 2002; Phillips, 2012c). And in 1991, a points system was introduced by the New Zealand government (Barker, 2010; Phillips, 2012c). This system, similar to those used in Canada and Australia, was "designed to reflect which applicants have the most to offer New Zealand" (Immigration NZ, 2012a, p.1) and is supposedly blind to ethnicity. Current policies aim to "attract and retain skilled immigrants, ensure that immigrants' skills and talents are used effectively to contribute to economic growth and development, facilitate immigrant integration and ensure that social cohesion is not threatened" (Ward, Masgoret, & Vauclair, 2011, p. v). While the interest in migrants' contributions to the economic development of the country has not changed, the official language around the *purpose* of migration has shifted since the objective of engendering "social order and 'British civilisation'" (Phillips, 2012g, para. 3) in the 1870s. So from around the late 1980s, the ideal immigrant body became officially raceless and genderless for New Zealand, and was ostensibly assessed solely in terms of its productive value or human capital.

Critics link the fairly recent change in immigration policies touted by host states as being more egalitarian to a global move towards neoliberalisation (A. McLaren & Dyck, 2004; Walsh, 2011). A neoliberal view of migration regards it as an investment with the objective of improving status, income, etc., and migrants may therefore be viewed as investors involved in an "enterprise of oneself" (Foucault, 2008, p. 320). Such a view of migration and migrants is consistent with immigration policies guided by a market model which has the express motive of establishing a needs-based set of criteria to evaluate potential immigrants, and of maximizing migration's material gains while minimising potential social losses (Walsh, 2011). For example, the points system utilized for evaluating potential immigrants in Canada assigns greater points to formal education and knowledge of official languages, marking for selection individuals who can demonstrate an ability to participate in skilled, market-based

work (A. McLaren & Dyck, 2004). The points system is supposed to create an impartial, transparent, and objective means for assessing potential migrants that does not discriminate based on ethnicity or country of origin (Walsh, 2011). This model of migration is referred to as the human capital theory (McBride, 2000 in A. McLaren & Dyck, 2004); crucial to this theory is the definition of skills and credentials as being formally obtained, embodied, and institutionally recognised, and as instrumental to economic self-sufficiency. McLaren and Dyck (2004) have criticised how extensively it has been used to describe and investigate migration flows. According to them, within a human capital discourse, immigrants are classified as 'ideal' and 'not-as-ideal' according to gendered definitions of human capital and work:

> The point system organized immigration ideologically under the two main categories of independent class—constructed as masculine, economic agents who contribute to the economy—and the family class, associated with the unproductive feminine, which rendered invisible the social and economic contributions (both paid and unpaid) made by this category of persons. (McLaren & Dyck, 2004, p. 43)

Although McLaren and Dyck (2004) focused on how gender structured these ideas around human capital and work, the argument can be extended to other social categories such as ethnicity and age. People of a certain ethnicity and age can be constructed as being better able to make (certain types of) contributions to the economy. Although the ideal immigrant is constructed overtly as raceless and genderless in official discourse, the practices around selection and, later, actual employment (an important feature of the idea immigrant—employability/economic viability [A. T. McLaren & Dyck, 2004]) belie such constructions. Gendered, racialised and ageist discourses define certain bodies as being *more* appropriate for certain types of work, and so produce particular bodies as being closer to the ideal than others. Within a global neoliberal system, gendered and racialised divisions of labour legitimize the exploitation of the bodies of women of a certain ethnicity (e.g. 'third world' women, non-white migrant women) for profit (Agrawal, 2006; Barber, 2008; Liang, 2011; Rodriguez, 2009). Immigrants have tended to occupy low-paid and low-status jobs (in care work, in the service industry, in agricultural and manufacturing sectors) (McDowell et al., 2009), but women (especially non-white) immigrants to first world countries are found in far greater numbers in sectors that are traditionally feminine (e.g. care work) and, because these jobs tend to be devalued, are also low-paid (Inouye, 2012; A. McLaren & Dyck, 2004; Velasco, 2002). That said, some migrants— for example, British expats in Singapore's financial district

(Beaverstock, 2002), and Chinese entrepreneurs (Ong, 1999)—may be considered 'elites' in that they have skills or financial resources that make for drastically different experiences of migration than the vast majority.

Ageing workers fit poorly the image of (ideal) migrant workers recruited by industrialised countries to increase GDPs and tax revenues (McKelvey, 2009). Ageing workers in less developed countries interested in migrating to wealthier ones may find themselves disadvantaged by policies that normatively equate youth with productivity (McKelvey, 2009) and so produce the migrant as a young(er) person[20]. In the current points system employed by Immigration NZ, points are awarded for age, with increasing age credited less and less points (Immigration NZ, 2010b). According to the online Immigration NZ operational manual (2010a), "[t]he aim of providing points for age is to recognise the ability of younger people to make a long term contribution to New Zealand". This preference for youthful, working migrants is evident in a series of events in 1998, when the New Zealand Government proposed extended visitor visas for older people of independent means who wished to spend a significant amount of time in New Zealand for retirement and lifestyle reasons. However, this proposal was pushed off the political agenda by growing concerns about increasing numbers of older people becoming an economic burden (Gorringe, 2003). The Immigration Ministry's stance at the time was that New Zealand was "primarily interested in job experience and in younger investors serious about participating in the community and economy here" (Gorringe, 2003, p. 29). These examples reflect more global narratives of migration that view older individuals as less productive and more likely to need support from the state than contribute to its tax revenues, making them less-than-ideal migrants (McKelvey, 2009). The points system implemented in immigrant-recruiting countries is clearly a mechanism for protecting their biopolitical interests through increasing the entry of youthful, skilled immigrants into the population. However, we see how human capital discourse, embedded in the points system, may be used to effectively diminish claims of discrimination against particular peoples as it obscures the systemic oppression that distributes opportunities differentially based on gender, ethnicity, and age by asserting that potential immigrants are always evaluated only in terms of their potential to contribute to the economy.

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[20] Ironically, young migrants and older local workers may be in direct competition for employment as the latter face increasing pressure to work longer. Some evidence suggests that a shrinking labour pool in countries with ageing populations (such as New Zealand) is requiring employers to recruit from traditionally 'less preferred' groups, which include older persons, women, and ethnic workers (Henkens, Remery, & Schippers, 2008).

In New Zealand, then, an understanding of the ideal immigrant that immigration policies construct must include a careful consideration of: 1) a colonial history, wherein, in the interest of building a successful colony, bodies of a certain ethnicity (European) have been held as the ideal immigrant, while others (e.g. Pasifika) have been marked as desirable, not as permanent immigrants, but as a source of temporary, unskilled labour (Barker, 2010), and still others (e.g. Chinese, see earlier footnote) are regarded as threats to the moral and economic health of the country; 2) the shift to neoliberal economic strategies that utilizes a human capital discourse, which obscures how inequalities based on gender, race, etc., cause differences in the distribution of opportunities, and 3) a globalized immigrant market where New Zealand participates as a country that both gains and loses significant numbers of people in migration. These conditions produce the ideal immigrant's body in specific gendered, raced, and ageist ways that are not fixed and immutable.

The modern retiree

Since the 1960s, there has been a clear shift in the discursive construction of retirement in policy, academic and media texts; from representations of social isolation, structured dependency, lack of roles and passivity, portrayals of later life now frame it as a time of opportunity, continued productivity, self-fulfilment, and self-reliance (Rudman, 2006). It was during this period of transition that the book *Feminine Forever* was published in 1966 by gynaecologist Robert Wilson, who described menopause as a curable and preventable disease. In 1998, *Successful Aging* (Rowe & Kahn) presented what was then an alternative narrative (to the one of disease and decline) on ageing. Both of these books were written for and popularly received by a lay audience, garnering wide attention in the media, among professionals, and shaping both public and academic debates and even research and publication agendas (Holstein & Minkler, 2003; Houck, 2003). In the US, this period also coincided with the rise of youth culture and consumerism that brought attention to the body as a site for expressing and/or enhancing self-identity (Giddens, 1991; Gilleard & Higgs, 2013). Fashion and cosmetics advertising eventually marketed the idea of extending the image of youth in later life, challenging established stereotypes on ageing and opening up the possibility of "not having to become old on other people's terms"(Gilleard & Higgs, 2013, p. 28). Freedom and liberation are key themes around this 'new' old age, when retirees are constituted to be free from responsibilities around family and work and able to enjoy time for self-fulfilment, reflection, opportunity and personal 'growth' (Andrews, 2009; Öberg, 2003). Both empirical studies on the media (Rozanova, 2008; Rudman, 2006) and public opinion

polls on older people (Andrews, 2009) suggest that these discourses have grown within the public's consciousness and so have come to define a new 'norm' in ageing.

Three ideas are fundamental to this particular construction of a new and successful ageing: 1) the centrality of the body, 2) the link made between individual power/responsibility and ageing, and 3) an emphasis on consumption. Rowe and Kahn's (1998) *Successful Aging* identified three components of successful ageing: avoiding disease, maintenance of cognitive and physical function, and sustained engagement with life. This points to the body as an important locus for demonstrating this 'new ageing', a position different from past conceptions of ageing well wherein the body's materiality was to be transcended through the attribution of some spiritual, civic, or moral virtue to old age (Gilleard & Higgs, 2013). For Gilleard and Higgs (2013):

> The new ageing seeks a continuing engagement with the body, but under different terms. These include negotiating a wider performative space for ageing and the development of a richer set of narratives through which ageing can be experienced, interpreted, represented or understood. (p.30)

The body has become an active site where the battle against ageing is fought. And indeed, it is a fight that is to involve increasing amounts of work over time. Given the emphasis on good health and activity, staying fit (or at least appearing fit) is highly valued social capital; thus, successful ageing means not *being* 'old', or at the very least, not looking 'old' (Calasanti & Slevin, 2006). As it turns out, despite re-imaginings of the ageing body allowing for different ways of 'being old', it is still conceived in terms of the negative ageist discourses of deterioration, decline, and death. Within various social institutions (e.g. media, academia, medical sciences, state), old age remains 'frailed' and devalued (Davey & Glasgow, 2005; Estes & Portacolone, 2009; Grenier, 2007; Rozanova, 2008), and the ageing body continues to be represented as "an object of health needs and social 'oppression'" (Gilleard & Higgs, 2013, p. 31). In many ways, there has been progress in how ageing is perceived, but also, much has yet to be done to remove the fear and derision that surround ageing and older people.

In the arena of health, biomedicine and the rise of 'surveillance medicine' has contributed to greater self-scrutiny (Armstrong, 1995). Surveillance medicine promotes a view of the body's health as precarious, of illness as always in the process of becoming, so that individuals must be assessed for various health risks, and states of 'pre'-illness (e.g. pre-cancerous, pre-diabetic) must be identified (Armstrong, 1995). Caring for our health has become an

important preoccupation for all classes and adult age groups; this has made individuals more vigilant for outward signs of ill health, with the signs of ageing now being taken as signs of ill health (Gilleard, 2002). However, the 'will to health' has come to mean more than just avoiding sickness or premature death, and to "encode an optimization of one's corporeality to embrace a kind of overall 'well-being'— beauty, success, happiness, sexuality and *much more*" (N. Rose, 2001, p. 17, my emphasis). This preoccupation with health and its moralisation is referred to by Crawford (1980, 2006) as 'healthism'. He argues that health has become a 'super-value', expanding the concern for health beyond the medical and into more 'holistic' notions of wellness and success, defining good citizenship and positive personal identities (Crawford, 2006). In the context of increasing political and economic instability, self-control in and self-responsibility for health can have important symbolic value among the middle class even though assiduous effort at preventing illness and promoting fitness cannot guarantee perfect health (Crawford, 2006).

This leads us to the second feature of this new discourse on successful ageing, which is individual responsibility. According to Rowe and Kahn (1998), successful ageing "can be attained through individual choice and effort" (p.37). Other academics identify the same theme in conceptualizations of positive ageing (Davey & Glasgow, 2005; Rudman, 2006), of the modern retiree (Rudman, 2006), agelessness (Andrews, 1999) and the 'new midlife' (Hepworth & Featherstone, 1982), all of which peddle the idea that ageing can and should be fought by individuals through living a busy lifestyle, and that it defines an individual's *social and moral worth* in a capitalist society (Holstein, 2006; Rozanova, 2008; Rudman, 2006).

Within this framing, modern retirees are no longer "passive victims of passing time" (Rozanova, 2008, p. 18); they are responsible and are playing an active part in shaping their lives. The emergence of a public health discourse that emphasises public surveillance and identification of risks, and the significance placed on food as an expression of identity and 'agency' (e.g. as a 'health-conscious' person) are some of the contexts in which this new ageing is being conceptualised and practised (Gilleard, 2002). While the thought of ageing being something that can be prevented and controlled by individuals may be individually empowering[21], choices and abilities to fulfil such an ideal are constrained by limits imposed on individuals due to their particular circumstances. Thus, in ascribing failure to enjoy a

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[21] For example, beauty work is consciously employed by some women to combat social invisibility and to gain employment and romantic opportunities (L. Clarke & Griffin, 2008b); or new drugs offering the possibility of 'unchanged' sexualities in ageing for men and women alike (Katz & Marshall, 2003; Marshall & Katz, 2006; Marshall, 2011).

'successful ageing' to an individual's inadequacy or lack of virtue, this construction of the modern retiree "may perpetuate exclusion of marginalized adults and provide the cultural legitimization for persistent social inequalities both between and within generations in terms of gender, age, health status, and access to material resources" (Rozanova, 2008, p. 19).

In addition to being responsible for bodily health, women have the added burden of being responsible for their 'looks'. An unwillingness to take responsibility for physical appearance in women is taken to reflect poor character, so that taking care of one's appearance indicates not (just) an aesthetic preference but a moral imperative (L. Clarke, 2002b; Furman, 1997; Holstein, 2006). Indeed, some studies have shown that women continue to regard the maintenance of beauty to be an important consideration in ageing as they are more harshly judged than men for showing signs of ageing (Hurd, 2000a; Sontag, 1972), and stand to be disadvantaged by these changes in their physical appearance (L. Clarke & Griffin, 2008b; Hurd, 2000a). In addition, the engagement in beauty practices has become increasingly represented as an extension of women's emancipation—as offering avenues for exercising rights, freedoms and choices (Lazar, 2011). These reflect Gilleard and Higgs' (2013) observation that, with the expansion of 'agentic' responsibility for maintaining one's 'looks' and acting smart with regard to ageing and health, "there is less excuse for not caring about one's body and its ageing, without seeming also to give up on oneself or to fail to respond to the appropriate forms of 'governmentality'" (p.47).

The third feature of this discourse of the modern retiree is consumerism. Social, political, and economic changes in the late nineteenth century[22] have led to an emphasis on the body as a vehicle for expressing personal identity, for achieving pleasure and for gaining personal capital (Faircloth, 2003; Featherstone, 1991; M. Fraser & Greco, 2005; Gilleard & Higgs, 2013; Shilling, 1993). In consumer culture, the body is invested in to produce a yield; it is managed and manipulated as one of may signifiers of social status (Baudrillard, 1998). All are invited to subject the body to scrutiny with the goal of producing an ideal body and self (Coupland & Gwyn, 2003), and to value the *process* of becoming something better more than the outcome itself (Jones, 2009). Consumerism is built upon dissatisfaction: the production and consumption of images which produce dissatisfaction (Featherstone, 1991). It induces an instrumental regard for the body— the view that it is something one can change to affect one's status and social acceptability (Featherstone, 2010; Twigg, 2004). The 'perfect bodies'

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[22] For further discussion on the rise of consumerism in contemporary society, please see Faircloth (2003), Gilleard and Higgs (2013), and B.S. Turner (2008).

given to us to be consumed by the various industries related to beauty, fashion, cosmetic surgery, fitness, media and advertising produce dissatisfaction in ageing individuals about their own increasingly imperfect bodies while also making it into a vehicle of self-expression, pleasure and display (Öberg, 2003). Older women's bodies are particularly vulnerable to being 'pathologised', seen as sites of disgust and fear, and which can/should be addressed through "narratives of punitive physical transformations" (Tincknell, 2011, p. 84) such as those observed in cosmetic surgery makeover television shows.

The body has come to be seen as a malleable, plastic medium upon which work can be done to produce various meanings. For ageing individuals, consumerism offers an opportunity for agelessness, for the realization of different 'possible selves' (Gilleard, 1996). Ageing individuals are constructed to be 'consumers of leisure', and retirement is a 'personal project'; these agentic individuals are invited to make choices around their own ageing, rather than have it be something that just 'happens' to them (Öberg, 2003). But in order to produce ageing bodies that are *not old*, that display 'successful ageing', epitomise the 'new middle age', and embody the 'modern retiree', individuals are required to consume certain products and services and to maintain certain 'leisurely' activities (Calasanti & Slevin, 2006; Gilleard, 1996; Hepworth & Featherstone, 1982; Öberg, 2003).

This has at least two important implications: one is that age-resistance is presented as an imperative; an individual duty; those who look 'old' or have 'let themselves go' are depicted not only as lazy but as having a flawed self (Featherstone, 2010). Body work is framed as transforming the self, opening new avenues for being, and allowing one to better enjoy the full range of lifestyle choices and pleasures on offer (Featherstone, 1991); according to this framing, only one who is morally lax, has poor self-control, and is irresponsible would fail to work on their bodies. This leads to the second implication: that consumerism both offers and constrains choice, "promising democracy while segmenting difference" (Sassatelli, 2007 in Gilleard & Higgs, 2013, p. 16). For ageing individuals, the fact that such consumerism cannot be sustained without sufficient funds, cultural capital, or good health is obscured. In Blaikie's (1999) words:

> In contemporary consumer culture, the body is a legitimate site for all manner
> of rejuvenatory discourses and cosmetic practices. But, if, through these, mid
> and later life stages become increasingly difficult to differentiate, so deep old
> age suffers from yet greater distancing, stigmatization, and denial. (p.73)

Although highlighting the body's malleability provides alternative ways of being in an ageing body, the probability of a 'responsible' individual occupying such alternative spaces through consumption is limited by the accumulated impact of a lifetime of oppressions (e.g. discrimination due to race, gender, immigrant status, health status). Underlying this new ageing is a 'new ageism' (Holstein & Minkler, 2003) that insists ageing depends mostly on individuals' own efforts (Cruickshank, 2003) and which therefore marginalizes and stigmatizes those individuals who are unable or unwilling to achieve 'successful ageing' and produce their bodies as 'modern retirees'. Constructing ageing as something that can be 'cured' (Joyce & Mamo, 2006) means older people unable to exercise 'control' over their ageing become social problems that need to be addressed (Rozanova, 2008); they may be blamed for their ill health and disability and regarded as burdens on the public health system (Davey & Glasgow, 2005). As Cruickshank (2003) observed, "the often substantial differences in aging created by ethnicity, class, and gender are covered up by the falsely universalizing phrase 'successful aging'," (p.3). This discourse of individual responsibility, independence and productivity in later life allows states to justify reduced spending on older people as a population that needs protection or support (Holstein, 2006; Rozanova, 2008; Rudman, 2006).

Critics (Fine & Keeling, 2010; Rozanova, 2008; Rudman, 2006) have pointed out the link between the construction of this new ageing and neoliberalism. Several studies have looked at the strong emphasis on individual responsibility, consumerism and 'active' or 'positive' lifestyles and the neoliberal agenda of decreasing expenditure on social services through privatisation (Fine & Keeling, 2010; Rozanova, 2008; Rudman, 2006). As neoliberal political rationality has grown, "technologies aimed at promoting practices of the self that involve self-reflection and improvement, body monitoring and improvement, risk management, and lifestyle maximization have evolved" (Rudman, 2006, p. 186). These technologies are employed to construct personal aims aligned with neoliberal political aims; encouraging ageing individuals to have desires and make decisions that are congruent with the reduction of state support in old age. In Australia and New Zealand, the emphasis on healthy or active ageing, social participation, and family responsibility for informal care has increased in recent times, echoing a wider global response to ageing shaped by neoliberalism (Fine & Keeling, 2010). And while some posit that the promotion of this new ageing is a reflection of the dominance in Western countries of the values of independence, youthfulness, and productivity (Cruickshank, 2003; Rozanova, 2008), others (e.g. Thang, 2010) observe that even Asian countries (the Philippines included, see Inter-Agency Committee on Philippine Plan of Action

for Senior Citizens, 2005) are moving towards an 'active ageing' discourse, coupled with the 'social capital' view of older individuals which views them as ageing with better physical and financial health, as able to contribute to society as volunteers, as workers, and as caregivers in their families.

Summary and conclusion

This chapter provided an overview of Filipino migration, recent trends in migration studies that can be usefully applied to research on the intersections of ageing and migration, and constructions of the ideal immigrant and the modern retiree which are relevant to ageing migrants.

Filipina migrants occupy various spaces within the intersection of migration and ageing – for instance, as migrant caregivers to ageing locals, and as ageing migrants who (will) need care themselves. This chapter sketched the complex context in which Filipina migrants in New Zealand are making sense of the changes, both material and discursive, brought about by ageing. It is a context characterised by a neoliberal rationality that seeks to decrease state responsibility for individuals' well-being while increasing individuals' sense of 'agency' and promoting their 'empowerment' for securing their own happiness, health, and fulfilment. This context is also, despite its celebration of equality and liberation, still strongly shaped by age, gender, and ethnicity-based discrimination; ageing Filipina migrants do not share the same mobilities as other categories of migrants (and indeed even among Filipina migrants there will be drastic differences in opportunities and vulnerabilities), and they have limited visibility in the greater public and scholarly discourse on ageing and on migration whether in New Zealand or in the Philippines. These contexts are shaped by biopolitics – the interest of two states to manage their populations and to achieve and maintain what each defines to be an optimal size, age, and health— and can be seen to be at work in current constructions of the 'ideal immigrant' and the 'modern retiree'.

The preponderance of migrant studies in psychology which focus on the individual as the site of problems (e.g. in acculturation, stress, physical and psychological health) and of solutions (e.g. training, better/more accurate information, individual coping mechanisms) contributes to the systemic oppression of large groups of migrants (e.g. those of non-white ethnicity, those who are ageing, those who are not highly educated or skilled) in their propensity for ignoring structural sources of migrants' marginalisation. In focusing attention on the how these structural forces can operate at the level of the individual, my study is aligned with feminist, embodied, critical approaches to the study of ageing and migration in psychology. An

embodied approach has great political and theoretical potential as it makes visible the invisible, and allows connections to be made between macro and micro, global and local, social structures and individual bodies. With a particular focus on migrant Filipinas, the study adds to scholarly work on the intersections between age, gender, ethnicity and migrant status, and expands our understanding of the complex ways our multiple social locations produce unique opportunities and vulnerabilities. In the next chapter, I outline how I accomplish this; I discuss how feminist and indigenous Filipino psychologies inform the methodology of the project, describe the indigenous Filipino method used to generate data, and argue for the utility of a poststructuralist approach to language that I applied in the analysis.

Chapter 3: Methodology

As I have a clear political interest in examining how ageism, sexism, ethnicity, and one's migrant status interact to shape New Zealand-based Filipina migrants' understandings of ageing and embodiment, this study is carried out in the spirit of critical, qualitative, psychological research. Critical qualitative research refers to "inquiry done for explicit political, utopian purposes, a politics of liberation, a reflexive discourse constantly in search of an open-ended, subversive, multivoiced epistemology" (Lather, 2007 in Denzin & Lincoln, 2008, p. 5). The methodology of this study is built on some key principles of critical psychology which, while consisting of multiple approaches and methodologies, is generally interested in exposing and opposing the use of psychological knowledge to foster inequality and oppression (Fox, Prilleltensky, & Austin, 2009a), and on figuring out what can be done to change the situation (Sloan, 2009).

This chapter outlines the methodological stance taken by the study, which guided decisions on what constitutes data, how they are to be collected, and how they are analysed. The first section discusses the principles that feminist psychology and Sikolohiyang Pilipino (indigenous Filipino Psychology) have in common and their different emphases. The second section focuses on data-gathering and provides a description of the participants. The last section discusses data analysis, explicating my stand on language, power, and subjectivity, and describes in detail the type of analysis applied in the study.

Sikolohiyang Pilipino and feminist psychology: Methodological approaches

In this study I used two different methodological perspectives which both fall under the broader umbrella of critical psychology— feminist psychology and indigenous Filipino psychology (Sikolohiyang Pilipino). In the discussion that follows, I explore the shared principles of Sikolohiyang Pilipino and feminist psychology, as well as the unique strengths of each that inform this project. Sikolohiyang Pilipino and feminist psychology are both critical psychologies (Denzin & Lincoln, 2008; Fox, Prilleltensky, & Austin, 2009b; Paredes-Canilao & Babaran-Diaz, 2011) in that they share the following principles: that research is political; that language is a bearer and producer of culture and ideologies; that context and culture are crucial to understanding individuals; and that the power gap between researchers and participants must be addressed.

Research is political

Critical psychology is interested in power—in how power is used by, for, or against people, including psychologists themselves (Prilleltensky & Nelson, 2002). Feminist psychology and Sikolohiyang Pilipino are both critical psychologies in that they recognise science as a political arena, and research as a political activity. Both have extensive critiques of how the human sciences in general, and psychology in particular, have been used to oppress groups of people (e.g. women, the Filipino underclass).

Feminist psychologists have identified how misogyny shapes, is maintained and even reinforced by, research. For example, a number of classic works of feminist literature (de Beauvoir, 1953; Freidan, 1965; Millet, 1969), critique Freud's work for portraying women as having a weaker psyche because of their biology—struggling with penis envy, prone to hysteria, and likely to turn "quarrelsome, vexatious and overbearing, petty and stingy" (Freud, 1958, p. 323) after menopause. In 1990, Mary Gergen found psychology textbooks on women's development to still reflect narrow, Freudian, anatomy-is-destiny sorts of depictions of midlife and beyond which see women's lives as going into decline after 40 years of age. Such views of women obscure the impact of social and historical realities on women's opportunities for satisfaction and happiness (e.g. see some feminist reinterpretations of Freud's case study of Dora (Gallop, 1982, 1985; Moi, 1985)). Feminist psychoanalysts such as Horney (1973) and Chodorow (1978, 1989) have reworked Freud's theories so that they may be applied more productively to women and their problems. More broadly, and beyond a psychoanalytic framework, feminist psychologists have contributed towards expanding the content of psychology, challenging sexist assumptions, methodologies, and interpretations, and legitimating the study of topics of relevance to women such as rape, sexual harassment in the workplace, marriage, and motherhood (V. Clarke & Braun, 2009; Stewart & Dottolo, 2006).

Supporters of Sikolohiyang Pilipino have provided examples of how psychology in the Philippines has been used to advance colonial interests (Enriquez, 1985c). The uncritical use of Western theories and methods in psychology have resulted in the construction of the widely-accepted image of the 'accommodating Filipino' whose primary cultural values have been identified as: hospitality, *pakikisama* (smooth interpersonal relationships or 'getting-along-with') and *utang na loob* (debt of gratitude)— truly an ideal colonial subject (Enriquez, 1994c). Other critics of the assumption of value neutrality of psychology as a science have pointed out that psychology has been used to benefit corporations and politicians at the expense of the Filipino masses; Filipino psychologists rent their services out to those who can

pay their fees and produce research that is, at best, of little relevance, and at worst, even detrimental to the common Filipino and to groups who seek justice and equality in society (Bartolome, 1985; Jimenez, 1977). And, as Bartolome (1985) observed, intrusive and irrelevant studies of the lives of the poor and marginalised are common, but the study of large agencies, state institutions, and the elite is not only difficult but potentially dangerous. Apparently, the inquisitive eye of psychology may only be directed on those amenable to invasive studies aimed at extracting 'facts' about their realities that may then be used to 'help' or 'manage' them.

Sikolohiyang Pilipino, in its description as *sikolohiyang malaya at mapagpalaya* (a free/liberated and liberating psychology), is explicitly libertory in its objective (Pe-Pua & Protacio-Marcelino, 2000). As such it utilises a critical indigenous pedagogy, which Denzin et al. (2008) describe as using methods critically for 'explicit social justice purposes' and so "seeks forms of praxis and inquiry that are emancipatory and empowering" (p. 2) and where knowledge and power are enmeshed. In this study, the commitment to a psychology that is emancipatory is evident in the identification and critique of normalised views of ageing and Filipino migration that serve to exploit, derogate, or marginalise ageing Filipina migrants.

Language is transmitter/bearer of culture and ideologies

Critical psychology maintains that language is a social activity in itself, the medium through which social reality is created, maintained, contested and transformed (Nightingale & Neilands, 1997). Feminist poststructuralists and Sikolohiyang Pilipino both treat language in this way— as not a transparent, neutral medium for conveying one's thoughts.

For American and French radical feminist theorists, language is a central site for oppression and struggle; a radical deconstruction of patriarchal language was needed to construct a new feminist discourse where words can carry new meanings which validate and celebrate women and their resistance to patriarchy (Weedon, 1997). The derogation of ageing women seen in the use of labels such as 'crone', 'hag' or 'witch' was subverted by feminists through reclaiming these words and celebrating these figures (for example, see McCabe's [2004] ethnography of 'crone culture' on the internet). Poststructuralist feminists take the idea of language as a site of oppression further by arguing that language is a site where actual and possible forms of social organisation, and where their potential social and political consequences, are defined and contested; in addition, it is through language that subjectivity is constructed (Weedon, 1997). This perspective has been applied productively to looking critically at ideas about notions of 'frailty' (Grenier & Hanley, 2007; Grenier, 2007), of a

'modern' retiree (Rudman, 2006), or the 'ideal immigrant' (A. McLaren & Dyck, 2004) and how such notions shape individuals' understandings of their experience and of themselves.

For the Filipino psychologist, who learns western psychology in English, uses psychological concepts framed in English, speaks to her participants in Filipino (or possibly English, despite the participants' preference for a local language), and then proceeds to write up the research report in English, there is a clear disjoint between what is studied and how it is studied. Virgilio Enriquez, considered to be the father of Sikolohiyang Pilipino, wrote extensively (in both English and Filipino) about the need for doing research in the native tongue. His critique of the dominance of English in academia is shared by other supporters (e.g. Swadener & Mutua, 2008) of a decolonising and indigenous methodology.

There are two important elements to his critique. First is the implicit devaluation of indigenous psychological concepts and theories within mainstream (western) psychology. Enriquez (1976) identified a range of psychological concepts that he arranged along a continuum – at one end, 'indigenous' concepts[23] taken from the local Philippine languages, and at the other, what he referred to as 'foreign' or 'alien' concepts[24] from mainstream western psychology. The dominance of English creates a situation where foreign concepts and the theories behind them are continuously explored, applied and modified in the Philippine context even when local ones that are equivalent exist, and even when these foreign concepts and theories are irrelevant; more indigenous concepts are almost entirely excluded from the Filipino psychologists' field of vision even when they may be more significant to the Filipino psyche (Enriquez, 1976). That the practice of using English and western concepts in the study of Filipinos was perhaps producing a body of knowledge of Filipinos *alien* to them was never considered prior to Enriquez's work. A related danger is the token use of local languages or concepts. A poor grasp of the local languages, or the lack of interest in a thorough understanding of the socio-cultural and historical context of these languages, can lead to a distorted and impoverished understanding of the 'Filipino psyche' being reported in English for others (Filipino academics, and other English-speaking academics) to read (Enriquez, 1985b). Second, writing in English excludes from the audience the great majority of Filipinos whom the research is about (Enriquez & Protacio-Marcelino, 1984). The use of (Filipino)

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[23] For example, the concept of *saling-pusa*, refers to someone who is not formally part of an activity or group but yet is allowed to participate. Enriquez (1976) explained that such a concept exists in a culture where inclusion and participation are highly valued.

[24] Enriquez (1976) argued that the notion of a 'home for the aged' is foreign in that the meanings attached to it in western culture (say, as an appropriate and acceptable home for older people) do not exist or are not as significant in the Filipino context.

language(s) for Sikolohiyang Pilipino, therefore, is an issue that revolves around questions of relevance— what is psychology about and who is it for?

Enriquez and Protacio-Marcelino (1984) found irony in their own use of English to argue for the use of indigenous languages in Sikolohiyang Pilipino. As they did, I find the use of English here strategic. I hope that writing in English facilitates engagement by and with other critical psychologies working on issues of gender, age, and indigeneity (Achenbaum, 1997; Denzin et al., 2008; Fox et al., 2009b) across the globe. I intend, through this project, to add to the existing body of work on Sikolohiyang Pilipino that is available to non-Filipinos, and to contribute to the use of critical approaches to the study of ageing and migration.

Context and culture are crucial to understanding individuals
For much of the history of psychology, it has endeavoured to be like the natural sciences (Teo, 2009). It has employed experimentation as a main, preferred method with the underlying assumption that questions about human beings' behaviour, emotion, and thought are best studied under sanitized, strictly-controlled conditions (Billig, 2008; Teo, 2009). Within such a paradigm, gender, ethnicity or cultural background are considered unquestioned categories, variables to be 'controlled' by means of excluding them from the design of the study (i.e., using only white male participants), or by including them as independent variables (Chrisler & McHugh, 2011). Mainstream psychology has been charged as modelling the image of the "universal, de-historicized, individual on middle-class, white, able-bodied males" (Billig, 2008, p. 19).

Feminists criticise the unacknowledged androcentrism in mainstream psychology that has resulted in a pool of knowledge that does not apply to women, ignores issues important to them, or marks women as deficient (Chrisler & McHugh, 2011; Chrisler, 2011; Tavris, 1993). A feminist interest in psychology has brought to light some surprising knowledge about ageing women. For instance, contrary to popular notions, negative feelings associated with menopause and with adult children leaving home (the so-called 'empty nest syndrome') have *not* been found to be a common experience for women (Neugarten et al. in Browne, 1998; Gannon, 1999). Women reported menopause as being a largely benign event; most women did not suffer seriously from the negative effects of 'hormone deficiency' and in fact found menopause to be a positive change—freedom from menstruation and the worry of pregnancy, freedom from mothering duties, a time for resolving past conflicts, an opportunity for satisfying suppressed desires (Granville, 2000; Hunter & O'Dea, 1997; Perz & Ussher, 2008; Ussher, 1989). Other evidence suggests that prevailing negative cultural discourses around

menopause and ageing, and not biology, produce the negative experiences associated with menopause (Hepworth, 2003; Hunter & O'Dea, 1997; Ussher, 1989). Some evidence also shows that women's difficulties around their reproductive bodies are more marked in heterosexual relationships than homosexual ones (Ussher, Perz, & Gilbert, 2014; Ussher & Perz, 2011), lending support to the idea that the heterosexist bias which permeates the theorising of women's development over the life course (Gergen, 1990) impacts women's experiences of/in their bodies (Singer & Hunter, 1999; Ussher & Perz, 2011; Ussher, 1997).

Sikolohiyang Pilipino's proponents have argued that reliance on Western psychological theory and practice has resulted in a not-too-useful discipline of psychology in the Philippines, with researchers (Filipinos and non-Filipinos alike) producing ethnocentric studies that compare Filipinos against largely American standards and conceptualizations (Enriquez, 1976). For example, American psychologist Guthrie (1977) concluded in his studies on the social response to 'modernisation' in the Philippines that, while Filipinos have adapted more 'modern' attitudes, 'negative' traits (such as the mutual dependency of individuals on others—what he has termed 'enforced sharing') persist. The persistence of 'enforced sharing' among Filipinos despite its supposed incongruity to a 'modern' society was compared by Guthrie (1977) to a dog's learned avoidance response in the laboratory; like the dog who continues to jump to safety at a signal even though an electric shock is no longer forthcoming, Filipinos are said to continue with a practice that may have been adaptive in the past but is no longer so. Also, there has been a tendency to produce studies that generalize about Filipino traits and values (for example, as consisting of hospitality, fatalism, *hiya*/a sense of shame, and *pakikisama* or the preservation of smooth interpersonal relationships) when, in fact, Filipinos are a multi-cultural people (Samson, 1995).

Both Sikolohiyang Pilipino and feminist psychologists recognize that this decontextualized study of the problems men and women face systematically obscures the effect of social location on their well-being. Within a decontextualized methodological framework, individuals are made responsible for their state of dis-ease. And so, as Jimenez (1977) observed, instead of truly helping people, psychology makes their problems worse by focusing on individuals' feelings and thoughts about their life's condition, rather than changing the conditions that produce these problems.

Therefore, while keen to find patterns in the data, I am aware that coherence in the analysis should not gloss over inconsistency and variation made possible by the participants' diverse experiences and their struggles with meaning-making. While highly-frequent themes were

identified in the analysis, saliency or importance of an idea for enhancing understanding (even if it did not recur or was not highly recurrent) was also attended to (Buetow, 2010). Keeping this orientation, a nuanced analysis is produced that does not take 'ageing Filipina migrants in New Zealand/Auckland' to be a homogenous group. Also, analysis takes participants' responses to be a product of cultural resources and the powers that shape subjectivity rather than an expression of ideas, memories, or dispositions 'extracted' from individuals, as well as a product of individuals' capacity for making sense of their experiences within the relations of power and for negotiating their own agency and constraints.

The unequal relationship between researcher and participant must be attended to

Critical psychologists, according to Rogers (2009), must change not only what constitutes research and how it can be done but, "most crucially, the nature of the relationships we create between ourselves as researchers and the people we 'do' research upon" (p. 344). Both feminist researchers and proponents of Sikolohiyang Pilipino advocate the examination of taken-for-granted hierarchies within the research setting (for example, between men and women, between researcher and participants, between the 'lead' researcher and co-researchers).

Feminist research distinguishes itself from mainstream research in its interest in contributing to more equitable relationships between the researcher and the participant (Guerrero, 2002). It also guided by principles of empowerment, action towards emancipation (Jaggar, 2008), and reflexivity – requiring a process of continuous reflection on the research (Finlay, 1998, 2002), In practical terms, the cultivation of equitable relations between participants and researchers can mean the use of methodologies that encourage flexibility and dialogue (e.g. Kiata-Holland, 2010; Li, 2011; McCormick, 2008; Oliver, 2008); it can involve research design that affords participants the opportunity to contribute to the analysis and provide feedback on the research process (Wertz, 2011); it can even move into research that aims to produce social change with and for the participants (for example, McCabe, 2004).

In Sikolohiyang Pilipino, Santiago and Enriquez's (1995) suggestions for doing research that is *maka-Pilipino* (Filipino-oriented) have since come to be understood as the distinguishing features of doing such research. Filipino-oriented research not only utilises indigenous methods, concepts and theories but also emphasises being sensitive to the quality of the relationship between researcher and participant (Santiago & Enriquez, 1995). Santiago and Enriquez (1995) proposed the use of a scale describing the quality of interaction (or, *pakikipagkapwa*) between the researcher and participant. The scale has eight levels, ranging

from the lowest (*pakikitungo—transaction/civility with*) to the highest (*pakikiisa*—love, understanding, and acceptance of another's aspirations as one's own) (Pe-Pua & Protacio-Marcelino, 2000). They recommend that researchers seek to achieve *pakikipagpalagayang-loob* (which connotes trust in and openness to another), one of the higher levels of social interaction in the continuum. For Santiago and Enriquez, the quality of interaction determines the quality of the data, as participants become more candid and open to researchers when there is trust. Note that the prefix *pakikipag*—implies mutuality, so that the trust being developed goes both ways—the participant must be able to trust the researcher, but the researcher must also demonstrate that he or she trusts the participants.

In addition to the quality of the data, I argue that *pakikipagpalagayang-loob* defines the parameters of ethical behaviour within the research context. It is true that in *pakikipagpalagayang-loob*, mutual trust is indicated; but it also implies the development of mutual care. The participants cannot trust the researcher if they feel the researcher does not care about them. Such an egalitarian relationship between researcher and the participants, characterized by a sense of mutual care and responsibility, is consistent with feminist research (Guerrero, 2002). However, feminist methodology has a concern for both the political and the ethical dimensions of research (Jaggar, 2008), and can mean that conflicts may arise between the researcher's analysis and the desire to respect participants' points of view. Therefore, while the conduct of research must be sensitive to the power relations between participants and researchers and be respectful of and responsive to participants, it must, at the same time, seek to address how researchers can do these while still maintaining their commitment to their own analytic perspectives.

The use of Sikolohiyang Pilipino and feminist psychology for this research project is necessary in order to address gender and cultural issues that underlie the topic. There is much consistency between the two, but also a crucial difference in focus. Sikolohiyang Pilipino, as a movement, has done much to further independence from Western theories and methodologies but it has not been applied extensively to questions regarding gender relations in Philippine society[25]. Estrada-Claudio (2002) pointed out that a critical analysis of gender may be Sikolohiyang Pilipino's blind spot following Enriquez' (1990) remark that equality between men and women is indigenous to Philippine psychology and that Filipino psychology is free

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[25] However, this is not to say Sikolohiyang Pilipino has not been used to study such questions. See for instance, Aguiling-Dalisay, et al. (2000) and an edited volume by Diestro and Navarro (2010).

from the trappings of First World assumptions of masculinity and femininity. Estrada-Claudio (2002) writes:

> It is one thing to accept the premise that the systems of gender oppression were introduced into Philippine society and culture by colonial invasion and another thing to presume that the patriarchal constructions of gender are but a superficial veneer on the "real" psychology of a people. This would take a rather ahistorical view of Philippine society which, to date, has experienced almost half a millennium of colonization. In short, whatever pre-colonial culture may have been, patriarchy is indigenous to Philippine society today. (p. xiv)

Estrada-Claudio not only criticises Sikolohiyang Pilipino's shortcomings in terms of theorising gender oppression in Philippine society, she also criticises its apparent epistemological commitment to essentialism, which she deems to lead to methodological limitations (Estrada-Claudio, 2014). Unlike feminist psychology, Sikolohiyang Pilipino has been unable to take advantage of tools provided by critical theories like poststructuralism for investigating power and for looking at the ways power relations are negotiated and perpetuated at the level of the individual. Although clear about its interest in confronting oppression and marginalisation, and vocal in its critique of scholars' involvement in the entrenchment of colonialism, Sikolohiyang Pilipino has much to do in terms of producing empirical work that offers a critique of social inequalities and the social structures that perpetuate them. I agree with Estrada-Claudio (2014) who contends that Sikolohiyang Pilipino's commitment to liberation may be better served by abandoning essentialism and embracing fluidity so as to encourage the methodological freedom that will push its anti-colonial and democratic agenda further.

For its part, feminist psychology (at least in the western, industrialised countries), following developments in feminism more broadly, has not always paid attention to issues of race, culture and, indeed, colonisation (Burman, 1998). In fact, the rise of third wave feminism was brought about (in part) by criticisms from other feminists who challenged mainstream feminism's investment in the idea of a rather limited, homogenous group of women (predominantly white and middle-class) representing all women (hooks, 2000; Mohanty, 1988; Moraga & Anzaldua, 1981). More recently, there has been an interest in 'feminist psychology' (however feminism may be understood, and however narrowly or broadly

psychology may be defined) as it is practiced in different parts of the globe (see, for instance, Rutherford, Capdevila, Undurti, & Palmary, 2011).

For this study, I propose that the use of Sikolohiyang Pilipino and a feminist, discursive approach together is most productive for exposing the ways by which patriarchal, ageist, and neoliberal ideologies are constructed and reconstructed in Filipina migrants' talk about life and ageing in New Zealand. In later chapters I illustrate how their common critical approach to two different but related areas of concern enriches the analysis and provides useful ways of looking at the complex relationships between ideas around gender, ageing and migration.

Data-gathering

Much of mainstream western psychology can be described as being dominated by a particular epistemological view—that of logico-positivism, and of a particular method – experimentation (Jimenez, 1977; Teo, 2009). Criticisms have come from critical psychology, feminists, and Sikolohiyang Pilipino regarding the over-reliance on experimentation as *the* method of choice within the discipline. Critics argue that experiments are not only limited in their ability to capture knowledge that is particularly relevant in the 'real world' (Enriquez, 1976; Jimenez, 1977), they also demean human beings by treating them as subjects who merely respond to stimuli (Teo, 2009), and may potentially cause harm through reification of certain ideas that then enter popular discourse (for example, see Blood, 2005 for a discussion of the social impact of the construct of 'body image'). In contrast, critical psychologies, feminist psychology and Sikolohiyang Pilipino included, subscribe to the idea that knowledge is political, that doing science is a political activity, and that an 'objective', value-free science is a myth (Fox et al., 2009b; Jimenez, 1977; Swigonski, 1994; Wertz, 2011); effective research and research methods, therefore, are not those that seek to capture an 'objective' truth, but those that aim to produce 'practical' knowledge that can be used for social critique and change (Gavey, 1997; Wertz, 2011). Rather than seeking to 'discover' knowledge about the world by creating highly constrained conditions to generate and test hypotheses that focus on what is universal, regular, or predictable, critical psychologists use a methodology that focuses on the surprising, puzzling, and unexpected; they are looking to tease out how power is being exercised, by whom, and for what purpose, as well as how power is resisted and how more marginalised individuals and groups can use power in their pursuit of their own wellbeing and liberation (Stainton-Rogers, 2009)

Although critical psychologies are associated with qualitative methods (Teo, 2009; Wertz, 2011), their use is not a predetermined feature of research in feminist psychology (Chrisler &

McHugh, 2011; Jaggar, 2008) nor indigenous Filipino psychology (for example, see Clemente et al., 2008). The decision to use a particular method must be based on a careful consideration of the strengths and weaknesses of the various methods available, the ability of such methods to provide the desired data, and their consistency with methodological commitments to developing positive and empowering relationships with participants. I employed a qualitative research design so as to be able to focus on language, meaning-making, and subjectivity, which are of primary interest in this study. This design is especially useful for looking at broad patterns while keeping detail, differences, and nuances in view, and investigating people's understandings of their world (Clarke & Braun, 2013). I will elaborate on research design further by discussing recruitment, describing the participants, and describing the particular indigenous method (*pakikipagkwentuhan*) employed to generate and collect data. Data analysis and the concepts, theories, and assumptions underlying it will be discussed in a separate section.

Recruitment

As this study is not interested in generalizability but in offering some new understandings of ageing among Filipina migrants, my primary concern in recruiting participants was to obtain a group of women who would provide me access to common or prevailing discourses around ageing as migrants in New Zealand. As I was interested in capturing as wide a range of discourses as possible in order to find those that were most salient, and to be able to see alternative or counter-discourses, sampling was also concerned about the diversity of participants (S. E. Baker & Edwards, n.d.). Hence, I aimed to include participants who differed from each other in terms of age, work/professional backgrounds, health status, civil status, etc.

With these considerations in mind, I employed various strategies for recruiting participants after receiving ethics approval from the University of Auckland Human Participants Ethics Committee on the first of April 2011 (see Appendix A). Advertisements (see Appendix B) were placed in several strategic locations where Filipinos in Auckland gather (e.g. churches). Electronic copies of these flyers were also sent out through existing e-groups and other computer-mediated forum or social media. I guested in a radio program that caters to Filipinos in New Zealand to invite potential participants, and also informed friends and acquaintances of my research, and asked for referrals. Of the varied recruitment paths pursued, the most fruitful was personal referrals; the more public invitations were less successful. A total of 37 individuals were contacted; 20 eventually participated in the study. Five I met casually through friends and at social gatherings in Auckland— directly invited to participate in the

study; two participants I met at a church where a priest made an endorsement of my study; three I met over the internet through my posting on e-groups and social media; the rest (10 participants) were referrals by friends or obtained through snowballing (referred by other participants), most of whom were contacted by phone or visited at home.

Potential participants were provided a copy of the participation information sheet (or PIS, see Appendix C) electronically and/or in person. I also made sure to summarise the content of the PIS in initial email exchanges, and during our first face-to-face meeting, before the consent form (Appendix D) was given to the participant. In particular, I highlighted that the pakikipagkwentuhan can take several sessions, that they may refuse to answer questions and withdraw their participation at any time (and withdraw their data up to one month after the last session), that the sessions will be recorded, and that although complete anonymity cannot be guaranteed, steps will be taken to protect their identity.

Participants

The criteria for participation were: age, length of stay in New Zealand and location. Women at least 50 years of age were targeted for recruitment, as individuals of this age may be *approaching* or are already identified (by others or themselves) as 'older' with such labels as 'seniors', 'retirees' and 'third agers' (Katz & Marshall, 2003), through the achievement of 'senior citizen' status in the Philippines at 60 years of age (*Expanded Senior Citizens Act of 2010, R.A. 9994*, 2010), and qualification for pension at 65 in New Zealand (NZ Work and Income, n.d.). However, in order to accommodate diversity, two women who were only 49 at the time of interview (but turned 50 within the year) were also included. Recruitment was limited to those who had already been in New Zealand at least five consecutive years in order to capture those who already had permanent residence or New Zealand citizenship and were somewhat settled into life in New Zealand. For purely practical reasons, only those residing in Auckland were recruited. Efforts were made to include a diversity of women— women with no children, women who were not working/no longer employed, above 65 years of age, women of a different social status than the majority, and women who have a different health status than the majority.

I describe some of the characteristics of the participants in order to provide the reader some appreciation for the specific context of each. I do not claim them to be representative of same-aged, Auckland-based Filipina migrants; yet I suggest that their views are not unusual and are familiar to other Filipino migrants in Auckland, as they share some important

commonalities—all were born in the Philippines, maintain ties to the Philippines (to varying degrees), and maintain friendships with other Filipino migrants in Auckland.

Participants ranged in age from 49 to 69, with over half (12/20) in their 50s (see Table 1 for demographic summary for each participant). Participants' length of stay in New Zealand ranged from 5 years to 42 years, with the majority having lived in New Zealand for between 20 to 30 years. Many of the participants (12/20) migrated in their mid-thirties to late forties. Nearly all of those who came when they were in their mid to late twenties came as wives to Pakeha[26] men, while those who came with their Filipino spouses tended to be at least in their late 30s when they arrived. Some participants migrated when they were young and had already spent more of their lives in New Zealand than in the Philippines; a few migrated when they were already in their fifties. Most of those who migrated when they were in their thirties or older had lived in the Philippines for most of their life; three participants had spent a significant number of years working as labour migrants in other countries.

Five of the nine who had been in New Zealand over 20 years (arrived in 1992 or earlier) came as wives to New Zealanders of European descent. Three of the four who did not come as wives of New Zealanders had long-term New Zealander partners at the time of interview; one was single. Of those who had been in New Zealand less than 20 years, majority (7/11) came with their Filipino spouses and children, one had remarried a Filipino, and the rest were single at the time of interview. Three-fourths of the participants (15/20) were in a relationship, and only two had no children (whether biological or adopted).

The participants' age composition and nature of migration is consistent with the observation that Filipino migration in New Zealand can be characterised as having two phases— the first phase beginning in the early '70s and continuing until the late '90s, with a great proportion of the migrants being women married to non-Filipinos (Baral, 1995), and a second phase characterized by the arrival of skilled migrants and their families from the late '90s to the present (ongoing). However, a third group of participants that did not quite fit the above categories was also evident: skilled migrants who arrived alone as tourists or visitors who looked for job and business opportunities in New Zealand during the late 1980s and 1990s. They eventually claimed permanent residency, and later, citizenship. The majority of these women (5/7) had children, but were either separated from their husband or were widows when they came to New Zealand.

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[26] Originally a Māori term for all foreigners, Pakeha has now come to refer, in common usage, to New Zealanders of a European ancestry.

The participants were generally a very well-educated group and were or had been previously employed in skilled jobs. Of the 20, only six do not have university degrees; five have postgraduate units or postgraduate degrees. Of the five who do not have a university education, one had some high school education, two had some university education, while three others finished vocational courses. Although Filipinos are among the most highly-educated group of overseas-born individuals in New Zealand (Statistics New Zealand, 1999, 2014a), the proportion of participants with a university degree (70%) is far higher than the 42.5%[27] of Filipinos (male and female) who reported they had a bachelor's degree or higher during the 2013 census (Statistics New Zealand, 2014a). Only three were not working at the time of interview, while the rest were employed (15 full-time; two part-time). One participant was unemployed during the first session but had found part-time work some months later, by the third interview. Ninety percent of the participants were in the labour force— a larger proportion than the 75.6%[28] of all Filipinas above 15 years of age who were in the labour force during the 2013 census (Statistics New Zealand, 2014a). In terms of level of education and nature of employment, the participants represent a large proportion of Filipinos who arrive in New Zealand as skilled migrants. However, highly educated and employed Filipina migrants were over-represented—likely to be a function of the participants being obtained through referrals[29].

Participants were spread well across Auckland. Five participants were from North Auckland, six from South Auckland, six from Central Auckland, and three from West Auckland. (No participants were recruited from East Auckland.) Information gathered from field observation shows that the largest number of Filipinos in Auckland can be found in the North (notably, the only area with its own Filipino community organization). That my sample included more individuals from outside the area of Auckland popular to Filipino migrants may be an advantage as a potentially more diverse sample, which may open up more diverse discourses to exploration.

Six of the participants had lived and worked in other countries prior to coming to New Zealand. Three of these had been overseas contract workers. Two had lived and worked in one country with their families, one as a permanent migrant, and one as temporary migrant.

[27, 28] These figures from the 2013 census include men and women, and individuals 15 years of age and older. There is no available data for the subgroup of Filipinas 50 years and older.

[29] Individuals' personal networks may be biased towards people of a similar class, educational, and professional background. Some participants belonged to the same university's alumni group, profession, or church.

One did her postgraduate studies in another country. This perhaps reflects the mobility of Filipinos globally, and the different avenues for their migration— as a skilled worker, as familial or associational migrant, and as scholar (refer to *Chapter 2: The Mobility and Visibility of Ageing Migrants' Bodies*). For these participants, the experience of life in (yet) another country provided another context from which the meanings around living, working, and growing old as a migrant in New Zealand were crafted and drawn.

Participants varied considerably in relation to their health; some had no health issues or complaints at all; others reported hypertension, hypercholesterolemia, and diabetes that required regular medication. Three were cancer survivors. One had a congenital health issue that was corrected when she was already a citizen in New Zealand. Participants generally described themselves to be in relatively good health, given their age and despite some chronic health issues and were well enough to live independently, to care for themselves and their household, and to work.

Table 1 Key demographic information about participants

Pseudonym	Age	Years in NZ[30]	Circumstances of migration	Education	Employment status	Family status
Ann	55	<10	Arrived first as skilled migrant, family followed	Bachelor's degree	Employed full-time	Married with children
Bea	63	>20	Marriage to New Zealander	Postgraduate degree	Employed part-time	Married, with children
Cyn	54	>10	Arrived with children as visitors	Bachelor's degree	Employed full-time	Separated with children
Des	64	>30	Marriage to New Zealander	Some university education	Employed full-time	Married, with children
Ela	58	>20	Arrived first as	Bachelor's	Unemployed,	Widowed,

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[30] The presented figures are not precise and use decades as a reference point for years lived in New Zealand to help obscure a detail that, together with other pieces of information, might be used to identify the participants. For example, Bea has lived in NZ for over 20 years, but not more than 30 years.

			visitor, children followed	degree	but later found employment	partnered with children
Fey	55	>20	Arrived with family as skilled migrant	Bachelor's degree	Employed full-time	Married, with children
Gab	52	<10	Arrived with family as skilled migrant	Bachelor's degree	Employed full-time	Married, with children
Hil	50	>10	Arrived first as skilled migrant, children followed	Postgraduate degree	Employed full-time	Widowed, remarried with children
Isa	63	>20	Arrived first as visitor, children followed	Postgraduate degree	Employed full-time	Separated, remarried with children
Jen	49	>20	Marriage to New Zealander	Some high school	Employed full-time	Divorced, partnered with children
Kat	49	>10	Arrived with children as skilled migrant, husband followed	Postgraduate degree	Employed full-time	Married, with children
Liz	52	>20	Arrived as visitor	Some postgraduate units	Employed full-time	Single, no children
Mia	52	>20	Marriage to New Zealander	Some university education	Employed full-time	Married, with children
Nel	55	<10	Arrived first as recruited labour, family followed	Bachelor's degree	Employed full-time	Married, with children
Olive	56	<10	Followed	Vocational	Unemployed	Married, with

			husband	Course		children
Pam	60	>20	Arrived as visitor	Bachelor's degree	Unemployed	Partnered, no children
Ros	59	>10	Arrived as recruited labour	Bachelor's degree	Employed full-time	Widowed, with children
Sam	69	>40	Marriage to New Zealander	Vocational course	Retired	Widowed, with children
Tia	56	>10	Arrived with family as skilled migrant	Bachelor's degree	Employed full-time	Married, with children
Vangie	69	>10	Followed family (children only)	Vocational course	Semi-retired	Widowed, with children

This sample, although somewhat diverse (in terms of the details given in Table 1), also has its limits. It does not include those who are in especially challenging circumstances, such as those who are very ill or have the burden of caring for an ill, elderly partner or other family member. It also does not include individuals living in retirement homes, or who are living at home but require assistance with daily tasks. It does not include women who have undergone cosmetic surgery, a practice few participants said they observed among their peers. It was also a challenge finding participants beyond the age of 70. It is possible that a number of older Filipina migrants to New Zealand were living in other countries (e.g. Australia, the Philippines)[31]. The sample was limited to individuals who had the time and energy to participate in a series of lengthy conversations. These limitations are important as they could mean that the material and discursive 'realities' of living with much poorer financial, social, and physical conditions are not as accessible in this study. This sample does not include those who identify as lesbian or otherwise non-heterosexual; and this may have prevented the possibility of adding to the complexity of our understanding of ageism (for example, see Slevin, 2006, 2010) and the politics of citizenship and migration (for example, see O'Toole, 2013).

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[31] In interactions with other Filipinos in Auckland, as well as in the interviews, I was told that there were elderly Filipinos who regularly spent a significant amount of time (e.g. 6 months) outside New Zealand.

Pakikipagkwentuhan

Pakikipagkwentuhan, an indigenous Filipino method for gathering qualitative data through verbal interaction with participants, is characterized by flexibility, openness and reciprocity (Orteza, 1997). In this way it is akin to a semi-structured interview and other narrative methods that are well-used in qualitative studies interested in subjective accounts and meaning rather than verifiable 'facts' (Hugh-Jones, 2010; Riessman, 2008). It involves individuals 'in conversation' with each other, with participants free and able to tell the stories they want, when, where, and how they want. The researcher, in this context, is also a participant whose opinions and personal stories may be of interest to the other/s. This method was developed by indigenous Filipino psychology to provide Filipino psychologists with a method that was participatory, sensitive to Filipino culture, and which diminishes the power difference between researcher and participant (Orteza, 1997). It has been found to be particularly useful by feminists doing research on and with women[32]. Pakikipagkwentuhan is not an *entirely* new and uniquely Filipino method[33], but as a term it is culturally significant, and as a process is understood, undertaken and appreciated by most Filipinos. Usage of the term and its explication to participants can help allay fears or anxiety about the 'interview'. In the Filipino context, an interview may be understood to be evaluatory, with a firmly established hierarchical relationship (as in the context of a job interview, or classroom setting). Pakikipagkwentuhan, as it is developed from existing patterns of behaviour in Filipino culture (Pe-Pua & Protacio-Marcelino, 2000; Santiago & Enriquez, 1995), conveys a more informal, more relaxed encounter .

In this study, the value of pakikipagkwentuhan is not only in its cultural relevance and attention to power differences between the interviewer and the participants; it is also found in its ability to generate large amounts of material (in the form of verbal exchange between the people involved), and the view that the interaction between participant and interviewer is an important feature of the data-gathering rather than something to be controlled or minimised

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[32] E.g. Illo and Polo's (1990) *Fishers, Farmers, Wives: The Life Stories of Ten Women in a Fishing Village*, Aguilar's (1991) *Filipino Housewives Speak,* and Guerrero's (1997) *Towards Feminist Consciousness: Filipino Mothers and Daughters Tell Their Story*.

[33] In fact, Orteza (1997) claims that pakikipagkwentuhan is a natural everyday practice "not only among Filipinos but also among different races, ages, sexes and cultures" (p.2, my translation). I will be presumptuous and suggest that the *korero mai* approach, an interview procedure introduced by Graham Smith in New Zealand, which allowed participants in a family court study "to tell their stories in their own way" (Swadener & Mutua, 2008, p. 41), is of a similar nature. Another example, from the Chinese culture, is the *fangtan* interview method which features flexibility, more equitable power relations between interviewer and participant, 'insider' status of the interviewer (meaning the development of trust and openness), and the use of the Chinese language (Li, 2011).

(Orteza, 1997). This last feature of pakikipagkwentuhan has not been articulated enough in the existing literature, and its potential for the adoption of a less essentialist epistemological position in the study of Filipino psychology has yet to be fully explored. Through this study, I aim to contribute to the development of pakikipagkwentuhan as a method well-suited to a more constructivist stance to research in Sikolohiyang Pilipino.

Although Orteza (1997) describes pakikipagkwentuhan as rather freewheeling, most of its applications typically involve the use of some kind of interview protocol or discussion guide (see Appendix E for the guide I used in this study). For research that has a specific topic, the kwentuhan is directed by the researcher [34] and yet does not discount the possibility of the participants adding *kwento* (stories) that are significant to them and that they feel is relevant to the topic at hand even if the researcher does not specifically solicit these. This flexibility and openness is a feature of semi-structured interviews, too (especially as applied in feminist research) (Franklin, 1997). The pakikipagkwentuhan for this study elicited stories on the participants' coming to New Zealand, adjustments to life in New Zealand, and stories about family life, work life, and leisure in New Zealand. There were discussions around bodily changes over time, how these changes have affected one's activities and bodily practices, and other people's comments on those changes. Another topic of conversation covered thoughts about their future, long-term plans, fears and hopes around their bodies and ageing. These three main areas remained the focus of the kwentuhan, with the researcher occasionally needing to guide the discussion back to the topics. However, participants were encouraged to include details and stories that they felt were relevant, even if they were not explicitly asked about them.

One distinctive feature of pakikipagkwentuhan as a method is its flexibility and openness to more realistic everyday conditions that individuals find themselves in. Methodologically, this feature makes it consistent with a feminist and Sikolohiyang Pilipino thrust for greater concern for participants (Guerrero, 2002; Jaggar, 2008; Santiago & Enriquez, 1995). De Vera's (1995) pakikipagkwentuhan was carried out among groups of people gathered for a

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[34] Such as in the case of the first documented use of pakikipagkwentuhan. De Vera's (1995) article on her study of Filipino understandings of adultery does not mention an interview protocol, but makes clear that De Vera shapes the kwentuhan by steering it towards recently-shown films about adultery. It should be noted that this first example of pakikipagkwentuhan as a research method is not the best example; Orteza (1997) criticised this work for a lack of respect of the participants, for the use of a particular story as a stimulus for discussion (rather than the production of stories as outcome), and for poor analysis that tabulated and ranked responses per individual rather than looked at patterns in the discussions among groups of participants.

community meeting. It was started as people were coming and gathering, continued during breaks in the meeting, and after it. In my study, pakikipagkwentuhan was done in a variety of settings and situations, depending on the participants' particular circumstances and commitments. The majority of the pakikipagkwentuhan (for 13 of 20 participants) were done entirely in the participants' homes. Some were conducted in the participants' place of work and in public places (e.g. a café) close to their place of work or home[35]. Pakikipagkwentuhan was not 'conducted' in isolation from participants' everyday lives, and so unfolded while participants were at work, while taking care of a grandchild, and even when other family members were present and within hearing (and commenting) distance.

Each pakikipagkwentuhan session lasted anywhere from 24 minutes to two hours and 32 minutes, and there were typically two to three sessions for each participant. Generally, first and second sessions were longest (about one and a half hours each, on average), with the third and subsequent sessions (if any) lasting less than one hour and 10 minutes, on average. The first few interviews, as 'pilots', took four to five sessions to complete. The protocol was subsequently refined so that pakikipagkwentuhan could be completed in two to three sessions. Total length of tape-recorded, completed interview for each participant was about three hours and 40 minutes. Because of the great depth and detail of data collected from each participant, data-gathering was concluded after the completion of pakikipagkwentuhan with 20 participants.

Transcription and translation

Pakikipagkwentuhan was conducted in the language participants were most comfortable with. For some, this meant mostly English, for some this meant mostly Filipino, and for the majority this meant a mix of English and Filipino. Very rarely a few participants used their mother tongue (e.g. Ilonggo, Bikolano) to tell some parts of a story. Recorded sessions were transcribed by me and by Filipino speakers residing in the Philippines, as New Zealand-based, Filipino-speaking transcribers might know or know of the participants. All transcribers were required to fill in and sign a transcriber confidentiality agreement (see Appendix F).

Transcriptions of the pakikipagkwentuhan formed the primary material which I analysed. These transcriptions were in the original language(s) of the interview, and were transcribed verbatim to produce what may be referred to as a 'play script' type of transcription (Gibson, 2010). In the transcription, a speaker's name is followed by the 'lines' she is heard to speak

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[35] Five participants had all the pakikipagkwentuhan sessions done at work or in a public setting (typically close to their workplaces). Two others had a mix of venues (i.e. home and public setting).

on the recording. As my interest is in the content of the talk and not so much the structure, transcription focused more on capturing the content of the pakikipagwentuhan sessions rather than its paralinguistic features (e.g. pauses, rising or falling intonation, intake of breath). In order to avoid the "reification of the transcript as synonymous with the interview", or "as a privileged text revealing the truth about the researched" (Poland, 2014, p. 636), I worked on the analysis with the audio recordings and the transcriptions together, especially at the initial stages of analysis. Listening to the audio recordings while transcribing (or checking transcriptions done by others) helped me become more familiar with the data and was a productive exercise for generating the initial codes. At later stages of the analysis, I found the soft copies of the transcripts to be an important tool for quickly finding relevant passages, and for writing; however, I still occasionally went back to the original audio recordings to gain a better understanding of what was said (according to the transcription).

In order to illustrate a point or support an argument in the analysis, some excerpts from the interviews have been included. For ease in referencing, these excerpts are numbered. Some non-essential transcription details (e.g. repetition of utterances, unrelated passages of text) have been omitted to improve readability. These omissions are indicated by "(…)". Words or phrases in brackets are my own additions, used to clarify some detail or to obscure something that may provide hints at participants' identities. Where necessary, I have translated some parts from Filipino to English.

Data analysis

Pakikipagkwentuhan allowed participants and the interviewer to explore particular themes, to consider different perspectives or angles, and to make explicit what was implicit. It proved to be a productive method for eliciting people's understandings of their life experiences. In order to make full use of the advantages offered by the method, and to be consistent with the study's objectives and methodological commitments, I utilised a poststructuralist feminist approach to language in doing the analysis. In the following subsections, I elaborate further on this approach, its assumptions, and potential for exposing the links between social institutions, language, and individual subjectivity. I will also devote some space towards arguing for its utility for and congruence with the critical and emancipatory goals of Sikolohiyang Pilipino. A second subsection will describe in more detail how thematic analysis with attention to discourse was carried out.

Working with/on language, power, and subjectivity

Critical psychologists, feminists, and proponents of Sikolohiyang Pilipino do not necessarily employ a poststructuralist approach to language, power, and subjectivity, which is why this merits further explication and discussion. A poststructuralist approach to language means that language is *not* taken to provide access to an individual's internal state or disposition, nor a reflection of an external, objective reality; instead, both—one's subjectivity and reality are constituted in language (Gavey, 1997; Potter & Wetherell, 1998; Weedon, 1997; Wetherell, 1997). According to poststructuralism, language is the realm within which "actual and possible forms of social organization and their likely social and political consequences are defined and contested" (Weedon, 1997, p. 21). What this implies is that 'ideal' migrants and 'modern retirees' do not exist 'objectively' outside of history and culture, but instead are constituted in discourse (e.g. in media, in political debates, in popular, everyday discourse) at a specific moment and place. An interest in language means an interest not in accessing *the* truth that talk is presumed to provide, but in *a* truth crafted within a particular context for a particular purpose.

Within this view of language and power, subjectivity or our sense of ourselves is constructed in and through language (Burman & Parker, 1993; Foucault, 1972; M. A. McLaren, 2002; Weedon, 1997). Individuals, rather than having a fixed identity or 'essential' self, occupy different subject positions made available to them by the cultural repertoire of discourses so as to manage their moral location within social interaction (Arribas-Ayllon & Walkerdine, 2010). Most significantly, the construction of subjectivity in language is unacknowledged by individuals so that they *misrecognise* themselves as the author of the discourse that constructs their subjectivity, as if they were indeed a rational, unified subject as humanism proposes, "the source rather than the effect of language" (Weedon, 1997, p. 31). To conceive of subjectivity as a fluid, unstable product of competing discourses opens up the possibility of new forms of subjectivity arising from shifts in the wide range of discourses that constitute it (Weedon, 1997).

Although these views of language and subjectivity are contrary to how these have traditionally been regarded in psychology (Potter & Wetherell, 1998), they have been argued to be useful for exposing the links between social institutions, power, and individual experience (Weedon, 1997). For example, studies on migrants' experiences have productively applied this approach to language and subjectivity to investigate their experiences of and meaning-making around discrimination (e.g. Findlay et al., 2012; Shutes & Walsh, 2012), carework (e.g. Datta et al., 2010), and citizenship and identity (e.g. Joseph, 2013; Kim, 2014;

A. McLaren & Dyck, 2004); these studies show these experiences and meanings to be connected to larger social forces (e.g. neoliberalism) and inequalities (e.g. sexism, racism). These examples show an interest in articulating how individuals' experiences of difficulties as migrants and their strategies (and limits) for overcoming those difficulties are made within these larger, socially-produced frameworks.

Secondly, these views of language and subjectivity are useful for criticising mainstream psychology for obscuring the role of social inequality and oppressive social structures in individual health and well-being (Wetherell, 1997). Mainstream psychology has more often approached health and well-being as an individual problem, requiring solutions at the level of the individual (Jimenez, 1977). For feminist psychologists (Chrisler, 2011; Stewart & Dottolo, 2006) and indigenous psychologists (Allwood & Berry, 2006; Denzin et al., 2008; Enriquez, 1994b; Maggay, 1993) alike, a poststructuralist approach to language and subjectivity has allowed the critique of psychological studies of women and of indigenous peoples that portray them as essentially psychologically weak, deficient, or flawed, and identify these innate, individual, psychological incapacities (rather than, say, patriarchy or a colonial history) as the source of their misery.

Thirdly, as a result of this approach's utility for social critique, it is also useful for identifying opportunities for political and social change (Weedon, 1997). Because, although language itself (rather than behaviour or internal psychological states) becomes the object of study, and subjectivity is construed to be non-unitary and never fixed, their effects are understood to have a reality and materiality (Weedon, 1997); thus, to expose the workings of power on subjectivity through historically-situated discourse is to expose avenues for resistance and change in/to both the discursive and the material conditions of society. My study follows the example of others who have taken advantage of the significance of language in constituting subjectivity and its implication in social and political structures to explore how the macro (e.g. political and economic discourses and material conditions) becomes available and operates at the individual level (for example, see L. Clarke & Griffin, 2008b; Guevarra, 2009; Parreñas, 2001a).

Although a poststructuralist approach to people's talk is familiar and welcome to some variants of feminist research and critical psychology, it has yet to be given greater attention in Sikolohiyang Pilipino. Despite Estrada-Claudio's (2002) skilful and productive use of a poststructuralist feminist approach within a Sikolohiyang Pilipino perspective in her study on Filipino culture's constructions of sexuality, femininity, and personality, this approach has not

been given more serious consideration by others (Pe-Pua & Protacio-Marcelino, 2000). In Sikolohiyang Pilipino, an interest in language has been foremost a strategy for resisting colonialism in psychology (Enriquez, 1985b; Paredes-Canilao & Babaran-Diaz, 2011). Building on insights from the Sapir-Whorf hypothesis that made connections between language and culture, Enriquez (1985a) regarded local Filipino languages as a rich source of psychologically-relevant concepts and theories that can contribute to the development of a psychology that was more relevant to the people and that could produce counter-images of the ideal colonial subject portrayed by Western psychology (Enriquez, 1994c; Paredes-Canilao & Babaran-Diaz, 2011; Pe-Pua & Protacio-Marcelino, 2000). I argue that Sikolohiyang Pilipino, while not necessarily explicitly adopting a poststructuralist approach to language or a social constructionist view of the world, has clear resonances with these perspectives in its 1) resistance to an ahistoric view of psychology and of human beings (Enriquez, 1985c; Jimenez, 1977); 2) interest in local languages as a source of psychological knowledge (Cipres-Ortega, 1985; Enriquez, 1985a; Salazar, 1985); 3) identification of a set of discourses regarding the Filipino psyche that are rooted in colonialism (Enriquez, 1994c); and 4) interest in the production and circulation of alternative discourses regarding psychology and Filipino psychology (Enriquez, 1994a, 1994b). In these ways Sikolohiyang Pilipino is aligned with critical psychology's interest in interrogating psychology's role in providing the resources people use to make sense of their everyday lives and subjectivities (Emerson & Frosh, 2004) and therefore potentially amenable to an analysis of language that follows more poststructuralist leanings.

In addition, Orteza's (1997) conceptualisation of pakikipagkwentuhan highlighted the value of the stories generated for understanding socio-cultural constructions of what is true, good, or ethical; stories are conceptualised as having an objective, a point, or meaning that needs to be made sense of in the context of Filipino language and culture. She proposed three 'methods' or, perhaps more appropriately, levels of analysis – analysis of the content, analysis of structure, and analysis of the relations (Orteza, 1997). She did not elaborate further nor provide examples for these different levels or areas of analysis, but this 'openness', along with her conceptualisation of pakikipagkwentuhan and the socio-cultural significance of the stories, allows me space to argue for a poststructuralist, discursive approach that pays close attention to what is said (content) in the context of prevailing norms around ageing and Filipino migration (particular social structures), and pakikipagkwentuhan done in a research context (a unique relationship between myself and the participants).

A poststructuralist approach to data produced by the pakikipagkwentuhan means that the experiences people relate in their stories, and the meanings they attach to them, are regarded as important but only as starting points for understanding the relations between language, subjectivity, social organisation and power (Weedon, 1997). These experiences do not have any meaning outside of language (Gavey, 1997; Weedon, 1997; Wetherell, 1997); they can only be made sense of in reference to circulating discourses regarding Filipino migration, ageing, being a woman, etc. Therefore, in doing the analysis I was interested in descriptions of bodily change, attributions for change, descriptions of effects/practices in relation to these changes, and justifications regarding those practices taken up, refused, or abandoned in relation to these changes. However, I did not regard these descriptions, attributions and justifications in terms of their 'accuracy' or 'truthfulness'. Their utility was in their having a 'reality' – that they were meaningful to the participants and shaped their conduct in some way. Consistent with the methodological principles outlined above, I contend that the participants' stories are socially situated – a product of their interaction with the interviewer and their understanding of the interview's purpose, as historically situated (i.e. shaped both by existing cultural resources about what it means to be an ageing person, a migrant Filipino and a woman), and as individually situated – defined by the limits and contours of each person's unique set of experiences. In the analysis, then, I was interested in participants' efforts at presenting a coherent story and subjectivity, looked into cultural resources that resonate with the discourses they oriented to in their construction of their accounts, and paid attention to variations across participants' material and discursive 'realities'. An analysis that looks at broad patterns as well as variations within and across individual accounts can capture the resonances of discourse at the individual level with those at the larger social or institutional level and identify the spaces opened up for rejection and resistance of these more dominant discourses.

Thematic analysis with attention to discourse

My approach has been to use thematic analysis with attention to discourse. Discourse analysis is used to describe a wide range of methods of analysis (see E. Burman & Parker, 1993; Edwards & Potter, 1992; Fairclough, 2010; Gavey, 1997; Jørgensen & Phillips, 2002; Potter & Wetherell, 1998). Despite differences in their understandings of which features of talk should be attended to, and the extent to which the analysis of everyday talk can be used to critique social structures, all resonate with Foucauldian conceptualisations of discourse, power, and subjectivity (Foucault, 1972, 1990, 1991). There is a common interest among the various types of discourse analysis in how language produces and constrains meaning, and a

common understanding that this meaning does not (only) reside in people's heads, as social conditions are taken to shape and limit the forms of talk available (Burman & Parker, 1993). In these types of analysis, discourse is conceived to be "groups of statements which structure the way a thing is thought, and the way we act on the basis of that thinking" (G. Rose, 2007, p. 142). And because discourse (within a poststructuralist theorisation) shapes "how the world is understood and how things are done in it" (G. Rose, 2007, p. 142), it also acts to produce and regulate subjectivities and bodies (Foucault, 1977; N. Rose, 2003). Poststructuralist discourse analysis, therefore, is an engagement with the discourses individuals draw upon, the identification of the varied subject positions that are constructed, made available, or marginalised, and an exploration of the implications these may have for the perpetuation or disruption of existing power relations. Discourse analysis is often an explicitly political analysis, and is used by various critical researchers to comment on social processes which produce and maintain structures of oppression (Burman & Parker, 1993).

Discourse analytic approaches trouble the idea of a one-to-one correspondence between language and reality or mental/internal representations of it. They tend to be interested in consistency, but most especially in those troubled and troubling points in an account—where there are contradictions and discontinuities—and the efforts made to repair these ruptures (Gavey, 1997; Hunter & O'Dea, 1997; Potter & Wetherell, 1998). Poststructuralist discourse analysis is also interested in disrupting those points unproblematically presented as fact, as commonsensical and as obvious. Such strategies help expose how: 1) macro discourses can be found reproduced in individual, everyday discourse, and so produce material effects on the body (Sutton, 2010); 2) the grip of power is never absolute, and resistance is always present (M. McLaren, 2002); and 3) individuals use discourse for their own purpose, to portray a particular reality in a particular context (in this case, in pakikipagkwentuhan with the researcher)(Potter & Wetherell, 1998).

In this study, I apply the systematic method of thematic analysis expounded on by Braun and Clarke (2006) but take concepts from the discourse analytic approach discussed above. Although qualitative studies commonly use some form of thematic analysis for making sense of large volumes of data, Braun and Clarke (2006) remarked that the process of doing thematic analysis is very rarely explicitly discussed in reports. That is, readers are assumed to understand what the process entails, what the theoretical underpinnings are, and what assumptions are made even when these can be very different depending on the researcher who applies it. Typically, the process, when described, invites an understanding of the role of researcher as passive rather than active in the identification of themes (Braun & Clarke,

2006). For its part, discourse analysis has been described by some critics as an 'anything goes' kind of analysis (Anataki, Billig, Edwards, & Potter, 2003) leading Van Dijk (1990) to call for a more "explicit and systematic analysis" based on "serious methods and theories" (p.14). I propose that the use of thematic analysis with a discourse analytic orientation can help make explicit and systematic the production of my analytic claims; the detailed description of the process of analysis provides a procedural map that others may be able to follow. Ideally, such a 'map' exposes how my own activities and decisions as a researcher shaped the resulting analysis, and so provides clear paths others can use to validate or query my findings.

Braun and Clarke (2006) describe six phases in the conduct of thematic analysis: familiarising yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report. The first two phases (familiarising yourself with your data and generating initial codes) began as the first interviews were transcribed. Some of the initial codes were generated after the first five interviews and their transcription were completed. This early analytic sweep proved useful not only for laying the foundation for subsequent analysis, but also helped determine whether the pakikipagkwentuhan protocol was generating the range and depth of data desired. Notes made after each interview were useful for identifying important items for coding (e.g. pointing out relevant topics, metaphors, and ideas from participants' talk). Transcription and coding of the rest of the recorded kwentuhan session occurred side by side, more or less. At the latter part of the data-gathering phase, I began to pay attention to some 'discursive themes' or discourses that were logically taken from the codes and from the literature.

Identifying discourses from participants' talk meant attending to not just the manifest or semantic content of the talk, but to the latent meanings implied (Braun & Clarke, 2006). For instance, my initial codes identified items of talk related to: health, work, the older New Zealander; but looking at latent meanings meant interrogating what talk about their health being good *in New Zealand* implied, what subjective position was being constructed when they described themselves as hardworking Filipino migrants, what judgements were being made when they presented some things as fact or taken-for-granted truths (say, that older New Zealanders are healthy and independent). When various strands of meaning converged logically, that is, could be organised under one discursive theme or threaded through by the same thought, I identified that thought or theme. The process then involved comparing clusters of coded data against those dominant sociocultural discourses on migrants, ageing and ageing women identified in the literature. I was also sensitive to discourse that was

framed (by participants or myself) as being relevant to Filipino culture. Not all of the coded material could be neatly separated into the discursive themes I had identified; indeed some overlapped, and some did not quite fit in any of the discourses identified, and stood apart.

The last three phases of thematic analysis, reviewing themes, defining and naming themes and producing the report (Braun & Clarke, 2006), did not take place as an ordered series of events. Rather, I moved back and forth through the three, an appropriate and expected process (V. Clarke & Braun, 2013). Writing both fed into and was the outcome of analysis; writing prompted a review of the themes, necessitated defining more tightly what one particular discursive theme was about, and making decisions about which examples to include to best support my arguments within the limits provided. While the brief description of this analysis and writing here can make it appear as if it was a smooth, confidently-navigated, well-managed process, the reality is that it involved copious notes, a number of false starts, and a lot of writing, re-writing, and re-reading transcripts and relevant literature, as is typical of qualitative analysis as a recursive process (V. Clarke & Braun, 2013).

Several researchers (Gill, 1996; Potter, 1996; Tonkiss, 1998) have discussed and outlined some considerations for doing discourse analysis and these have guided my own writing and analysis: 1) attention to persuasiveness (of the text and of your own analysis) 2) attention to detail and 3) attention to contradictions. Discourse analysis must aim at persuasiveness rather than 'truthfulness' as they cannot argue to be the one, true analysis of the text, must be coherent (with the textual evidence, with itself, and with other studies), and must offer an examination of contradictory cases so as to affirm the disruption that such deviations produce (G. Rose, 2007). As my study questions the role of language as a neutral medium for communicating thought, the analysis takes account of how language is used by both participants and myself (in the interviews and in writing the report) as constructing an interpretation of Filipina migrants' experiences of ageing and their ageing bodies rather than revealing the 'truth'. In writing, I avoided language that appeared to generalise and present analytic arguments as 'truths' or 'facts', and instead focused on ensuring that my arguments were persuasive – that is, supported by data and by literature, and nuanced – able to speak of particularities and address apparent contradictions. In addition, with the adoption of a material-discursive approach (see *Chapter 1: Introduction*), the analysis also pays attention to how representations or construals of the (ageing) body "can be shown to have tangible and practical effects on everyday lives in the form of particular outcomes" (Coupland & Gwyn, 2003, p. 9). It is in providing a clear, careful and theoretically-informed interpretation and

well-articulated and systematic arguments that critical research is able to claim rigour, validity, and utility (Stainton-Rogers, 2009).

In the end, I identified and focused on four key, overarching themes around the ageing migrant's body and dedicated an analytic chapter to expound on each: the productive body, the caregiving and cared-for body, the beautiful body, and the healthy body. The organisation of analytic discussion in each chapter is based on two considerations: 1) To maintain consistency with and to highlight the strength of pakikipagkwentuhan, which is primarily a method built on the everyday practice of exchanging and building stories together with others (Orteza, 1997), analysis builds on the logic and coherence of the stories told by the participants— that is, each chapter works on themes identified to cluster or flow together logically in the participants' stories; 2) In keeping with a material-discursive approach (see Chapter 1), bodily changes and practices in relation to physical appearance, health, and different types of labour provided formed the base for analytic work across the analysis chapters, yet did not *drive* the analysis process. Although each chapter is structured differently than the others depending on the particular trajectory of the analytic 'narrative', all sought to provide insight on the claims participants made with regard to the specific aspect (e.g. health, engagement in carework) in focus, the subjectivities occupied by participants, the links these have to wider socio-cultural discourses, and the efforts made at negotiating difference from or alternatives to 'popular' or 'ideal' constructions of the ageing migrant's body. In using participants' stories as the starting point for the analysis, I was committed to respecting them for the 'truth' they represented for the participants even as I maintained my epistemological and analytical commitments. I presented participants' portrayals of a life of triumph and struggle as ageing migrants in New Zealand as unfolding within the context of existing (oppressive, but shifting) social structures, and not as the *truth* of their existence and experience.

Summary

In this chapter I discussed the similarities and particular strengths of Sikolohiyang Pilipino and feminist psychology as the bases for this study's methodology. I then argued for pakikipagkwentuhan as a useful indigenous method for data-gathering, and described how this was carried out. A brief description of the participants was provided to orient readers to their unique context. I explained the poststructuralist approach to language, power, and subjectivity which I employ for data analysis. Data analysis was presented as built on the procedure of thematic analysis, but with an interest in discourse.

The next chapter is the first of four analytic chapters. In *The Productive Body*, I build the analysis on participants' stories around paid work – finding work as a new migrant, issues and challenges at work, and plans to continue working in the future.

Chapter 4: The Productive Body

This chapter discusses the productivity of the body as a significant aspect of Filipinas' experiences of migrant life and ageing in New Zealand. By productivity, I mean here the body's ability to participate in paid work. One of the many concerns new immigrants face upon arrival in New Zealand is securing employment. Indeed it is an important concern of the New Zealand government as well as, according to a Department of Labour report on the settlement of skilled migrants, employment is a "key determinant for positive settlement" (Badkar, 2008). Of the 20 participants in this study, 12 expressed that they had had an urgent need to find employment when they arrived. These participants arrived either alone or with their families; in some cases, they were the principal applicant (meaning, their residency was dependent on their being able to find a job that matched their education and experience). These women spoke of finding a job as crucial for survival, as well as for their long-term financial health and social integration to New Zealand. Of the eight for whom urgently finding employment was not crucial, six were interested in and found employment within a year of their arrival. Only two women delayed finding employment, waiting until their childcare duties had eased. All 20 eventually found paid work in New Zealand, and only three were out of paid work (for various reasons) during the time of the kwentuhan.

The strong interest in paid work among the participants is reflective of a larger pattern of employment among the Filipino migrant community. Filipinos have the highest rates of employment among all ethnic groups in New Zealand, and a greater median income than the national average. According to data from the 2013 census, 74% of Filipinos are employed, versus 59% for the general population (Statistics New Zealand, 2014f). Over half of employed Filipinos (55%) are women (Statistics New Zealand, 2014f), a greater proportion than that for the general population (45%) (Statistics New Zealand, 2014f). The median income for Filipinos is NZ\$ 30,600 (Statistics New Zealand, 2014b), while the median income for the general population is NZ\$ 28,500[36] (Statistics New Zealand, 2013a). The largest category of employment among Filipinos is professionals (24%) (Statistics New Zealand, 2014g). It appears that, as a group, Filipinos satisfy Immigration NZ's objective of recruiting

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[36] The report also shows that the median income for men in the general population is NZ\$36,500, 1.6 times larger than the median income for women which is NZ\$ 23,100 (Statistics New Zealand, 2013a). No comparable data is available for Filipinos, but it stands to reason that Filipino women will have a lower median income as they are overrepresented among those who are employed part-time (Statistics New Zealand, 2014f).

immigrants whose "talents are used effectively to contribute to economic growth and development," (Ward et al., 2011, p. v).

Securing employment, meeting challenges at work, and plans (by most) for continued engagement with paid work into old age were major components of participants' stories of life and growing old in New Zealand. As these work-related stories are rich contexts for Filipinas' understandings of themselves as migrants, and as *ageing* migrants, they form the base upon which the analysis for this chapter is built. The chapter is organised loosely around three different points in the participants' migrant life—the beginning as new migrants, present or the recent past, and the future. At these points, specific concerns and issues relating to women's particular circumstances as migrants and stage in life arise. I am interested in the discourses embedded in the telling of those concerns— what larger cultural discourses they draw from, what the implications may be for individual women's subjectivity and practice, and how these constructions are embodied. In keeping with a material-discursive approach to the body (Ussher, 1989, 1997), I will demonstrate how participants' talk around work reflects and reifies larger cultural discourses around the migrant Filipino and the 'new ageing' (see Chapter 2), look at what subject positions are made available, and examine how the body is produced by and produces these particular meanings.

The following sections report themes common in the work-related narratives of the participants as migrants in New Zealand at different points in time. The first section, on migrant beginnings, engages with participants' narratives of succeeding through sacrifice and perseverance. The second section, on more recent or current work-related experiences, focuses on the discursive and material strategies participants employed to face the challenges brought about by their ethnicity and/or ageing. The last section interrogates the majority's expressed intent to continue working into old age.

Migrant beginnings: Triumph through sacrifice and perseverance

Finding employment as new migrants was framed as challenging by half of the participants. Generally, difficulties finding jobs were spoken of as being related to not having New Zealand work experience, not having New Zealand qualifications, being overqualified for the jobs they were applying for, and English accent issues. Eight women reported having taken on low-paid, low-skilled jobs in various industries[37] that they had neither training for nor

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[37] For example: sorting clothes to take out 'seconds', kitchen hand, chambermaid, house cleaner, packing boxes for delivery, fast-food service crew.

experience with in order to augment their (or their family's) income, or to serve as their main income. Six of these women who could not find other employment at the beginning had university degrees and work experience relevant to their degrees in the Philippines. Eventually, all of the participants found paid work in New Zealand; however, many reported experiencing at least one of the following difficulties: adjusting to a new work culture, accepting work that did not reflect the experience and skill they had acquired in their field, and problems with what they perceived to be discriminatory practices in hiring and promotion. While interesting and useful research is being done exploring the specifics of migrant adjustment and settlement in New Zealand (e.g. Badkar, 2008; Dixon, Tse, Rossen, & Sobrun-Maharaj, 2010; Masgoret, Merwood, & Tausi, 2009; Sobrun-Maharaj, Rossen, & Kim, 2011; Wallis, 2006), I focus on how women made sense of these various reported difficulties.

Speaking of the difficulties and challenges of making a living in New Zealand as migrants, some participants, particularly those with families or children who depended on them, painted a vivid picture of migrant life as precarious. Pam's brief summary of her beginnings in New Zealand echoes several other women's' experiences:

> 4.1. When I arrived here, life was hard, yeah? You don't have a job. So, we did cleaning. (…) Because (…) you will have to have experience, New Zealand experience. So, of course you have to survive. Because the houses are expensive [to rent] here, right? (…) So, you need to… it's very little, the money that you brought, so it's not enough to survive, right?

Like others, Pam was a professional with experience in her field in the Philippines. When talking about the difficulties and the "humbling" (Gab) experience of taking on low-paying, menial jobs and the hardships encountered at work, participants tended to highlight how hard work, perseverance, and sacrifice helped turn challenges into successes. Moreover, I will discuss how participants associated these characteristics with a 'Filipino work ethic', and show their links to larger cultural discourses around migrant Filipino workers.

Hard work, perseverance and sacrifice

Participants often produced an account of their migrant experience as one of triumph over difficult circumstances. While stories of their beginnings in New Zealand often included acknowledgement of assistance from some friends, family members and government and non-government organisations in New Zealand (for instance, Work and Income NZ and the Salvation Army), they also typically emphasised their own hard work and perseverance:

4.2. Ela: There were five of us in a three bedroom house. So, us women, we shared a room. Three [in a room]. It was hard. I mean, you know, things you didn't experience in the Philippines, but you [went through] all of them here. Then when my children arrived, I was a solo mom. We'd get our power cut. We'd get the furniture repossessed. Other people just see this house as it is now but they didn't know our struggles then. Then they'll say, "Lucky." No. Luck doesn't just arrive. You work at it. You make it. You have a goal and go for it and you work.

4.3. Cyn: In that [person's] house, I was with [my daughter], my daughter was in tears. You know why? Right there and then, a New Zealand newspaper was handed to me by [this person]. Oral reading. And then, he asked me to explain it to see if I understood it. What I read. In a way, I thought, this is insulting. But, at the same time, I thought, [he] was probably testing my English comprehension and how well I can communicate in English. But it still didn't sit well with me. You'd think it was insulting too, right? But I said, well, if this is my decision, to stay here, [and] this is the only way I can get a job, [then] okay.

4.4. Kat: So, (…) our lift is different for the staff and the, of course, the guests. So there were times when I had to look down to [the office building where I applied for work] from the top floor, and I have to pray. I was praying (…) that I will get a job over down there. 'Cause I really want to get a job down there. So I really prayed hard. (…) I only worked there [at the hotel] for three weeks. [After] three weeks, I got an interview to come to [this office], and, that interview, I had to tell them that I just got that job in [that] Hotel because I have to have money. To, [support] my kids. And so, um, I was fortunate also to get that job (…) And it was even a funny situation because the department was a bit shaky. Staff left, even the head of department left, and so, for me, I'm fresh and new and I have all this positive feeling to succeed, so, it—those things didn't even matter. I just, I just took it as a challenge that… Even if it's, you know, it's a bit shaky, as long as I have this job, that would be nice.

In these accounts, the application of hard work, the refusal to give up in the face of various difficulties and challenges, and the willingness to do whatever it takes were presented as valuable for achieving a goal (in these examples, to stay in New Zealand, to support their children, or to keep a job). Such accounts construct a migrant's 'success' at making a living in New Zealand as a matter of individual will, disposition and attitude. Migrants who fail are those who may have been "choosy" (Fey), or "have airs" (Isa) and were not willing to take on the jobs that might have enabled them to live in New Zealand. Such a construction of migrant success has led some participants like Cyn to take on an unpaid job with the man who interviewed her just to gain New Zealand work experience, as well as other service sector jobs that paid her below the minimum wage, and Fey to take on a job as a kitchen hand, a job she landed within three days of arrival. Ethnic migrants'[38] difficulties at finding employment that is stable, pays well, and recognises their skills and education is well-documented (see Bauder, 2003; Creese & Wiebe, 2012; Dixon et al., 2010; Hawthorne, 2001; P. W. Miller, 2008; Qureshi, Varghese, & Osella, 2013; Sobrun-Maharaj et al., 2011). Migrants reported doing volunteering (i.e. working for free) in order to gain the New Zealand experience that every potential employer required but that few employers were willing to give them the opportunity to obtain (Sobrun-Maharaj et al., 2011). They used 'misemployment' to describe employment in low-level work that is different from the field they have experience in in their home country (e.g. doctors becoming taxi drivers). It is a similar concept to 'deskilling', used by researchers to refer to the phenomenon of deploying migrants to positions much lower than their education, training or experience (obtained in their home country) due to non-recognition of these in the host country (Creese & Wiebe, 2012; Siar, 2013). And while these terms do not necessarily apply only to ethnic migrants, studies on 'deskilling', 'misemployment', and migrant underemployment are typically on migrants who are ethnically or culturally different from the white majority in the host country (for example, Creese & Wiebe, 2012; Dean & Wilson, 2009; Siar, 2013; Sobrun-Maharaj et al., 2011).

Hil, also a skilled and highly educated professional, explained that she was willing and ready to "start from zero", and even shift to another field, in order to "make the most" of what she perceived to be a good opportunity in New Zealand for her son:

> 4.5. I know that when I move to a new country I have to be prepared to give
> up, you know, some things, and—but I realize, you know, that it was very
> good, because you start from zero, basically, you start a new life, you move to

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[38] Examples cited here conducted studies on migrants from Asia, Eastern Europe, and Africa.

a new country and, and I said, my thinking then was, "I have to make the most of this." Win or lose, I should be happy, you know, in my new life. (…) And, my goal then was, it's not me anymore, and with a special child like [my son], it was about how can I make sure that he will live a good life, you know? So that's it. I was ready, you know. So even if, (…) at that time, it took me like a month to get this job, (…) and I told myself, whatever job, you know, I'll try to make the most out of it. Whether I find work in (…) my field, or in another field, like the service sector, I'll be happy with it. Because for me, it was like, it's really a good opportunity for us to lead a better life here in New Zealand.

Unlike other participants, Hil actually found work in her field (albeit a position below her experience and education) and did not have to take on a menial job. But in this account she makes clear that she was prepared, much like the others, to take on "whatever job". Hil, like many others, did not interrogate why migrants "start from zero", and accepted this bottom position as the normal place one must start from, no matter one's skills, qualifications or experience. This 'acceptance' of poorer job options is supported by evidence from one study that found migrants to be more 'tolerant' than locals with jobs that had poorer environmental working conditions, more physically demanding tasks and higher exposure to physical damage (Diaz-Serrano, 2013). Some researchers are critical of such a 'norm' and have theorised it as an outcome of discrimination and of capitalist interest that marks particular industries as migrant enclaves to protect local labour and to suppress wages for all (Bauder, 2003; Siar, 2013). Such analysis politicises the 'individual' narratives of migrant women in my study.

What these individualised accounts allow the participants is an empowering discourse that emphasises their own effort, ability, forbearance, and commitment to work and family. However, they also serve to normalise migrant abuse and exploitation[39], deskilling, and discrimination caused by the complex intersection of systemic oppressions. Those who are unable to 'cope' or bear with these difficulties are marked weak, too proud, or arrogant and are constructed as (therefore) responsible for their own failure to 'succeed'. These accounts fit into a neoliberal subjectivity that emphasises choice and individual responsibility, and which absolves the state and local employers of responsibility (Schwiter, 2013) for poor outcomes for ethnic migrants in this case.

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[39] For examples, see: "Abuse of migrants alleged," 2008; Fernandez, 2014; Su, 2014.

Underemployment and the call to work hard, persevere, and make sacrifices have material effects on women's bodies, as in Fey's example below:

> 4.6. So, the entire time you're doing the job you're standing. And, you know, we're used to sitting down, right? (…) It hurt so bad, the back of my knee. Here. Because you're always standing. So I'd put them up in the afternoon. I had experienced like, if I sit I won't be able to stand up anymore. It's really, really—I tell you we were like [doing] hard labour then. Because to make more [money], you have to work. See they'd offer it to us if there was a lot of work to do. All right, we were supposed to work 8 to 4, but if you want to come earlier, to be able to make more (…) So sometimes we'd do 12 hours.

Several of the women reported experiencing pain and (minor) injury, exhaustion, falling into poor eating habits and managing feelings of frustration and disappointment as a result of job difficulties. A rather drastic example is Liz's account of her bouts with depression, which she attributed to constantly working beyond office hours and beyond her body's limits, in the hopes that she would be able to secure a permanent position after having been laid off from her previous job. Reports such as these are consistent with findings of research on recent immigrants' health, which found that the particular job situation immigrants are in may have a significant impact on both physical and psychological aspects of health. Some evidence suggest that immigrants who were 'overqualified' for their jobs were more likely to suffer from problems due to lack of income, loss of status, family pressures, high levels of stress, and strenuous working conditions (Dean & Wilson, 2009) and so were at greater risk for poorer mental health (C. Chen et al., 2010; Dean & Wilson, 2009; Tsai, 2013) and physical health (C. Chen et al., 2010).

Within this construction of migrant 'success' as being a product of individual effort and will, migrants are less able to question their experiences of unemployment, 'underemployment', and 'deskilling' or 'misemployment'. They are also more likely to suffer physically, mentally, and financially from the effort to perform "whatever job" they can find in order to be able to survive. By normalising the difficulties migrants experience trying to make a living, suffering is often dismissed or accepted as 'par for the course' in migrant life.

A Filipino work ethic

While the difficulties many of the participants encountered cannot be said to be unique to Filipino migrants, what is interesting is the way in which some participants explicitly associated the hard work and perseverance said to be key to 'success' to a *Filipino* work ethic:

4.7. Fey: (H)ere, even if you don't become rich, you aren't poor. Because there aren't great [economic] differences here. The middle class is so huge. So that, if you become poor here, it's your own fault. Because you depend on benefits and you don't work. But Filipinos, we are so hardworking. If you can get that attitude, bring it here, you can achieve what you desire.

4.8. Jen: All the hotels I'd worked in they didn't train me. There was no training. I just learned it. You know Filipinos. We learn very quickly, whatever the job is. When it comes to money, even if it's hard, we need to slog through it.

Fey reiterated points already made earlier in the analysis, that migrants frame hard work as being key to achieving one's desires, and that it is "[one's] own fault" if one is poor in New Zealand. To make a new analytic point, I focus here on Fey's generalisation that Filipinos are "*so* hardworking" (my emphasis) which makes it almost impossible for any Filipino to 'fail' at achieving some (middle-class) status. Jen contributed to an image of the Filipino as a good, desirable or competitive migrant worker in describing Filipinos as being quick to learn, determined, and also added that all Filipinos, "whether they had gone to school or not, know how to speak English, even if it's crooked (…) That's the best about us Filipinos, we know how to speak English, even if it's carabao English[40]." These constructions of the Filipino not only minimise the role that social factors play in migrant adjustment and employment, it also constructs Filipinos as particularly 'viable' or competitive as migrants, as somehow better equipped to settle and succeed in New Zealand.

When participants spoke of Filipinos positively (in Filipino) as a good migrant worker, they used an *inclusive* 'we', and 'us', suggesting not only that they identify with this construction of the Filipino migrant, but also that these supposed Filipino traits or qualities are shared by all Filipinos, as the inclusive form of 'we' and 'us' creates a unity that excludes no one[41]. This unity and identification is all the more significant when compared to how references to less desirable Filipino migrant practices or perceived negative traits were referred to as practices

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[40] Colloquial phrase which means broken English.
[41] In Filipino, 'we', 'us' and 'our' may be the inclusive 'tayo' and 'natin', which refers to the person speaking and others, including the one spoken to, or exclusive 'kami' and 'amin', which excludes the person spoken to.

by "some" or "other" Filipinos[42]. This idealisation of the Filipino links quite clearly to contemporary popular and official discourse in the Philippines regarding the Filipino migrant worker. Various scholars and critics of the Philippines' longstanding economic strategy of labour export have pointed out how the Philippine state has actively colluded with gendered and raced global neoliberal forces to construct a 'Filipino brand' of worker that is ideal for deployment abroad (Guevarra, 2009; Parreñas, 2007, 2008; Velasco, 2002). This Great Filipino Worker (see Chapter 2) is actively marketed as the "hottest global labour commodity, whose education, English-language fluency, and 'tender loving care' attitude are their 'comparative advantage' over others" (Guevarra, 2009, p. 2). Philippine state officials and labour brokers (i.e. recruitment agencies) assert that Filipinos have an innate, cultural capacity for flexibility and adaptability and a facility for speaking English which make them highly desirable *and recognisable* globally as a Great (Filipino) Worker (Guevarra, 2009). An even more long-standing and culturally significant icon of the Filipino migrant worker is the Bagong Bayani (see Chapter 2). The Bagong Bayani is constructed by the Philippine state as, among other things, "enhancing and promoting the image of the Filipino as a competent, responsible and dignified worker," (Bagong Bayani Foundation Inc., n.d., p. 1). These images of the Filipino migrant worker are reproduced and circulated by recruitment agencies[43] as well as by receiving countries[44].

Such claims of the Filipino as good (or great) workers are powerful, but remain credible only to the extent to which they can be observed by others (e.g. employers and co-workers) as 'true' (Guevarra, 2009), that is, the 'delivery of goods' as promised by the circulating stereotypes regarding Filipino migrant workers. Thus, these constructions must be embodied,

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[42] For example, some participants refer to "other Filipinas" who only marry New Zealanders to get New Zealand citizenship (Van), or who engage in prostitution "out of desperation" (Cyn); there are references also to "some Filipinos" who "show off" (Tia) and buy boats even if they can't afford it so as to enhance their status (Cyn).

[43] One New Zealand-based recruitment agency describes Filipinos as possessing a "a work ethic that is seldom found in the west today – most Filipinos will go the extra mile to assist their employers with a willing attitude" (Immigration Placement Services, 2013a, para. 4), and maintain that employers around the globe have "recognised [Filipinos'] willingness to work, their cheerful dispositions, and their ability to pick up language and new skills"(Immigration Placement Services, 2013b, para. 3). A recruitment agency with a job posting for Filipino nurses interested in work in New Zealand goes so far as to declare there is "no doubt that Filipinos, skilled or unskilled, regardless of gender, creed and religious belief are world class not only in terms of talents but in work attitudes" (Aureus Manpower and Consultancy Corp., 2013).

[44] For example, Onuki's (2009) analysis presents the Japan-Philippines Economic Partnership Agreement, which includes provisions for allowing the entrance of a specified number of Filipino nurses and careworkers to Japan, as being constructed as Japan's 'special gift' to Filipinos 'innately gifted' at care work.

expressed materially in individual women's bodies and the (hard) work that those bodies do. In the quote below, Isa asserts how well Filipinos work, and shows how she, as a Filipino, demonstrates professionalism in her own job:

> 4.9. Isa: "Us Filipinos, when we work, it's really polished/professionally done. Most of us are results-oriented. (…) [The boss] can throw me the ball. I won't let it go and pass it on until I'm sure the other one's caught it properly. And done well. Practically all his work, I can do. So that whatever he needs me to do, etcetera, he just tells me, [and it's] good as done."

As others have argued, the Philippine state's deployment of these images or icons of the Great Filipino Worker and the Bagong Bayani has been used effectively to "regulate and normalize individuals through a system that instils a particular type of racialised work ethic and ultimately creates a docile citizen who is beneficial to the state and its economic interests" (Guevarra, 2009, p. 5). Data from my study demonstrate how these images, circulating in popular discourse, discipline Filipina migrants' bodies and produce a docile citizen that is ceaselessly productive, one engaged in work that takes its toll physically, mentally, and emotionally. And yet, participants' accounts also indicate that their embodiment and performance of the Great Filipino Worker can be actively and effectively employed as an individual strategy to secure one's position as a valued employee, as a good worker, and as an ideal, successful migrant.

However, as discussed in the previous section, such an embodiment can have unpleasant consequences on the body when women engage in physically taxing work for extended periods or overexert themselves in the desire "to work 100 per cent or more, because (…) we're really hard-working like that" (Liz). The unpleasant situations many Filipino migrants around the world experience and the physical and emotional suffering they are called on to embody can be seen to have links to the notions of suffering and sacrifice underlying the construction of the Bagong Bayani (Rafael, 1997).

To appreciate the Bagong Bayani's discursive construction as being underlined by notions of suffering and sacrifice, one must go back to the colonial and religious ideals that shape Filipinos' understandings of heroism. Ileto (1979) traced Filipino notions of nationalism and heroism to Jose Rizal (1861-1896)—a medical doctor, intellectual, writer, and national hero of the Philippines. Persecuted and later publicly executed by the Spanish colonial government

for penning incendiary novels *Noli me Tangere*[45] and *El Filibusterismo*[46], Rizal served as an icon around which revolutionary movements later rallied. Ileto (1979) argued that Rizal's life of suffering and sacrifice represents the Christian ideals of suffering, sacrifice and martyrdom that structure Filipinos' interpretation of their everyday lives during times of despair. Individuals who are seen to embody these ideals are conferred a status of respectability, and those who had suffered (and died) for country are regarded heroes. Rafael (1997) builds on Ileto's analysis and argues that parallels can be drawn from Rizal's life— his humiliation in the hands of an abusive, foreign force, an unjustified and shocking death, and the massive outpouring of pity and prayers— with the lives of overseas Filipino workers, increasing numbers of whom are women. The term Bagong Bayani speaks of an implicit acknowledgement of the exploitation, abuse, and great physical and emotional strain OFWs may face while valorising and normalising the decision to undergo suffering and sacrifice for family and country (Encinas-Franco, 2013a, 2013b).

Because state constructions of migrant work position it as being more than just a job but as an opportunity to be recognised as an exemplary citizen, potential risks and dangers associated with migrant work are then reframed as "challenges to be overcome in a performance of nationalism" (Tyner, 2004, p. 79). Guevarra (2009) contends that the state's use of the discourse of the Bagong Bayani enables it to make use of culturally significant ideas around suffering, sacrifice, heroism and nationalism to seemingly empower workers, in order to fulfil its neoliberal objective of generating responsible economic citizens. These discourses around the Filipino migrant worker provide the framework upon which the relationship between hard work, perseverance, sacrifice and migrant success is built upon. These popular understandings of what migrant life entails explain participants' unquestioning acceptance of the idea of "start[ing] from zero", of deskilling, of poor or exploitative working conditions as 'normal' for migrants. They construct the success some Filipino migrants have achieved as being a result of the hardworking nature and talents of *lahing Pilipino* (Filipino culture/people), but dismiss the 'failures' as not having been willing to make the sacrifices necessary for success.

Managing the Othered body

Among the participants, there were several who framed their experiences of being rejected for a job, passed over for a promotion, given lower pay, undermined by their boss, and disrespected by their clients as instances of being disadvantaged because of their ethnicity,

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[45] Latin for "Touch me not".
[46] Spanish for "The Filibustering". This novel is a sequel to *Noli me Tangere*.

migrant status, or their age. While very few actually used the term racism explicitly or talked of discrimination, many descriptions of these experiences included references to one group's 'natural' or assumed superiority over others in New Zealand and emphasised the lack of respect or fairness for one group. This section aims to interrogate women's understandings of these incidents, and present the material and discursive strategies they employed to deal with them.

Discrimination as normal

Typically, participants described some experience of discrimination in the workplace as natural, common, or normal in their stories. Difficulties in getting hired, conflicts with superiors and clients, whether perceived to be because of their migrant status, ethnicity or age, appear to be accepted as something to be expected, and that requires women to make adjustments in *themselves*—in their expectations, their decisions, their feelings, and (as I will show in the section that follows) their appearance:

> 4.10. Isa: Whether you like it or not the time will come when you'll have to rest because even though I want to work past 75 it might be—although I am sure that I won't look old—that I won't be accepted to work anymore. If you start over again, naturally, you'll have a hard time. Especially if you're going to be looking [for work]. If I continue with where I am now of course I won't have any problems because I'm established already. There's that need you're filling so at least you have some sort of bargaining power. If you apply for new job again, of course, naturally, you'll have a hard time. You have to adjust what job you're looking for. But if you're in community development or customer service or whatever, even if you're old they'll still give you [a job], because there are still businesses who look for experience. What you can contribute. So it depends how you present yourself.

> 4.11. Tia: (…) they [white people] tend to stereotype us.
>
> Int: Can you give me an example or some specific—?
>
> Tia: They have— they actually… It is a normal thing for them to consider their race as superior to ours. Racism. Bluntly, racism.

Int: How do you see that in your interactions with, say, your bosses or your clients?

Tia: If you have suggestions, they tend to crush it down even if they know that probably it's good. You know they will not readily accept criticism from you. They will not readily accept that they made an error especially if you saw it! They will not readily accept that you can be better than them. You'll have to work hard to prove to them that you are better and sometimes even if they can see it they will not readily accept it. Nope! It's a reality.

(…)

Tia: If your boss is a migrant like you, she understands. She will understand where you came from 'cause she came from there as well. He's[47] been there he's done that. He understands the difficulties that (...) are being undertaken by migrants. He would understand that [which] our white boss wouldn't. The white boss would see you as his threat especially if you're good. Especially if your credentials are higher than his or hers especially if he sees that you have had a master's degree and she's just a bachelor or maybe you have an experience of ten years and you have discovered cases [of interest] where you came from and she hasn't done that. But you are in his office and "I'm the boss here and you are below me. Stay there!" kind of thing.

Int: Wow. So how does it feel like having to work in an environment like that?

Tia: Sad! Um. Frustrating! Sometimes you feel anger, you feel that you are being deprived, you feel that it's not fair but then after a while you learn to accept it 'cause you cannot do anything. It's either you deal with it there, accept it or go away and look for another job, but the sad part of it [is] if there is an asshole in one place there is an asshole everywhere.

Perhaps what is more striking than the many reported instances of perceived injustices in the workplace, is the manner in which inequality is spoken of as "natural" (Isa), "normal" (Tia), as a matter of "preference" (Ela), and even more regularly, as not worth commenting on

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[47] Tia switches gendered pronouns here. Filipino pronouns are not gendered, and so Filipinos speaking English will often make errors or switches in pronouns. This inconsistency in the use of pronouns may also indicate that gender is less important than ethnicity/migrant status in the work setting as understood by Tia.

except to describe the difficulties as part of the norm of migrants "start[ing] from zero" (Hil). One participant, Fey, declared there is no discrimination in New Zealand, and that all the opportunities a white person can claim, a Filipino migrant can, too, in time, albeit with "a little sacrifice".

Data from the 2013 New Zealand Census provides some evidence that lends support the participants' claims that there are disadvantages for people who are older and who are of a non-white ethnicity in the workplace. Rates of employment begin to drop for those aged 50 and older, faster for women than for men, and the discrepancy between men and women's part-time employment decreases from the age of 45, suggesting that more and more men shift to part-time work as they age, as women exit the workforce entirely (Statistics New Zealand, 2014i). Of the four largest ethnic groups (European, Māori, Asian, and Pacific peoples, in descending order), Europeans have the highest employment rates, and the lowest unemployment rates (Statistics New Zealand, 2014h). These statistics by themselves do not mean that workplace discrimination against older persons and ethnic migrants exist, but research on the New Zealand workplaces (Department of Labour, 2009; M. Wilson, Parker, & Kan, 2007; G. Wood, Harcourt, & Harcourt, 2004) and settlement experiences of Asian migrants to New Zealand (Dixon et al., 2010; Sobrun-Maharaj et al., 2011) suggest that they do. Researchers in other countries have observed that non-white migrants have tended to occupy lower-paid positions that did not match their education, experience, or skill (Boyd & Derrick, 2002; Hawthorne, 2001; Larsen, 2007; P. W. Miller, 2008). It appears that material conditions match participants' discourse regarding poorer opportunities for employment for older persons and for non-white persons as 'normal' or 'to be expected'. And while there is some construction by participants of certain personal experiences at work as discriminatory, there seems to be little understanding of discrimination as a structural problem that systematically excludes older people and non-white persons (recent migrant or not) from better or fair opportunities at making a living. Instead, most accounts offer a view of discrimination as a common, individual, "asshole everywhere" (excerpt 4.11) kind of problem that women are to deal with on an everyday, individual basis.

Strategic bodily presentation

The bases for discrimination (i.e. age and one's migrant status) are often read off one's body – one can be old but not look old, one can be a migrant but not be *non-white* (in Tia's account [in excerpt 4.11] she contrasts the migrant boss not with a non-migrant boss, but a *white* boss, suggesting that perhaps it is 'colour' and not strictly migrant status that makes a difference). In the excerpts below, Ros, a health professional, and Tia, a business professional, frame their

bodily practices and body presentation as strategies for moderating the impact of discrimination at work at the level of everyday, individual interactions to maintain an apparently 'productive' body:

4.12. Ros: I think some people look at you (…) they look at you from head to toe. For me, [working on/with a] patient, somebody like that, you have to be more like, professional, dignified, presentable. If I come with all these things and my hair matted every where—

Int: (Laughs)

Ros: No! I always make sure… I look more dignified and professional. Because you see, people will look up at you. (…) The three of us in [this job] are coloured, we're not white. (…) — These patients will look upon you, especially the white ones, the Europeans would say, "What does she know?" They would be— (…) they will just be looking at you from head to toe. Thinking I don't know anything. [Relates details about incident with patient] So now, you'll have to be more presentable and professional. Because you see, we come to this country— because for them, they can get away with it because of their colour. But we can't. We can't get away with anything and then just go there and be not presentable? No.

4.13. Int: Why is there that, how do you call it? Like a boundary, so that "If I'm not working anymore then maybe it's ok [to stop colouring grey hair]". Why is that the—

Tia: Just like I said, self-esteem is a very big factor when you're working, not only for yourself, not only for your own self-confidence but how you would project yourself to other people.

Int: So, it's like, because you're still working and like, within that—

Tia: You want to look good.

Int: social context you want to bring all the possible confidence you can get from whatever source—

Tia: Yes.

Int: —to work? And then—

Tia: It's like, to reinforce your confidence. See, to begin with, no one pays attention to you. [So] you shouldn't just let yourself go.

Participants reporting they present themselves in the "best possible way" (Fey) at work was not uncommon—it is given as sensible advice to new job applicants as looking 'presentable' may give one "an edge over another candidate" (Careers.nz, n.d., "Get your interview outfit ready" section, para. 2). The only way that this advice and these participants' practices are sensible is if we accept that people's appearance speaks something important about who one is. Goffman (1959) and Foucault's (1977, 1980, 1990, 2008) work on theorising the body are helpful here for making sense of the sensibility of such practice. Goffman (1959) explored the idea that individuals are constantly engaged in a performance with the aim of enhancing their own interests and minimising the loss of face. The performance or 'presentation of the self' is governed by certain socially-produced criteria for an ideal body which are symbolically significant, and these social meanings attached to bodily display and expression are argued to be important determinants of a person's sense of self and inner worth (Shilling, 1993). Foucault's work (1977, 1980, 1990, 2008) highlighted the body as a site for political control, surveillance and regulation, and showed how state apparatuses (e.g. medicine, schools, psychiatry, prisons) define and limit individuals' activities and bodies, maintaining the productivity and usefulness of bodies and punishing those who transgress (Coupland & Gwyn, 2003). Therefore, in a youth-oriented, white-dominated, sexist culture, women may be compelled to invest in their appearance and conform to particular standards of body presentation in order to gain confidence as well as diminish the likelihood of poor regard (and poor treatment) by others (Furman, 1997; Slevin, 2010; Wolf, 1990). While the two theorists focus on different things – Goffman on individuals' efforts at protecting and promoting their own interests, and Foucault on social (and then individual) regulation of individual bodies— and theorise them differently, self-examination or surveillance and attention to one's own appearance and behaviour are key concepts for both.

The strategy of employing body presentation as a means for enhancing one's credibility in the workplace is a significant one for women whose gendered identities are positioned marginally in organisations (Trethewey, 1999). As individuals living and working under the gaze of "an anonymous, patriarchal Other"(Bartky, 1990, p. 72), women discipline their bodies and attend to their appearance and their comportment, navigating complex and ambiguous ideals in order

to present their bodies as suitably 'professional' (Trethewey, 1999). However, my participants in particular express the idea that bodily presentation is a means for enhancing their 'image' in a context where their ethnicity, and not *particularly* their gender, is identified and presented (to me) as impacting workplace interactions. This suggests that for Tia and Ros, the anonymous Other is not (only) patriarchal, but racist.

In the interview, Tia spoke of dyeing her hair as a way of convincing herself that she "can still do something". Grey hair signified for Tia a loss of youth, unacceptable to her because she "know[s] that [she] still [has] a lot of things to do." Dyeing her hair meant "comfort" and was a "self-esteem booster". Such remarks highlight the incongruity Tia saw between an ageing body and productivity, an incongruity consistent with ageist stereotypes which assume ageing to mean increased disease, dependency and deterioration of mental, physical and financial resources (L. Clarke & Griffin, 2008b; King & Calasanti, 2009; Rozanova, 2008). Indeed, the normalisation of ageist views has resulted in companies excluding older people from paid work based on the belief that they are incompetent and have a diminishing capacity to contribute (King & Calasanti, 2009; King, 2006), and targeting them for harassment (Phillipson, 2002). Keeping one's grey hair can be perceived as inviting discrimination in the workplace— one study found that women associated 'going grey' with dependency, invisibility, poor physical and mental health (L. Clarke & Korotchenko, 2010). That Tia spoke of covering the grey as increasing her confidence at work suggests an intersection of oppressions— that being (visibly) old, a woman, and ethnically non-white and/or having migrant status increases the chances of unpleasant or unfair treatment at work. It is logical, then, for Tia to express a need to deny or defer others' perception of her as old until after she has decided to quit work. Within her specific context as an ageing immigrant woman at work, ageing is an added disadvantage, something that potentially further reduces her value. This illustrates that the variety of social categories (e.g. gender, migrant status, ethnicity, and age) which shape our lives interact to create unique positions of oppression (and opportunity) that affect our ability to negotiate for inclusion (Connidis, 2006; Krekula, 2007; Slevin, 2010); also, in my participants' case, the multiplicity of relevant social positions leads to various embodied practices of conformity and resistance.

This strategy of using bodily presentation to avoid discrimination, while effective to some degree at the level of individual interactions and lending women a sense of agency and control over these situations, does not contribute towards changes in the discourses that produce ethnic, ageing migrants' marginalisation. In line with other analyses of 'passing' as a strategy for avoiding discrimination (L. Clarke & Griffin, 2008b; Faircloth, 2003; Furman, 1997;

Granville, 2000), I argue that efforts at maintaining a particular look (e.g. 'professional', 'youthful') reinforce the ageist, racist, sexist and anti-migrant ideologies that are the bases of discrimination in the workplace because they continue to locate the problem and its solution in the individual.

Discursive negotiation

Three of the participants (Isa, Tia, and Bea) viewed themselves as possessing more skill and education than their current job called for. Given the strong views about the role of hard work, sacrifice and perseverance in migrant 'success', underemployment may be regarded as a failure to fulfil one's potential as a capable and hardworking Filipino migrant. With the construction of discriminatory hiring practices as 'normal', needing management of the migrant's own behaviours, attitudes, expectations and bodily presentation, underemployment may be interpreted as a lack of skill or interest in making these adjustments. Therefore, migrants who are underemployed may be constructed as 'inadequate' in their embodiment of the good worker or ideal migrant. The three participants' accounts of underemployment offer an opportunity for exploring how individuals navigate the tensions between discursive constructions of the migrant's productive body and the material and discursive conditions around ageing and migration that limit one's 'success' in the workplace. In the discussion that follows, I focus on these participants' accounts of their underemployment to illustrate how they negotiate a positive position for themselves despite their experience of 'contradictory class mobility'[48] (Parreñas, 2001b).

Tia and Isa's accounts of their situation at work highlight the choice to stay as a *practical* decision— one that was made considering all the stresses already existing at their current workplace, the limits perceived to be placed on them by ageing, the potential stresses of adjusting to a new job or higher position and comparing all these against the stability they have in their current job.

> 4.14. Int: So you're still working there?
>
> Tia: Sort of. (Laughs) Yes. And, plus of course I started work there [when] I
> was already in my forties so (…) Finding a new job (…) where I'll have to

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[48] Contradictory class mobility was originally used by Parreñas (2001b) to describe Filipina domestic workers' simultaneous experience of an improvement in financial status from overseas work alongside a decline in social status, given the low regard for domestic work in the Philippines. I would argue that it also applies to the experience of migrants becoming employed in jobs that do not adequately reflect their training and experience, and which may be of lower status relative to the positions they held in their community of origin.

learn the entire system again is just too daunting for me. Whereas over there [in my current job], [even] with eyes closed, it's already clockwork. I do this everyday. I don't have to think. It's a routine already. Whereas if I [look for another job] — probably I can, but, like, I'm not keen on doing that anymore. Not at my age now. Maybe if I were younger, I might [be like] "Fight! Go for it!"

(…)

Int: What do you want from the job or what-

Tia: Oh, yeah, stability probably and um, I wouldn't say self-fulfilment because I'm not even self-fulfilled there, you see. That's supposed to be the ultimate goal in a job. Your self-fulfilment there. But I think it, it's because it puts food on the table, [that's] number one, and plus I am staying there because [of] the proximity, it's so close. It's very convenient. I wouldn't get a job that would offer me ten thousand dollars more if it were in the city. Nah. I wouldn't. I will let go of maybe 20,000 per annum not to work in the city. I'd rather have a low-paying job close by.

Int: Because?

Tia: The stress going to the city and coming back

4.15. Isa: To be honest I didn't really exhaust all the avenues to get a job. Because for me, I'm being practical, too. I'm getting older. I don't want to have lots of responsibilities. Sure you have a high salary, but lots of responsibility. And then those white people under you go, "Hmph". Go like that. That's normal. (…) Even [Pacific] Islanders. "Hmph." They do what you ask them to, but, "Hmph". They go "Hmph." Because what they feel is, they're superior. So (…) now it's up to the kind of personality you have, how you deal with them. So that they're really (chuckles) committed to you. See? So I was thinking, why would I give myself a headache when I can get a job that— even if it's lower, even if the position is lower, well, so what— if you're still making money?

In these excerpts, Tia and Isa took for granted that ageing creates limits for them in the workplace; Isa also spoke of challenging co-workers as a given. These conditions or constraints were framed as not amenable to change, but as best dealt with through the management of their own actions, particularly by avoidance (i.e. not applying for a new job or a new position). In presenting the decision to stay in their current position as well thought-out, Tia and Isa called up the image of a calculating investor engaged in the 'enterprise of oneself' (Foucault, 2008) who aims to seize the best opportunity possible within the context of numerous constraints. These participants' arguments prevent negative meanings being applied to their 'underemployment'; they make possible the existence of a discursive space within which underemployed Filipino migrants may still claim value as 'good' migrants and responsible citizens who do all they can given their real and multiple constraints as ageing, non-white, migrant women. However, at the same time, they highlight the criteria of being able to "put food on the table" as being most crucial for determining the significance of one's labour. As Bea said, "There's no challenge there (at work). But at least that's – you know. You work to live."

Of the many meanings work may hold for people, self-sufficiency, or being able to make money to support oneself and one's family ("work to live"), came to be held up as most vital for all three in justifying their work situation. Such a formulation of the significance of paid work simultaneously contributes to and is produced by the notion of a 'self-sufficient citizen'— a notion based on neoliberal, market-oriented conceptualisations of social citizenship that emphasises paid work and self-reliance (Lister, 1997; A. McLaren & Dyck, 2004). These accounts show how the productive body— its ability to engage in paid employment and (still) make money despite unsatisfying work and poor or challenging work relationships — is paramount in ageing Filipina migrant's meaning-making around ageing in New Zealand. Such views regarding the importance of paid work and the enormity of individual responsibility for securing paid work produce ageing migrants as docile workers who apply for, accept, and/or maintain jobs that pay poorly, that are insecure, and with little to no potential for growth.

The push for productivity into old age

When asked about plans for the future, the majority of participants expressed an interest in continuing with their employment for as long as they are able. Although the specifics participants described were varied (e.g. part-time work, low-key involvement in an investment, continued full-time employment), the positive regard for continued involvement

in paid work or in some business enterprise was typical. Here I focus on the positive construction of continued productivity into old age, and look at the various reasons participants gave as motivating them to continue working. Participants' stated motives generally fell under the following themes: having a love of work as a personal trait, work as having anti-ageing benefits, and work as benefitting others. In discussing these three themes, I interrogate further the idea of participation in paid work as shaping identity, in particular, as a crucial element of citizenship, an important determinant of 'social worthiness', and in the development of an individual's 'self-esteem' (Laws, 1995). I will demonstrate how these ideas, together with ageist and neoliberal constructions of a 'modern retiree' which promotes activity, autonomy, and self-responsibility (Rudman, 2006), figure in ageing Filipina migrants' understandings of a desirable or 'good' ageing.

Love of work

For several participants, continued employment into old age is a desirable situation as an interest in work is constructed to be part of their personality or constitution:

> 4.16. Des: My system is, from the age of eight, I was already out there earning a living, all right? And I am not used to staying at home. Even if I did have a bit more money, I'm just not used to it. I am used to 'get out and go'. My body tells me, "Hey, have a shower. Get changed. Get out." That's me. My brain is still sharp. I know I can still impart knowledge in me. So, it's not like—I can't stop working until—while I can still do things, as long as I can stand, I'll work. That is me.

> 4.17. Kat: Ten years from now I think I'll still be working, I think. Because I have to be doing something. I'm not a person who is happy not doing anything so I want to be doing that.

In Des and Kat's accounts, the interest in work is separate to its value as a means for making a living. Whereas previous accounts by other participants of work emphasise its necessity for survival, these accounts by Des and Kat disconnect work from wage or wealth. They emphasise not practicality, but passion— a felt drive to work, regardless of monetary needs or gains. In addition, they refer to involvement in work as 'doing things', the opposite of which is implicitly positioned as doing nothing. So that, in expressing a passion for *not* doing nothing, Des and Kat depict themselves as the opposite of the many possible meanings of

'doing nothing' – the opposite of lazy, useless, helpless. Also, to speak of paid work as doing 'something' positions life without work as *empty*, quite different to other possible constructions of such a life (for example, as a time of renewal—the opportunity to pursue other roles and meaningful activities unrelated to paid work). In these quotes, work is constructed to be meaningful not for the income it brings but for the construction of a positive identity as, say, hardworking or being in possession of a body and a mind/brain that are useful and able. Because of this relationship between work *qua* work and a positive identity, Ela and several others' expressed interest in doing (more) unpaid work (i.e. volunteering) as they grow older makes sense:

> 4.18. Ela: Well, I hope that at that age I won't need to work, you know. So that I can enjoy my grandchildren. See, I'm tired working, too. I'd like to have a choice to be able to work if you want to. But it doesn't mean my brain is going to stop then [when I stop working]. Because there are other things you can still [do] to develop your mind. Maybe I'll have time in doing voluntary work, even teaching young people.

Locating the need for productivity in the individual rather than viewing it as a socially-constructed imperative has important implications for subjectivity and practice. It obscures ageist and neoliberal ideals that prevent people from being seen as valuable despite decreased capacities and opportunities for regular, paid work. It denies, and even justifies, the discrimination and exclusion older people and migrants may suffer in the workplace by implying that those who cannot (find) work, or those who are not making themselves useful 'doing things' (say, through working at a job with few opportunities for growth, working part-time, or volunteering) are inherently lazy and at fault for their own suffering. Echoing arguments by Hakim (2000) that women's bodies/biology (i.e. lower testosterone levels compared to men) and individual preferences[49] account for the differences in women's employment patterns, it minimises the inequalities many women (migrant and non-migrant alike) face getting hired, balancing work life and family life, and securing jobs that allow for upward mobility (Crompton, 2006). As well, it ignores the experience of women being 'never the right age'— having ageist attitudes about their appearance or sexuality affect judgements about their suitability for a particular job or for promotion (Duncan & Loretto, 2004;

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[49] She describes three 'types' or 'preference groupings' of women: the home/family-centred who prioritise their families, work-centred, who prioritise their work, and adaptives/drifters who shift priorities over the course of their life/career (Hakim, 2000).

Jyrkinen, 2014), or of having their careers be treated as subordinate to their husbands' (Morrison & Lichter, 1988).

Anti-ageing benefits of work

A more common explanation offered by participants for justifying working into old age is the view that work helps to delay the perceived negative impact of ageing. In these accounts, participants took for granted bodily and mental deterioration associated with ageing, and proposed that participating in paid employment has anti-ageing benefits:

4.19. Int: Do you imagine still working? At 64?

Liz: Yeah, until I cannot do it anymore.

Int: Oh? Really?

Liz: Yes, because, if you're just sitting at home, although I'm not the kind of person to just to sit and do nothing, the more you'll grow weak, and your mind is not active. (…) You're actually more active when you're working. (…) See, they say you're going to grow weaker and die earlier if you don't have (laughs) activities (laughs).

4.20. Int: Why is that a good thing to be working part time even [at 60?]

May: [Because] it helps your brain. You know? Otherwise you're brain dead. (Laughs)

Int: Ahead of your body (laughs)

May: You need to keep continuing. The other reason that I like [working] at [Company] is because my brain is always working because we concentrate on using our brain and also the body.

Participants' views on the links between employment and well-being in ageing reflect the ideas found in other research on older workers. Some studies have shown employment to have a positive impact on the physical health (Gallo, Bradley, Siegel, & Kasl, 2000), general health (Forssén & Carlstedt, 2007), mental health, and well-being (Seitsamo, Tuomi, & Martikainen, 2007) of older people. Others provide evidence for the negative impact on physical and mental health of early, unexpected, or forced retirement (Butterworth et al.,

2006; Gallo et al., 2000; Latif, 2011) and job insecurity (Kalil, Ziol-Guest, Hawkley, & Cacioppo, 2009). Employment appears to be understood by policy-makers and researchers to contribute not only the financial well-being of older persons (HelpAge International, 2010a; Hodes & Suzman, 2007), but also to cognitive health (National Institute on Aging, 2011) and social well-being (Ministry of Social Development, 2007). Participants' endorsement of a link between one's continued employment and the quality of one's ageing fits well with contemporary discourse on 'positive ageing' (see *Chapter 2*) that present activity as key to preventing disease and deterioration, and persuades individuals to take on greater personal responsibility for their own ageing (Rudman, 2006).

However, a significant amount of research also indicates the relationship between health and employment to operate in the opposite direction; that is, individuals' health status determines whether one continues with employment or not (Bolzman et al., 2004; HelpAge International, 2010b; Hodes & Suzman, 2007; Schellenber & Silver, 2004). Not all ageing individuals are physically or psychologically well enough to continue with paid work into old age. Some jobs are more strenuous, while others are more hazardous to one's health (HelpAge International, 2010a, 2010b). Among the participants, those who expressed an interest in continued employment are all employed in jobs that are not particularly physically demanding (e.g. office work) which suggests that perhaps the privileges of such a position (i.e. being able to 'choose' to work longer) are obscured from their immediate view. In contrast, Jen, whose job as a chambermaid she described to be physically taxing, said she would quit work if she could. Jen's experience of serial employment in low-paying, low-skilled jobs provided her a different standpoint (Harding, 1996; Swigonski, 1994) from which to regard the notion of continued productivity into old age. Below is an excerpt from the kwentuhan where Jen asked me what my plans were for my own old age. I responded as many others did, speaking of an interest in working for as long as I could:

> 4.21. Int: See I don't, I don't know what I'll do with myself the whole day if I
> don't have work. It's like that. So that's what I think. For as long as the body
> can. Something like that. Of course if—
>
> Jen: Yeah. I'm with you there.
>
> Int: —your body's failed—
>
> Jen: But say like those jobs there at the hotel. My God. You go there—[gets up
> and walks with a limp, and stooped] Right? Go like this. Like this. Right?

Int: Limping.

Jen: Yes. It's true. There are lots.

Int: Really?

Jen: It's true. Yes. Really lots, at work. [One co-worker]'s like that already. When she works she goes like that—but she still works. Ah. [She's] 54.

Int: Why are they still working like that [in housekeeping] when they're old already?

Jen: I don't know. Well, because here in New Zealand. The government pushes you to work even if you're old.

Int: Really?

Jen: Yes.

Int: I thought there were [state-provided] benefits?

Jen: Yes. Yes. But what they give you isn't enough. They're really going to push you. Even if, even if you're uh, sick, you're still going to be pushed to work. It's like they want to kill you by—

Int: Really?

Jen: Yeah!

Jen's life as an unskilled migrant engaged in physically demanding, low-paid work gives her a critical perspective on the positive discourse around continued employment into old age. Although Jen was one of the two youngest in my pool of participants at 49, she reported that changes in her body's ability to work— the diminished energy, the constant aches and pains— made her feel old and made her "want to give up on work now". And yet, she claimed that her financial situation prevented her from quitting work. For Jen, it was clear that the 'choice' to work is positive only for people who have the luxury of choice—individuals who have more resources (physical, financial and social) and have the option of doing work that they can do, that they like, and that is not too physically taxing, for income they do not necessarily need.

Within these accounts around work, contradictions exist about how ageing is constructed. Although ageing appears to be regarded as a time of continued productivity, the unspoken parallel construction is that ageing means physical and mental decline, uselessness and dependency that people *can* and *must* avoid. In these accounts, continuing employment can be the arbiter of one's status as an ageing person. One can 'choose' to be an irresponsible person who makes a burden of oneself by not working and thus hastening one's deterioration. Or, one can 'choose' to do the right thing and be a good citizen by working and continuing to be a healthy, productive member of society (King, 2006). In short, ageing individuals are constructed to belong to one of two groups and as responsible for making the choices that ensure they belong to the positively regarded group.

The logic being endorsed by these accounts can be found at work in media discourse (Rozanova, 2008; Rudman, 2006) and in contemporary ageing policies (Davey & Glasgow, 2005) that stress individual responsibility, consumerism and 'positive' ageing lifestyles. Other critics have made connections between this particular discourse around ageing to a neoliberal agenda that seeks to decrease expenditure on social services through privatisation (Polivka & Longino Jr., 2002). Changes in retirement and pension policies that increase the age of eligibility have been argued to result from fears of an aging population (McDonald & Donahue, 2011), with prolonged life and good health said to strain private and public pension schemes (Sargent, Lee, Martin, & Zikic, 2013). These fears can be seen typified by the use of alarmist language[50] in public discourse around an ageing population. Such language others ageing individuals and portrays them as a homogenous and socially separate group that is parasitic on society's younger members (Cruickshank, 2003).

In New Zealand, statistics show an increasing involvement in work by those in the 65+ age group (Ministry of Social Development, 2007) owing to changing attitudes to retirement, increasing life expectancy and well-being into old age, and important policy changes on retirement age and eligibility for pension (Dunstan & Thomson, 2006). These legislative changes— one in 1991 which rendered unlawful the enforcement of compulsory retirement on the basis of age, and another (implemented over nine years, from 1992 to 2001) which raised the age of entitlement to universal pension from 60 to 65 years— frame the historical 'pensioned leisure' concept as a less and less desirable kind of retirement (Gorringe, 2003). The discussion around retirement in New Zealand has been explicitly a 'save more' message

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[50] For example, using "flood", "epidemic", "grey hordes" and "demographic iceberg" to describe an ageing population.

coupled with a less explicitly acknowledged 'work longer' imperative (Gorringe, 2003). Participants' expressed motives for working longer are crafted within this local context of decreasing state support for 'leisure' in retirement and the state's active recruitment of an image of the busy, autonomous retiree as a strategy for furthering its own neoliberally-informed agenda. Only Jen, who embodied the less ideal migrant life (e.g. serial employment in low-paid work, less financial stability, poorer social relations), criticised this image by articulating the more marginal view that "(t)he government pushes you to work even if you're old."

Working for others: Hero or slave?

A third reason provided by a few participants for continuing employment was the need to continue sending remittances to families in the Philippines. Sixteen of the participants (80%) volunteered information that they sent money to the Philippines. Of these, 13 still sent money on a regular basis; one had already stopped, and two sent money only occasionally, when needed. Participants sent remittances to parents, adult siblings, adult children, nephews and nieces, and other extended family members; a few also reported donating money for scholarships, or for disaster relief efforts. Bea is one of four participants who explicitly spoke of the need for continued employment as arising from their efforts to help others:

> 4.22. Sometimes, like right now, 'cause I'm paying really heaps of money. Practically my [entire] salary goes to big loans. So, sometimes I say, "How did I come to this situation I-"When I look back— I had to. Because one of my big loans was the— I had a gold card which I used whenever I sent money and then it becomes too big, and the interest is, you know with credit card, that's what that was. So I decided I have to have a loan to pay off my credit card and that's it. And then the other loan is just to help my brother [in the Philippines]. So I said if I hadn't had that facility, I would not be able to help my family. So, it's more like, I have to do it. (…) And one of my friends, I told her about— sometimes, you know, like I want to stop working already because, like I said, I will enjoy [it]. [But] because I have to have this loan to be paid so I said, just carry on.

Although only Bea, Des, Isa and Vangie mentioned helping family as one of the reasons for their interest in continuing to work, the idea of paid employment *in New Zealand* as affording opportunities to be of help to others is common in other participants' accounts. As Kat said, "So, up to now, that's my commitment: to help others if I can. Because, it's like—you know,

it's like I'm more able to help [now that I'm] here than when I was there. Because, financially, I can." In many of these accounts, the drive to help (i.e. send remittances) is not problematized. It is often treated as a given, a part of one's list of expenses[51], left unexplained; and when it is, the explanation seldom goes beyond "I have a poor family back home. (…) I cannot turn my back on them," (Des). A similar reasoning among ageing Filipinos working as caregivers in California was found in a recent study by Parreñas (reported in Letargo, 2014); their need to continue sending remittances to families figured significantly in their inability to save for retirement, and in plans for continued engagement with caregiving work past the age of 65.

This normalised practice of remittance-sending is encouraged strongly by the Philippine state. In a news article titled, *Philippine economy can't do without remittances*, an official of the National Economic and Development Authority was quoted as saying (Ordinario, 2012):

> The inflow of remittances (from 2009 to 2012) is about 30 percent the earnings of our exports sector, in nominal terms. In fact, it is even higher than the foreign direct investments that we are getting. Because of remittances, our country's international reserves have been at comfortable levels, and this implies less vulnerability of the country to external shocks, lesser reliance on foreign savings, and availability of more currency that will help our country service its debts and pay its imports. (para. 10)

In popular discourse and in the official (Philippine) discourse, the Filipino migrant is constructed as "contributing to the socio-economic development of their communities and our country as a whole" (Bagong Bayani Foundation Inc., n.d., p. 1), with such contributions understood to be in the form of remittances sent to the Philippines. Annual remittances (recorded officially) have comprised approximately 11% of the country's GDP for the last decade (2003-2013) (World Bank, 2014), and have been compared to foreign aid in terms of its direct impact on families and communities (Wise & Covarrubias, 2008). While some evidence show that permanent migrants are less likely to remit than temporary labour migrants (Tan, 2006), permanent migrants (such as my participants) remain important sources of remittances; they are actively involved in 'migrant philanthropy' (Alayon, 2009), and are reliable sources of remittances during disasters and calamities (Licuanan et al., 2012). These

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[51] For example, "So that is one motivation (to work overtime), because, you see, I'm paying (…) mortgage. And the car, electricity, water. And then there's my food. And what I'm sending to the Philippines. So [the money] is not enough," (Ros).

remittances, which figure prominently in official discourse as well as popular understandings of the *value* of the sacrifice Bagong Bayani undertake, are constructed discursively as buoying the country's economy, as helping the most vulnerable families and communities directly, and as expressions of love and care between the migrant Filipino and her family[52].

This notion of overseas Filipinos as a particularly 'robust' source of 'aid' can be seen in Philippine Overseas Employment Administration's 2009 Administrative report. Administrator Jennifer Jardin-Manalili reported that despite the global economic crisis of 2008, the Philippines experienced an increased demand for its workers in the global market, and overseas Filipino remittances also increased. She described overseas Filipino workers as having not only exceptional skill and devotion to work, but also a devotion to "folks back home" (Jardin-Manalili, 2009):

> The ability to endure long gruelling hours of work for the sake of others is the uniquely Filipino value which makes the OFW superior, in the eyes of employers abroad and the families they leave behind.
>
> It does not stop there.
>
> Etched in the heart of every OFW is the duty and dedication to remit home their hard earned income amidst economic dislocations that they face in their host country. They double-up on work, scrimp, and save to improve the quality of life of their folks back home. (p.2)

The icon of the Bagong Bayani, in creating a narrative of heroism in sacrifice, has been argued by others (Encinas-Franco, 2013a; Guevarra, 2009; Rodriguez, 2002) to conscript Filipino migrants to migrate (whether temporarily or permanently) and send remittances back to families in the Philippines. The discourse of the Bagong Bayani makes available to migrant Filipinos a subjectivity that valorises sacrifice and suffering undertaken in order to fulfil one's obligations to family and country, and allows participants to claim "joy" in helping others – "you cannot buy that," (Kat)— and pride in the accomplishments of the people they had helped. Participants mentioned the numbers of individuals they helped earn a university

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[52] Deidre McKay (2007), investigating long-distance intimacy and economic transfers in migrant Filipinos' extended family, produced a paper entitled, "Sending dollars shows feeling—Emotions and economies in Filipino migration" in which she presents remittances as a means by which migrant Filipinos express love and care for their families in the Philippines and thus exercise agency and redefine intimacy. While the analysis fails to engage critically with such a 'feelings' discourse around remittances, such meanings as attached to remittances are indeed familiar and available to Filipino migrants and their families.

education, and a few spoke of these students/graduates as their own – e.g. "I have a teacher. I have a nurse," (Bea). Jen, who was most vocal about her position as a not-so-successful migrant to New Zealand, was able to claim some status in having been able to help her family:

> 4.23. I used to have lots of stuff; I'd just given them all away. And now, I'm poor, nothing. (Chuckles) I'm here, I work for nothing! But I was able to help back home in the Philippines.

Within the discourse of the Bagong Bayani, sacrifice and success are conflated; that is, a migrant worker who constructs a narrative of sacrificing for the sake of others *is* successful, *is* Bagong Bayani. There are no failures except those who refuse to make sacrifices; even the poorest migrant Filipino is a hero if she continues to send remittances to her family despite her circumstances. In this way, the Bagong Bayani is a discourse utilized effectively by the Philippine state to govern Filipino migrants' minds and bodies in an effort to establish a 'state-led transnationalism' where the state encourages migrants to send remittances regularly and make investments in the Philippines (Guevarra, 2009).

The image of the sacrificing, hardworking, remitting Bagong Bayani is presented as positive, as something to aspire to and something one can be rewarded for[53]; but one participant, Sam, was openly critical of the embedded imperative to send remittances even in the face of difficulties of life as a migrant, and as an ageing migrant:

> 4.24. I think that's another one of old people's worries—money. You know how it is because in the Philippines, we send money. Even if we cannot afford it, we send money, isn't that [so]? It's uh, one of our curses, I think. And what (…) was the outcome of the money— Some are successful and some are not. But you send to the Philippines. While over here you're suffering, you're like a slave, I've seen a lot of them and I thought to myself, yeah, I used to do that.

Sam's description of the situation of Filipino migrants as slaves echoes critical, activist reformulations of the image of migrant Filipinos (Rodriguez, 2002; San Juan, 2009); it makes for a starkly different interpretation of the suffering, sacrifice, and social contribution (mainly measured in economic terms) that supposedly define the Bagong Bayani. The image of slave offers a striking visual and conceptual counterpoint to the image of hero, and serves as Sam's

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[53] Say, in the form of a Bagong Bayani nomination or award (Bagong Bayani Foundation Inc., n.d.).

critique of how Filipino migrants are under pressure to contribute economically to family, community and country whatever their capacity for such, and regardless of how such capacity changes with age.

Other examples of resistance were not as direct as Sam's— they were expressed in the context of one's constraints, or quickly drawn back into the more popular (and therefore, more comfortable) discourse of sending remittances as positive:

> 4.25. Vangie: I said, after this, just one more year, ok? Next year, before the child's enrolment, one month before, give me a call so I can send [money] over right away. Just a little more sacrifice. That's the last. That's enough. I'm old already. I don't want to do it anymore, I said. But at least I was able to lift them up.
>
> [Relates details of child's family's dire circumstances and her sympathy for them.]
>
> My God my heart aches when I go home, when I go there. So, sometimes my eldest says, he tells me, "Ma, you've helped them enough," he says. "Enjoy your life. If you want to go somewhere you've never been, [go] even if it means you use up all your money, you won't be stressed or whatever. Just please enjoy your life." Because, see, the Lord has given me every kind of illness.

In Vangie's particular situation, advanced age and chronic health issues provided her with reasonable grounds for resisting the impetus for sending remittance, and for accepting her son's admonitions to not occupy the position of 'sacrificing hero'. Even though she said she does not "want to do it (send remittances to support schooling) anymore", she claimed pride and success for "at least [being able] to lift them up". Vangie negotiated for a 'clean exit' of sorts from remittance-sending by claiming she has done her job helping her extended family, by arguing that her age and illness make it unreasonable to go on helping them, and presenting her son's protests against continuing to help and his pleas for her to enjoy life.

Kat spoke about her peers and their family members who were migrants in America. She opened up for analysis the relationship between the children/people who received support and the relatives who supported them:

4.26. I heard [of] a lot of my peers who (…) were supported [by] relatives in America all throughout their degree— but I don't know if there was a connection ever [between the Auntie and the children she sent to school]. So those who send money are pitiable, too, because those in the Philippines just spend and spend. And then when the Auntie died, that's it. Nothing more. (Laughs) Right? But it seems that is very good for um, for us Filipinos to do actually. It's very nice."

In Kat's reflection on remittance-sending and support in their family, she offered a critique of the reduction of the value of migrant family members to their remittances, their role limited to what she termed elsewhere the "milking cow" of the family. And yet, Kat did not allow this idea to be the conclusion of her brief narrative about her Auntie. Instead she reverted to endorsing the Bagong Bayani's discourse, lauding the Filipino migrants' sacrifice for family.

These discursive manoeuvrings by Vangie and Kat suggest conflict between the dominant discourse around migrant Filipinos and the discourses that arise from their own everyday and more intimate experiences of migrant Filipino family relations. Their accounts oriented to potential difficulties migrant Filipinos face as the Philippine state's 'partners in socio-economic development', but also to the enormously positive meanings attached to this role. They demonstrate how material and social changes brought about by ageing provide an opportunity for confronting the impetus for sacrifice and remittance-sending that defines the migrant Filipino. However, they also show how powerful this cultural discourse can be for defining identity and subjectivity among ageing Filipino migrants, indicating how the 'need' or 'desire' to send money to family in the Philippines can shape decisions about continued productivity in ageing.

Based on the participants' expressed motives for continuing with paid work into old age, I find that the meanings around paid work and productivity are varied. It may be regarded as an important part of one's identity, as having anti-ageing benefits, or as necessary for supporting one's family in the Philippines; for many participants, more than one meaning is significant. These different meanings have been shown in the above discussions to have links to various discourses relevant to the participants as ageing persons in New Zealand, and as Filipino migrants. A 'positive ageing' discourse that encourages activity and self-responsibility is being promoted by the New Zealand state as a response to the perceived opportunities as well as challenges (Glasgow, 2008) that a growing population of older people in New Zealand brings. As well, a Bagong Bayani discourse around Filipino migrants is actively constructed

by the Philippine state to involve sacrifice and remittance-sending to recruit its citizens to become the country's partners socio-economic development (Guevarra, 2009). While having different specific objectives, both discourses are generally aimed at producing responsible, self-regulating citizens for the state (N. Rose, 1999) who satisfy both states' biopolitical aims for extracting productivity from its migrant citizens well into old age. The participants' accounts of paid work demonstrate how different social positions (e.g. as Filipino migrant, as ageing individual) and the attendant discourses can produce the same impetus (e.g. productivity into old age) through buttressing each other in creating a highly positive subject position for the employed, ageing migrant. Even with counter-positions that see this impetus as coercion, seen in references to being "pushed" (Jen) by the state or treated "like a slave" (Sam), resistance remains limited.

Summary and conclusion

Focusing on participants' stories around work as migrants in New Zealand, I have demonstrated how significant work is as a context within which they created an understanding themselves as ageing migrants.

For many, "start[ing] at zero" was a normal reality in migrant life, something that could be overcome by hard work, perseverance and sacrifice. Filipinos were constructed to be especially well-equipped at succeeding as migrants, as they possess a 'Filipino work ethic' that employers find desirable. These constructions can be traced to official and popular discourse around the Filipino migrant worker (as exemplified by the icons of The Great Filipino Worker and the Bagong Bayani) which provided the discursive resources for the normalisation of the unemployment, deskilling, and misemployment migrants experience. Filipino migrants' embodiment of such icons can be a strategic advantage, but can also have unintended negative consequences on the body.

A number of participants related experiences of discrimination at work, but proposed that these were 'natural' and 'normal' in the New Zealand workplace. Some used their bodily presentation to diminish the likelihood of poor or unfair treatment by clients and co-workers. Some others discursively negotiated a position of worth despite being underemployed by highlighting their efforts at securing jobs despite unfavourable circumstances brought about by ageism and racism at work. These accounts showed participants' active management of an othered body in the workplace to minimise the impact of discrimination at the level of everyday interactions and to argue for a position of worth despite (what may be construed as) 'failure' at maximising their potential as migrant Filipinos.

Despite the many difficulties, the majority of participants were interested in continued employment into old age, and a few claimed that it is their own 'nature' or personality that made them want to continue working. More added that work is said to have anti-ageing benefits and keeps one's body and mind working well. Another motivation given was to be able to continue helping family in the Philippines. One insight from these accounts is that the participants are not a homogenous group— differences in material realities (e.g. presence or absence of chronic illness, experience of low-paid, unskilled, physically taxing work) produced different standpoints from which to regard the impetus for continued productivity. Another is that this impetus is produced and strengthened by different discourses (of 'positive ageing' and Bagong Bayani) that create a strongly positive subject position for those who do remain employed.

Data supported the notion of an 'ideal immigrant' and a 'deficient immigrant' (A. McLaren & Dyck, 2004). The idea of an 'ideal' migrant— one who is skilled, hardworking and able to integrate in the host country— is based on an individual's human capital and ignores the gender-, ethnicity- and age-based exclusions that occur in the workplace. In normalising discriminatory hiring practices and extolling hard work, perseverance and sacrifice as virtues and keys to success, participants' accounts inadvertently support an ideal migrant who, because she is skilled and hardworking is then, and only then, deserving of 'fair' treatment (Inouye, 2012).

Official and popular discourses on migrant Filipinos and a discourse of 'positive ageing' conscript bodies, desires and actions to produce responsible, self-regulating citizens who are able to contribute and avoid becoming burdens to the state. Many of the participants' stories around their engagement with paid work and their expressed interest to continue doing so into the future reflect such discourses. Within these discourses, paid work is regarded as a 'badge' of citizenship (Evans, 1997), while retirement, especially full retirement, can be stigmatised as it is perceived to connote non-productivity, an inability to contribute (financially, socially), and also disability and disease (King, 2006). Also, it is the productive body which is constructed as possessing a legitimate and valued place in society. This construction has important discursive and material consequences; for as long as migrants are considered only in terms of their capacity as workers, ageing migrants' legitimacy as citizens will be problematic, and so they are at greater risk for precarious conditions as they grow older (Sayad, 1991 in Bolzman, 2012). As a result of the highly positive meanings attached to employment, and to individualisation that focuses responsibility for action on individuals, some ageing Filipina migrants (for instance, those who have less resources, have more limits

due to illnesses, or have more caregiving responsibilities) may struggle with decisions to continue with paid employment in the face of material and social changes that make working (or finding work) difficult. The decision to continue with employment is a morally-laden one that has implications for subjectivity, for practice, and has an impact on the material, ageing body. In the effort to have or be a productive body, physical strain, injury and illness may be sustained. Likewise, health issues can prevent one from securing employment, and thus prevent the positive meanings relating to employment from becoming available to them.

In ageing, the docile body (Foucault, 1977) becomes increasingly unruly. Even as it continues to be subject to inscription and discipline within a dominant discourse of youth, it asserts its materiality through changes that are more and more difficult to control. These changes can offer migrant Filipinas an alternative space within which to regard the choices and meanings around work that discourses of positive ageing and on Filipino migrants make available to them. While such an alternative space provides for the possibility of resistance, that resistance tends to be localized at the individual level means they contribute little towards challenging and changing the dominant discourses.

In the next chapter, I will look at that non-productive (i.e. not related to paid work) aspect of the participants' lives as ageing migrants in New Zealand. I will focus on those stories about participants' roles as mothers, partners/wives and grandmothers, the carework that they do, and the care they expect to receive as they grow older.

Chapter 5: The Caring and Cared-for Body

This chapter focuses on women's stories around their different roles as part of a family, where members may be in different countries, and have different and changing mobilities. All but one of the 20 participants fulfil (or had fulfilled, in the case of those separated or widowed) the role of wife or partner, mother; 11 are also grandmothers, and many also spoke of their roles as daughters, sisters, and aunts. The obligations and expectations around these roles figured prominently in many of the participants' stories, and a great part of their stories regarding family life as migrants and plans or expectations for the future revolved around the issue of carework—participants' provision of it, and their anticipated need for it as they grew older.

In contrast to the focus on a largely autonomous (labour) migrant that permeates much of migration literature, this chapter follows feminist efforts at bringing attention to migrants as part of a family unit (regardless of whether they migrated as a family or not)— as embedded in a network of relationships that has an impact on decisions to migrate, on employment, and on settlement (Agrawal, 2006; Morrison & Lichter, 1988; Palriwala & Uberoi, 2008). This approach is especially useful for exposing women's particular challenges (e.g. finding work, see Morrison & Lichter, 1988), their contributions (e.g. supporting their children's education and adjustment, see A. McLaren & Dyck, 2004), and struggles with traditional gendered norms around paid and unpaid work (Parreñas, 2001a). This chapter will build on women's stories in relation to family to explore women's talk about a caring and cared-for body. In particular, I am interested in women's understanding of carework and in their conceptions of ideal care arrangements in old age. I demonstrate links between these individual accounts and the available cultural resources around carework and ageing, and discuss the centrality of the body to questions of who needs/deserves care and who should provide it. The discussion throughout this chapter engages with classic and current feminist literature on the gendered construction of carework, and the contemporary globalised, 'professionalised' context in which an increasing amount of it is performed.

This chapter is organised into three major sections: the first section is on the caring body, which will focus on women's performance of and concerns with carework in the past, at present, and into the future; the second section is on the cared-for body, which looks at the participants' ideal care arrangements in old age; and the last section is on transnational retirement— a practice available to participants as migrants for performing their caregiving roles and for receiving care from family.

"Amo ka na, tsimay ka pa": Embodying carework in migrant life

Four out of the seven participants who had arrived with families (Filipino husbands and young children or grandchildren) told stories about the difficulties adjusting to life in New Zealand in relation to doing carework for the family. Vangie, who had been brought to New Zealand by her adult son to care for his infant child, found that their life had "gone backward". She already had a long career as an overseas worker elsewhere:

> 5.1. I'd gotten used to making money every day. When I got here to New Zealand, oh my God, I did not dream of a life like that! I had no job, and I didn't make any money everyday. They [my son and my daughter-in-law] had to go to school and go to work, and so my grandchild, I was the babysitter for nearly a year. I did the laundry, the cleaning, cooking, everything.

Thus, Vangie sums up her migrant life in New Zealand as: "Amo ka na, tsimay ka pa," or, "You're the master, and the maid,". Vangie's usage of 'tsimay', a derogatory term for domestic workers which has fallen out of popular use, calls attention to the devalued status of unpaid reproductive work, especially in stark contrast to the position of amo – meaning master/boss.

All of those who had arrived with families had employed maids[54] when they were in the Philippines, and only one did not hold a job in the Philippines prior to her arrival to New Zealand. These women were not used to doing "everything" in the home, and had maids to do most of the daily chores. The shift Vangie experienced from being an employed individual, to one who had to do all the domestic chores in her son's family full-time for nearly a year was one that she regarded to be a poor change and a loss of status. For women who also found employment as new migrants in New Zealand, carework was an added burden; and led Nel to remark, "It's hard here [in New Zealand, having a young child]" (…) See, there [in the Philippines] you have someone [the maid] to rely on. Here, there's no one. (…) You do everything yourself."

Few studies look into the difficulties and loss of status some women experience in doing care work for their families when they migrate. Most studies on immigrant mothers focus on

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[54] The matter of hiring maids in the Philippines (as elsewhere) is a class-based practice. It is a 'norm' only for families who are able to afford them. Participants who identified themselves as coming from very poor families and shared no experiences of having had maids in the Philippines did not remark on the absence of maids in New Zealand.

transnational mothering and householding (e.g. Arnado, 2010; Madianou & Miller, 2011; Piquero-Ballescas, 2009; Porio, 2007; Suzuki, 2000), exploring how women maintain kinship ties and perform various roles (as mother, spouse, daughter, etc.) while they are separated from their (other) family members. However, these more common studies, along with the few on women doing carework for their families in the context of migrant life (Pe-Pua, 2003; Zontini, 2004) highlight how gendered constructions of carework and its connection to motherhood make mothering a challenge. These studies indicate that having to care for family and 'do mothering' comes at great physical, financial and emotional cost to the women who strive to fulfil the demands of their various roles in the family (which can also include 'breadwinner'). Some participants' complaints about having to be responsible for all the work at home is similar to experiences of non-migrant mothers in countries where the hiring of domestic workers is not a norm. For those who were also working, attending to a 'second shift' (Hochschild, 1989) at home was an added burden. In this way, perhaps Vangie's summary of migrant life as one where one is both master and maid can be used to describe the situation of many other women, migrant and non-migrant, all over the world.

In this section, I interrogate how women explain their 'compliance' with demands for them to do most of the carework for the family, and how they manage these demands in the light of ageing. Of interest are the positive meanings that can be attached to domestic work in the context of migrant life and women's roles as mothers. I also highlight the embodied nature of carework, and argue that as carework is executed by a (woman's) body, the material changes in ageing can be used to negotiate for less work while avoiding the loss of the positive meanings already acquired.

Acculturation

Many of the participants who hired maids in the Philippines commented on the absence of this practice in New Zealand. They regarded the absence of domestic help as a cultural norm in New Zealand that they needed to adjust to. As Ann said, "You know, here [in New Zealand], lifestyle-wise there isn't really a large difference compared to the Philippines except that you don't have a maid." For Ann, in this particular account, the absence of maids (as Filipinos know them— cheap, stay-in, responsible for *all* household work) made the most significant difference in her life. Maids being responsible for the most essential tasks (e.g. caring for children) to the most trivial (e.g. fetching one a glass of water) allows many women to work outside the home and enjoy leisure time. Having no help meant becoming less able to enjoy such a lifestyle—it implied more work at home for many of the participants, even for those who, like their husbands, were employed outside the home. Talking about fitness and

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leisure activities, Tia said she is less able to engage in them regularly in New Zealand than when she was in the Philippines because:

> 5.2. If you're working, it's different. In the Philippines you can be sure that you have a maid to rely on so that when you get home, somebody will cook for you. That's one thing really very different here because you go to work, when you get home, you have to do the cooking, to do the dishes, you do all the cleaning.

In these accounts, it is taken for granted that adjustments or changes in the household order are necessary because of migration. These participants' experiences, and their framing of these changes as usual or expected in migration, are consistent with data from other studies on Filipino permanent migrants (Baral, 1995; Go, 1989). These accounts reflect an understanding of migrants as having to undergo 'acculturation'— a process which involves changes in cultural practices and individual behavioural repertoires (Dixon et al., 2010). Participants used acculturation to account for their greater engagement in unpaid domestic work in New Zealand.

Perhaps because acculturation is understood to be so important to migrant settlement, health and well-being (Dixon et al., 2010; Li, 2011; Masgoret et al., 2009; Mui & Kang, 2006; Salant & Lauderdale, 2003), being able to 'acculturate' or adjust to not having domestic workers *was* spoken of positively by some participants. Ann and Ela pointed to some positive changes and advantages from not relying on a maid:

> 5.3. Ann: Because here (…) you see other people who are, 'the older' who are doing things that you're not supposed to be doing anymore if you're in the Philippines. So you also feel like, of course, not that you're inspired, but you expect yourself to be able to do those things also. See, in the Philippines, you feel like, when you're old it's like, "Oh, there's a maid anyway." Right? So, the lifestyle there is different, right? So many [people] are waiting on you. So you tend to sit around more. You're like a Doña[55]. Something like that. Whereas here, it's DIY [do-it-yourself]. Usually you're expected to do things for yourself, right? (…) And help is expensive here, right? So it's like you

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[55] Historically, Doña is taken from the Spanish titular, equivalent to Mrs. or Madam, but in the Philippines has acquired connotations of affluence, power and indolence and refers to someone acting like a snooty, spoiled, rich lady. In contemporary Philippines, it is now seldom used except in sarcasm.

expect yourself to— That's why you want to be healthier and stronger physically because you expect to be living by yourself alone or without any help from anybody else. Right? So I think that helps your state of mind to [understand] that you need to be healthy.

5.4. Ela: Well, when you've gotten used to doing all the work, you're not dependent on the maid anymore. After a while you'll get used to it, and then you realise it feels much better to be independent than dependent on [the maid]… Back then, (…) you'd bribe the maid with all sorts of things just so they won't leave you.

Ann used the term "Doña" while Olive and Vangie used the term "Queen" to refer to employers of maids. The use of such terms connote a particular lifestyle of indolence, and possibly excess. Ann criticised this lifestyle and looked positively at the possible changes in physical strength and health she conceived to be the result of doing things for herself. For Ann, acculturating to a New Zealand "DIY" culture has helped her "state of mind" and changed her expectations for her own body in the future ("That's why you want to be healthier and stronger physically because you expect to be living by yourself alone.") . Similarly, Ela said she "feels much better" being independent and not having to rely on an "army of maids" like she had as a working woman in the Philippines. The adjustment to a maid-free life is framed as an accomplishment or progress of sorts— and could be read as a rejection of a lifestyle of excess, and a movement from dependence to independence.

The performance of domestic work by the participants is significant not only for the positive changes it is constructed as producing in the individuals themselves; it also has real benefits for the family. As migrants seeking to establish a life in New Zealand, some of these participants saw 'acculturation' or adapting to new domestic arrangements (whereby the women take on more of the work at home), as a contribution towards their success *as a migrant family*. In some participants' accounts, the performance of domestic work was framed as benefitting the entire family. For example, Vangie gave up her work overseas so that she could help her son's family during their first year as migrants to New Zealand. She had a direct contribution to the family's welfare in providing carework as this allowed her son and daughter-in-law to work and study, which later allowed them greater social mobility. Similarly, Olive's occupation with carework and babysitting her grandchild allowed all the other adults in her household to work and share in supporting the family's financial needs.

The situation Vangie's, Olive's, and also Tia's families were in at the beginning of their migrant life in New Zealand was one of precariousness—family members were employed in low-paying jobs (e.g. supermarket shelf-stocker) that did not match their skill; their taking on childcare duties full-time allowed family members to work longer or work two jobs and keep the family's childcare costs down.

These participants gave the performance of devalued and difficult carework for their families a new meaning. They framed the performance of domestic chores that they had not previously had to do for their families (and which some regarded as 'low-status' work) as allowing their family to overcome the challenges (e.g. of deskilling, of the lack of affordable and acceptable childcare alternatives) of establishing a new life *together*; that is, that they had contributed meaningfully towards their family's survival and subsequent success in migration. Women's carework in migrant families served to buoy them amid turbulent and uncharted economic and social conditions in their new country. In the face of increasing privatisation and reduced government spending on social services that renders invisible the contribution of women's carework to society (Brodie, 1996), and a human capital discourse that excludes women who are 'secondary' or family migrants from the subject position of 'ideal immigrant' (A. McLaren & Dyck, 2004), these participants' accounts articulate value for women's unpaid carework.

The caring Filipino mother and wife

Participants' accounts of increased responsibility for carework at home seldom ask why the 'somebody' who does the cooking, the dishes, the cleaning and the laundry is more often the woman than the man. The emphasis on acculturation accounts for the performance of carework by men and women migrant alike[56], but does not explain why the burden falls mostly on women. Apart from acculturation, participants often brought up Filipino culture as an explanation for their increased involvement in carework in the home. Filipino husbands and Filipino wives are constructed as having different roles, abilities and expectations with regard to domestic duties, with the men not being able to cook (Ros and Bea) and expecting "to be served" (Ros and Ela), and women doing the serving (Ela, Liz). The lengthy quote from Fey below illustrates the tensions between these cultural expectations and the demands

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[56] As Cyn observed, "The real difference is, the father in the Philippines does not care about taking care of his child. To change nappies or whatever. Because there's the maid, there's the mother. But, when [he] gets here, he really learns. Division of labour." In my interactions with other Filipino migrants, observations of increased involvement by Filipino men in carework due to 'necessary adjustments' to life in New Zealand were common.

for change that migration makes on their household, and ultimately, the placement of the majority of the responsibilities on the woman's shoulders:

> 5.5 Fey: When I arrived [from work] he [my husband] said, "Mama, what are we having for dinner?" I said, "You're the one who's been here all day! Couldn't you be the one to um [take care of it]?" No. (…) He's your typical Filipino husband. (…) Well, [our daughter]'s husband is American. (…) They don't have that 'this-is-my-job-this-is-yours' kind of thing. No. (…) Whereas my kids never got their nappies changed by my husband. Well, we were in the Philippines then, so they each had a nanny and everything. But (…) he never touched the kids, it's like, he'd hold them and then [makes handing-over motion], "Here you go." Like that. When he comes home from work, (…) he'd go straight out to play tennis. While we—
>
> Int: Did you mean here or back in the Philippines?
>
> Fey: In the Philippines. When we came here, the kids were big already. (…) So it was still me, still me.
>
> Int: Who is?
>
> Fey: Who is primary [caregiver], of course. Even now. We're both working— And, comparatively, I've trained him. I've already trained him.
>
> Int: (laughs)
>
> Fey: But when it comes to— whose problem is it if we run out of soy sauce, for example – that would be mine.

Fey offered many more examples of situations, past and present, of taking on more of the responsibility for the care of their children, home, and even finances (in terms of managing and monitoring their cash flow and investments). And while she also spoke of her husband as having changed, having been 'trained', and having more initiative than before, like several other participants, Fey expressed the sentiment that, "from the beginning, Filipinos have always been like that, right?"

That domestic work is regarded as women's work is certainly not unique to the Filipino culture. But that it is framed as *being* Filipino, a widely-accepted cultural norm for the sexual division of labour rather than a common gender-based hierarchy across the world, whether in

Asian or Western cultures, whether first of third world countries, means a gender-based critique is easily rejected as being a 'western' or 'modern' invention, not applicable to something framed as being firmly rooted in 'Filipino culture'. Fey contrasted western and Filipino culture and essentialised the gendered division of labour in the home as a Filipino cultural trait while also idealising a 'western' egalitarian gender order[57]: "(W)hen something happens to the family, it's the mother's fault, because we—I'm the one who's supposed to know/be responsible for everything. (…) In the western world it isn't like that. It is a combined partnership."

Related to this, an understanding of the 'Filipino man' as being produced by the culture as somehow not suited to domestic tasks makes it difficult for Fey and other women to challenge men to perform more work at home. It may also explain why women married to non-Filipinos tended to describe their domestic arrangements with their New Zealander spouses as "shared" (Bea) or "equal responsibilities" (Des)—the cultural resources that are available see westerners as more 'emancipated' than Filipinos, allowing sharp contrasts to be made between Filipino husbands and New Zealander husbands:

> 5.6. Bea: Those couples at (work), the Filipinas complain. Their husbands, they say, don't even know how to cook. "Me? I haven't got that problem." Don't know how to clean (the house). "Oh. I haven't got that problem."
>
> Int: White? Their husbands are white?
>
> Bea: Pinoy[58].
>
> Int: Ah, Pinoy! The husbands are Pinoy! (Laughs) My gosh!
>
> Bea: Isn't it that sometimes there are those macho guys. Don't even know how to cook.

Even though class status (of both the wife and the husband) may also be a factor in the differences experienced and observed[59], the existing discourse allows only a generalised and

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[57] This idealised egalitarian division of labour in 'western' cultures is false, as evidenced by research that show how women in western countries are responsible for a greater amount of carework at home (Geist, 2005; Hochschild, 1989).

[58] Colloquial for Filipino.

[59] In the Philippines, most middle-class homes are able to afford hiring domestic help, which means that most middle-class women and men do very little, if any, household chores themselves (Go, 1989). That said, in most families (with or without domestic helpers) women are responsible for the

essentialised view of Filipino husbands. As a consequence, while the discourse of shared work between spouses as an expression of affection, concern, and responsibility exists among migrant Filipinos (Go, 1989) and could be argued to be allowed space within the 'acculturation in migration' discourse, it remains marginal.

Despite its depiction as burdensome by some participants, the performance of carework is also regarded positively by others as a means of fulfilling or doing 'motherhood':

> 5.7. Int: So how was that time when you were mainly at home, taking care of the kids and such? How were you?
>
> Tia: I was good. I was really good. I was like, a thorn had had been taken out of my side, from all that stress I had in the Philippines. Suddenly, I was in a peaceful country. Suddenly, I was taking care of my kids. Before, I couldn't even think of making their lunch but now, when I, I arrived here I made home-made food for them for their lunch. Whereas there [in the Philippines] I would give them money to buy food.
>
> Husband: And the nannies will look after them.
>
> Tia: Nannies. They had nannies.
>
> Husband: Each had his own maid. (laughs)
>
> Tia: They each had a maid there.

Cultural constructions of the Filipina wife and mother as being the primary caregiver in the home conflate femininity with motherhood. They prescribe ideals for women that involve devotion, faithfulness and subservience to their husbands, close attention to their children's education and welfare, and fulfilment of domestic duties (Aguilar, 1989; Eviota, 1992; Nuñez, 2010). The conflation of Filipina womanhood with motherhood is seen in popular notions of Filipinas as especially adept at carework (Onuki, 2009; Parreñas, 2007; Pe-Pua, 2003), in their desirability as wives to non-Filipinos (Cunneen, 1997; del Rosario, 2008), and in the observed desirability of women employed as careworkers to some non-Filipinos as marriage partners (McKay, 2003). These ideals for Filipina womanhood attach strongly positive meanings to carework done by women, and grant them some power and prestige. They reflect

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household chores (Eviota, 1992). However, more and more men are doing carework (and some of them full time), too (DPA, 2005).

the popular cultural notion of the 'separate spheres' of power and influence that Filipino men and women belong to, with women wielding 'great power' in the home by virtue of their positions as mothers and wives (Aguilar, 1989; Eviota, 1992). They allow women like Tia to see the sudden change in the performance of her role as mother (involving much more carework in New Zealand) as positive.

Those who are 'amiss' in their duties can be labelled bad mothers, leading Fey to (previously) stress about whether other people thought she was "not taking care of [her] family", and not being "an ideal mother". Because of these cultural constructions of motherhood, and together with the notion of 'acculturation', carework may be constructed as how motherhood is done *in migration* by migrant Filipinas of a particular background or class status. As Fey said: "I'm the homemaker and I'm in charge of the house. That didn't change [when we migrated]. In fact, (laughs) it became worse because (…) I have no more househelp, no?" Other studies on Filipina migrants observed that they took on more housework than their spouses, even if they were working or were the household's breadwinners (Go, 1989; Pe-Pua, 2003).

These accounts attest to the persistence of the "force of domesticity" (Parreñas, 2008) that calls on women to remain responsible for reproductive work (whether paid or unpaid). As Parreñas' study on Filipina labour migrants (2008) found, the force of domesticity constrains whatever opportunities for gender reconstitution are afforded by migration and globalisation. Based on the participants' accounts, gendered constructions of womanhood (which conflate it with motherhood and domesticity) allow domestic inequalities to be reproduced (although not entirely without opposition) in some of my participants' families. The persistence of domesticity in constructions of womanhood may explain why, despite the large numbers of Filipina migrants in New Zealand, a disproportionately larger number of Filipino men are employed full-time, while more Filipinas are employed part-time (Statistics New Zealand, 2013b). The intersection of gender and migrant status, and its bearing on employment is an area that merits further investigation. Feminist critics have pointed out how the continued association of such work with women benefit a neoliberal, capitalist economy as women's free domestic labour, extracted through 'love', keeps state care expenditures down (Calasanti, 2010; King, 2006). In the migrant experience, (migrant) women bear the burden of the cost of care by not being credited for the work they do (Browne, 1998); they are also disadvantaged in the long term as pensions are based on formal, paid work, and they may be less able to work (or limited to part-time, low paid work) because of the family's caregiving needs.

Respite from carework in ageing?

None of the women interviewed commented on the possible consequences of carework on women's long-term financial health, but several pointed out its impact on their health and appearance. Several participants spoke of feeling stressed about performing carework, of finding it physically tiring; Nel speculated that the stress from having to do paid work and carework at home made it difficult to gain weight, while another participant, Cyn, said, "If you think about it, it's hard here [in New Zealand]. You don't have maids. See here, I look at my hands, I say, my hands weren't like that back then—all the veins popping out." Because the doing of carework is framed as physically taxing work, a few participants were able to use the body and its health to negotiate with family members so that the burden of carework is eased. For example, Fey said to her husband that household arrangements had to change or else she was "going to get sick". She also reported that she would also declare a "lazy day" if she felt tired.

Tia observed that ageing made the conduct of household chores more challenging:

> 5.8. Int: So it happens that sometimes you think you're old because you have these things you can't do anymore? Ah, so can you give me some specific examples?

> Tia: Like, before you would work the whole day to clean the house and all that, you will not feel that (…) tired straight away. So, maybe about two to three hours working and cleaning the house, vacuuming and all that, scrubbing the floors and all that, but you don't feel that you're tired. But of course as time goes on, (…) your strength will decrease. So you'll feel, "Ah. I'm old," because gosh your back aches when you bend over, or your strength can't last—whereas before you could do three hours straight scrubbing, cleaning the house, now it will probably decrease to just one hour because sometimes you're tired after just 30 minutes.

As domestic chores entail embodied work, the body's changing material condition provided Olive with the opportunity to reflect on the carework that she did for her family:

> 5.9. Olive: Sometimes I'm no longer able to take care of my body because I'm so tired cooking, cleaning the house, taking care of my grandchild. Sometimes [I go] "Ah! I'll take a rest!" Because, I said to myself, (…) we're getting old

already and, I said, why am I um [doing this] to my body, cleaning the house. It doesn't seem okay. [chuckles]

Int: Doing what to the body?

Olive: Exhausting my body cleaning, doing the laundry, tidying up.

In depicting carework as physically exhausting, and the ageing body being less able to do this work, these accounts open an avenue for negotiating for less responsibility for carework. The body's materiality provides a 'real' excuse that can be difficult to argue against, as physical decline is still accepted as a fact of ageing (Blaikie, 1999; Paulson & Willig, 2008), and individual claims of being exhausted or not having enough strength were never reported as being challenged by others. That said, many participants remain invested in being able to continue providing carework for their families:

> 5.10. Int: I guess our first question is, say 10 years from now (…) What would you be doing? Things you'd be busy with?
>
> Tia: I'll be just at home, yeah, and then probably taking care of grandchildren, something like that. At home taking care of grandchildren. Maybe gardening, still cooking for—still doing housekeeping and such.

These participants' expressed interest in fulfilling their roles as mother/grandmother through carework reflects the reality of many other ageing women around the globe who continue to be responsible for much of the carework in the home and reveals how caregiving is commonly understood to be a woman's lifelong undertaking.

> 5.11. Olive: I hope I'm not just 'another mouth to feed' to my children. I hope I'm not—just lying there. You can't do housework. Still be of help to them. Um-hm. See, if they're all working and tired when they get home, you need to be the one to do the cooking so they can just rest.

Olive's expressed concern about becoming "another mouth to feed" to her children reveals discomfort around dependency as well as a negative view of the 'unproductive' ageing person. Older people are still primarily seen as needing care and discussed as burdens to society and to families; the carework that they provide is mostly invisible (Calasanti, 2006) particularly in economic calculations, leading to stereotypes of the old as "parasites expensive

to maintain" (Cruickshank, 2003, p. 25). And yet, while I advocate the need to make clear the value of the carework that older women (continue to) perform for their families and even for the wider community, it is just as important to challenge the bias for 'productivity' that leaves those who are unable to do paid or unpaid work with very little positive worth and meaning. Arguing that older women are valuable because they (still) provide useful labour to their families serves to reinforce women's status as domestic workers, confines them to their roles as mothers and grandmothers at the service of others (Calasanti, Slevin, & King, 2006), and "masks doubt that the old are worthy in and of themselves" (Cruickshank, 2003, p. 41).

The cared-for body

A significant concern among participants is the matter of who will care for them as they grow older. For some participants, the 'who' is quite clear: "I know my children love me. They will not abandon me," (Ela). Ela and a few others expressed a clear preference for being cared for by family members, whether by their children or by extended family. Others were more ambivalent: "Although they say we are cared for by our relatives, it's not so today. It seems it isn't so anymore, it's not um, [done] back home anymore, if you don't have money. You need to have money," (Nel). So that, while Ela spoke of being ready to go wherever her children go, Nel expressed some uncertainty about her care and living arrangements in the future and said it depended on what her family decides.

Many ageing Filipino (and other Asian) migrants and their families face a care dilemma where ageing persons are wary about appearing 'demanding' of their children's time (Go, 1989; Kimura & Browne, 2009) while younger family members struggle to provide the care they are expected to give (Galang, 1995; Jacobson & Rosales, 2010; Vega, 2014). These quotes from Ela and Nel illustrate how the question of who should care for the ageing person is threshed out in the context of increased mobility among family members and of diverse and divergent expectations arising from competing discourses of a 'traditional' culture of caring and those of independence and responsibilisation in ageing. In this section I examine this dilemma more closely, and look at the discourses around ageing and care that underlie it.

Culture of care

The majority of participants remarked on the practice of caring for elderly within the family as a Filipino cultural practice that is different from norms on elderly care in New Zealand culture. In the quote below, Bea's observation of a young New Zealander colleague's situation (being "kicked out" of the house by his mom) became a platform for showing the difference between New Zealand and Filipino cultural norms around family care in ageing:

5.12. Bea: He said, "No, because my mom kicked me out." "What?!?" "Yeah. My mom said I should look for somewhere else to st— " I said, "How old are you?" "Eighteen." "What?!?" (chuckles) So that's how they are (…) And when they're students, they get a student loan. It's not like how we are, in our culture the parents will do the best they could to provide for the children. Because the expectation is when they're old, their [children's] turn to look after [the parents]. But here, that's not (…) their 'style'. So, for them, they don't feel guilty when the parents are old, they're there in the home for the aged.

Bea's observations were typical among the participants. Filipino and New Zealand culture ('us' and 'them', 'back home' and 'here') are contrasted, with Filipino practices around caregiving for the elderly more likely to be described in positive terms – to "look after" parents is a duty borne of a recognition of reciprocity to parents who have "do(ne) the best" for their children; "dumping" parents in a retirement home (Ela and Des) is considered contrary to "look(ing) after" them, and putting parents in rest homes does not make New Zealander children "feel guilty" (which means to suggest that it should). Grandparents, according to Kat, are "the Kings and the Queens" of the family, honoured and respected. This cultural discourse around care situates the care of the elderly firmly in the home and with the family. Alternative care arrangements are poorly regarded and hold negative meanings under this discourse. Children who fail to care for their parents in the home can be seen to be without *utang na loob* (sense of indebtedness and decency) (Galang, 1995; Kimura & Browne, 2009), and parents can feel neglected and abandoned (Domingo & Asis, 1995). Reciprocity and home-based caregiving by family members are strong themes in other Asian societies' expectations around elderly care and can be seen to influence relevant state policies (Croll, 2008). Philippine state policy on its elderly, for instance, echoes popular notions of a Filipino culture of caring for older people, with the Expanded Senior Citizens Act of 2010 including among its objectives: "to encourage their [senior citizens'] families and the communities they live with to reaffirm the valued Filipino tradition of caring for the senior citizens" (*Expanded Senior Citizens Act of 2010, R.A. 9994*, 2010 Section 1, Objective d).

For a good number of participants, this culturally-defined practice of caring for elderly family members in the home was seen as an ideal that they wished for themselves. However, for various reasons, these participants conveyed uncertainty about whether they will be able to achieve this ideal. They saw this uncertainty as a cause for concern, anxiety, and stress:

5.13. Fey: Me, personally speaking, I just don't want it to happen that our children are not with us and just the two of us will be left, and we're in a rest home. That's what I'm a bit concerned about. If ever that happens, I'd rather go home to the Philippines, because I'm sure someone will take care of me there even if it's not my children. My nephews and nieces. Because, that's how it is back home, right? Plus, among all my nephews and nieces I sent so many to school.

5.14. Vangie: Well at the moment, sometimes I'm stressed here in the house because I'm all alone here, right? Sometimes you get to thinking, even if you've got children, time will come and you'll still end up alone. Especially since my children are both boys, when they've got their own families, that's it. Like for instance I went to [the country where they live] recently, just last May and I said to my sons, I said, "Don't you feel— don't you think about me there? It's like you tossed me out there in New Zealand, all of you here, it's like, nobody remembers/minds me any more." I said. Well, then again you can't um [blame] them because they're all busy, yeah, separate lives, yes; it's just how things are.

5.15. Gab: I think I don't want to live in a rest home. See here, isn't it that old people who need, like, constant supervi—oh, care of (…) a health professional, so they're in [a] rest home already. But I don't think I want that. I think that's sad/lonely. It's like I still can't um, the family setting we have. But I still think that because, (…) the kids grew up here, well they've adopted the culture where they each have their own lives and say— I don't want to be a burden to my children.

For these participants, the conditions of migrant life produced actual (in Vangie's case) and potential obstacles to their enjoyment of their children's caregiving. As other researchers have observed, closely-knit family networks may be under threat because of migration (Kiyak & Hooyman, 1994; Olson, 2001). One of the conditions leading to changes in family arrangements is the increased geographic and social mobility of the children arising from the opportunities afforded them by migration (Kiyak & Hooyman, 1994; Olson, 2001). Both of

Vangie's children and one of Fey's children have migrated with their families to another country. Another reason is a busy lifestyle possibly resulting from the financial need for all adults in the family to be employed full-time. For example, Tia explained their family's decision to place her father-in-law in a nearby rest home as the most reasonable option available to them as he required constant supervision and no one in the family could provide it as everyone was working full-time[60]. This busyness is most often mentioned as a challenge to providing care for elderly in the homes in other studies on elderly migrant Filipinos and their families (Go, 1989; Jacobson & Rosales, 2010). Third, and more commonly identified by the participants, is the adoption by their children of a "separate lives" (Vangie) or "to each his own" (Kat) culture that made it difficult for some individuals like Gab to ask their children to care for them in their home, or made Tia say she and her husband are "not dependent on that idea [of living with children in old age] because we accept the fact that that is the culture here". Again, acculturation is identified as leading to changes in caregiving practices within the family[61] (Galang, 1995; Kimura & Browne, 2009; Kiyak & Hooyman, 1994; Li, 2011; Xie & Xia, 2009) that potentially disadvantages ageing Filipina migrants.

Despite the expressed desire of many participants to live with their families in old age, conditions brought about by migration were identified as creating uncertainties about whether they will be able to achieve this. Also, several mentioned concerns about becoming a "burden" (Gab, Ela, Nel, Oli) to their families, suggesting that they understood caregiving to have a toll on the care providers. With the increasing commodification of care[62] (Green & Lawson, 2011; Zimmerman, Litt, & Bose, 2006a), ageing Filipina migrants find it more and more difficult to conceive of care as given out of a recognition of culturally-defined obligation among family. And even though alternative, more positive views of carework for

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[60] Tia said, "All of his kids, us, we have to work. So, nobody would be able to take care of him. So it was recommended [by the nurse] that we put him in a rest home but then everyday we visit him." That Tia and her sister-in-law visited their father-in-law regularly prevents the inference of him being 'dumped', neglected, or abandoned in the rest home. Typically, participants who regarded rest homes negatively remarked on the infrequency of visits from family members. Some evidence exists that visiting elderly family in rest homes is an important practice for migrant Filipino families in America who have opted to utilise rest homes (Jacobson & Rosales, 2010).

[61] For instance, the use of 'granny flats'—a self-contained housing unit attached to or behind an adult child's residence (described by Vangie and Gab), or the practice of what Li (2011) termed 'filial-piety at a distance' among elderly Chinese and their adult children residing in New Zealand.

[62] Commodification of care refers to the entry of carework into the market and its reconstitution outside of the domestic sphere. Commodification "imposes a bureaucratic, rationalized authority structure over [care]work" (Zimmerman et al., 2006a, p. 20) and turns care into a "product for sale which enables providers to care without caring, or to care by contracting others" (Green & Lawson, 2011, p. 650).

elderly family members existed in participants' stories[63], such as those that view caregiving as a relationship of mutual benefit and reciprocity between caregiver and care recipient (Cruickshank, 2003), those were far more marginal.

Carework by families of their elderly members is an important service to society, but available evidence indicates that this carework is under-recognised, provided limited social support and is not credited (Wakabayashi & Donato, 2006). Families, and especially women, can thus be faced with juggling carework (which may be for elderly members and for young children) and paid work. As Kat said, "Your children have to struggle and survive (…) for their life and then here you are trying to get some of their attention when they can't afford to do so." As individuals culturally constructed to have a sense of mutual responsibility and care within their families, participants understand their needs and desires for care in the future to have an impact on their families' well-being. This understanding constrains their desires, and shapes decisions and practices around the body, particularly in relation to health (see *Chapter 7: The Healthy Body*).

Independence in ageing

While a strong positive regard for Filipino practices around caregiving can be seen among the participants' stories, there is also a strong positive regard for the image of the busy, independent elderly New Zealander and of ageing in New Zealand. For example:

> 5.16. Liz: I actually have two [older people] in my department, one is 72 still working, one is 67 still working. They're the ones who keep going on holiday because their life is already established. (…) But you know what, the white [people] here, even when they're in a rest home they have lots of activities still, they have bus, group, um, they go all to kinds of places.

> 5.17. Gab: Their culture is different (…) They're so independent. I have one colleague there who's divorced from her husband. (…) So, she lived for many years by herself. And she raised her children. And her child is over 30 years old now. (…) She has grandchildren. But, they're alone. I said, this one's so brave. (Chuckles). Alone in her home. And also, I've seen those retired, living

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[63] Ela spoke about caring for her sick mother as an "honour": "You know what, when I was looking after her, she was always apologetic. (…) She'll say, "I'm sorry." I say, 'Ma, you took care of me so many years. This is my only chance to take care of you. Allow me the honour.'"

in their own homes alone. For how many years now. See when we first arrived here, that place where we lived, it was a two-bedroom house. And one of the [neighbours] was a grandmother. She lived there alone. She was a really old lady and had only cats for company. I don't think I can take having just cats for company. (laughs). Well of course, it's because our culture is different.

Elderly New Zealanders were portrayed in these accounts as enjoying an active, independent lifestyle in older age. The contexts described were varied— some were referred to as still working, as being in a rest home, as living alone in a shared house, and in the neighbourhood. These elderly individuals were seen to be engaged in a variety of activities – paid work, holidays, bus tours, and described in positive terms: "established", "brave", "independent". This image of the elderly New Zealander is consistent with the ideals of 'positive' or 'successful' ageing (Andrews, 2009; Öberg, 2003), embodied by 'modern retirees' whose choices determine the quality of their ageing (Rudman, 2006), and reflected in New Zealand's policy on ageing individuals (Davey & Glasgow, 2005; Ministry of Social Development, 2007) . According to some studies, an increasing number of New Zealanders are working beyond the age of 65 (Hurnard, 2005; Ministry of Social Development Office for Senior Citizens, n.d.) and over 90% of New Zealanders aged 65 and older are living in private dwellings (Ministry of Social Development, 2007). Independent life expectancy (the number of years a person could expect to live independently) has improved significantly in the last decade, which the New Zealand state attributes to increased access to health care and to "people *choosing* healthier lifestyles" (Ministry of Social Development Office for Senior Citizens, n.d., p. 34, emphasis added).

However, the emphasis on individual responsibility renders individuals who are unable to fulfil the directive to stay busy, active, and independent marginalised (Davey & Glasgow, 2005; Rudman, 2006). In New Zealand, there is great disparity among ageing individuals' well-being based on ethnicity, gender, marital status and socio-economic status. More likely to be disadvantaged in old age are women, the poor, ethnic minorities, the unmarried and widowed (see Fergusson, Hong, Horwood, Jensen, & Travers, 2001; Ministry of Social Development, 2007; Waldegrave & Cameron, 2009). While the majority of New Zealanders appear to be enjoying an active, productive, relatively independent lifestyle, such a lifestyle should be understood to be a product not (only) of individual choice but of systematic inequalities that privilege some groups at the expense of others.

In data quotes 5.16-5.17, participants can be seen to orient to the active, independent New Zealander as an ideal to compare themselves and their own vision of ageing against. Liz's intent to continue working (see excerpt 4.19) appears to be consistent with locals' practices. Gab's observations of some elderly New Zealander she knew made her reflect on her own capacities and expectations for her ageing. This image of the active, independent, elderly New Zealander then, serves as an exemplar of how ageing is 'done' in New Zealand despite the diversity in the actual living conditions of older New Zealanders—the one in two who suffer from some form of disability, those who live outside the 12 big cities in New Zealand and have little or no access to public transport, those who are not of European ancestry (particularly Māori) and who are more likely to have a disability (Ministry of Social Development, 2007).

What makes 'positive ageing' possible? In majority of participants' accounts, New Zealand is seen to *enable* positive outcomes for its older citizens. An 'enabling environment' is described not only as culturally-defined (see excerpt 5.17) but also as state-supported:

> 5.19. Nel: Well, for us, I say, I'm fine here. See, here, the government will take care of you. Right? There's a retirement home for the… Back home, we don't have that. Although they say our relatives take care of us, that isn't so anymore today. (…) It seems that's not um [done] anymore back home, if you don't have any money. You need to have money. See when—they might get ti—you don't want to be a burden, right? Something like that. So here, at least, I say, here, I worked here, I payed my taxes here. So they should um [give] me something, too, I say, when I'm old.

> 5.20. Liz: I don't really know what they [old people] can do there [in the Philippines] because back home there's a lack of organizations like those here who have, like I said, programs or plays you can go to that are organized either by the council or the community itself or the church, lots of different kinds! You won't have a free day; it's just up to you, your personality whether you want it or not. I think what often hinders [these] is money. (…) Over there it's like you grow old faster and your body is less cared for firstly because of money and secondly there's no help from the government, there's no institution that will help you or follow up with, "How are you?" Here the welfare and humanitarian [aspect] is much cared for, so that when I grow older

I'd rather be here than there because first off, I don't have family who will take care of me and also I'm not really financially secure. So I think because I'm working and contributing taxes, I can get something if I need help later.

Liz and Nel echoed other participants' positive regard for the New Zealand state's provisions for its elderly, provisions that are not available to them "back home" in the Philippines. Participants identified poor healthcare services, and the absence or inadequacy of a pension and many other important services as a challenge to ageing in the Philippines. A number of participants suggested that the enormity of the challenge was to be met through reliance on family or, more likely, on one's own funds for one's health and caregiving needs. Data from the 2000 Philippine census support this conjecture—survey data revealed that 57 percent of elderly individuals (defined in the survey as persons aged 60 and above) were still gainfully employed, the majority of whom were involved in primary economic activities like farming, forestry work and fishing (DSWD & DOH, 2007); workers in these industries receive little or no pension coverage and must continue working as well as rely on families for support (Calasanti, 2010). Commonly, men and women 60 to 64 years of age lived with their spouses and children; with advancing age, they tended to live in extended family households (Abejo, 2004). However, the elderly individuals' family members are just as likely to depend on them for some support (Domingo in Abejo, 2004; Cruz, 1999; Ogena, 2006), and gain from elderly parents' contributions to child care and house work (Domingo et al., 1993 in Abejo, 2004). This practice of elderly family members continuing to provide support to others is so common that, compared to the elderly in neighbouring Asian countries like Thailand and Taiwan, elderly Filipino were found to be much more likely to be both receiver and provider of support (Oftedal, 2004 cited in Ogena, 2006).

Because of the lack of affordable health care and pension from the Philippine state, and the perceived insecurity of the family as one's main source of care and support[64], Liz, Nel and other participants spoke of New Zealand as offering them a better life in ageing. In asserting that "the government will take care of you", Nel shifted the care of elderly people from the family to the New Zealand state, framing caregiving as a 'right' individuals are entitled to from the government as dutiful, tax-paying citizens. This 'shifting' resonates with other research arguing that in the context of changing cultural values around elderly care among migrant Asian communities (Cruickshank, 2003; Go, 1989; Jacobson & Rosales, 2010; Kiyak

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[64] Jen asked (and answered) a question a few other participants raised: "(I)f you don't have money, who's going to take care of you in the Philippines? Nobody."

& Hooyman, 1994; Olson, 2001; Vega, 2014), state support for elderly care grows more crucial for ageing migrants.

Nel and Liz's association of the provision of care with their tax payments suggests care is viewed as a privilege given to 'good' tax-paying citizens and not as a basic human right, echoing neoliberal formulations of social citizenship that emphasise a 'duties discourse' rather than a 'rights discourse' (Lister, 1997). In New Zealand, this 'taxpayer citizenship' began to be articulated in the 1990s and now constitutes the position from which citizens articulate their political demands; it also outlines the conditions of possibility within which particular interests and demands make sense (Hackell, 2013). A 'taxpayer citizenship' constructs some groups of people as more 'deserving' of citizenship rights or support from the state (Cruickshank, 2003; King, 2006; G. Wilson, 2000). Typically excluded are women who do fulltime carework for the family that, because it is unpaid, renders them 'unworthy' of a pension (Calasanti, 2010) and retired people who are portrayed as having a diminishing capacity to contribute to society (King, 2006). However, in claiming that their taxes make them eligible for care from the state later on, Liz and Nel resist negative connotations attached to being a state dependent; instead, they call up taxpayer-citizenship ideas that equate taxpaying to civic responsibility (Hackell, 2013), emphasize that they deserve support for contributing to the country through their labour (Bolzman et al., 2004), and articulate that they were tax contributors themselves and therefore implicitly cannot belong to the othered group of "maladjusted beneficiaries"[65] (Hackell, 2013, p. 135). It is an important testament to the pervasiveness of the negative discourse around the elderly as a burden to society (Browne, 1998; Cruickshank, 2003; Gorringe, 2003; King, 2006) and carework as burdensome (Abejo, 2004; Cruickshank, 2003) that many participants made efforts (whether practical or discursive) to avoid being (seen as) a burden to their families and to society.

However, in emphasising their entitlement to care from the state because of the taxes they paid, Nel and Liz's accounts obscure the multiple sources of disadvantages that immigrants and women face which impact on their financial security and access to quality care in old age.

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[65] Evidence presented by Hackell (2013) shows that senior citizens were among a group of state beneficiaries (which included the unemployed) that were positioned antagonistically against the taxpayer citizen: for example, in an opening address to Victoria University's Graduate School of Business and Government Management and the New Zealand Strategic Management Society in 1991, former New Zealand Prime Minister Jim Bolger said "There are unemployed people demonstrating in the streets, who want us to spend more money. There are angry senior citizens passing angry resolutions in hall meetings, who want us to spend more money. I understand the concerns of people who want us to spend more but what they are really demanding is the right to spend someone else's money," (p.135).

Immigrants may collect a smaller pension or have a lower retirement savings fund than non-immigrants because of shorter workforce participation in the country of settlement (Bolzman et al., 2004). Research across the globe and from various time periods, among migrants and non-migrants, show that women are more likely to be poor in old age than men (Barusch, 1994; Bolzman et al., 2004; C. Carlos, 1999) both because of carework responsibilities (Wakabayashi & Donato, 2006) and discrimination that affects their earning capacity in the workplace (Browne, 1998; McNamara, 2007). Women who are single or widowed are even more vulnerable to poverty and poor health with increasing age (Calasanti, 2010; Dunstan & Thomson, 2006; Hodes & Suzman, 2007). These disadvantages that immigrant Filipinas face are obscured by the notion of 'taxpayer citizenship' because, while appearing to promote fairness by protecting the interests of those who contributed most to state coffers and discouraging 'dependency' among those who did not (Hackell, 2013), it actually privileges a male model of engagement with paid work that is uninterrupted by childbearing and caregiving responsibilities (Crompton, 2006; Jyrkinen, 2014), and disregards the discrimination that normalises unemployment/ underemployment/misemployment among migrants (see discussion in Chapter 4). Ironically, even though Filipina migrants are conscripted to provide the carework that sustains their families in migration, and women in general are expected to continue providing carework for free to their family members throughout their lifetime, a taxpayer citizenship constructs them as responsible for shouldering the cost of their own care in ageing. Coupled with the homogenising representation of the elderly New Zealander, the view of an active, independent ageing as being enabled by the New Zealand government promotes the idea of old age as potentially an extension of middle age, and leaves those who are 'truly old' to suffer what are framed to be the consequences of their own individual 'personality' issues and shortcomings.

The practice of transnational retirement

When asked about their plans for the future, many of the participants talked about work (discussed in Chapter 4), leisure, and possible living arrangements. An important feature of these plans is mobility. Half of the participants articulated an interest in traveling regularly between New Zealand and the Philippines or another country. While the specifics varied greatly in terms of expressed motive and frequency of the visits, what was clear was that the desire for this mobility was related to a concern for family and community, and/or an interest in achieving a particular, desired lifestyle in ageing.

This practice of creating and maintaining social fields across national boundaries through political, social, and economic activities in retirement has been referred to as 'transnational retirement migration' (Gorringe, 2003). It is a fairly recent phenomenon made possible by more affordable transportation and technological advances in communication, greater longevity, affluence and globalised systems (Gorringe, 2003) as well as changes in lifestyle preferences and more widespread experiences of living and working abroad (Gustafson, 2008). Literature on transnational retiree migrants highlight the different nature of retirement migration from the more widely studied labour migration. Transnational retiree migrants are generally understood to migrate late in life, to be economically independent with few economic obligations to their family, to not work, and to have limited opportunities for participating in the host society (Gustafson, 2008). The following discussion will show that ageing Filipina migrants are different than the typical transnational retirement migrant[66] as they do have and are interested in maintaining well-established links in the 'host society' and fulfilling economic obligations to their family. However, they do share some motivations such as the desire for a more pleasurable climate and for maximizing economic advantages in the 'host society' (Gustafson, 2008). This section looks at transnational retirement migration as an outcome of gendered expectations for carework in the family, culturally-constructed expectations of mutual support and responsibility, and responsibilisation in ageing.

The transnational lola[67]

Seventeen participants have other family members significant to them still in the Philippines. Among these, six also have other immediate family members in another country. Two have immediate family members in other countries outside New Zealand, but none in the Philippines. Many of these participants expressed an interest in being able to provide support for carework with grandchildren, monitoring the health and welfare of their own elderly parents or siblings, and being available to provide financial and moral support to family. This interest spurs initiatives for health (to be discussed in Chapter 7), as well as travel and communication across national borders so as to maintain links with family.

Fey travelled to the country where her daughter was when she was about to give birth and stayed there for some time to help care for the baby and her daughter; at the time of the

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[66] Other researchers (Warnes & Williams, 2006) have begun to pay attention to the diversity of older migrants—those who migrate in old age, those labour migrants who are ageing in their host country, and return migrants who migrate back into the country of origin. At least for Europe, studies of the first group have been more popular than those of the two other groups, where my participants belong.
[67] *Lola* means grandmother, but can also be used to refer to any elderly woman.

interview she was planning to make the trip again to support her daughter who was about to give birth to a second child because, "That's how we [Filipinas] are, right?" In keeping with culturally essentialised, gendered expectations of how motherhood (and grandmotherhood) is performed, Fey and Vangie reported travelling to visit family and provide carework for their children and grandchildren:

> 5.21. Vangie: When I get to [country where my children and grandchildren are], it's all on me. (…) And I do the laundry on the washing machine. (…) See, when I go there I do the laundry. I'm a *tsimay* (maid) there, see. I do the laundry.

The practice of traveling abroad to help with carework appears to be a continuation of these particular participants' roles as mothers and grandmothers. In continuing to provide carework support, they form part of what various researchers have termed 'international division of reproductive labour' (Parreñas, 2008), the 'global care chain' (Hochschild, 2000), or the 'granny chain' (Calasanti, 2010). These terms refer to the series of links between people across the globe based on paid and/or unpaid carework. The idea was first introduced by Parreñas (2001b, 2008) whose work on Filipina migrant domestic workers revealed the phenomenon of women in poorer families in the Philippines caring for children that their mothers have left behind in order to work as domestic workers for families abroad whose mothers are then able to work outside the home. Calasanti (2010) used the term 'granny chain' to highlight how care work is shaped by ageing, gender, and globalization. Although these terms were originally applied to contexts where paid carework is involved somewhere along the chain, and assumes an ethnic Other to be performing this paid work, I argue that Vangie and Fey's examples are supplementary links in the global care chain. Vangie and Fey's work are important contributions and support their children's lives as migrants in another country where paid carework can be expensive. Although Vangie and Fey's visits were brief (lasting only 3 months at most), they hint at the phenomenon of immediate and extended family members (typically women, but also including men) being recruited by migrants to help with carework (e.g. Elliott & Gray, 2000; Treas & Mazumdar, 2004), producing another form of 'diasporic (grand)motherhood' or 'transnational shared motherhood' (De Tona, 2010).

These supplementary links expose the amount of reproductive labour required to produce productive migrants, and how these costs are borne by women in many migrant families[68] whether they live permanently with them as associational migrants (as in the case of Tia, Fey, and Nel caring for their young children and Van and Oli caring for their grandchildren) or stay only for brief periods as transnational grandmothers. They also reveal how class and ethnic divides exist not just along the chain but *across* it, so that settled ethnic migrants in a white-dominated society (say, the United States and New Zealand) will often rely on family rather than formal, paid care services to care for their children (Casper, Hawkins, & O'Connell, 1994; Elliott & Gray, 2000; Go, 1989; Ho, Lewin, & Ip, 2011; Xie & Xia, 2009) and their elderly (Clark & Huttlinger, 1998; Kimura & Browne, 2009; Moon et al., 1998).

Beyond providing caregiving support, a few participants also talked about providing financial support to families in the Philippines as motivating their continued social and financial investments there. Some participants had built houses there that other family members occupied, or had plans to do so, and made regular visits and/or calls to monitor their family members' well-being:

> 5.22. Bea: [My friend] says, "See, my pension—over there [in the Philippines] my entire clan benefits," she says, which is true. All of the, the whole clan, um, [benefits from] on her pension. "Whereas here I still have to rent my accommodation." Over there, she has a house. So I said, "So that's how it is." So I thought to do the same, because I already have a house back home [in the Philippines].

> Int: You were able to build one? Is that the one you said was being occupied by your sister?

> Bea: My sister. Yes. So I said, at least I have a house there, so—And especially, I said, my three brothers and my sister. All younger [than me]. They're growing old, too. At least, my pension can help them, too.

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[68] Economist Nancy Folbre (2006) uses the fictional CorporNation—an island nation owned by a multinational company—to critique a global economy that weakens support for social welfare in private companies as well as nation states. In Folbre's discussion, CorporNation's success is dependent on its treatment of workers as *care-free*; that is, leaving the bringing up of workers from childhood, their education, and the maintenance of their health outside of the scope of its corporate responsibilities. Immigrants are particularly advantageous to countries with more capital as they benefit from the productivity of workers on whom no tax money was spent for production, maintenance, or education (Folbre, 2006).

Providing support for carework and financial support for family holds positive meanings for identity, as established earlier in this section and in Chapter 4. Migrant women's varied roles as mothers and the family's own Bagong Bayani offer different pathways for establishing one as a valuable member of the family. The various types of support (carework, emotional, financial) that ageing migrant women are conceived as able to offer, and the highly positive meanings attached to these roles reflect not only culturally and politically significant images of motherhood and the Bagong Bayani, but also the culturally and historically significant image of the revered *lola*. Old women in pre-Hispanic Philippine history (prior to the 16th century) held socially, culturally, and politically meaningful roles as *babaylán—* a shaman responsible for the psychosocial-spiritual health of her people who liaised with the spirits for protection and prosperity, and who was tasked with the development and transmission of culture from one generation to the next through stories and songs (Salazar, 2010). The carework that older women perform came to be tied to heroism through the historic figure Melchora Aquino, also known as Tandang Sora (Old Lady Sora), who contributed to the fight for liberation from Spain during the late 19th century at the age of 84 by providing refuge, medical aid, and food to Filipino revolutionaries in her home (Ocampo, 2012). Rather than losing status in old age, these culturally meaningful icons of old women together construct an image of the elderly Filipina as engaged with and actively contributing to their family and community's well-being.

A woman's embodied presence is understood to be a prerequisite for the fulfilment of these varied roles, as can be seen, for example, in Fey's desire to maintain the 'Filipino culture' in her grandchild: "I want to continue the tradition of making them acquainted with the past. Especially our traditions. Especially as my grandchild is [only] half [Filipino]. And I insist with my daughter to teach [him the] Tagalog [language]. I want to pass on to them those legends our parents taught us. (…) I want to maintain that, so that it's not forgotten; because it's hard for those like us who are overseas. The tendency is to lose it if you don't make, if you don't resolve to maintain it." Those who are overseas, physically separated from the Philippines and from family members, stand to lose cultural ties, relations of reciprocity, and longstanding networks of support if individuals do not "resolve to maintain it". Therefore, for many participants, fulfilment of one, the other, or all of these various roles is understood to come by way of transnational practices:

> 5.23. Kat: (T)here are moments when I think, "Oh, I might prefer to be in the
> Philippines [when I'm older] because I will feel more important there. Here [in
> New Zealand] you're not important because it's to each his own here. Your

children have to struggle and survive for their life and then here you are trying to get some of their attention when they can't afford to do so. So, it's really happier back home [in the Philippines]. If I could live half of my year there and half of it here, yeah, maybe, so I could go and help there. (…) I really want to help, see, my nephews and nieces or something like mission work, to make a difference. But then if you're old you can't— You're probably limited, too [in what you can do]. Maybe financially, you still can. But it's also not good to [be helping] just financially (…) But it's different [if you're there]! (…) It's better if they can see you too, right? But if you just send the money you are just like a bank sending the money right? There should be a connection, too. Because you don't really give the money you also give the connection, like, you are there to tell them, "Okay your tuition is important but you have to remember that you have to achieve that goal" something like that. The advice.

In arguing that developing and maintaining a relationship with kin is important, and that physical presence among family one is trying to help is important, Kat avoided the meaning of Bagong Bayani as remittance source (see Chapter 4) from taking dominance in the relationship between the ageing migrant and her family members. Instead, her argument highlighted how the ageing migrant's role extends beyond that of a "bank sending money" to that of advice-giver; it emphasized emotional connections, rather than monetary transactions among the family members; it also gave the person importance beyond the point at which they stop earning and sending money.

However, ageing bodies place limits on the ways individuals can participate in transnationalism (Treas & Mazumdar, 2004; Zontini, 2014). Participants articulated how ageing limits their capacities for paid work (see Chapter 4) and carework (see previous section in this chapter). Changes in health status, in caregiving needs within the family (say, an ailing spouse one lives with) can limit mobility and/or the financial resources and time one can share for supporting other family members. These limits and changes can offer a different set of motivations for engaging in transnationalism. In the following section, I will discuss some participants' interest in transnational retirement as a means of satisfying their needs for care, rather than their roles in providing care, in ageing.

The transnational modern retiree: Enjoying "the best of both worlds"

Seven of the participants talked about plans to retire outside New Zealand either completely or travel regularly between the New Zealand and another country (typically the Philippines)

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every six months. Aside from the reasons discussed above, the desire to enjoy a particular kind of lifestyle and care in ageing is also prominent. Fey articulated:

5.24. Fey: We probably won't settle back in the Philippines but we would be going back there more regularly especially when it's winter here.

Int: (Laughs) I can understand.

Fey: (…) That's why we still have a house there, right? [Relates details regarding properties in the Philippines.] Our plan is to go back and forth, maintain both citizenships because our plan is— as of now we're New Zealand citizens. We plan to get dual citizenship. So that both of us, we have both passports. Then, so, you know, enjoy the best of both worlds. And I guess I don't want to suffer old age here. Say, I really can't walk or— Probably I'll go home to the Philippines. I don't want to go to a rest home. And, back there, well, with all the people I'd sent to school, among my nephews and nieces there's probably someone who'll take care of me. (Laughs) (…) As much as possible we will enjoy the best of both worlds. In summer, we stay here, we're here or anywhere else. In the past, the government superannuation, you can only enjoy if you're here. And then you can leave the country when you've received it, but the maximum I think is three months [out of the country]. Something like that. Now it's not like that anymore. (…) So that's okay. So wherever you may be it still goes to your bank account. Here, that's just a small amount. But if you go home to the Philippines that's large. Right? So, you'll survive there. I'll survive if I'm in the Philippines. Here that's just enough to pay for the rest home.

This extended quote from Fey sums up several ideas that others make as separate points in the kwentuhan. First, as with a number of other participants, Fey expressed preference for being cared for in old age by other family members, and not being institutionalised. About half of all participants stated a clear preference for being cared for by family[69], which for a few individuals meant the possibility of moving back to the Philippines to live with siblings and nephews or nieces. These participants' stated desire to live with family contrasts with findings about New Zealanders and Americans more commonly preferring 'intimacy at a distance' (Cherlin & Furstenberg, 1986), that is, to live apart from their children (Davey, de Joux,

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[69] Others saw rest homes in New Zealand as a reasonable or even welcome option.

Nana, & Arcus, 2004). Filipino cultural discourses construct ageing within the family as an ideal living and care arrangement. For a few, this can be an important motivation for staying in constant touch with families in the Philippines and elsewhere.

Second, Fey pointed out that government superannuation is "just a small amount (…) just enough to pay for the rest home". Kat has "heard that the retirement pay is not enough", and Jen suggested she might not be able to stop working as the pension she is set to receive would not cover all her expenses. Like Fey, Bea also expected that this "small amount" will be worth more and be able to do more (e.g. help other family members) when spent in the Philippines.

Third, Fey called attention to how legal conditions or policies affect individuals' mobility and decisions regarding transnationalism. Whereas qualified individuals were limited from collecting their superannuation outside New Zealand in the past, changes to policy in 2010 allowed greater portability of their pension (Dale & St. John, 2012). Bea presented such a policy change as meaning that the state no longer "penalize[s] the pensioner" who finds it "more comfortable (…) to live overseas". In the US, Filipino migrants whose mobility is limited because of health issues requiring expensive care are campaigning for portability of their Medicare benefits to the Philippines, where they desired to retire (Rigor, 2013). Their advocates reason that permitting senior citizens to live in the Philippines with their Medicare benefits can actually save the US money as it does not have to spend more on infrastructure and takes advantage of favourable foreign exchange rates, thus avoiding the need to increase the often-inadequate benefit allotted to individuals (Rigor, 2013).

The last point that can be derived from Fey's account is that the desire for family-based care can be met, and the constraints of a small pension can be overcome, through one's own efforts at taking advantage of whatever opportunities are available. Fey and other participants share with other transnational retirees the common interest of maximising their pensions or retirement savings (Gorringe, 2003; Gustafson, 2008), and making the most of resources (e.g. social and health services) available in host and home countries (Sun, 2014)— though this is not unique as even internal retirement migrants in New Zealand cite escaping high living costs as a reason for migration (McLeay & Lidgard, 2006). In Fey's particular case, a dual citizenship is seen to enable the maximisation of the potential for achieving her desired lifestyle and obtaining it is a strategic, proactive move that befits a 'savvy' modern retiree. This strategy echoes the 'modern' retiree's call to self-sufficiency and consumption (Rudman, 2006), and can be seen to find expression in various transnational activities and practices.

Transnational retirement, then, is a logical outcome of the impetus for consumption and responsibilisation in ageing that constitutes the 'modern retiree'.

As old age becomes increasingly defined by consumption and individual responsibility, retirement and transnational retirement migration is framed by entrepreneurs and by the state as offering an informed choice to live a new and better lifestyle. For example, the Philippine state, which actively markets itself as an ideal retirement destination, refers to the various special resident retiree's visas (SRRVs) available as 'products' with different requirements and fees on the Philippine Retirement Authority's[70] website (PRA, 2007c). Potential retirees, as 'shoppers,' are encouraged to compare the SRRV 'products' to retirement visas in other countries within the Asia-Pacific region. They are given this information (links to information on visas from other countries are listed), and are told to expect to find that the Philippine SRRVs are "simply the best" (Philippine Retirement Authority, 2007b, para. 9).

It is ultimately the New Zealand state and the Philippine state's biopolitical interests which are served by the construction of the modern retiree as responsible, active, productive, and reasonably healthy. As ageing migrants act more and more as financially-savvy 'modern retirees' who gather information on and make informed choices about their pensions, relevant government policies, living arrangements, and healthcare options in the hopes of living their 'ideal' lifestyle, they legitimate the discursive construction of retirement and old age as processes that can be managed successfully by individuals into a time of productivity and self-reliance (Rudman, 2006). Thus, as with the Medicare example in the US, it can become easier to justify state reduction (or non-increase) of support and protection of older people[71] (Dannefer, 2000; Gilleard & Higgs, 2000).

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[70] The Philippine Retirement Authority (PRA) is "mandated to attract foreign nationals and former Filipino citizens to invest, reside and retire in the Philippines with the end-view of accelerating the socio-economic development of the country, contributing to the foreign currency reserve of the economy and by providing them the best quality of life in the most attractive package," (Philippine Retirement Authority, 2007a, para. 3). The Philippine state is framed here as engaging in the business of peddling retirement as a commodity in order to generate income to boost socio-economic development. Economic development is the end, and providing "best quality of life in the most attractive package", within a global market where there is competition for the revenue financially capable and savvy retirees bring, is the means.

[71] These imperatives for self-reliance and self-responsibility in ageing may also be giving rise to the related phenomenon of 'transnational medical travel', which is promoted by factors such as treatment delays in some countries with publicly-funded healthcare, increasing cost of out-of-pocket care where publicly-funded healthcare is absent, decreasing costs of air travel, favourable currency exchange rates, and the expanding role of the internet in global marketing (Nassab et al., 2010; L. Turner, 2013).

When Schiller et al. (1992b) remarked that transnationalism is a means for migrants to express resistance and agency under global conditions marked by vulnerability and insecurity, they were not speaking of ageing migrants. And yet, I argue that it applies to ageing migrants quite well. The practice of transnational retirement allows older people to 'keep options open' by translating gains in economic and social position from one setting into political, economic and social capital in another (Schiller et al., 1992b). Such a strategy, while allowing some ageing migrants to find a reasonably comfortable space to 'age well', typically "do not directly challenge or even recognize the basic premises of the systems that surround them and dictate the terms of their existence" (Schiller et al., 1992b, p. 11).

Summary and conclusion

Carework is a task women are conscripted to perform for others throughout their life, for the benefit of families, communities, and the state(s) they belong to (Browne, 1998; Calasanti, 2010; Cruickshank, 2003); and yet, there is increasing demand for women to be responsible for their own care in ageing. For as long as caregiving is seen as "a private duty rather than a public value" (Cruickshank, 2003, p. 128), it will be difficult to argue for public support for caregiving and women will continue to suffer disadvantages (economic, social and health) because of the carework they do.

For migrants who arrived in New Zealand with young children among their family members, carework for the family was a significant issue. Cultural notions of motherhood which place carework within a feminised private sphere, and a discourse of acculturation in migration together create positive meanings for those who performed this carework. Carework was seen not only to allow them to fulfil their roles as mothers or grandmothers; it was also framed as an important contribution to the family's survival in New Zealand. This framing conscripted migrant women's bodies to provide the carework that sustained their families amid inadequate support for carework and the difficulties they faced in establishing new lives in another country. Some participants' articulation of the contribution of the carework they do for their families' survival revealed that migrant labour is not 'free' and that the costs are often borne by women and their bodies.

In their expressed plans and concerns about ageing, many participants referred to a Filipino cultural norm around ageing and elderly care as being located in the family. However, within the context of migrant life where children are increasingly mobile, and a socio-cultural environment in New Zealand perceived to enable an ageing characterised by independence and responsibilisation, ageing within a multi-generational household becomes less certain.

Ironically, despite gendered, cultural dictates recruiting women's sacrifice and labour for their families (Sutton, 2010), the increasing commodification of carework (Zimmerman et al., 2006a) along with a 'positive ageing' rhetoric means individual ageing women are constructed to be responsible for reducing their need for care (i.e. remaining independent for as long as possible), as well as for shouldering (some, if not all of) the cost of carework.

A number of participants revealed instances where some of the cost of carework within the family is borne by ageing migrant women through the practice of 'transnational retirement'. Women continued to contribute to their families as supplementary links in a global care chain (Hochschild, 2000). They also prepared for retirement with families outside of New Zealand by making financial investments and maintaining family relationships across thousands of miles and spanning many years. While it appears that these strategies enabled the continuation of a valued identity (as mother/family matriarch) for ageing migrant Filipinas, and allowed them to "enjoy the best of both worlds" (Fey), these 'opportunities' are constrained by one's physical health, financial capacity, and caregiving responsibilities which can change dramatically over time. The data demonstrated how transnational retirement is an embodied practice, that mobility is not free (Dunn, 2010) in the many senses of the word; also, that gender shapes the experience of transnational retirement migration (Zontini, 2014).

Literature on ageing and retirement speak of the concept of 'ageing in place' – growing old where they lived out their lives (Cutchin, 2003; Longino Jr., 1994)— which implies the maintenance of independence as well as continued competence in and control over their environment (Lawton, 1982). For a good number of participants, it appears that *ageing in family* rather than ageing in place is the more ideal. Although independence and individual responsibility emphasized by discourses around the 'modern retiree' remain important, interdependence among family members is a competing vision for ageing that is also pursued and maintained by the majority. With 'independence in ageing' a norm for the majority in New Zealand, where about 8 in 10 of people above 65 live either as couples or alone in their homes (van der Pas, 2009), transnational retirement becomes a desirable option to some participants, even to those who have spent a significant part of their lives in New Zealand. That said, participants' plans for future care and living arrangements are varied and not definitive. Yet, these plans are commonly sketched out within boundaries and desires shaped by various competing discourses around being a lola (embedded in a network of mutual support and responsibility in the family), a Bagong Bayani (regarded as a 'partner' in Philippine development, valued for their remittances) and a modern retiree (who is active, productive and independent, made possible by support from the New Zealand state).

Participants mobilised these discourses to explain their own particular choices regarding future living and care arrangements.

In the next chapter I will focus on the 'attractive' body to explore my participants' experiences of change in relation to the appearance of their bodies over time. Of particular interest are the meanings attached to attractiveness and beauty as significant aspects of the body that participants attended to and spoke lengthily about in the kwentuhan.

Chapter 6: The Beautiful Body

This is one of two chapters that pays attention to physical changes participants spoke of as arising particularly from ageing and/or living in New Zealand. In this chapter, I address those bodily changes that relate to appearance, while the next chapter (*Chapter 7: The Healthy Body*) looks more closely at those bodily changes that relate to health.

All participants spoke at some length about physical appearance at different points during the kwentuhan, even though I had not explicitly asked about changes in physical appearance. Changes in physical appearance were brought up in stories about living in New Zealand, about others' observations or remarks about their body, and about aspirations or worries for the future. In these stories, an orientation to beauty and desirability was found to be common, even as participants positioned themselves differently in relation to them. This chapter engages with a large and diverse range of literature on ageing women that identify beauty and desirability as issues of concern (see Chapter 2), and which has often described women as suffering from a 'double standard' of ageing (Sontag, 1972). Some research suggest that body image appears to be a factor in self-esteem, and that physical appearance remains important to women, despite increasing satisfaction with their appearance with age (L. Baker & Gringart, 2009). In this chapter, I tease out the complex web discourses that produce these apparent contradictions and add nuance to the analysis by interrogating the varied meanings around physical appearance that are available to ageing Filipina migrants. Of particular interest are those meanings that arise out of their experience as migrants to a developed country that is culturally different from their own and racially dominated by white people as the intersection of migrant status, ethnicity and culture in women's embodied ageing is not so well-explored (with the exception of Furman, 1997). The discussion in this chapter draws on feminist literature and critical gerontology's theorisation of ageing women's bodies and the significance of beauty, including critical literature on consumerism and the body's significance for identity in modernity.

The chapter is organised around two sides of the 'body (should be) beautiful' issue. The first major section discusses the positive meanings participants ascribe to 'beauty', and their adherence to a variety of practices that 'maintain' or 'enhance' their looks. This section discusses three themes for positive meanings for physical appearance. The first, success, discusses how changes in the body's physical appearance can be construed to indicate success (or the lack thereof) at migration. The second theme, desirability, discusses how these same changes are regarded in the light of heterosexual attraction and relationships. The third theme

on avoiding stigma looks at the construction of beauty as a prerequisite to women's social inclusion.

The second major section discusses alternatives to these meanings that allow for resistance against the impetus to invest one's resources in 'maintaining' a particular look. Participants typically offer several reasons, which could be personal, practical, and/or moral/cultural, for eschewing some or most beauty practices.

An obligation to beauty

The majority of the participants, when asked what changes they observed in their bodies over time in New Zealand, spoke of their physical appearance. They talked about the change (or non-change) in their skin, their faces, and their weight or size, sometimes as remarked upon by others. This section looks at women's framing of certain changes in appearance as undesirable, their conformity to beauty imperatives, and the multiple reasons they provide for their engagement in beauty practices.

Marks of success

One common pattern among accounts of change (or non-change) in participants' physical appearance is the relevance of the conditions of their lives as migrants in New Zealand. For instance, Cyn reported that her appearance was different from that of her contemporaries in the Philippines:

> 6.1. Cyn: But you'll see your contemporaries, they look so old. Call it a self-serving statement, [but] if you look at your photos—I said, "Are they really my age?" (…) You'll see [they're] different. So that's why they say that when you're from abroad, your looks—your aura is different. It's going to be evident no matter what you do.
>
> Int: So, different in the sense that?
>
> Cyn: The food that you're eating here. The weather.
>
> Int: And they look what? How are your looks different?
>
> Cyn: It's like there's more, younger—there's an element of youth in the disposition.
>
> Int: In you, compared to them?

Cyn: In me. Yes. And I look younger than them. Like, even those who are younger by two years, three years.

Cyn observed that being "from abroad" makes for a youthful appearance, and it is a difference that is "evident no matter what you do". In this section, I argue that ageing migrant Filipina's embodiment of success are circumscribed by gendered expectations and consumerist ideas around body presentation, and show how beauty practices can be constructed as both a 'privilege' and obligation in migration.

Negotiating the embodiment of social mobility in migration

May had been in New Zealand since her mid-twenties. She was employed full-time during the time of the interviews, went to the gym regularly, and said she ate healthy, did not drink or smoke, and tried to get enough sleep. May talked about life in the Philippines and its impact on people's bodies:

> 6.2. You know the lifestyle in the Philippines—they have a hard life. You know when I went home I saw all my classmates, I didn't recognize them. Because of their hard life, they look very old! Whoa! (…) And they said to me "May! You never changed!" And I said, [that's] because they've got lots of children and they don't have time to relax. I think [it's] because all they do is keep working to survive.

Like Cyn, May compared herself favourably to her contemporaries in the Philippines. While Cyn indicated that it may be the food and the weather in New Zealand that is making the difference, May pointed to a "lifestyle" of "working to survive" in the Philippines as the reason for her classmates' changed appearance — an observation shared by others (Gab, Hil, and Fey). These participants reasoned that the great difference in lifestyle and living standards (i.e. relaxed vs keeping on working to survive; good quality vs poor quality food; good vs bad environment/weather) made for the difference between looking unchanged (read: youthful) and "haggard" (Fey) or "look[ing] very old" (May). In accounts such as May's and Cyn's, the body is taken to be material evidence of a 'good life' lived in New Zealand; youthful looks are framed as directly resulting from lifestyle changes afforded by migration. In proposing that success in migration is 'written on the body', the migrant body is imbued with symbolic capital (Bourdieu, 1984) that accords ageing migrant women some prestige or status. These accounts, while allowing women to highlight their 'better' status compared to their non-migrant peers, simultaneously reinforces ageist views of the body in its celebration of youth, and the idea of migration as leading to personal success. Paradoxically, it is the absence of

visible marks on the body that is taken as the 'mark of success'. Implied in this formulation of youthfulness as demonstrating success in migration is a resistance to being old or being *matanda*, which in Filipino literally means the presence of many marks[72]. The absence of worry lines, shadows under the eyes, and of deep furrows between the brows indicates that one is not matanda; but in these accounts, also that one has lived a 'good', relaxed life of comfort and abundance in New Zealand.

That success in migration is constructed to be evident on the body is apparent even in the accounts of participants whose bodies can be seen to have changed, but not in a manner that brings them closer to the typical youthful, slender ideal for women (Bordo, 1993). Several participants stated that they gained some weight over the years living in New Zealand, or that others (e.g. friends from the Philippines) had said so. While the reasons given for weight gain are varied (including natural or inevitable changes in ageing, one's genetics, and reduced exercise due to work commitments), they often included some remark about how food in New Zealand was 'better'. Participants described food in New Zealand as "fresh", "pure" (Mia), "more healthy" (Pam), "tast(ing) better" and as "more nourishing and nutritious" (Tia); but more significantly, food is described as being more affordable and accessible to all in New Zealand, as Fey and Tia explained:

> 6.3. Fey: Anything that the rich can eat, you can eat, too. But you'll have to sacrifice a bit. If you wanted lobster, right? You can eat it. Unlike in the Philippines, you'll never— even in your dreams you wouldn't be able to eat it, right? Here, it's like, equality has a better chance.

> 6.4. Tia: I think the food here is more nourishing. More nutritious. And availability— it's very available. I mean the rich man's food is affordable for the poor people, unlike in the Philippines where fancy food can only be afforded by the rich. Here it's very expensive but the poor can afford to buy good food.

> Int: Such as? For example? Grapes?

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[72] In the Filipino language, the word for both 'old' and 'elderly people' is *matanda*, for which the root word is *tanda*, or marks/signs. It is also the root word for remember (*tandaan*), and learn (—especially from experience; in Filipino, *magtanda*). In the word matanda, 'ma-' is a prefix that functions much in the same way as the suffix '-ful' in forming adjectives. Thus, someone who is old, who is ma-tanda, is literally one who has many marks.

Tia: (laughs) I mean you would struggle to buy things like that [in the Philippines]. Milk, juice, basically everything.

Here, the body's weight gain is taken as evidence not just of better food, but of the grander idea of greater social equality or mobility in New Zealand. In articulating the link between weight gain and better socio-economic and political conditions in New Zealand, these participants avoid negative associations with being fat – for example, as being unhealthy or fatal (Kwan & Graves, 2013) or as indicating a flawed self or moral failure (Burns, 2004; L. Clarke, 2001; Featherstone, 2010; Gimlin, 2007)— being applied to them. The fat body, like the youthful body, is taken as material proof of the promise of migration fulfilled. These accounts extend popular Filipino cultural notions[73] of fatness as connoting comfort and abundance to the context of migrant life. It echoes to some extent Constable's (2002) findings about Filipina domestic workers in Hong Kong who were unhappy to have lost weight as they viewed it as evidence that they were stressed and poorly treated (i.e. overworked and underfed) by their employers. In my participants' accounts, fatness, like youthfulness, is a 'natural' result of living in New Zealand — an eventuality for all Filipino migrants to New Zealand (as Bea said, "You'll see. Filipinos who have been here ten years, 15 years, they really grow big/fat"); it is not (just) a product of individual lack of control or concern for the body, which is a more typically modern, western, and gendered meaning (Bordo, 1993; Burns, 2004).

In contrast to these positive accounts of bodily change, Jen, who owned and ran a small farm in the Philippines and then worked as a chamber maid for over two decades in New Zealand, said:

6.5 Jen: I'm more tired here [in New Zealand] than back home [in the Philippines]. Back there, it's easy. It's comfortable back there. The stress here, oh my God. Imagine this, (…) someone said I'm older than this one sibling. But that sibling is older than me. It's stressful here.

Int: Why do you think it's more stressful here?

Jen: Well of course, you're stressed with your husband, you think about him, and then like say, he goes to work at two in the afternoon and comes back

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[73] This notion of fat as good or beautiful because it connotes abundance is not unique to Filipino culture. See for instance, Renzaho's (2004) discussion of sub-Saharan Africans' highly positive regard for fat on women's and men's bodies.

home at two in the morning. Of course you worry about that, right? Then you
go and have dinner all by yourself.

Cyn's generalisation about those "from abroad" displaying a youthful disposition does not apply to individuals like Jen, who, at 49 says she feels old and looks old (according to others). The equality of access to 'rich' food, the stress-free lifestyle, all are functions not just of the country one is residing in, but of a variety of factors such as the specific conditions of one's employment, qualifications possessed, social support, and personal financial resources. Instead of speaking of a life of relative ease and prosperity as a migrant in New Zealand, Jen used her body to speak of an alternative reality – one of hardship and loneliness.

'Fixing your face'— the privilege of success

The expectation of success in migration to be demonstrated on the body regulated women's desires and practices around the body such that Nel declared: "You don't want to show the um [people], that you're making money, but you still can't get your face fixed!" There are three important points in this brief quote from Nel. First is the idea that there are others/people whom one wants to give a particular view of one's face/body. It is their gaze which is privileged and catered to. Second, Nel links "making money" to the opportunity to fulfil the expectations of others about what one should look like. But, at the same time, it is the state of being able to make money that invites that gaze by others. Third, the idea that this look is not natural. Unlike the previously presented construction of a youthful look as naturally occurring for those Filipinos "from abroad", Nel identified that it takes work and money. Nel's remark about the imperative to beauty speaks of an internalised surveillance—a significant form of disciplinary power (Foucault, 1977; M. McLaren, 2002)—that is especially relevant for ageing migrant Filipinas. It also belies claims of the inevitability or naturalness of an improved or well-maintained body for Filipina migrants; it exposes how the gym memberships, health supplements, hair dyes, creams and cosmetics the participants used are important elements of the work and effort women put in to 'fix' their face.

Although Featherstone (1995) noted that older people are disempowered because of the reduction of the symbolic capital of the body with ageing, Laws (1997) cautioned that this reduction should not be seen to occur unvaryingly across all individuals and across all aspects of aged identities. At a time when older people are seen as a fresh target market (say, for real estate ventures, as in Laws' [1997] paper) and as responsible and informed consumers motivated to stay youthful, healthy, busy, and attractive (Featherstone, 2010; Gilleard & Higgs, 2013; Rudman, 2006), the ageing body can appropriate positive meanings through

consumption in the same way that youthful bodies do (Featherstone, 1991; Gilleard & Higgs, 2013). In addition, consumption, especially *conspicuous* consumption, carries important meanings relating to status for migrants (Danzer, Dietz, Gatskova, & Schmillen, 2014; Leonini & Rebughini, 2012; Mills, 1997) — the purchase of goods is taken to signify change in the power to purchase such goods. In using the body to exhibit one's success, it is treated as an object to be acquired and displayed as a commodity; a signifier of social status (Baudrillard, 1998) like an expensive car or home. Des spoke of the brand-name cosmetic products she used to take care of her skin as a "luxury"; a "whim" she could not afford if she had stayed in the Philippines. For ageing migrant women like Des, then, consumption that is impressed upon the body is significant for signalling *to others,* both success in migration (in that financial capacity is increased) and success over ageing (in that beauty and youth are 'maintained' or 'enhanced'). This exhibition and celebration of the migrant body in order to signal success is especially salient upon migrants' return to their country of origin (Parrini, Castañeda, Magis, Ruiz, & Lemp, 2007), which perhaps explains why in several women's accounts, their ('better') looks were reported as remarked upon by others during their visits to the Philippines, or why Bea related her motivation to lose weight to an upcoming reunion in the Philippines (excerpt 7.4).

Beyond the use of creams, diets and exercise, other practices to 'maintain' a youthful or beautiful look were mentioned by participants, though they did not necessarily engage in them. A few participants spoke of entertaining thoughts of undergoing surgery (Ann, Ela) but dismissed them immediately for different reasons (to be elaborated on below). Anecdotal evidence, from two participants (Nel and Mia) who spoke about co-workers, suggests that Filipina migrants travelling to the Philippines to get cosmetic procedures done (e.g. removing freckles, removing moles, facials, eyelash extensions, and rhinoplasty) is not a highly unusual phenomenon. The stories shared by Nel and Mia indicate that overseas Filipinos are part of a large market being 'served' by a global cosmetic surgery tourism industry— a fact that is absent in the literature on cosmetic surgery tourism which, for the most part, focuses on the experiences of the white westerner as the main clientele of this industry[74] (See, for example

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[74] One study on the more general phenomenon of medical tourism finds that while the white westerner of European origin is typically assumed to be the main 'patient-consumer' engaged in travel abroad for medical purposes, majority of such travel is by overseas diasporic populations – for example, Mexicans in the United States, or the more global Indian and Middle Eastern diaspora who may travel to their 'home' country for medical care (Connell, 2013). It stands to reason that 'return migration' by migrants for cosmetic surgery may also be a significant, but hitherto unexamined, part of cosmetic surgery tourism.

Ackerman, 2010; Bell, Holliday, Jones, Probyn, & Taylor, 2011; Holliday et al., 2014; Jones, 2009; Viladrich & Baron-Faust, 2014).

Riskier, more expensive procedures than those described by the participants are part of the range of 'services' available, and there has been at least one reported incidence of a Filipina OFW's death from them[75]. While there are no systematic studies of deaths through cosmetic surgery tourism, one study on media reports of these deaths suggests there may be underreporting of such cases (L. Turner, 2012). The pursuit of beauty and youth is a serious business, which can have dire consequences for ageing Filipina migrants' financial, social, and physical health in the long term. In reviewing the literature I found no studies on how notions of economic success in migration are *embodied* by Filipina migrants and OFWs in gendered ways and that implicate contemporary consumer culture and sexism in shaping migrant Filipinas' bodies and desires. This is a serious gap in critical research on migrant Filipinas as we have been unable to investigate how particular desires are being cultivated by certain industries and unable to look critically at the range of practices available to these women. Thus there has been little attention paid to the increasing interest in Filipino migrants as targets of cosmetic surgery tourism (Aesthetic Science Clinic for Dermatology and Plastic Surgery, 2013; Lasa, n.d.), and the fact that Filipina migrants comprise a rather large segment of the Philippines' cosmetic surgery market[76]. The significance of cosmetic surgery for some Filipina migrants may be partly explained by Cohen's (2005) idea that it has become a proxy for modernity, as well as a means of participating in a new economic and cultural order for people in developing countries. And yet, there is some irony in migrant Filipinas 'participating in a new economic and cultural order' through obtaining in the Philippines cosmetic surgery they would not be able to afford in their country of residence/employment[77].

That surgery was regarded as an extreme and risky form of body and beauty maintenance practice is evident in a few participants' remarks that it is for "movie stars" (Nel), that it "damages the skin" (Nel) and is "scary" (Ann), juxtaposing the glamorous and the gruesome.

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[75] In 2008, Dubai-based Filipina migrant Mary Arciaga died while undergoing liposuction in the Philippines (GMANews.TV, 2008).
[76] Up to 80% in 2004, according to the Philippine Academy of Aesthetic Surgery (Gulane, 2005). Note of caution, though: this organisation has only 42 members and is only one of several associations of doctors in the Philippines who perform cosmetic surgeries.
[77] That said, one reason cosmetic surgery tourism is flourishing is that many people in developed nations are unable to afford cosmetic surgery in their own country, and so go abroad (typically, to developing countries) to maximise their money (Ackerman, 2010; Holliday et al., 2014). Related to this, part of the attraction and value of cosmetic surgery tourism may lie in the experience of 'cheap luxury' it affords women (Jones, 2009).

These depictions of cosmetic surgery reflect the sharp contrast between marketers' images of cosmetic surgery and cosmetic surgery tourism (see Ackerman, 2010; Holliday, Bell, Cheung, Jones, & Probyn, 2014; Nassab et al., 2010) and those portrayed by news media and advocates of patient safety (L. Turner, 2012, 2013). At the same time, some participants' accounts express a contrasting view, and suggest that cosmetic surgery is understood to be a mundane, common, or routine procedure that most anyone and everyone can and does engage in (Brooks, 2008). Some participants (like Ela and Cyn) have received suggestions from friends and family to consider cosmetic procedures (e.g. Botox, rhinoplasty). And while these participants rejected cosmetic surgery for various reasons (to be discussed in a later section), they and several others framed cosmetic surgery as a matter of individual choice and preference ("It's okay. If they want to do it [cosmetic surgery]... It works for some people" [Hil]). As a whole there appears to be great ambivalence regarding cosmetic surgery, as exemplified in Ann's elaboration of her thoughts around it:

> 6.7. It's like you want it but, it's because you're vain. You know, you want to look, not really as before but at least good, yeah? You want to look good. So, it's like you have the urge to (coughs)—how about I get that done, like for example, liposuction or facelift? But on second thought, it's like, shit! It's a bit scary. Yes. Better not!

Some of the ambivalence stems from an understanding of engagement with cosmetic surgery as an unending commitment. Des posited that one will have to "support that habit. It (cosmetic surgical procedures) will become a habit eventually". Des' choice of words calls up images of an addict fully dependent and desperate to achieve greater and greater 'highs'. And indeed, while the metaphors used were different than Des's, and leaned more closely to the idea in Nel's 'get your face fixed' expression, Ackerman's study (2010) of North American women travelling to Costa Rica for cosmetic surgery found evidence of multiple returnees who went back regularly for 'tune-ups'. Although there is something characterised as addiction to cosmetic surgery (Pitts-Taylor, 2007; Suissa, 2008)[78], it would seem that a view of the ageing, changing body as a machine that can be 'fixed' and needs 'routine maintenance' (Brooks, 2008) or 'tune-ups' (Ackerman, 2010) by a professional encourages a different view of the relationship between the individual and cosmetic surgery. Rather than an

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[78] I do not endorse the idea that cosmetic surgery addiction has an 'objective reality' outside of the particular socio-cultural and historical context in which it occurs. See above cited references for more in-depth discussion of this issue.

addicted body or psyche requiring increasing or continuing 'doses' of surgery to produce satisfaction, the 'mechanised' body that requires 'tune-ups' for maintenance suggests that the body is a commodity (much like a car) that an individual chooses to invest in, to use, and to display in particular ways. The subject position of 'cosmetic surgery junkie' (Pitts-Taylor, 2007) is differently valued than that of 'self-fashioners' interested in (self and body) restoration and renewal (Ackerman, 2010). The latter follows a neoliberal idealisation of the individuals as entrepreneurs of themselves (Foucault, 2008), and celebrates the personal freedom and choice that is integral to a neoliberal governmentality (N. Rose, 1999, 2001). In this 'new' neoliberal feminine subjectivity, there are no 'victims', and everything is a matter of personal choice (Oksala, 2011).

Although cosmetic surgery was not reported by any of my participants as something they 'chose' to engage in themselves, it is potentially one of a wide range of options for beautification or youth maintenance that ageing Filipina migrants see as available to them, and *made available* to them as migrants with increased economic capacities. Current marketing strategies group together cosmetic surgery and cosmetic products suggesting they operate under similar, if not the same, discourses (Smirnova, 2008). Because of this framing, a wide range of products and services (e.g. over-the-counter cosmetic products, brief, in-clinic procedures, and invasive surgeries) is presented as being part of the same continuum of 'options' for achieving beauty and youth (Smirnova, 2008). The concept of technological incrementalism, or the process by which the use of less invasive treatments by consumers increases the likelihood of the use of more invasive ones, and vice versa (Shim, Russ, & Kaufman, 2006), explains how engagement with some form of beauty work may lead to others, and make individuals more receptive to the idea of using more expensive, more invasive, and riskier procedures in the future. For ageing Filipina migrants who find meaningful the display of a body that connotes success in migration, these types of cosmetic procedures could be read as acceptable (if costly) sources of positive meanings for their ageing bodies. With so much emphasis on 'freedom' and 'choice' within a neoliberal subjectivity (E. Chen, 2013; Gill, 2007; Lazar, 2011; Stuart & Donaghue, 2011), there is little space for questioning the existing social hierarchies, domination, and economic exploitation that define the 'options' ageing Filipina migrants have and the 'choices' they make around their changing bodies; and any 'failures' (for example, displaying a visibly old body, or a visibly surgically-altered body that fails at achieving what is construed to be 'acceptable' or 'beautiful' for older women) are more likely to be attributed to personal or psychological issues, rather than to social and political ones (Oksala, 2011).

"May asim pa"[79]: Maintaining heterosexual desirability in ageing

Existing alongside positive formulations of change in bodily appearance over time are expressions of loss and decline. Common among participants is the description of the body as having lost (or diminished) beauty and the expressed drive to regain it. This section will use women's expressed concerns about this loss and the reported practices around the effort to 'maintain' or 'recapture' beauty to explore migrant Filipina's understandings of the significance of the body's heterosexual desirability for women's ageing. It will highlight how gendered constructions of women's bodies lead ageing women to desire being desired, and to bodily practices that aim to fulfil this.

Fey and Ann remarked that they had lost some beauty or desirability over time – Fey described changes in weight and shape ("[This body] isn't the kind you put on display.", said Fey), and Ann remarked that weight gain changed what she considered her once-attractive looks so much that "It's not the same face!". While only these two participants explicitly commented on physical appearance changes over time as a loss of attractiveness, many of the ideas they posited were also embedded in other participants' discourse about their appearance and their motivations for engaging in beauty practices. Ann described herself as conventionally attractive in her youth, and as having had many suitors and boyfriends:

> 6.6. Int: Tell me a little bit more about how it feels now-
>
> Ann: Now?
>
> Int: That it's- It's different. Why is it different?
>
> Ann: See, it's like, (…) the feeling of being disappointed. It's disappointing when the boys don't notice you anymore. Because, of course, in the past, it was different, right? So there. Partly the reason why I'm not really fat, right? Because, in some way, uh, you want to maintain something, right? Mm-hm. But, like, after a while you learn to live with it, see? It's gone. I'm old already, that's why. (both laugh) The *asim*'s[80] all gone. (both laugh) So you'll notice, among older people, people my age, when (…) someone takes notice of them,

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[79] "I've still got 'it'" (Ann).

[80] *Asim* literally means sourness, a quality associated with unripe (i.e. not mature or old) fruit. Colloquially it is a metaphor for that which makes one attractive or desirable, the indefinable 'it' in the phrase "I've still got it".

something like that, they're like, so happy. Because it's like, "Hey! I've still got *asim*." That's what the old folk say. (laughs) Right?

Int: Why is it important that—

Ann: Nothing, just self-gratification. That someone still finds you desirable.

Ann generalised that older women appreciate being desired by 'boys' and that the desire to be desired motivated her efforts at controlling her weight. She spoke of the change in her appearance and the loss of attention from men/boys as "disappointing", suggesting that the possession of beauty, of an 'it' factor that invited male attention, was something positive. Her position is consistent with findings from other research that indicate physical attractiveness or desirability as an important concern for ageing women (Hurd, 2000b; Slevin, 2010). This concern arises from the cultural constructions of women's changing, ageing bodies as increasingly *deviant* as they move farther from a desirable, youthful ideal, so that women suffer from 'spoiled identities'[81] (Goffman, 1963). This may explain Ann's suggestion that to be desirable makes older women feel "happy" and gives them "self-gratification". The loss of youth and desirability can be marked by a sense of alienation and anxiety, especially for those who derived some power and satisfaction from their sexual attractiveness (Lupton, 1996); such as, for example, Ann who spoke of beauty as giving one an "advantage":

6.7. Ann: And so, that's also my um [motivation] for—that I want to slim down a bit, because I miss those days when (laughs) when you looked good, like. (…) If you notice, people treat you different when you're beautiful.

Int: Really?

Ann: Yes! I mean, even when dealing with people like in business. It's really different when you're pretty! Mm-hm. (…) [They're] more accommodating. It's a big deal. Yes. But when you aren't pretty anymore, it's [the advantage is] gone. It's purely on your capability or your talent, or whatever, or your knowledge. You can't rely on the extra push, extra benefits like when you were

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[81] Goffman (1963) originally used the concept of spoiled identity to discuss the social stigma experienced by physically and socially 'deviant' individuals (e.g. people with scars, people with mental illness, people from a religious minority). Ageing individuals, in a youth-oriented society, may be understood as exhibiting 'undesirable' physical differences and personality traits as a group, and so have a spoiled identity.

beautiful, right? See, when you're beautiful it's like, they forgive a lot. You know? But when you're not beautiful, you have to prove yourself.

Even though any power and respect derived from beauty is limited (Bartky, 1990), Ann's articulation of this power illuminates how the motivation to conform to popular constructions of beauty can be driven by the desire for power (at work, in this example). Conventionally beautiful women have been found to have greater success not only in intimate relationships but also in their careers—they are more often hired, promoted, and paid higher salaries (Weitz, 2008). The loss of beauty means the loss of access to such power, not just the sexual interest of men, and introduces a different nuance to Ann's expressed motivation for reclaiming some desirability.

For a few participants, the loss of beauty and the effort to 'recapture' it is spoken of in relation to their obligation or desire to please their husbands rather than simply a personal loss:

> 6.8. Kat: Yeah I want to do that [be sexy] for my husband only. Not for others. Because I know my husband doesn't say it but I know that he wants [me] to look nice. Look beautiful.

> 6.9. Sam: My mother always said, you know, just because you're married [doesn't mean] you don't fix yourself up [anymore]. Your husband will look at you all the time, that's how he picked you to be his partner or his wife because he likes the way you look so you have to maintain that look. So my husband never saw me without makeup on. It's only after he died that I stopped putting makeup on. When I get up in the morning even when I had a baby, when I get up in the morning, that's the first thing I do, it's my face and my hair and I always have nail polish and that was my standard. That was my everyday routine, whether I was going out, staying home, whatever. But that was me, when I get up in the morning, go face the mirror.

In Kat and Sam's accounts, the husbands are silent ("—he doesn't say it—," says Kat) and make no remarks, and yet it is their gaze (Bartky, 1990) and their assumed preferences that are privileged (Furman, 1997), so much so that it is internalised—"*I know* that he wants (me) to look nice," (my emphasis). Sam's description of her routine—looking in the mirror first thing in the morning to do her face and hair— is a powerful image that represents how an 'internalised male gaze' prompts self-surveillance (Bartky, 1990). In these accounts, there

appears to be a 'male in the head' (J. Holland, Ramazanoglu, Sharpe, & Thomson, 1998) —a privileged masculinity that informs heterosexual relationships and that prompts self-monitoring—whom the women feel compelled to make an effort to satisfy. Holland et al. (1998) theorise heterosexuality as systematically privileging masculinity, so that a woman in a heterosexual relationship is likely to constitute her body and her femininity in terms of what is desirable to a man rather than what contributes to her own desires. Data from Kat, Sam, and several other participants support this conceptualisation of the relationship between heterosexuality, male privilege, and women's (dis)embodiment; they spoke of fulfilling the dictates of being a 'good' wife by privileging the assumed preferences of their husbands, and committing to make themselves into the fulfilment of their husband's supposed (sexual) desires. The data reflect how ageism and sexism shape many women's understandings and experiences of their ageing body, specifically how the fear of losing youthful attractiveness and heterosexual male approval is a defining feature of these understandings and experiences (Slevin, 2010). The impetus for beauty, then, derives its power from the positive meanings women can derive from it in its achievement for the self and for others (e.g. husbands and partners). To not put in the 'work' and 'effort' can mean shame for the women and those around them (Furman, 1997).

In a consumerist, sexist, and ageist society, women are encouraged to view the body as a an object—an object of discipline, an object of (men's) desire, and ultimately, an object to be displayed for the pleasure of others, for exhibiting one's moral fortitude, and which brings rewards if it successfully fulfils social expectations. However, unlike other objects or materials, the body is not infinitely malleable nor is it passive. It follows its own trajectory, moving increasingly farther from the supposed youthful ideal, becoming more and more unruly and difficult to 'fix' (read: repair, restore, but also secure in place). And yet, because of the multiple sources of positive meanings associated with beauty and youthfulness, women like Des continue to participate in the 'fight' against ageing:

> 6.10. If you know how to look after yourself, if you have the means to look after yourself, you can still catch up. Unlike what I said [earlier about some people], when they reach 60, they think they'll die. Ah not me, I don't concede. I still wear my heeled shoes.

Most other participants' accounts, while not so vociferous as Des' declaration against ageing, reflect two popular ideas around ageing and looks—that it is undesirable to look 'old' and that it is an individual's responsibility to avoid looking old (Baudrillard, 1998; Coupland, 2003;

Hepworth & Featherstone, 1982) particularly for women. Such a strong attachment to a beautiful, youthful look makes sense in light of the many sources of positive meaning for such a look, the importance of the possession of a body that is appropriately 'feminine' to women's sense of themselves as women (Bartky, 1990; Furman, 1997), and the many conceived negative consequences[82] of 'letting go' and 'conceding'. Scholars (e.g. Bartky, 1990; Stuart & Donaghue, 2011) argue that this form of disciplinary power is especially duplicitous as by making women practice discipline on and against their own bodies, men are absolved of all responsibility for women's oppression.

Coupland (2003) suggests that perhaps one of the ways the imperatives to beauty and youth may be challenged is through a cultural shift that moves away from "seeing the visibly ageing body as a signifier of a failing or an insignificant self, and towards embracing other models for living later life that leave us feeling comfortable with and in our changing faces and bodies" (p.147). I will revisit this idea in a later subsection in this chapter.

Shaking off the stigma of ageing

A less commonly articulated reason for the interest in beauty practices is the interest in presenting a socially acceptable façade. For example:

> 6.11. Ann: At least even though I've grown fat, so, when I put on my make-up
> I try to improve on that, to make the face a bit thinner or something. (…) So
> that, at least I look presentable.

Ann suggested that her fat body is not presentable, not ready or acceptable for public display. In particular, she indicated that doing work on her face (i.e. the application of make-up) "improves" it and makes it "presentable". The idea of doing work on the face and/or the body as necessary for entry into public spaces is extended in the accounts below to being necessary for social inclusion:

> 6.12. Olive: Maybe it's important for a person to look good in the eyes of
> others. Yes. That's just me…
>
> Int: Why is that… when someone is ugly what does—

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[82] Say, poorer treatment by clients and colleagues according to Ann, also see Duncan & Loretto (2004) and Jyrkinen (2014) for empirical studies of gendered ageism in the workplace, or being left for another woman (Sam, Cyn).

Olive: It's not that. We each have our own beauty. As long as we take care of our looks, our bodies, right? It's okay if you only fix yourself up. You'll be prettier if you (laughs) if you fix yourself up even just—(laughs)

Int: Whatever way.

Olive: Yes.

Int: as long as you get fixed/tidied.

Olive: (laughs) Not like, seeing someone frumpy, or not, not like here where, you'll see people walking barefoot. I say, "My goodness!"

Int: what does that—

Olive: It's like people from the boondocks. Yes.

6.13. Int: So are wrinkles something that you will want to—

Nel: Yeah. It's like, it makes you look—. Of course, at the very least, give yourself some… Give it some…

Int: Some?

Nel: Some… what's the word? What's it called? It's not self-gratification. It's more like, to become, like… (…) Like, give yourself a little—I'm not saying beauty. It's the—the facing/presenting to others, what others see. (...) Not beaut—a good/proper—face to relate to. A face to relate to.

In these accounts, beauty practices are not engaged in to signal social status, or to acquire social power through desirability, but for social participation and inclusion. Note that Nel's account is a clear contrast to the one previously given by Ann (excerpt 6.6) where self-gratification out of being desirable to other men figured in an interest for 'maintaining' some youth and beauty. Olive and Nel argue that the effort put into one's bodily presentation is not about beauty per se, but about signalling readiness and gaining acceptability to participate in social life. The 'well-presented' body is that which allows ageing women, who are positioned as being socially excluded ('in the boondocks'), to continue participating in social life. To fail to display a 'presentable' appearance is to embody the 'disengagement' that older people are supposed to 'do' as they age (Cumming & Henry, 1961) and to suffer the 'spoiled' identity

that comes from the negative labels other people may attach to visibly ageing bodies. The ideas presented in these participants' accounts is consistent with Shilling's (1993) discussion of body management (of which engagement in beauty practices is an example) as central to a person's acceptance as a full member of society.

According to feminist critiques of beauty practices, women's 'natural' bodies, and especially women's ageing bodies, are constructed as grotesque and unfit for participation in public life, producing shame, guilt and fear in women about their bodies (Furman, 1997; Holstein, 2006; Wolf, 1990). Women are required to 'work' on these bodies to make them acceptable for social participation, to make the 'deviant' normal (Goffman, 1959; Jaworski, 2003), and to make persons rendered socially invisible by their ageing bodies visible again (L. Clarke & Griffin, 2008b). For ageing women, this work is important for signifying one's relevance and inclusion as a woman *and* as a not (yet)-old person (Gilleard & Higgs, 2013). To appear that one has competently 'managed' one's body (whether through clothing choices, diet and exercise, or cosmetics) serves to minimise the stigma attached to ageing bodies (L. Clarke, Griffin, & Maliha, 2009; Holstein, 2006; Slevin, 2010). This stigma is still consistently found in popular media portrayals of older women where they more likely to be depicted than older men as stereotypically unattractive, unfriendly, and unintelligent (Bazzini, McIntosh, Smith, Cook, & Harris, 1997; Teubal, 2000; Vares, 2009), more given to madness, decrepitude, death or murder (Markson, 2003).

In practical, everyday terms, the effort to produce a 'presentable' body and face allows women to minimise or avoid instances of ageism in their lives (L. Clarke & Griffin, 2008b; Furman, 1997; Gilleard, 2002; Slevin, 2010). For example, as discussed in a previous chapter (see *Chapter 4, The Productive Body*, particularly excerpt 4.12 where Ros talks about the importance of a 'presentable' body at work and the discussion following it), youthful looks can be an advantage in the workplace where an ageing body is seen to be incompatible with productivity and competitiveness. Conforming to popular ideals of beauty is a practice that makes sense in contemporary society, where ageist, sexist and consumerist constructions of the body and identity are dominant (Browne, 1998; Gilleard & Higgs, 2013; Gilleard, 1996; Slevin, 2010). It is an outcome of the paradox in old age where the older female body becomes both "invisible – in that it is no longer seen—and hypervisible—in that it is all that is seen" (Woodward, 1999 cited in Twigg, 2004, p. 62).

However, it would be erroneous to conclude that all ageing women aspire for the same thing, or for only one thing, when they aspire for beauty. For ageing migrant Filipinas, beauty can

have significance as a means to access social privileges, for signalling interest in and entry to the social arena, and also for displaying social mobility acquired through migration. These multiple sources of positive meanings for a youthful and beautiful body buttress each other and provide a sturdy scaffold upon which such a body is held in high esteem. The effort women put into maintaining or reclaiming a 'beautiful' body should be appreciated and then critiqued within this context, where the lack of such an effort is understood to reflect poorly on the individual's identity and status.

Resisting the obligation to beauty

Even though there are many different positive meaning attached to beauty and youth – success, desirability, and productivity (see Chapter 4) – many participants reported *not* spending a great deal of time and money on efforts to maintain them. A number described their beauty routines as "basic" or "minimal", and then expounded on the various reasons they had for rejecting the impetus for beauty work. This section will look more closely at the variety of explanations utilised by participants to explain a claimed disinvestment in appearance. It will also explore the sources of alternative meanings that allow women to challenge the unequivocally positive regard for youthfulness and beauty in contemporary ageist, sexist, consumerist culture.

"It's just not me."— Personal preferences as arguments against conformity

Some participants justified their minimal interest in elaborate beauty routines by invoking personal (dis)comfort, pleasure, and suitability. They use their bodies' individuality, its unique tastes, preferences, and particularities, to resist homogenising and 'one-size-fits-all' treatments or solutions to the 'problem' of the visibly changing, ageing body. I will discuss a series of examples below to illustrate the range of reasons that fall under this theme, and then discuss their significance as spaces for negotiating both resistance, but also conformity, to beauty imperatives at the end.

The first set of examples relate to participants' construction of a conflict between restriction (as in diets for weight management) and the bodily pleasure of eating:

> 6.14. Ann: For me, diet is stressful. So…
>
> Int: In the sense that?
>
> Ann: In the sense that I like to eat.
>
> Int: O-kay.

Ann: And, just the idea that I have to — curb my eating, or, I won't be able to eat what I want, is stressful to me already. So, I don't really care. (laughs) Anyways. So, it's all right.

6.15. Bea: That really needs to be portioned — say rice. Imagine, rice, half a cup. I can't do that. (laughs)

Int: (laughs)

Bea: Half a cup. Especially (not) when I make adobo[83]. (…) And, we always have ice cream. For our dessert. Fruit and ice cream.

Int: Mm-hm. Is that not allowed (in the weight loss programme)? Or —

Bea: Not really.

Int: Small portions.

Bea: Yeah. Not that it's not allowed. But ice cream is very fattening, right? That's why sometimes I say, "Not today. We'll just have yoghurt". But then it isn't as yummy—the salad, when you use yoghurt. It should be ice cream.

Ann and Bea spoke of the *pleasures* of eating as being too personally significant to dismiss. While both did practice some food restriction, their interest in satisfying their pleasure set a limit to the degree to which they followed them. Bea's assertion that she "can't do that [reduce rice intake]" set the boundary clearly—while she is interested in losing weight (for various reasons including health, satisfying her husband, and a desire to be of a particular size for her upcoming high school reunion), she cannot eat 'just' one serving of rice (determined by the diet programme as half a cup) during meals. Ann, who said she "loves to eat" and spoke of food as having "always been enjoyment", articulated struggling with her desire to eat and the 'need' to curb this desire. This expressed struggle led to her declaration that diets are "stressful". By labelling diets as "stressful", Ann transformed them into something that was detrimental rather than beneficial to her health. The position from which Bea and Ann argue from can be quite powerful, and may offer some protection against potentially harmful eating

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[83] Adobo is a traditional Filipino meat stew always served with rice.

behaviours found to be experienced by some middle-aged and older women (Grenier, 2007; Kally & Cumella, 2008; Midlarsky & Nitzburg, 2008; Peat, Peyerl, & Muehlenkamp, 2008).

Another common explanation participants used is that beauty routines are just not part of their habit, or not part of who they are:

> 6.16. Int: Are there any other products you use for your body?
>
> Fey: Soap. Lotion, I don't do lotion.
>
> Int: Even in winter?
>
> Fey: I have lotion. I have truckloads of lotion.
>
> Int: (laughs)
>
> Fey: I don't know, I just never go the hab—it's just not part of my routine. My routine starts on the face and ends on the face. (laughs)

> 6.17. Nel: Some people put lipstick on [all the time]. (…) My sister. My sister's like that sometimes. My sister enjoys dressing up. That's our difference. She's likes being dressed up. Me, I'm, like a simple… a simpleton. (Both laugh) I'm like the simple one among us.

By dismissing some beauty practices as not part of one's habit, routine, or even personality, these participants suggest these practices are incompatible with their life and sense of self. Fey said she would "forget" to use the product even if she intended to as it is a departure from routine. Nel uses makeup only occasionally. To explain the lack of interest in regular makeup use, which she observes in others, she differentiates herself from them (as represented by her sister) by pointing out how personality differences lead to different embodiments.

Another set of limits that participants used to block pressures to conform to dictates around how their bodies should look or be presented is built around Filipino concepts of *bagay*[84], *dala,*[85] and *hiyang*[86]:

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[84] Bagay is used here as an adjective that means 'suits well' or 'good match'. It can be used to mean that something (items of clothing) looks good on one or complements one, but also to mean a good fit between one and say, another person (i.e. potential partner), a set of circumstances (e.g. a new job/company), or roles (e.g. parenthood).

6.18. Int: So are you able to wear them [the clothes your daughters recommend for you]?

Gab: There are some that I'm able to wear, then there are others I can't carry very well, (chuckles) I don't wear them.

6.19. Ela: I've never had my hair lightened because, I say, it doesn't suit me.

These concepts convey the idea of the varying suitability of conditions, products or treatments to individuals. A product that suits one person might not have the same effects on another. A situation that allows one person to thrive might be harmful to another. Participants used these concepts to explain why they avoid certain clothes, certain medications, certain brands of health/skincare products. Cyn, for example, found herself allergic to most brands of makeup and so avoided them almost entirely.

Hiyang, bagay, habit, and pleasure were ideas used in these extracts to define an alternative position to popular social discourse on the body and subjectivity, where a moral self must 'control' the body's pleasures and impulses to produce a particular materiality (Bartky, 1990; Featherstone, 1991; Gilleard & Higgs, 2005). In these accounts, the body's pleasures, habits and comforts were framed as 'given boundaries' not to be broken down, but rather as arbitrating what is acceptable/suitable or not for the individual.

The examples provided here demonstrate how women use personal or individualised reasons for *refusing* certain practices and products. However, literature is rife with examples of how these same reasons are used to justify their use. Critics expose how 'individual choice' or 'preference' make women complicit in their own oppression, and obscure how media, and the fashion, beauty, and cosmetic surgery industries together shape women's desires and practices around their ageing bodies (Bartky, 1990; Gilleard, 2002; Stuart & Donaghue, 2011). Certainly, among my participants' accounts, examples also exist of personal choice or preference being used to explain adherence to certain beauty-related practices (e.g. wearing

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[85] Dala is a verb that literally means 'to carry or bring'. In this context, it refers to the ability to carry something (specifically, an item of clothing) well or with confidence. For example: Something that looks good on the runway is not always something that people on the street can *dala*/carry well.
[86] Hiyang is an adjective meaning 'suited' or 'agreeing with' one. There is emphasis on an observable positive change on the body (e.g. weight gain, improvements in health and skin, a happier countenance) as a result of something or some change in circumstances. For example, observing a recent migrant's weight gain, her family might say she is 'hiyang' to life in New Zealand.

heels, getting nails done, putting lipstick on all day, every day)[87] and loyalty to particular beauty brands. In these accounts, personal choice and preference appear to promote the idea of women's agency – that, if they really wanted to, they could stop working on their body's appearance. Adherence to feminine beauty practices were spoken of not as conformity to social dictates, but out of their own desire, comfort, and pleasure.

However, I depart from these analyses in that participants' use of their bodies' pleasures, habits, etc. appear to support not the idea of personal choice, but of 'non-choice'. The boundaries established by the body, while flexible in their application (in that the same reasons can be used to support either conformity and non-conformity to beauty dictates), are defended as inflexible in their nature—that is, the boundaries are portrayed to be non-negotiable, as being part of or as defining an essential, enduring self. There is no 'choice' in the matter of make-up use for someone like Nel who describes herself as not 'one who likes to dress up'. Similarly, there is no 'choice' for Bea who *can't* eat just half a cup of rice as her diet indicates. Ela's 'choice' of hair colour is limited by what 'works' for her face and skin colour. In these instances, the refusal to participate (or limited participation) in beauty practices are portrayed as an outcome of bodily habits, inclinations, preferences, and pleasures that one has little or no control over. In these accounts, agency is not invoked, it is relinquished. With the cultural resources provided by concepts such as hiyang, bagay, and dala, participants are able to conceive of bodies as unique and diverse that *can not* and *should not* be treated the same as others'. These concepts offer the opportunity to resist the impetus to invest in their looks and follow the dictates of fashion without negative subjectivities necessarily being assigned to them. This space for negotiating a positive subjectivity despite (some) non-conformity is because their (poor) 'choices' are not really a matter of (poor) will but are a result of their body's unique, inflexible, and essential qualities. Deviance from an idealised norm can then be explained as a matter of body-self integrity rather than a matter of (poor) will and control. However, this alternative construction, while providing women valuable space from which they can argue for some measure of freedom against pressures to maintain a particular look, leaves these pressures unexamined, and so, unchallenged. Therefore, this alternative space, because it resides in the 'personal', is marginal and provisional. Theoretically, it is unable to serve as a platform from which to launch a critique

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[87] For example, Cyn said that if she did not do her nails regularly she would "not feel comfortable", and that it was just part of her "standard of cleanliness". To go without lipstick would make her "feel naked".

of the social pressure on women to work on their bodies, and easily conscripted by popular sexist[88], ageist[89], and consumerist[90] discourse.

"What's the use?"—Invoking the practical

Another set of reasons participants provided to explain their non-compliance with directives for maintaining youth and beauty pertain to practicality. Reasons that fall under this theme are useful for arguing against spending a great deal of one's resources on beauty practices.

Some participants maintained that the pursuit of beauty and youth was not necessary, or was a distant priority, because they were fairly pleased with their bodies. Ros claimed this on the basis that "nothing much" changed about her body; that she "[didn't] have wrinkles". Ann and Hil did not claim 'no change' but expressed the idea that they were "happy in [their] own skin"; Nel, who also expressed satisfaction with her current appearance, asked, "Do I still need to make myself beautiful? (…) I say, I'm happy with how I look. That's what I'm, um [thinking]. Do I need to?"

Some elaborated on this idea and described their bodies, though visibly changed, as comparing favourably against others (say, their contemporaries, as discussed in the section on success in this chapter, or Pākehā[91] women):

6.20. Ann: It's like, it's [cosmetic surgery] not worth it.

Int: Well, they have that Botox stuff, right? Still no?

Ann: It's still no. It seems that doesn't have a significant effect anyway.
Because we aren't too affected by it.

Int: We, meaning?

Ann: Filipinos or Asians. See, (…) our faces don't wrinkle as much compared
to white people, right? They're the ones who—All the white people I know!

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[88] For example, Des explained that she carried on with high heels even if they do not appear to be sensible shoes because she "can carry them well."

[89] Nel, for example, dyed her hair because she thought she was too young for white hair – that it did not 'suit' her age and stage in life ("Maybe when I'm 60, I'll let it [the grey] out. But at the moment I still don't want to yet. I don't want people to say I'm an old grandma already. (…) See, I still have a little one. (…) I don't feel it [the grey hair] suits me).

[90] In the 1990s a popular shampoo brand used the concept of hiyang for a TV commercial starring Filipina singer and actress Lea Salonga. Hiyang was used to imply that the shampoo produced excellent results and to encourage loyalty to the brand.

[91] Māori term used to refer to New Zealanders of European origin.

Look at their wives, they look older than them. Yes. Because their faces wrinkle easily. From their thirties on they're already wrinkled, right? Whereas us, we don't wrinkle so much. That's why we're easily mistaken for younger, right?

Here, Ann asserted that cosmetic procedures (such as Botox or surgery) are of no use to Filipinos or Asians as they age 'better' ("…our faces don't wrinkle as much") compared to the white majority (specifically, white women) in New Zealand. Ann constructed Filipino and Asian skin as naturally 'superior' to that of the majority of (Pākehā) women in New Zealand whose "faces wrinkle easily" and used this to argue that there is less 'need' for Filipinos/Asians to undergo these cosmetic procedures.

A different but related idea is that New Zealand culture does not place a high value on external appearance, and so there is little need to be concerned about one's looks:

6.21. Fey: Another really good thing, in my opinion, is, like I said, You're not worrying about what other people will say. There's no such thing here. As long as you're happy with yourself, you don't have to care about what other people are saying. In the Philippines we [worry] too much. "What will other people say? Our neighbours? They might…" Stuff like that, right? Here you don't have that. Nada. (…) It's live and let live here. So you don't have to worry about like, people judging you, labelling you because of what you... Not at all. (…) Say someone who's fat like me, who's got a tummy, back there [in the Philippines] you can't tuck [your shirt] in, right? Here, golly! If you want to wear your shirt tucked in, no one will look at you twice.

In this excerpt Fey compared how the same body presentation (tucking one's shirt in) can be regarded differently in public in the Philippines and in New Zealand. She constructed Philippine society as imposing greater social sanctions (e.g. "judging you", "labelling you") for transgressions of social norms for bodily presentation. Fey suggested that in New Zealand, physical appearance and presentation was far less of an issue, and this makes one less worried and happier with oneself. Ann made a similar point as Fey, but more clearly articulated the impact of such an 'accepting' culture in New Zealand on individual women:

6.22. Ann: See, here, whether you're fat, ugly, or old, you still have hope.

Int: (laughs)

Ann: Of finding love.

Ann: Back home, no! Because Pinoys are like that. When you're old, you're a has-been. Right? So that's all it is. But, so, especially here, I don't um [mind], so much because partly, because I know everyone's equal here. (…) I don't mind so much that I'm not as pretty as before. Things like that. Because, here, it's not as important.

Int: So how does that make you feel that, like, you don't care so much anymore or it's not something you need to spend a lot of time or money on anymore? Here.

Ann: Like you're more comfortable in your skin.

Ann suggested that the non-discriminatory attitudes against different bodies allows the possibility of finding (romantic) love and of becoming more accepting of one's own ageing body ("you're more comfortable in your skin"). These different accounts together portray the participants' changing physical appearance as being either 'acceptable' in wider New Zealand society and/or as being of little social consequence. Therefore, attending to one's 'beauty' and 'youthfulness' is positioned as unnecessary ("Do I need to?" asked Nel), or as being of a low priority for those like them who are ageing in New Zealand, at least *at the moment*.

A second set of accounts under this theme of invoking the practical highlights the *costs* of attending to one's looks:

6.23. Fey: Through the years I tried other [brands] too. Like [brand B], like [brand C]. Stuff like that. But I still always go back to [brand A].

Int: Oh, really? Because?

Fey: It's cheaper! (…) That's expensive, [brand B]. So expensive. While [brand A] is just… And it lasts long. It lasts so long.

Common among the participants was the understanding that engagement in the construction of femininity entails costs. Whereas money spent on the consumption of products and services for the maintenance of youth and beauty can be construed as evidence of one's social mobility (as discussed earlier in this chapter), the significant amounts involved can be seen as a real barrier or obstacle to its pursuit. In addition, beauty was not always seen as a wise investment. According to Des, Bea and Ela, money was better spent on their families' needs and comforts

than on cosmetic products and procedures; as Des explained, "One [Botox treatment], I think it will cost you at least three thousand [NZ dollars]. It's better I give it to my nephews and my nieces for their food, right?" In looking at the costs of beauty work, participants argued for its relative (un)importance in relation to other concerns. However, even though they can assign beauty work a lower position of priority among a list of priorities, it remains part of this list, as the significance of beauty in ageing women's lives remains unquestioned—most participants continued to find ways to meet the 'costs of beauty'.

While the two sets of accounts presented above argued against beauty work on the basis of questioning whether or not there is a need for beauty work, and its perceived costs, this third set of accounts offers a slightly more direct critique of beauty work by questioning the achievability of the promised outcomes (i.e. youthfulness) of beauty practices on the body. This set of accounts argues that resistance is futile—that the changes brought about by ageing continue to progress; while they may be delayed, they can not be brought to a halt:

> 6.24. Fey: I still believe that because women age, you just can't control your body's build. So, yeah. You might as well accept it.

> 6.25. Ros: When you're growing old you have to accept it nicely and…there's nothing you can do. No matter how many times you get Botox, and stretch, stretch, stretch, you're still old. It will only be stretched but after a couple of months if you don't maintain it and you don't have enough money to have it stretched, it's still wrinkled. So, what for? (…) No, it's pointless going on those—unless I'm Bill Gates and I got enough money so that I can afford to get that, that doctor or whatever it is, to do my face every day. But then you'd never get to go out. No, I think it's [my face is] okay. I'm happy with it.

Fey and Ros asserted that natural changes in ageing render efforts to maintain youthfulness well beyond the reach of the everyday in a need for ongoing and intense investment. Instead of fighting or resisting these changes, they advocated acceptance and satisfaction with one's looks. Ros's description of the endless repetition of cosmetic procedures in the effort to maintain beauty echoes Des's description of these procedures as a "habit" that one needs to maintain. She critiqued this practice not only in describing it as "pointless" but also in pointing out the irony of becoming somehow 'imprisoned' ("you'd never get to go out") in the endless pursuit to present an acceptably youthful public face. These participants'

resistance to the call to pursue youth and beauty is consistent with findings from other research about older women's satisfaction with their bodies—these studies (e.g. Ballard et al., 2005; Gimlin, 2007; Hurd, 2000a; Tunaley, Walsh, & Nicolson, 1999) found older women to have 'more relaxed' standards around beauty practices which were attributed to the acceptance of changes due to old age as inevitable. Although this acceptance is a strong platform from which one can argue against spending resources on anti-ageing efforts, it was given almost grudgingly ("You might as well accept it," said Fey) — only the result of the insight that none of the technologies and products currently available can effectively and permanently halt or reverse the effects of ageing on their appearance, rather than desirable in and of itself. Therefore, the stability of this platform as a position from which to argue against participating in beauty work is potentially threatened with each new technological offering that promises cheaper, safer, less invasive, and/or more effective methods for retaining or renewing one's beauty and youth. This is especially true in the light of drastic disruptions to our understanding of a 'natural' or 'normal' ageing female body with the increasing use of and exposure to standards beauty supported and produced by technology (Joyce & Mamo, 2006; Smirnova, 2008).

While the accounts given under this theme are distinct from each other, they all point to beauty work as ultimately not a worthwhile pursuit. This construction allows resistance to a beauty imperative to both be *sensible* and give individual women a positive identity (say, as someone who is confident, feels comfortable in her own skin, or someone who is not frivolous). However, in building up an argument around the idea of 'practicality', these accounts do not directly confront the question of why their looks *should* be of concern to ageing women. They can only argue that there are conditions or barriers (e.g. culture of acceptance, time and money issues, effectiveness of procedures) that prevent their full engagement with various beauty and youth-maintenance practices. Should these 'barriers' be removed discursively or materially, it would be much more difficult to argue against conforming to expectations of beauty and youth in old age from the position of practicality.

Moral issues with beauty

The third theme among the participants' explanations for limited engagement with beauty practices was a positioning of these practices as wrong or unacceptable. Some participants drew meanings from cultural resources that provide an alternative regard for bodily change in ageing; these alternatives grant the possibility of positive meanings for the ageing body without necessarily requiring beauty or a youthful look.

For example, some participants regarded focus on the appearance of the body as improper. Bea, who did not wear make-up at all, and said she was conscious not to spend money on beauty products, explained her self-described lack of interest in these practices thus:

> 6.27. Bea: I'm not - I'm not used to it [makeup], I think. I'm, (….) Maybe because when I was in high school and college, the (…) Sisters were like, became, it was like they took me under their wings. I remember when I was still in high school. Um, my hair was long, and I put um, some ribbons here, like this. Mother superior did this [pulled at my hair], "Vanity, vanity." (Both laugh.) The part with the red ribbon. She pulled. "Vanity, vanity."

> Int: Was she teasing you or, was it painful when she pulled?

> Bea: No, it was just a little… like it just made me aware of that, that this was vanity.

Other participants used the same spiritual-cultural tradition to promote a different view of beauty. For example:

> 6.28. Int: So how do you feel when others say you don't look [like you're] 60?

> Pam: You feel happy and, I say, with the grace of God—I say, if you are with Him, in the Lord's presence, your face will really have a different aura. You have the joy, the peace, right? When you are with Him.

> 6.29. Int: So you think that if a woman is smaller or thinner, that she looks better? Do you subscribe to that?

> Kat: A, no. But – no, no, no. (…) I believe that a (…) person, or a woman, is a composition of the inner self, which is inner peace, that brings joy and it will radiate through the face. Something like that. When you're at peace. (…) Whether you're small or big, that is not what really matters. What matters is how you, you know, how you think. How you treat others. How you look at yourself. You may be slim, but you believe in what you do, you believe in other people, you respect them. So, I don't think the looks really matter.

Pam and Kat subscribe to a different idea of beauty— one that sees it as an expression of one's inner peace, joy, and goodness. While this is not too different from conventional

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societal messages about beauty that equate one's outward appearance with one's moral state (Meyers, 2000; Rivers, 1994), it is different in that this appearance is achieved not through the application of powders, unguents or other technologies that the beauty industry might promote, but through a meaningful spiritual relationship with God, a particular mindset, or expressions of kindness (e.g. as seen in "how you treat others"). This notion of beauty as having a spiritual and ethical dimension reflects Filipino philosopher Mercado's (1994) exposition of beauty as having links to 'goodness' and 'truth' in Filipino culture. Mercado's (1994) philosophical analysis of several Filipino languages showed that words for 'beauty' were used as synonyms for 'good'[92]; he argued that this indicated Filipinos as exhibiting a more holistic world-view that regards beauty not as an individual quality of human beings but as related (through feeling and experience) to other people and the environment. This orientation to spirituality and to the meaningfulness of the changes an ageing body undergoes (beyond the 'loss' of youthfulness and beauty) was found to be significant to older women for resisting anti-aging surgery and technologies (Brooks, 2008).

However, these accounts of the body still do situate it as an important site for 'reading' one's inner psychological and/or spiritual state. And because popular notions of beauty define a specific look (e.g. clear skin, bright eyes, 'appropriate' weight, unlined face) as being associated with a positive internal state, women who utilise this position are still not entirely free of traditional beauty imperative, as evidenced by Isa's account of her beauty practices below:

> 6.30. Int: The cleansing, toning, what does it do for you? Why do you do it regularly?
>
> Isa: Naturally, your skin will be always clean. So, (…) your inner peace is reflected; naturally it comes out through your facial expression, how you conduct yourself, etcetera. When I'm not able to do the toning and cleansing, I feel, like… Well, sometimes some stuff really comes out on your skin like, it's normal if you get age spots. But if you regularly do toning and cleansing and use all sorts of stuff, they disappear.

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[92] For instance, the Filipino word for beautiful, 'maganda', can be used to describe a good day (magandang araw), a good outcome (magandang kinahinatnan) or a good/kind-hearted person (may magandang kalooban). Similar meanings and usage for words for beauty/beautiful were found by Mercado (1994) in two other major Philippine languages: Visayan and Ilocano.

Within this excerpt, any reflection of 'inner peace' on one's countenance is positioned as impeded by 'normal' changes in ageing like age spots. According to Isa, these normal changes disappear with regular application of toner, cleanser and "all sorts of stuff", and so their use then allows one's 'inner peace' to come through to the surface of one's face. Isa's exposition of the relationship between her 'inner peace' and outer beauty echoes nineteenth century feminism's celebration of beauty as a spiritual quality emanating from within, which has been co-opted by the commercial fashion and beauty industry (Banner, 1983).

Other participants endorsed a different embodiment of ageing based on an understanding of 'respectability', rather than conventional beauty, as the defining quality of an ageing woman's body. Taken from Filipino cultural ideals of respect for the elderly and the construction of older persons as having status in the family and community (see Chapter 5, subsection on Culture of care), the idea of respectability in ageing and on ageing bodies was deployed by some participants to counter any pressure to pursue youthfulness and beauty in ageing. Ann, for instance, proposed that standards of dress are different for older people, and should be or are characterised by respectability:

> 6.31. Ann: Even how you dress will change.
>
> Int: Mm-hm... In what way?
>
> Ann: A bit more according to age, like. Mm-hm. Right? Because when you're younger you still can, a bit. It's like you can still, say, overlap the borders of dressing, of the dress code, between those younger and those older than you. You still can, right? So it's like you slide around. But if you're a bit old, like in your seventies, I feel like, it's just me, all right? I feel like, not that it's obscene but it's a bit, a bit not in good taste anymore, if you dress like a young person. See, it's like, (…) it's kind of changed. It's like you should look more respectable. Right?

Isa develops the idea of (not quite) 'obscenity' and 'poor taste' of an old person dressing as a young person would a little further:

> 6.32. Isa: Even your make-up. Say for example, you put a little too much on. So, people will take notice— They won't say it to you directly but they'll talk about you, especially the Filipinos. "Look at that! Like mutton dressed as lamb." Something like that. If not, then, "Maybe she and her husband aren't

getting along." Some of those people, even if they're just teasing, they're like—"Hm… Looking for a new one, she is." (laughs)

Isa and Ann suggest that bodily presentation that is appropriate for young people are not appropriate for older people. To adorn and present the body as if it were youthful is seen in these accounts as an indicator of poor character or morals, the very opposite of "growing old gracefully". The idea of "growing old gracefully" (a phrase used by both Ela and Des) has been argued to allow positive regard for the bodily changes that are framed to be 'natural' and, so, inevitable in ageing (Fairhurst, 1998). It allows women a personal identity consistent with their inner sense of ageing, thus allowing them to abandon efforts at preserving a youthful 'mask' (Ballard et al., 2005). In the data, for instance, Nel, Fey, and Tia expressed their intent to cease dyeing their hair (and thus 'declare' themselves old) at "a certain time" (Nel)— when they perceive that their subjective sense of their age/stage in life has matched that shown by the changes on their body— suggesting an understanding of a sense of self that can be at one (rather than at odds) with an ageing body.

A number of participants endorse a 'natural' look in old age (at least, after some point), implying an acceptance for wrinkles, grey hair, and changes in body shape and size. Among the many expressions of positive regard for a 'natural' look, Fey's assertion about what wrinkles signify is most clearly defined:

> 6.33. Fey: I don't have any problem with that [getting wrinkles]. I'm not scared to get wrinkles because for me that's proof.
>
> Int: That?
>
> Fey: That, you know, I've mellowed, I've, yeah, that I've gained all sorts of, like, wisdom. Experience. Talents. I've spread love. I've shared whatever I've got. To others. So that's the, say—
>
> Int: That's the sign.
>
> Fey: Um-hm, that I was able to accomplish those.

As discussed in an earlier subsection (see Negotiating the embodiment of social mobility in migration in this chapter), Filipino constructions of the older person highlights the body's significance as bearing the marks of a lifetime's worth of experiences, memories, and learnings. This conception of the older person's body, particularly the ageing woman's body, is in opposition to that peddled and created by new anti-ageing technologies such as Botox,

which idealises an unmarked, uncluttered face (Featherstone, 2010). This positive valuation of wrinkles, which Furman (1997) also found articulated by some of her participants, is consistent with a 'natural beauty'[93], free from human intervention, that provides an alternative rhetoric to the oppressive beauty norms associated with traditional femininity (MacNevin, 2003). Rather than denying the changes that the years one has lived brings, this view of the ageing body embraces an individual's history, suggests a continuity between youth and old age, and views body and self as an integrated whole; in this sense, Filipino constructions of the body embedded in the word *matanda* (meaning the adjective 'old, also the noun 'adult' and 'older person') resist the 'seduction of agelessness' found in the concept of successful ageing (Andrews, 1999).

That said, this alternative construction of the ageing body remains a narrow one. It is under threat from shifting and multiple meanings of beauty and the ageing body that are available to my participants as ageing migrant women. While traditional cultural discourse encourages a 'natural' beauty to reflect respectability in age, this idea is circumscribed by sexist and consumerist cultural and societal standards that suggest a narrow avenue ageing women must walk between being *bruha* (hag) and *puta* (whore). As Ann explained:

> 6.34. Well, looking young is just vanity. Right? So as long as you're not, at least more or less you are looking your age. Right? Or a little bit younger, that's fine. Yeah. As long as you don't look like a hag.

Ann defines within this brief remark the continuum of physical appearance and presentation available to ageing women: at one extreme is 'looking young', which is negatively evaluated as vanity. The other extreme, also labelled negatively, is to look like a 'hag[94]'. The most acceptable appearance would be the narrow space in between where one looks one's age, or is just "a little bit younger"[95]. This midpoint, because it is rather narrow, can be tricky to

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[93] What is a 'natural beauty'? An 'unaltered' and 'unmodified' body is commonly understood to be 'natural' in contrast to those who have gone cosmetic surgery (Brooks, 2008; Pitts-Taylor, 2007). However, a less essentialist view of the body regards it as a site of inscription of and struggle with power; therefore, there is no 'natural' or 'essential' body (nor self) (Bordo, 1989; Grosz, 1994, 1999).

[94] Ann's reference to bruha or hag recalls the idea of a pariah, one who is known to the community but is apart from it. The idea of old women as bruha, similar to that of one "from the boondocks", is a remark about their exclusion from and poor fit in society because of their looks which is taken to indicate something repellent about their nature or character.

[95] As Holland's (2004) work on alternative femininities showed, young women have narrow options for expressing femininity, but these options become even narrower in ageing where the embodiment of 'alternative' femininities (e.g. pink hair, piercings, tattoos) can be regarded as increasing the grotesque-ness and visibility of the ageing body.

navigate—to put on "a little too much" make-up (Isa), or to wear "plunging necklines" and mini skirts (Ela) or high heels (Kat) can be seen as "mutton dress[ing up] as lamb", as "obscene", as "not *bagay* (well-suited)", but to not put make-up on at all to a social occasion (Nel), or to not make an effort and spend time and money on grooming and presentation, is to be "frumpy/dowdy" (Oli), a "tightwad" (Des), or "lazy" (Ann). Very often, the same clothing item (e.g. high heels) or beauty practice (applying makeup, using facial creams and body lotion) was regarded differently by participants depending on a host of different factors (e.g. practicality, individual taste/suitability, appropriateness to occasion/situation). This suggests how challenging it can be for women to avoid being inappropriate while signalling one's 'respectability' and continued interest in participation in a community. Adding to this challenge is the changeability of standards of acceptability for older women's looks produced by the profit-motivated fashion, beauty, and cosmetic surgery industries (Brooks, 2008; L. Clarke et al., 2009; Negrin, 1996; Orbach, 2010; Peiss, 2011; Steele, 1985). Indeed, the participants' accounts confirm Chapkis' observation that:

> (w)hatever the current borders of beauty, they will always be well-defined and exceedingly narrow, and it will be woman's task to conform to them— for as long as humanly possible. While beauty is a 'timeless' quality, the beautiful woman is tightly fettered to time. (1986, p. 14)

The availability of opposing or alternative views regarding ageing women's bodies to the dominant one which values youth and beauty above all (Bartky, 1990; Furman, 1997; Sontag, 1972; Wolf, 1990) offers an important position from which women can resist the pressure to maintain their youth and beauty. However, these cultural resources, while offering alternative views of ageing (e.g. ageing as a time of continued relevance in the family and community, age as indicating experience, maturity and wisdom), do not directly challenge sexist views of women and their bodies. They remain uncritical of the great social value placed on women's physical appearance and bodily presentation. So, while it is possible for some women (like Fey) to adopt a positive attitude towards what she considers natural bodily changes in ageing (e.g. wrinkles and weight gain), they remain vulnerable to messages about women's bodies needing to be presented in 'proper' ways so as to be considered acceptable for participation in social life. Bartky's (1990) assertion, that resistance to the pressure to engage in beauty practices is difficult for individual women because, "any political project that aims to dismantle the machinery that turns a female body into a feminine one may well be apprehended by a woman as something that threatens her with de-sexualisation, if not outright annihilation" (p.77), is relevant here. To fail at presenting one's ageing body 'appropriately'

can mean for women the loss of an important feature of a gendered (feminine) identity. Although evidence from other research show that women can find this 'loss' liberating, and that women are able to redefine femininity that is not dependent on narrow standards of bodily presentation (Brooks, 2008; Gilleard, 2002; Halliwell & Dittmar, 2003; Tunaley et al., 1999), the acceptance of this 'loss' in older women (but *not* younger women), or the acceptance of alternative discourses discussed above (e.g. personal preferences, practicality, inner peace/respectability over desirability), do not effectively challenge the link between conventional, physical beauty and normative femininity.

Summary and conclusion

In this chapter, I looked at how physical appearance remained an important concern for ageing Filipina migrants. It affirmed other researchers' findings that beauty occupies women; it inhabits their bodies, shaping their motivations and actions, impelling women to pursue an ideal of youth and beauty even as they negotiate for more inclusive spaces where ageing bodies can be assigned value and worth regardless of their adherence to these standards. The chapter also demonstrated how the availability of multiple discourses around the ageing body to Filipina migrants creates the possibility of multiple and varied motivations for beauty, as well as multiple and varied alternative positions, including resistance.

With increasing emphasis on the body in a modern consumer society as a text to be read and worked on (Featherstone, 1991; Gilleard & Higgs, 2013; Shilling, 1993; B. Turner, 2008), the (visibly) ageing body can come to reflect character. A fit, attractive, healthy-looking body is seen to reflect an attractive inner self (Meyers, 2000). These particular physical qualities become regarded as a universal aspiration, if not a universal right (Gilleard, 2002). For women, physical attractiveness also continues to be an important means by which to achieve some power and also display it (Bartky, 1990; Bordo, 1993; Holstein, 2006). Under such unequivocally positive regard for a conventionally attractive beauty, most participants laboured to achieve a look that can signify success in migration, can help them retain some power or advantage in certain contexts, and can be used to avoid social exclusion. For the most part, the positive meanings attached were taken for granted and unremarked upon. Age-resistance covered a broad range of practices which encouraged a view of the body as a mechanical object requiring 'fixing' and 'repair' so that it is made suitable for display. And although the rewards accorded to those who battle against their own bodies' changes are real, it is a battle no one can win as bodies become increasingly unruly, demanding more vigilance, more labour, and more resources to maintain (Blaikie, 1999; Slevin, 2010).

Perhaps because the pursuit of youth and beauty are ultimately futile, women are faced with the challenge of generating alternative meanings that offer some buffer against the negative ones attached to visibly old bodies. Indeed, in other research, older women have been found to endorse more holistic ideals of beauty that are less restrictive and more inclusive (L. Clarke, 2002a; Dumas, Laberge, & Straka, 2005; Hurd, 2000b; Liechty & Yarnal, 2010). Some of the reasons that participants offered to explain their limited investment in beauty work included a sense of discomfort or incompatibility with beauty practices, practicality concerns, and moral-cultural reasons that see a fixation with beauty as somehow unacceptable or wrong. Alternative meanings regarding the body (e.g. it should be allowed to change 'naturally' in ageing), ageing (e.g. that it affords status as one has gained experience and wisdom), and the use of one's resources (that it is better spent on more important needs than personal 'vanities') allow some women to reject pressures to submit to a particular ideal of beauty. While this pressure exists and continues to shape women's discourses and material bodies, as evident in some women's accounts of bodily change, practices, and their meanings, women can enjoy some latitude and negotiate a 'morally sound' space in rejecting these pressures as unnecessary 'vanities' or 'unnatural' and 'un-godly' pursuits; also, they can relinquish their agency by constructing 'choice' as constrained by their bodies, and so absolve themselves of any responsibility for non-conformity. These alternative meanings offer diverse avenues for arguing against investing heavily in beauty work; and while they are not able to directly confront the question of why women's looks take such prime importance, they are potentially the beginnings of a counter-culture where women, and perhaps also men, can be "comfortable with and in our changing faces and bodies"(Coupland, 2003, p. 147). In these discursive spaces where bodily acceptability is being negotiated, there is the possibility of negotiating the margins of society and, therefore, also the possibility of unsettling the centres of power (Douglas, 1996).

Consistent with findings from other studies (L. Clarke, 2002b; Liechty & Yarnal, 2010), some participants expressed the alternative view that of the many changes their bodies have already undergone and will still undergo in the future, their looks mattered less than their health. It is this aspect of the body that I turn to in the last analytic chapter.

Chapter 7: The Healthy Body

All 20 participants framed some of their stories as 'health stories' despite health not being an explicit focus in the kwentuhan. These stories about health tended to be provided when women were asked about how their bodies had changed over time, and what expectations and fears they had about the future. Health was flagged by participants as an important concern and was discussed in previous chapters as being relevant to continuing with paid work into old age, as defining the conditions in which women understood care to be given and received within the family, and as at least as important as changes in physical appearance.

The population's health is one major area of concern in biopolitics (Foucault, 2008) and as such it figures prominently in studies of the movement of individuals from one population to another and studies of the ageing of populations. Many studies on ageing, whether mainstream or more critical, feature health as a major issue. Health is associated with the well-being of elderly persons (Bolzman et al., 2004; Hodes & Suzman, 2007; Pool, Amey, Cameron, & van der Pas, 2009), as the source of a potential economic and political crisis for states (Cruickshank, 2003; Davey & Glasgow, 2005; King, 2006), as growing more medicalised and yet also more individualised (Faircloth, 2003; Higgs, 1997; Joyce & Mamo, 2006; Pond et al., 2010; Slevin, 2010) and producing new subjectivities in contemporary society (Crawford, 1980; Novas & Rose, 2000; N. Rose, 2003). Migrant studies also often feature health as a concern as it is a basis for acceptance as a migrant (Immigration NZ, 2012b), impacts on migrants' well-being and supposed ability to contribute to the host country (Malmusi, Borrell, & Benach, 2010; Salant & Lauderdale, 2003), and is taken as an indicator of adjustment to migrant life (C. Chen et al., 2010; Dean & Wilson, 2009; Tsai, 2013). Within these two areas exists the intersection where the health of *ageing* migrants is brought in focus, where the particular challenges and opportunities that ageing migrants face in the area of health are investigated (e.g.: Bolzman, Poncioni-Derigo, Vial, & Fibbi, 2004; Cichello & Thomas, 2003; Dial, 2007; DiPasquale-Davis & Hopkins, 1997; Lomiwes, 2006; Mui & Kang, 2006).

As a project interested in ageing migrants' understandings of health alongside more widely-available discourses related to it, this chapter regards health as having meanings that are "deeply personal and therefore infinitely varied" (Crawford, 2006, p. 404), and yet as socially shared and produced (Estes & Binney, 1989). The chapter is divided into three major sections: the first looks at the healthy body's social significance and participants' understandings of what a healthy body affords them; the second discusses participants' ideas about how this

healthy body is achieved and links this to literature on the medicalisation of health and responsibilisation in ageing; the third section attends to participants' commentary about the economics behind a healthy body and how the association of healthy practices with consumption can be used to build a narrative of success in migration.

Health is wealth: The social value of a functional, fit body

All the participants viewed health positively and spoke of it as a goal they aspired to achieve. Despite differences in their current health statuses, in specific goals (e.g. to remain mobile, to go back to a certain weight, to remain cancer-free), and the resources they had, each participant reported doing something (and/or having an interest in doing something) to achieve more positive outcomes for their health. Many of the participants viewed a healthy body instrumentally as something that allows meaningful participation in society. A healthy body was commonly seen to be a prerequisite to participation in work, enjoying family and friends, and contributing to the community:

> 7.1. Fey: And that's the reason why I want to maintain my health as well because I want—I said to [my husband] so that this will be his incentive to keep himself healthy, too—I said, if we become tourists [after we retire] I don't want to be in a wheelchair. What I want is, if there's something that needs to be climbed, I'll climb it. (…) I don't want to be pushed around [in a wheelchair]. Like that. What I want is I have the ability to—if there's something to see [from a height] overlooking, I can reach it. So that's why I say we need to be healthy. That's my plan.

> 7.2. Isa: Well, because for me, first of all, I have three children. I have grandchildren. At least, if I'm able to extend my life, to make it a bit longer, then they can have some guidance, or have someone they can call, "Oh, mommy, this-and-that." And I can help in some way, even if only a little bit.

> 7.3. Pam: If you are not healthy, how can you go to work? How can you serve the Lord? How can you help other people if you aren't healthy, right?

These accounts frame poor health as an impediment to the enjoyment of one's life and fulfilment of one's social and spiritual obligations. Such accounts reflect the great importance

placed on health as a determinant of elderly individuals' well-being in research (Bolzman et al., 2004; Dial, 2007; Hodes & Suzman, 2007; Pool et al., 2009) and policies (Davey & Glasgow, 2005; Ministry of Social Development, 2007) on ageing. The importance placed on individual health is based on the understanding of its effects on physical functioning and mobility, on the chances of experiencing social isolation, loneliness and depression (Dooghe, 1994), and its correlation with poorer financial circumstances and limited labour force participation (Hodes & Suzman, 2007). Although large-scale surveys suggest that majority of older people (individuals 65 and older), actually report enjoying relatively good health (Hodes & Suzman, 2007; Pool et al., 2009), they do also find that the proportion of these 'healthy' individuals decreases with increasing age, and that more white persons than any other race belong to this group (nearly double that for Blacks and Hispanics in America, according to Hodes & Suzman, 2007). One study of elderly Filipino migrants in Auckland found that physical restrictions such as poorer eyesight and declining strength and agility had an effect on the number of activities they could participate in; changes due to old age were mostly conceived as negative changes, and entirely tied to health issues (Lomiwes, 2006). Among my participants, those who had a bout with a serious physical illness (e.g. cancer) or mental illness (e.g. depression), had a chronic condition (e.g. diabetes), or who described themselves as "sickly" (Olive) reported that their health issues restricted their ability to work. As discussed in an earlier chapter (*Chapter 5*, section on Anti-ageing benefits of work), mental and physical abilities are understood to benefit from one's continued engagement with work; at the same time, more physically taxing work is framed as being more difficult to perform when one is in poor health. Both literature and data support the idea that health, because of its perceived and actual impact on the quality of one's everyday life, is a *practical* concern in ageing.

Health and its pursuit is held in such unequivocal positive regard that some participants stated that their main motivation for weight loss was health, and not beauty or youth which can potentially carry negative meanings (see *Chapter 6*, section on Moral issues with beauty):

> 7.4. Bea: See, our class of '65 is going to have a golden jubilee. In 2015. I want to go home. So I said to [my husband] — Then I said, "I don't want to go home fat." (Both laugh)
>
> Int: Why? Why is it important?
>
> Bea: Mm. Maybe healthwise too, that's why I consider it very important healthwise to really lose weight. My goal is si—, at least 60.

Int: Mm-hm. Says the doctor? That's—

Bea: About 58.

Int: The doctor says. Should be at least 58.

Bea: Yes. 58.

Int: Okay.

Bea: Based on my age and my height.

7.5. Int: So, seriously speaking do you want to be back to that weight?

Ela: Yeah, not for other people's compliments but for myself because I notice that my grandchild is really active. I cannot keep up. I lose my breath easily. So, (it's important) healthwise, too.

In the matter of losing weight, which has significance both in relation to appearance and health (Burns, 2004; Gimlin, 2007; MacNevin, 2003), participants who may be avoiding the negative connotations attached to a concern for appearance clarified that their main (or additional) goal is to achieve health. Although Bea expressed a desire to lose weight for a particular social event, suggesting that it was her physical appearance that was of concern, this concern for appearance was not explicitly articulated, prompting me to probe further. When asked to make explicit her motivation for weight loss, Bea offered health as a reason ("healthwise, *too*." – my emphasis) in addition to the implicit one. Ela also added health to her stated interest in keeping up with her grandchild, and clarified that she wanted to lose weight for herself, not for the compliments of others. These accounts are consistent with Gilleard and Higgs' (2013) argument that the pursuit of health and 'fitness' in ageing is less about a 'youthful' desire to look better and do better and more about the 'mature' virtue of avoiding what are perceived to be the negative consequences of (and meanings attached to) 'letting go' of one's health – becoming sick, fat, idle or old. While achieving a 'slender' or 'fit' appearance may mean several different things to each individual (Burns, 2004), only one of which is to be healthy, research on older women find that there is an increasing importance placed on health over beauty in later life (Hurd, 2000a; Slevin, 2006), and that even though appearance remains of some concern, women offer health as a 'front stage' or primary justification for their weight-loss efforts (L. Clarke, 2002b). Although competing discourses

exist about how an ageing body should be regarded, and about what fatness means (see *Chapter 6, The Beautiful Body*), health is a powerful discourse that shapes how participants regard the changes in their bodies, their practices and habits, as well as their desires for the future. In the above accounts, participants' desire to pursue health is shaped by their knowledge and experience of the material effects of ill health as well as by the social repercussions of possessing a visibly unhealthy body. In the next section, I will look at participants' understandings of how health is achieved and interrogate further the idea of individuals' responsibility for their own health.

Working to achieve a healthy body

As all of the participants spoke of some bodily changes and concerns in terms of health, the data provided a rich range of accounts around health, the body, and ageing. Many of these stories involved instances of illness, injury or other physical complaints, and contained references to medical professionals and institutions. This section builds on these stories and follows through on the idea of the desirability of a healthy body (or displaying what appears to be a healthy body) discussed in the previous section by focusing on participants' accounts of how this healthy body is achieved. In particular, I interrogate the idea of personal responsibility for health, describe the different meanings it produces and the different practices it entails, and also explore participants' resistance to it.

Ageing under the doctor's gaze

Typically, when participants spoke about their bodies in terms of health, they included doctors as part of the story. More often than not, doctors were portrayed as authorities on their body's health, and people whose advice they sought and followed:

> 7.6. Fey: [I]t's really the GP [General Practitioner] who knows your life. So, then the specialists, they only know about that part of you that you went to them for.
>
> Int: So how do you find that kind of system coming from, like, the Philippines where it isn't like that at all?
>
> Fey: It's like it's more efficient because the GP really has all of that person's history. They know when— "Oh, three years ago your something was low. But it's okay now because we did this." See, every time I go to the GP, well, I'm not paranoid, but if I feel something, I want to have it checked right away. (…) If I have something, I go to the doctor. I just want to check. I want to check

why it's like that, like, that time I couldn't sleep for two weeks. So I go, what is this? I was really so tired. I was fatigued. I went to the doctor. I said, "Can you recommend anything for me?" I said. They said it was only because of menopause. Among other things. They said it might be that I'm stressed at work.

7.7. Int: Do you do anything as a result of those, like, aches and pains and such?

Ann: Uh, I take a lot of medicines.

Int: Really?

Ann: Mm-hm. Like just recently, my doctor said, they said, that I take nine capsules of fish oil everyday.

Int: What?!? Really?

Ann: Nine. (laughs)

Int: And that's for the knees?

Ann: That's for the knees. Yes, because it's anti-inflammatory, according to them. That's ok, too, because of the omega-3. And see, I'm asthmatic, and have high blood pressure, so I can't take ibuprofen much. Because actually, like, apparently that affects blood pressure, so, yeah. So that's what they [gave] me. And also vitamin D because we're in New Zealand. They said that Filipinos usually lack vitamin D because of our skin. So I also have vitamin D. And what else? Hay fever tablets. (chuckles)

7.8. Ela: I don't want to be given another maintenance [medication] because in March my blood pressure suddenly shot up. 160/110. Which is not good because we have a history of heart [failure] on my father's side [of the family] so the um [doctor], said I'm being monitored. The doctor said, "If you don't bring that down with um [exercise/diet]," he said, "you're going to have to go on medication because it can't stay like that."

In these three accounts, doctors are people who "know your life", make recommendations, determine what medicine and supplements one should and should not take and how much, and establish the standards for health that patients must aspire to meet. It is what "they (the doctors) said" that counted most in these accounts— what "they said" gave Fey answers to her health concerns, determined what supplements and medicines Ann should take (for example, fish oil capsules and vitamin D supplement, without considering her other sources of these substances, and whether she actually is suffering from a vitamin D deficiency), and established the parameters within which Ela can remain medication-free. These accounts reflect a growing biomedicalisation of ageing observed by Estes and Binney (1989). With biomedicalisation, ageing is rendered a period of "inevitable decline, disease and irreversible decay" (Estes & Binney, 1989, p. 594) to which the normalized appropriate and necessary response is medical intervention. Within this paradigm, doctors are accorded considerable social power, not just scientific power, as it is under their authority that disease and ageing are constructed as deviance (Faircloth, 2003). I do not mean to suggest that individuals should avoid going to medical experts for the management and relief of their ailments; instead I highlight the wide-ranging impact of biomedicalisation on various practices arising from the thinking that ageing is (largely) a medical problem (see Estes & Binney, 1989 for further discussion). Of particular concern is that biomedicalisation encourages health in ageing to be viewed (by ageing individuals, medical practitioners, and policy-makers) as a matter of individual, biological pathology, requiring individual, medical solutions.

The primacy of the biomedical view of health is such that participants often measured health in ageing by the number of pills one is taking regularly. Ela took medication to control cholesterol and yet still considered herself well:

> 7.9. Ela: I have maintenance [medicine] just for cholesterol. But that's my only maintenance. Which is good, for my age. See, my mother then and my sister who passed away, they had their high blood pressure maintenance at the age of 40.
>
> (…)
>
> Ela: So at my age of 58, when I've only recently begun to take long-term medication. It's still not that bad. And then some people will tell me, "Geez, that's nothing! Look at what I'm taking." Then they show me seven tablets taken daily. My God.

Des and Fey maintained that their eating habits and weight were acceptable, because they remained free from maintenance medication:

7.10. Des: [A doctor-friend] is always scolding me, he says, "Máre[96], that's wrong [eating fat from a roast pig]," "But I am well." Ah, I don't know. Clinically, people believe that if you eat these, your blood cholesterol, your blood pressure and all that— At age 65, I have no maintenance [medicine].

7.11. Fey: My weight, I really don't think I will consider it a problem, the weight. Because I'm okay. I'm healthy, you know. At 55 I'm still not taking any medicine. You know? Compared to some of my contemporaries who, you know, already have maintenance medications. I don't have any, so I'm okay with that. I'm okay. I would say, I'm content with my build, or whatever.

In these examples, participants invoked their age and used it to highlight how remarkable their minimal or non-dependence on medication is. These accounts presuppose that 'maintenance medication' — used as a proxy measure for health— is to be expected at their age. That is, their status can only be read as remarkable if maintenance of health via medical intervention is taken to be the norm in ageing. These accounts can be seen as evidence of the way biomedicalisation is reshaping the norms for ageing and for standard clinical practice (Kaufman, Shim, & Russ, 2004), and essentially transforming bodies and lives (A. Clarke, Shim, Mamo, Fosket, & Fishman, 2003). As Nikolas Rose (2007) argued, biomedicalisation is fast becoming a feature of contemporary life, and has made us who we are—hybrids, artificial, a product of culture and nature together. It has resulted in a new 'normal', where agelessness is achievable through pharmaceutical or surgical intervention (Joyce & Mamo, 2006). Within this 'new' normal, individuals of all ages can now imagine a new way of being in an ageing body, where ageing is optional but can only be avoided *through medical intervention*.

The term 'maintenance medication', as it is used in participants' accounts, implies that the ageing body is somehow deviant and needs medication in order to function at a specified level; without this intervention the body would fail. These accounts, even as they provide

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[96] Term used to address a woman who is a fellow godmother/godfather to the same couple or child. Also used to imply familiarity with someone who does not necessarily share that role. In this excerpt, it suggests a close relationship between the doctor and Des.

evidence that ageing bodies can be healthy and 'maintenance-free', also reflect biomedical views of the ageing body as a site of improvement and restoration in claiming remarkability or exceptionality.

The data presented here show an understanding of the self in terms of the biomedical body, or what Nikolas Rose terms a 'somatic individuality' (Novas & Rose, 2000; N. Rose, 2003). Biomedical notions of health and ageing are seen to shape participants' sense of self and meaning-making around their ageing bodies, defining the spaces where 'wants', 'needs', 'shoulds' and 'should-nots' are made. This 'somatic individuality' is argued to encourage individuals to be "risk-averse and actively entrepreneurial with respect to their bodies through lifestyle management and consumption of expertise, and submission to therapeutic regimes" (Marshall, 2011, p. 395). In the section that follows, I show how participants' subjectivities are shaped by biomedicalisation to produce the 'good' older person who practices self-surveillance and risk management in the name of health.

The will to health: Agency over ageing

The idea of responsibility for health was an overwhelmingly consistent theme evident in all participants' stories. Although particular details were varied (they discussed a broad range of health-related practices including diet, exercise, taking medication as prescribed, undergoing regular check-ups, doing proper research) and *adherence* to these 'healthful' practices was different, all participants spoke about individuals' *responsibility* for ensuring their health remains optimal as they age. For example:

> 7.12. Pam: I want to change how I eat. I don't want to eat more rice. Because I am high in cholesterol. Also I am liable to have diabetes. The doctor said. But I do not have any maintenance yet. So I really have to look after myself with regards to eating.

> 7.13. Ros: How could you not [take care of yourself]? It's just like, you know already that. You have this [condition]. How could you not try to improve your health? You know (…) there's nothing you can do about it but, is it not your responsibility to eat healthy? Maintain your sugar or maintain your blood pressure?

> Int: You mean you can't do anything about growing old-

Ros: You can't do anything about growing old but you can do something regarding your health. You have to. It is your responsibility to go and check [your] medical health. You have to. It is your responsibility to go and see your general practitioner. You have a check-up, at least— yearly. See, everything here's provided. Once you reach this stage you have to go for a mammogram, when you reach 45. I think 45. And then every three years you're supposed to have a pap smear- And it's also free. You're not going to pay anything. It's being provided anyway.

7.14. Bea: So sometimes, some people, [say] "Don't worry what the doctor says about what you shouldn't eat—Eat it!" (laughs) "If he says, don't eat stuff like, like adobo and such, eat! You eat." I say, it's not like that. You are responsible for your health. "Look," they say, "Look at Bea. She's had cancer but she's still here. See?" So then I say, ""No, but I still listen to my doctor when he says I am not going eat that, I am not going to eat that."

In these accounts, doctors are still seen as authorities on health, the 'technicians of discipline' (Foucault, 1977) whose task is to produce 'docile' bodies; what "the doctor said" is taken seriously and Pam and Bea expressed a desire to follow their doctor's advice. However, the participants made clear that responsibility falls on individuals to adhere to doctor's orders, and to subject themselves to medical scrutiny. Pam and Bea were responsible for changing what and how much they ate, and Ros emphasised several times that one will "have to" do something— see the doctor, eat healthy, maintain what needs to be maintained. While health is understood in these accounts to fall within the domain of biomedicine, its achievement is seen to lie within the hands of the individual. Responsibility is shown in many participants' stories as having a wide scope, including the consumption and evaluation of health-related information, products, and procedures, and engagement with health-promoting activities and habits. Participants mentioned reading information brochures[97], going on the internet[98],

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[97] Hil: (…) and I try to check the-it's not a pop article, you know, like Yahoo! or something. It must be really from health organizations in New Zealand and are not drug companies (…) Because if you read let's say a press release from a vitamin company, they would say that you would have to buy these supplements blah, blah, blah.

[98] Isa: I don't go on the internet often, but if I see a good article, I follow it up. I really do research on it. If I hear any sort of information that says this and that, I don't believe in it right away. I will do everything in my power to find wherever I can something to augment or counter that (laughs) that information. Sometimes—nowadays you can't tell anymore what is right.

looking up good alternative medicine practitioners, and trying out health supplements. Seven participants said they had fairly regular exercise routines, and a nearly all spoke about watching what they eat in the interest of health.

This positioning of responsibility for health in the individual can also be seen in some participants' accounts as extending temporally from the present and far into the future. One's actions today are taken to have an impact on one's health at some distant point in time:

> 7.15. Int: You, you mentioned earlier that, um, when you're 50 you have to be careful or you have to be monitored—
>
> Hil: Yes. Because, a lot of women, we will go through a passage. We will go through menopause, and, like it or not, when you're menopausal, you tend to gain weight. So that's actually a proactive thing to – you have to manage it well ahead. You know? And I can feel it because I know that I gained weight and my doctor said, "You should lose weight." I think she needs, she wants me to lose 10 more pounds or something.

> 7.16. Nel: So that's why, me, I say, I'm a candidate for dialysis if I don't—so I really need to, I have to look after, you know, I really need to be um, with my medication. (…) If you really know what to avoid, you really have to, as they say, religiously um, [do] it, if you really don't want [it to happen].

In these accounts, prevention is key—the path leading one to poor health can be diverted if one "manages it well ahead" and religiously practices preventative measures. Health is positioned in these accounts as always at-risk— whether from natural changes in ageing, progression of disease, or poor habits; the body is always already breaking down. Reflecting what Lupton (1995) observed to be the prevalence of risk in public health discourse, prevention is seen as possible only after the '*risks*' have been identified. For instance, menopause was identified by Hil as a risk for weight gain; elsewhere during the conversation she also positioned weight gain as a risk for heart disease and stroke. Nel identified her diabetes as putting her at risk for kidney failure in the future. As individuals conscious of their particular health 'risks', Nel and Hil described adopting a "proactive" stance against them and presented themselves as invested in doing what they can to prevent the deterioration of their health due to these 'risks'.

In other accounts such as Nel's below, ageing itself is framed as a threat to health. Consistent with biomedical constructions of ageing as a period of decline and deterioration that *can* and *must* be prevented, some participants expressed the idea that ageing is something that should be met with healthy lifestyle changes:

> 7.17. Int: Is there any other aspect, or say, side to being old?
>
> Nel: What else? That you become more self-conscious about (laughs)—maybe when you're getting older you become more conscious about, what is it? It's still physical. Even your health. You have to um [think], "Hey, I'm getting older I think I need to—" like, say, the stuff that you eat. Like they say, eat the proper diet kind of stuff, things like that. You have to start avoiding them because that does something to you, right? That's what will trigger your illnesses. That's all, about your health.

The emphasis on individual responsibility seen in participants' accounts and which has been shown by others to be characteristic of the 'health regulation' talk of older adults in New Zealand (Pond et al., 2010) is a thread that runs through neoliberal and consumerist constructions of the modern retiree (Rudman, 2006). Individual responsibility also figures prominently in biomedicine, which is theorised to be an instrument of governmentality that functions by occupying people with themselves, specifically through making individuals aware of 'health risks' (Foucault, 1988; N. Rose, 1999). With health turned into an ageing person's individual physiological problem requiring medical intervention and the exercise of individual responsibility, the pursuit of health has become a meaningful individual duty (Galvin, 2002) and social practice that defines identity (Crawford, 2006). Crawford (1980, 2006) used the term 'healthism' to refer to the moralisation of health (particularly among the American middle class); in healthism, health has become a 'super-value', subsuming all that is good in the personal search for 'wellness'. And so, in neoliberal societies characterised by an obligation to maximise one's lifestyle, potential, health, and quality of life, "negative judgments are directed toward those who will not, for whatever reason, adopt an active, informed, positive, and prudent relation to the future" (N. Rose, 2001, p. 25). The preoccupation with health in ageing has the potential to turn into a 'tyranny' (Fitzgerald, 1994), with important implications for subjectivity, as evidenced, for example, by participants' diminishment of obstacles to health by calling them "excuses" (Ela) or calling themselves "lazy" (Ann), "undisciplined" (Gab), "irresponsible" (Ros) or "stupid" (Ann) for being unable or unwilling to pursue health effectively.

However, health, rather than being a discrete object one can obtain, is conceived within participants' accounts as occurring along a continuum. Dependence on medicine and biotechnology is regarded in my participants' accounts as a *marker* of ageing, and so is undesirable. Although medicalisation may be constructed as normal in ageing, it was not considered a privileged position— health was seen to be gradually eroded with each additional maintenance medication prescribed (see excerpt 7.10) and several participants expressed the intent to avoid being dependent on (more) medication (see excerpts 7.9 and 7.18). Dependence on medication and medical devices is regarded as a personal failure of sorts, an inability or lack of willingness to do the work that will enable one to keep the 'natural' health of youth. Individuals' position along a continuum of health based on the number of medications and devices they are dependent on (as seen in accounts where this number is used as a proxy measure for health) can therefore be read as an indicator of their morality or virtuousness—an indicator of the amount of hard work and discipline they have exercised to combat ageing or mitigate its risks (Pond et al., 2010). The pattern of participants' responses suggest that there is a strengthening of the responsibilisation for the maintenance of a 'natural' health in older people, creating more social and moral distinctions among older people, with differences between the 'naturally' healthy, the artificially healthy, and the more seriously ill being ascribed to differences in the willingness to "make themselves right"(Sam).

Such a conception of a health in ageing, where individuals are responsible for their own movement towards disease and decline and where health is a matter of 'choice' and consumption, obscures how a plethora of factors beyond the individual (e.g. work hazards, public transport, urban planning, discrimination, environmental hazards, food quality, safety and affordability) have effects that accumulate over one's lifetime and interact to produce particular health outcomes for individuals (Cruickshank, 2003). Cruickshank (2003) critiques such preoccupations with, and conceptions of, health as the product of middle-class assumptions about personal responsibility:

> To make choices that the middle class regards as healthy requires a sense of control over one's circumstances. It requires belief that planning for the future is worthwhile or even possible. To be poor or working-class often means that others control the conditions under which we live and that long-term planning or deferred gratification are meaningless. (p.94)

An individualistic view of health, therefore, obscures social inequalities in ageing migrant Filipinas' lives that produce differences in health – for example, poorer or more physically taxing work conditions than for non-migrants, the double burden of paid work and unpaid care work, and having smaller or no savings for retirement because of underemployment, unemployment, and/or obligations to send remittances to family, (see Chapters 4, *The Productive Body* and 5, *The Caring and Cared for Body*). It also has important implications for subjectivity as individuals are more likely to see themselves as to blame for being unable to achieve good health in ageing. In the next subsection, I discuss the alternative discourses participants draw from in order to negotiate a more positive subject position for themselves despite poor health in ageing.

Resisting biomedical authority and negotiating responsibility for health

Despite the dominance in participants' accounts of health of a biomedicalised construction of ageing, counter-discourses that defy medicine as an institution and doctors as authorities on health were also found, sometimes within the same participant's account. As well, although all participants regarded individual responsibility for health as an unquestioned and unquestionable tenet in life in most of their accounts, there were a few instances of individuals arguing for *limited* responsibility, or the limited effectiveness of one's actions on one's health outcomes. Below I discuss some examples of participants' efforts at undermining biomedical authority, and at dismantling the link between individual responsibility and health in ageing.

A few participants explicitly discussed their distrust of drugs and doctors:

> 7.18. Ela: What they wanted was to give me a hysterectomy. But I didn't want it. Then she also offered me HRT [hormone replacement therapy] to control the bleeding in some way but I still didn't want it because it has side effects.
>
> Int: Auntie, how did you know or learn about the side effects of HRT?
>
> Ela: Well, from reading, of course. See, just because the doctor said so doesn't mean you should believe it. That's why I'm so annoyed with doctors because they just go and give you medicine but they don't tell you the side effects. Until you feel them yourself one day.

> 7.19. Int: But why do you prefer natural over prescribed [medicines]?

Isa: Because as I said, they don't have chemicals.

Int: So why is it bad if it's prescribed by doctors or—

Isa: Well if it has chemicals—See, usually, these um, orthodox medicine that came through pharmaceuticals companies, well, the reason they get approval— it doesn't necessarily mean that they are the best in the industry. The problem is, there's political stuff going on there, too. (laughs)

Earlier, I used an excerpt from Ela (excerpt 7.9) to show how doctors are seen as authorities on one's health. Here, I note a contradictory view from the same person who suggested that doctors cannot be trusted entirely. Taking these two positions together, I suggest that Ela's contradicting accounts are reflections of contradictory discourses around health that other researchers have found to permeate public discourse (specifically, news coverage of health issues) and to construct particular subjectivities for individuals (Briggs & Hallin, 2007). These two discourses— a biomedical authority or 'doctor-knows-best' discourse and a patient-consumer discourse— have contrasting views of the patient; whereas they are viewed as passive receivers of health information and advice from medical authorities in the first discourse, they are active consumers who can make rational choices on health-related information and products in the absence of doctors in the second one (Briggs & Hallin, 2007).

As active consumers, Ela and Isa regard biomedicine and its claims sceptically; this scepticism undermines the authority of doctors and biomedicine on their health, and is common among older people who use complementary, alternative medicine (Fries, 2014). Among the participants, two (Isa and Cyn) reported having gone to alternative medicine practitioners to avoid excessive drug-based solutions to their health problems ("First day's dosage, 20 capsules. (…) My goodness."- Cyn) and for more 'holistic' solutions ("Because their approach is general. Even if your illness is only here or here—[the goal is] to calm your whole body, and your mind, especially," - Isa). More common was the reported use of health supplements (e.g. moringa[99] pills, glucosamine, omega-3, diet supplements) that are supposed to have curative or preventative properties.

Another set of accounts that undermine doctors' authority is composed of participants arguing that they relied on their body's response to figure out what is right for it:

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[99] Moringa is a plant native to Africa and Asia, highly nutritious and believed to have a wide range of medicinal applications (e.g. increasing breast milk production, alleviating anaemia).

7.20. Isa: So they can decrease or increase [the dosage] by a bit but they won't let you stop it. That's really your maintenance medicine. So I have that, and my cholesterol [levels] also increased, they said, so I have [brand name drug] for cholesterol. But in truth, I don't always take [the brand name drug] because I know I'm not—I don't really eat fatty foods, etcetera, etcetera. It's under my control. Besides, my younger sibling (…) also has high cholesterol levels and he has (…) high blood pressure, too. [explains brother's financial difficulties] So me, I send my medicine to him. I control the— (…) I gauge myself. I don't send all of it. And it's ok. I know it's right because my um [cholesterol levels] are dropping. My blood pressure is controlled. So, for example I take the medicine today, tomorrow, I don't. Or something like that. But I control myself. Once I feel I need it, I will take it continuously. Something like that.

7.21. Ela: So then, the effect of the um [drug] on me, see, the doctor was making me take it at bedtime. But I couldn't sleep.

Int: (laughs)

Ela: A friend of mine said to me, "You know what," she said, "Yes, the doctor said to take it at night. But take it midday." That's what she said. "Try it, because, I'm like that too, my sleep is affected." Then I told the doctor about it, who said, "No, that's unlikely." "Doc, it's my body. I know." So I tried it [my friend's advice].

Int: But, is it ok? Is it ok to take it midday? (…)

Ela: I mean, you know, it's all the same, right? (…) You're still taking it.

These examples show participants acting against doctors' prescriptions by using their own authority as the ones who experience and know their own bodies, and who do their own thinking, controlling and monitoring. In these instances, these participants maintained that the doctors' advice is not necessarily correct, and can be negotiated based on what their individual bodies respond to, are capable of, and need. These accounts echo those around beauty practices in Chapter 6 (subsection "It's just not me"), where participants utilised individual bodily and personality differences to reject pressures to invest heavily in beauty work.

And yet, these efforts at subversion or resistance are limited and health effectively remains the arena of doctors and biomedicine— despite the use of 'alternative' medicine[100] and their defiance of doctors' orders, participants relied on doctors to determine the effectiveness of their 'alternative' or 'self-determined' treatments. In the end, their status as a 'healthy' ageing individual was determined not through their own sense of well-being but through satisfying biomedical standards of health (e.g. achieving the desired cholesterol levels). Additionally, the sense of individual responsibility that characterises biomedical constructions of health in ageing remains strongly entrenched even in these declarations of subversion— it is individuals who must evaluate doctors' advice, look up information on the (side) effects of medicine, monitor their body's reaction to the treatment, and search for 'better' alternatives when necessary.

Another set of accounts undermine this link between health and individual responsibility by arguing that when it comes to certain illnesses, "(y)ou could prevent it, but sometimes you just can't avoid it. You're really bound to get it," (Ela). These less common accounts suggest that other factors such as biology/genetics, luck, fate or God ultimately or partly determine one's health:

> 7.22. Fey: "I've accepted that that's just how it is. Maybe, some other women are just really lucky that they don't gain weight because of heredity."

> 7.23. Vangie: I'm in and out of the hospital, yes. Thanks to God I'm not— Praise the Lord. Me, I give everything up to the Lord. I asked Him to give me an 'extension', because I still have a lot of 'missions' here on earth.

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[100] The use of alternative medicine and dietary supplements, an outcome of the desire to utilise a different approach to health, would appear to fall outside the parameters of biomedicine. However, it seems reasonable to argue that 'nutraceuticals' or 'functional foods' (Almada, 2008) and complementary, alternative medicine, rather than being separate from mainstream biomedical institutions, appear in contemporary consumer society to be part of a range of options that patient-consumers can choose from to tend to their health. Biomedical standards are used to determine the 'reality' of the claims of effectiveness (evidenced by health outcomes as measured by standard medical tests, by the popularity of doctors as endorsers/users of these products and procedures, and the intensification of calls for scientific evidence [i.e. randomised controlled trials] for these). These practices can also be seen as producing and being produced by the same increasing sense of personal responsibility for one's health and ageing (Fries, 2014; Gilleard, 2002). This sense of individual responsibility characterises both biomedicine and the new patient-consumer discourse where the patient is constructed as actively and independently seeking health-related information and making choices based on these (Briggs & Hallin, 2007).

7.24. Bea: I'm lucky, these are all discovered like, the first one was discovered, just the breast screening, so they were, all (…) first stage. So, they were all opera—

Int: Operable. Yes, yes.

Bea: Surgery. And I did not need chemo or radiotherapy.

In these accounts, participants suggested that one can never be entirely certain and in control of one's health. Ill health can happen unexpectedly despite one's efforts. However, one can also get 'lucky', or be granted an 'extension' by God, and so achieve some measure of well-being. Such accounts disrupt the notion that individual action determines health and quality of life in ageing (Pond et al., 2010) by suggesting that while one's actions do perhaps predict one's future health, this relationship is not perfect and several other factors or powers beyond their control can make a significant change on their health outcomes. They give women like Fey the opportunity to "accept that that's just how it is" and Ann, who had an aggressive form of cancer, the discursive resources to reject the responsibility and the implied blame for the state of one's health:

7.25. Int: So how did you feel throughout the discovery and then go to the doctor and all of the testing?

(…)

Ann: So, for me, you know, okay, it's cancer so what could I do, right? Ah, actually just go to the treatments and such and of course, it's all up to fate/God, right? Because, what else can— So for me it's useless to, you know, to dwell on it, to need to really mull over it, I don't think so.

Ann's articulation of limited responsibility for her cancer and her healing is presented as something that reduced her anxiety. For Bea, who also had cancer, the idea of a higher power being 'in charge' similarly gave comfort amid the great uncertainty over whether biomedicine has the power to make her well again:

7.26. Bea: Every time I have an operation, I always pray at church, (…) I always have friends from church pray over me. It's just, I don't know. It's just part of my faith that if I get to [be] prayed over— [relates details of

conversation with her nurse] I said, "Well, because of my faith; because I trust those people in the operating theatre- that they're the best people who can do the job." That's basically all you can do: trust them that they know what they're doing. Although sometimes, there have been some cases of botch-ups, right?

7.27. Bea: Radiotherapy and chemotherapy, those are poisons that they give to you to kill the cancer cells. But at the same time, kills the non-cancer cells. That's why it's dangerous.

Int: Were those options ever given to you?

Bea: No, thanks be to God. (…) The problem is if it [the cancer] has gone to your lymph nodes, then the blood will carry it anywhere. And then you can have problems. And that's where the chemotherapy and the radiotherapy is in order. 'Cause they don't really know where it will go.

Because "botch-ups" are possible and because "they [doctors] don't really know where [the cancer] will go", Bea frames biomedicine and doctors as having limited knowledge and skills for treating her cancer, and ascribes to God the power to definitively determine whether she will be well or not. The availability of other factors (e.g. God, genetics, or luck) for explaining the state of one's health provided individuals with the means to argue for a limited responsibility over their health, and offered some protection against negatively-valued identities applying to them.

However, these explanations are ultimately ineffective at really dismantling the links made between individual responsibility and health, and at undermining the strong moral imperatives that such a link produces. This is because they remain focused on individual factors affecting health, rather than more social or environmental ones that might implicate systematic social inequalities and economic and political systems where the marginalisation of one group produces privileges enjoyed by another. As noted earlier in a few participants' accounts, these alternative explanations for health were found alongside, or even nested comfortably in, ideas about an individual's *responsibility* for her *own* health:

7.28. Gab: See, I can't just say, "Lord, ah, give me a healthy body." If I don't take care of my body. I need to be responsible for myself, too. It's like blind

faith if you do all sorts of things to your body and then just expect God to heal you and give you... So, it's still not, that's still not the right um, [thing to do]. So, (…) I should fix myself, my body, because I know that that's what is right. (…) If I follow what it is that the Lord wants for me, and He wants me to be healthy, He wants me to be effective, He wants to be able to use me in many other things.

Gab's ideas about praying but taking no action as 'blind faith' led her to establish herself as having the prime responsibility for keeping herself healthy. This idea fits well into the moralising tone in the imperative to health (Crawford, 1980; Lupton, 1995). Gab's expressed commitment to her faith and to her duties to God adds to the moral strength of the imperative to health, rendering poor health not only a failure in one's public duty, but also in her duty to God. The concept of risk as sin in modern society, as discussed by Douglas (1990) and Lupton (1995), is well-illustrated in Gab's account above. In the two other excerpts that follow, which were part of a conversation on their health-related practices and their underlying motivations, participants brought up their genetic risks alongside the preventative measures they engaged in to minimise those risks:

7.29. Int: So you've been going to the gym from way back?

Ela: Yeah. Even then. I'm really [health] conscious because, as I said, I saw it happen to my mother, and (…) the reason she got the cancer was because of her long-term medications. I don't want—see we can't avoid it, escape it. The genetics. Our genetic or hereditary. It's not really the disease that we inherit but the condition of our body, that you are prone to this illness. Because it's in your genes, something that you cannot escape.

7.30. Int: Um. Do you have such health issues? Like, you have a blood pressure that needs to be monitored?

Hil: I monitor my blood pressure now. Mainly because it runs in our family. My dad died of a heart attack—

Int: Hypertension?

Hil: Yeah. (…) I know relatives who died of a stroke or something. So…

Int: But you, now? Do you have high blood pressure?

Hil: So far, no. But my doctor gave me an aspirin prescription. So, you know the baby aspirins that you take every—

Int: What's it for?

Hil: Sort of like… it's like an aspirin a day, it's a baby aspirin, low dose. Yeah. (…) To prevent high blood pressure.

Ela and Hil identified their genetic predisposition as prompting them to be more "conscious" of their lifestyle, to monitor their health, and leading (for both) to prescription medicine which are preventative according to their doctors. These instances are examples of what Novas and Rose refer to as 'genetic responsibility' (Novas & Rose, 2000)— a new sense of identity that involves practices of choice, enterprise, self-actualization and prudence in relation to one's genetic make-up. Rather than resigning themselves to their 'genetic fate', this knowledge of one's heredity is taken by individuals to be a new type of risk, and creates a new set of ethical responsibilities they are obliged to address (Novas & Rose, 2000).

Health in ageing is primarily constructed by participants as something that biomedicine has authority over, and that good health in ageing *can* and *must* be achieved through the careful consumption of information, expertise, and products related to health. A strong sense of individual responsibility is found in participants' accounts, even as they argue that genetics, fate, or God ultimately decides ones' health outcomes despite one's efforts. The tendency to view health as an individual, physiological problem that falls within an individual's responsibility obscures many of the structural inequalities that have an impact on ageing Filipina migrants' ability to maintain good health. Although counter-discourses that question biomedical authority and full individual responsibility for health are also available and deployed in participants' accounts, a neoliberal, biomedical discourse of health in ageing that emphasises individual responsibility, choice, risk reduction and management remains dominant; this makes it difficult for positive subjectivities to be possible for those who have poor health in ageing as individuals are more likely to be assigned blame for it.

While a biomedical discourse around health and ageing remains dominant, this dominance is never absolute, is fragmented, and contested. As Turner argued, "(d)iscourses are not linguistic machines which routinely and invariably produce the same effects, but possible modes of social construction the consequences of which contain a large element of contingency" (B. Turner, 2008, p. 149). Within a social context where health problems are

reduced to individual, physiological problems (Calasanti et al., 2006; Waitzkin, Britt, & Williams, 1994), and where older people are likely to be regarded less seriously and so lose the ability to make decisions about their own bodies (Calasanti et al., 2006; Estes & Binney, 1989), it is no wonder that participants exhibited resistance in various ways, using alternative discourses (e.g. biomedicine as not entirely trustworthy, the body being its own authority) as well as using the dominant discourse to satisfy different ends (e.g. as when Des [extract 7.11] defended her habit of eating pork fat by saying she is, by all standard measures, 'healthy' despite this practice that conventional medicine regards as 'unhealthy'). These discourses provide alternatives to being positioned as passive receivers of doctors' advice, or failures at following this advice when they fall ill.

Producing the healthy, elderly New Zealand citizen

Common in participants' stories about health and ageing is the idea that New Zealand offers opportunities for enjoying a healthy life. I will argue that ageing migrant Filipinas can use their own health to signify success in migration by constructing healthy ageing as a norm in New Zealand, and by pointing to state support and investment in services as enabling a healthy ageing. I will situate this discussion within larger conversations about regulating the ageing body, the links between health surveillance and good citizenship, and the neoliberal, consumerist ethic that frames these.

A New Zealand culture of health

A number of participants commented that the lifestyle and culture in New Zealand was conducive to pursuing health in ageing. This idea of the health-promoting lifestyle and culture in New Zealand was typically argued to be possible through the low(er)-stress life in New Zealand compared to other countries, through good health habits, and the expectation of independence in old age (see *Chapter 5*, section on Independence and responsibilisation in ageing).

Even while participants identified many different sources of stress in their own lives (work, care work, relationship issues, loneliness, etc.) several generalised that the New Zealand lifestyle is less stressful than the Philippines, and had a positive impact on their health:

> 7.31. Int: If you had not come here, how would your health, your body have been different, you think? If say, if you remained in the Philippines, or if you had remained in [the other country], would it be different, you think?
>
> Ann: Probably!

Int: Mm-hm. In what ways?

Ann: Ah, it's probably more connected to stress, right? Because, if you think about it, life is stressful in the Philippines. We just don't notice it because it's in everyday [life], right? So, even just driving is stressful, right? But it's like you've adjusted. So, you just don't notice, but, it's like that. And, to make a living is also stressful! Because it's harder there.

7.32. Int: Your blood pressure, when did you start medication?

Gab: Forty, 41, something like that. (…) That's because of the stress at work when I was in the Philippines. But, at the same time, it's probably also because of the lifestyle. I'm always sitting, working and working, and the stress of the job when I had deadlines.

(…)

Int: Does it mean that, even here your situation is similar, the level of stress, the sedentary lifestyle and such?

Gab: It's more relaxed here [in New Zealand] than there [in the Philippines]. And also, there, it's possibly also the surroundings. I can't breathe properly there. It's like... the change of temperature—you're always in an air-conditioned room, then when you go out, it's so hot. Maybe that's one of the things that affected me. Here, there's also a change of winter, summer (laughs) that we don't have there. But, it seems more relaxed, the lifestyle here. And if say, I choose to really, say, take advantage of what [New Zealand] has to offer, I should be healthier.

Int: Meaning? What are the—

Gab: I'm lazy, see. (laughs)

Int: (laughs) But what is it that's here [in New Zealand]—

Gab: I should—I can walk, for example. Exercise. If I want to go to the gym, I could go to the gym because there are gyms, and they're close by. So, I'm not

as keen/diligent as say, [my husband]; when he decides to do something, he does it. He's disciplined.

Other participants commented on the work-life balance upheld in the New Zealand's workplace, and made comparisons between life in New Zealand and other countries they had been to; the differences in lifestyle were often found to be favourable to health and well-being. Participants described life in New Zealand as 'happy', 'relaxed'— echoing findings from a study on sexual health in New Zealand where participants characterised New Zealanders as being a "laid back people" (Braun, 2008, p. 1821); Tia, who suffered from severe work-related stress in the Philippines, described feeling like "a thorn had been taken out of [her] side" after moving to New Zealand. The relationship between stress and health, while contentious (Mulhall, 1996; Pollock, 1988), currently dominates both lay and scientific discourse (Donnelly & Long, 2003). Studies on migrant health and the elderly often focus on the impact of stress on physical health (Torres & Wallace, 2013), mental health (Dean & Wilson, 2009; Hiott et al., 2008; Mui & Kang, 2006) and mortality (Rutters et al., 2014). And while such studies (and also participants from this study) suggest that life as a migrant and an elderly person can be full of stresses (related to finding employment, adjustment, dealing with loss of status, dealing with discrimination, loneliness etc.), the above examples are notable for their assertion that life in New Zealand is less stressful, and therefore produced better health outcomes. A 'balanced', low-stress lifestyle is actively marketed by Immigration NZ to potential immigrants as a reason to "choose NZ" (Immigration NZ, 2012a), and is claimed by over 60% of surveyed migrants given permanent residency in 2004 and 2005 as one of the things they liked about living in New Zealand (Masgoret et al., 2009). It was clearly echoed by participants like Ann, who declared, "I don't like getting stressed (…) the reason why we're here (in New Zealand) is so that our lives are stress-free."

In addition to the less stressful lifestyle, participants also pointed to healthy habits encouraged by or taken from (what they identified to be) New Zealander culture as enabling a healthy ageing:

7.33. Fey: Another change in me is that I've started eating healthier. Um, maybe because, first of all, I know the effect of a bad diet on the body, plus, I'm in New Zealand.

Int: Which means?

Fey: Which means that the food here is different from the Philippines where it's all rice, rice, rice. See, I'm the one cooking [at home]. When I don't have enough time, I don't cook the usual that Filipinos eat. I've gotten used to—especially since at the office, I'm the only Filipino. All of them they only eat rabbit food, see.

Int: (laughs) Salads and such?

Fey: Yes, all greens and stuff like that. Or a sandwich which usually has avocado or something as filling. So that's how I am now, too. And then I see that it's ok and, you know—maybe that's why—at least, knock on wood, I don't have any [health] problems yet.

7.34. Tia: Then you hear these things; you'll hear them from the media. They're so [health] conscious here, their culture is they're so conscious of their diets, the calories, they look at everything to see how many calories they are eating. They do that. And in hearing that everyday from your co-workers, "This has so many calories, this one is so ..." It's like it will actually rub off on you, you become more conscious too, so that's one environmental factor.

As additional evidence of the health-enabling culture in New Zealand, several participants also made the observation that elderly New Zealanders appeared healthy and fit, and that they lived independently. These participants' claims about the positive impact of adopting local habits are congruent with some evidence that acculturation[101] correlates positively with migrants' health in ageing (Dial, 2007). To suggest that the lifestyle and the culture in New Zealand are conducive to good health in ageing is to suggest that this is an easily (or, more easily) achievable norm in New Zealand, but also to homogenise it and erase the existing variation and the discrimination that produces those variations. The construction of lifestyle and culture as enabling health shapes participants' expectations for their future, their practices, and their understanding of themselves should they fail to achieve health. Gab, for instance, labelled herself "lazy" and "undisciplined" for being unable to "take advantage" of the health-promoting lifestyle found in New Zealand.

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[101] In Dial's (2007) study, Filipino migrants' acculturation to American culture was found to have positive benefits for health.

This construction of health as being a normal and expected outcome of life and acculturation in New Zealand promotes the idea of health as, paradoxically, an effect of individual efforts at adopting New Zealanders' habits and/or minimising stresses from other sources. Critical literature on the discourse of stress suggests that they promote naturalism, individualism, rationalism and objectivity, and downplay the role of social context in health (Donnelly & Long, 2003). Stress is naturalised in that it is seen to be part of nature rather than society and somatised in how it is localised in individual's *bodies* rather than in their *social relationships* (Young, 1980). Individuals are tasked to 'cope' with stress to produce good health outcomes; this coping is constructed to be achievable through rational, objective decision-making about one's lifestyle and the knowledge or advice health professionals provide individuals (Donnelly & Long, 2003). The accounts given above appear to contradict these analyses, in that that they do locate stress within a larger socio-cultural context; however, in asserting that social conditions and cultural norms in New Zealand encourage a healthy ageing, individuals who are somehow unable to produce or display a healthy body in ageing risk carrying the blame for being unable or unwilling to make the most of a health-enabling environment.

Enjoying the fruits of migration: State-supported healthy ageing in New Zealand

Other than an enabling culture and environment, the majority of participants identified the New Zealand government as supporting services that allow its citizens to enjoy a healthy ageing:

> 7.35. Int: So it that what you're thinking when you're about 80 or something? You will still be here and—
>
> Vangie: God willing. See, here you have a pension. Yes. You have a pension and everything here is—Like me, I'm diabetic. The government looks after everyone here, yes. If you can't go to the market, someone will go to the market for you here. For example, if you're really, really old and you can't do it anymore. If you're sick the district nurses here will visit you.
>
> Int: Wow.
>
> Vangie: Yes. Like say, if I want to go to the doctor, it's right over there, really close. And I don't need to pay the bus fare or anything. And if I want to go to the [a particular] clinic someone will pick you up, someone will take you there.
>
> Int: Shuttle.

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Vangie: Yes. So what else could you want in your life? In the Philippines no one will do that for you, right? Even if you say you have maids there, but it's still not like here where they look after you.

7.36. Ela: But I still do them every year. Mammogram and pap smear. That's regular. Well, here, everything is free. So, why not? You're just going to lie down, just open your legs. (laughs) There's nothing to pay for. Unlike in the Philippines. I mean, you know, are you going to wait until something's wrong with you?

Remarks such as these contrast an inadequate publicly-funded health service in the Philippines with what is sometimes portrayed (as in Vangie's account) as a *more than adequate* health care service in New Zealand. These particular examples, in which participants argued good health to be more accessible to them because of the availability of some free health services (including follow-up care at home and free shuttles to the doctor as experienced by Vangie), echo Ros' exclamation (excerpt 7.19) that it is one's responsibility to see the general practitioner and have a check-up at least yearly as "everything here [in New Zealand] is provided". In making these 'exaggerated' claims (in claiming "everything" is provided, is free, and in asking rhetorically, "What else could you want in your life?"), these women effectively positioned all possible barriers to good health (as defined by biomedicine) as removed, and therefore that only the irresponsible wilfully flout medical advice and refuse these 'free' services. In these accounts, alongside claims that the New Zealand state "looks after everyone" is a strong responsibilisation for health; individuals are admonished *not to waste any time* (Ela: "(…) are you going to wait until something's wrong with you?") and to understand that they have no excuses not to 'prioritise' health and prevention (Ros: "How could you not [take care of yourself]?"). There is, among these accounts, a strong version of what has been called a 'no legitimate dependency' discourse: an aspect of neoliberal discourse that refers to how individuals deem everything that happens in their lives to be their responsibility and where asking for help, or even acknowledging the need for it, was seen as a sign of weakness and therefore unacceptable (Peacock, Bissell, & Owen, 2014). In these participants' accounts, individuals have no 'excuses' for poor health and are entirely responsible for not 'taking advantage' of the New Zealand state's health services.

Critics have commented that new forms of medicine that emphasise surveillance (under the guise of prevention) reconfigure new relationships between the state and its citizens

(Armstrong, 1995; Higgs, 1997). In particular, the ability of states to scrutinise individuals and compare them against an idealised norm allows the state to assign individuals to particular ('target', 'vulnerable', or 'at-risk') groups, without necessarily taking responsibility for their care[102] (Higgs, 1997). What this accomplishes, according to Higgs, is the separation of those individuals who are responsible, self-supporting, and self-reliant from those who are not. A 'consumer citizenship' (Higgs, 1997), where individuals are asked to make rational, informed choices about their health is encouraged. But the withdrawal of the welfare state in favour of a more neoliberal one can be understood as not about offering choice and freedom but rather as "about acknowledging that the state doesn't have to get involved in providing responses to risk—it only needs to identify them"(Higgs, 1997, p. 129).

Despite numerous positive descriptions of better health care in New Zealand, the changing relationship between the New Zealand state and its citizens, particularly its ageing citizens[103], is not something participants were 'blind' to. A few (Ela and Liz) expressed doubt that the health and other social benefits available at present will continue to be enjoyed in the future:

> 7.37. Ela: See here, it's okay to grow old when you're already established. When you've already got money. Because they're reducing everything. They're reducing benefits. Things like the health system, that's where they take away from.

> 7.38. Liz: First of all, especially now that I'm getting older, I have more benefits here [in New Zealand], if I live here instead of going home there [in the Philippines]. Over there, as long as you have money, you're okay. If you haven't any anymore, even your relatives— see? While here, at least you have support of some sort from the government. Although that changes too because the rules keep changing, depending on who's in position in the government.

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[102] Although the participants quoted above argued (rightly or wrongly) that New Zealand *will* take care of them.

[103] See Hackell's (2013) discussion on the rise of a taxpayer citizenship during the 1990s, when taxpayers were constructed as 'deserving' citizens, and others (including senior citizens) were constructed as an opposing group that made unfair demands on public resources funded by taxpayers; also see critiques of New Zealand's positive ageing strategy (Davey & Glasgow, 2005) that identified its encouragement of self-reliance, independence, and individual responsibility as disadvantaging and marginalising a significant number of older persons, and Gorringe's (2003) study where she discusses in her literature review a shift in how older persons are regarded leading to policy changes in New Zealand that encourage them to work longer.

In both accounts, it appears that one's health and welfare in ageing can be most secured only "if you have money". The wide range of concerns a person may have for their ageing is reduced to a need for having (enough) money—as long as you have it, you are "okay". It is as though any and all needs (e.g. for health care, for meaningful social interactions, for satisfying and enriching activities, etc.) can be satisfied through the consumption of certain products or services, or as if those that cannot be satisfied through consumption are not essential for making one "okay". These accounts also indicate a strong individualisation of these concerns and their solution. Reduced social support is described as a fact or given; changes that are happening or yet to be ("depending on who's in position in the government") are not questioned. Instead, the proposed solution or response to these changes is to make sure that one has sufficient personal financial resources, reflecting a 'consumer citizenship' in ageing that highlights individual consumption and choice and frames state welfare as controlling or limiting (Higgs, 1997). This situation is illustrated by seven of the 20 participants who volunteered information about securing health insurance. They saw their purchase of private health insurance as a way of *expanding choice* regarding doctors, hospitals, procedures and timing. These accounts around private health insurance *do not* contradict earlier ideas about the New Zealand state providing health care for its senior citizens, and only propose that the state may not be offering the options that one might want or prefer:

> 7.39. Int: The health insurance, if I understand it correctly it's like there's, the health services here (in New Zealand) are free. So what is the purpose of getting that?
>
> Fey: Basically health insurance is so that you don't need to wait. See, the public health is system is free, okay, whatever your illness is it's good. But if it's not life-threatening you will go into a list. [provides specific examples] You don't need to use your health insurance unless for example you go to the hospital. You were hospitalized because, say, you have an ulcer that you need to get operated. And you want a higher quality, you don't want [public hospital], you want [private hospital]. Then you say to your doctor, ah, "Could you move me to [private hospital]" please?" That's when your health insurance comes in. You have choices when you have health insurance.

> 7.40. Ann: That's how the health system is, here. It's free, but if you're not acute, you have to wait. You really wait. So, like, imagine, my stomach was

already so big, it hurt once in a while, and you'd have to wait until February. When the doctor sees you, he'll say, "We'll schedule it (the operation)." Why, that could be another month or two, right? So, that's why when we arrived here, when we bought a house, we already, we really got insurance right away.

Int: So that health insurance…

Ann: Is really private. (…) Yes. Because, that's the advantage. If you have private insurance, say you feel something, you need a specialist, you just go to your GP. You ask to be referred to the specialist. You're going to get seen right away. If you go to [public hospital], you wait in line.

In these accounts, the individual ('you') is positioned as suffering from illness and from less-than-ideal public health services, as wanting or needing particular services, as actively seeking these through their doctors, and as having choices with private insurance. These accounts reveal that prevailing understandings of health care provision draw more from a discourse of individual responsibility and consumption rather than from a rights and welfare discourse as might seem in previous accounts where participants described the New Zealand government as 'looking after' (see extract 7.39) its older citizens. Participants' understandings of health surveillance as a (New Zealand) state-provided benefit they *should* take advantage of, and the meanings around privately-purchased insurance as expanding the conscientious health consumer's options, are made in the context of neoliberally-guided health policies and practices that maintain reduced state support for social services and construct the ageing body as a site of vulnerability, risk, and self-vigilance.

Taken together, the claims participants made about lifestyle, culture and support for health services in New Zealand being conducive to a healthy ageing accomplishes two things for ageing Filipina migrants. First, it proposes that healthy ageing is a norm in New Zealand, easily achievable by its (responsible) citizens. Second, it constructs migration (at least to New Zealand[104]) as a successful strategy for improving one's life and ageing. For ageing Filipino migrants, the achievement and display of a healthy body can mean their fulfilment of good citizenship in New Zealand and their success at migration; these meanings add even greater positive value to health. The meanings of health extends beyond having a functional body for

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[104] Some participants compared life in general and ageing in New Zealand favourably not only to the Philippines but to other places where they had previously lived and worked, such as in America and in the Middle East.

everyday life, beyond an obligation to the public, and into evidence of success at the 'enterprise of oneself' (Foucault, 2008).

The extension of such meanings to health is made possible by the strong resonance between discourses of individual responsibility and self-sufficiency in health and those that surround Filipino migration. Migration scholars point out how such discourses obscure the impact global inequalities, gender inequalities, and the state reduction of social support and protection mechanisms, leaving individuals to become entrepreneurial, self-sufficient, and responsible (Guevarra, 2009; Inouye, 2012; A. McLaren & Dyck, 2004; Rodriguez, 2002). These demands on individuals lead to an increased 'need' for migrant labour to do care and service work in more developed countries (Calasanti, 2010; Inouye, 2012), and to the out-migration of individuals (mostly women) from less developed countries to pursue employment in the hopes of achieving financial stability (Calasanti, 2010; Guevarra, 2009). Just as white, middle-class Americans see individual responsibility for health as having strongly positive meanings (Crawford, 2006), Filipino migrants who are sold a particular version of 'empowerment' (Guevarra, 2009) may also find the rhetoric of personal responsibility in health both appealing and logical for echoing the politically-constructed imperative to do what one can for oneself, family and country.

As some critics of neoliberally-guided discourses around health argue, the construction of health as an individual responsibility and of biomedicine as producing a "cornucopia of choices" (Briggs & Hallin, 2007, p. 53) for the 'patient-consumer' excludes "(t)hose who are not middle class, (…) or who do not experience neoliberal society as a 'rich range of choice'" (Briggs & Hallin, 2007, p. 54). Such a construction renders invisible the over one in ten of older persons 65 to 84 years of age in New Zealand who cannot say they are in good or excellent health (Pool et al., 2009)[105], and the 6.3% (or over 1 in 20) of older persons who needed to see a GP but did not, mainly because they could not afford it (Ministry of Social Development, 2007)[106]. It denies the many other factors outside of individual control that contribute to health, and regards information about health inequalities[107] as evidence of particular groups of people (e.g. Māori, poor people) not taking enough responsibility for their

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[105] Data based on the Enhancing Wellbeing in an Ageing Society (EWAS) survey in 2007. Note that this survey excluded those 85 and above, and those who were institutionalised which could mean that the actual proportion of those who perceive themselves to be in poor health may be higher.
[106] Data based on the New Zealand Health Survey 2003.
[107] For example, the (at least) twice as large death rates for Māori compared to non-Māori at the ages between 65-74 and the negative correlation between economic deprivation and life expectancy (Ministry of Social Development, 2007).

health (Peacock et al., 2014) rather than social conditions producing the inequalities that become *embodied*. It supports the proliferation of health programmes that can produce feelings of 'empowerment' in individuals by giving them the choice to do something for their health (Pond et al., 2010), but also feelings of betrayal and inadequacy when one is in poor health (Pond et al., 2010), and great pain, ambivalence and loss for those who have "accommodate[d] themselves to the idea of living in a world without justice" (Hoggett, et al., 2013 in Peacock et al., 2014). In addition, constructing health as an individual problem requiring individual, biomedical solutions means that the inequalities that produce differences in health outcomes are unlikely to be addressed, and the withdrawal of state support for social services that help alleviate the impact of those inequalities is less likely to be questioned.

Summary and conclusion

Focusing on participants' stories around health, I highlighted the wide range of meanings health can hold for ageing Filipina migrants – as instrumental to the enjoyment of old age, as expressing a particular socially-valued subjectivity, and as a marker of success in migration. Participants perceived health from a practical standpoint, and regarded it as an important aspect of their enjoyment of life in ageing and their continued participation in work, family and the community. These overtly-stated motivations for pursuing health justify the amount of effort, time, and money participants spend on their health, and establish health, rather than beauty, as being of prime concern in ageing.

However, the concern for health extends beyond maintaining a functional body. Within a biomedical construction of ageing, ill health is framed as 'curable', and is within an individual's powers to control with the help of biomedicine. Under such a construction, individual responsibility for health is not only an obligation to oneself but also a public duty. Practices such as regular health checks, managing one's diet, doing exercise, taking health supplements and lifetime prescription medicine are just a few examples of the broad range of 'options' available to conscientious ageing citizens for managing the deterioration of their bodies. Observing modern American society's preoccupation with health, Crawford (2006) described it as a "social cynosure, a meaningfully and emotionally charged fixation – both a goal and a source of anxiety, a value for self and others, integral to identity, a state of being that is continually assessed and the organizing concept for a vast organization of social action" (p. 404). The biomedicalisation of ageing observed by Estes and Binney (1989) two and a half decades ago has only intensified with the erosion of a welfare state, combining with a consumerist ethic to produce the new patient-consumer model that supposes individuals will

act as active agents of their own health by gathering and evaluating health-related information and making choices based on them (Powell & Biggs, 2000). This new model of health and its pursuit means the increased segmentation of this particular 'market', such that some groups may be further exploited while others continue to be excluded and marginalised (Gilleard & Higgs, 2013). As was seen in the data, individual responsibility figured prominently in participants' talk about health in ageing and suggests that many embraced such constructions of health and ageing and spoke of acting (or reported acting) in consonance with discourses of self-responsibility, autonomy and activity that construct the 'modern retiree' (Rudman, 2006). Therefore, pursuing health in old age not only produces functional bodies, but also positive subjectivities for ageing individuals.

However, a number of participants also demonstrated discursive strategies that disrupted the dominance of such meanings in their lives and over their bodies. Participants found ways to undermine biomedical authority and the strong responsibilisation for health. Ultimately, however, these discursive alternatives are unsuccessful at undoing the connections made between individual responsibility and health and at undermining the strong moral imperatives implied in such connections. Individuals remain responsible for evaluating individual doctors, hospitals, drugs, and alternative therapies, and pursuing what they deem to be the best course of action, even when genetics, luck, or divine powers may be seen to be at work in determining their health outcomes.

For ageing migrants, a healthy body can be used to signify success in migration. While participants identified various stresses in their lives as migrants and health problems arising from them, these stresses were typically dismissed as 'normal' in migration and requiring the application of individual will, ability, and effort (see Chapters 4 and 5) for their resolution. Most singular and with a fair amount of consistency among the participants was the claim that New Zealand's lifestyle, culture and social systems support good health in ageing. In making this claim, ageing Filipina migrants portrayed good health in ageing as an easily achievable norm in New Zealand. In contrasting this 'norm' to that in the Philippines, where there is significantly less state support for health services in ageing, the achievement of health in ageing for individual Filipina migrants can signify *success in migration*. That understandings of ageing and migration are shaped by the same neoliberal ethics means that the same discourses of self-sufficiency, individual responsibility, and entrepreneurship define the parameters within which individual Filipina migrants experience, understand, and act on their ageing bodies.

In her book *Learning to be old: Gender, culture and aging*, Cruickshank took exception to gerontologists' encouragement of a 'responsible ageing', saying that it "(…) puts the burden on me of making wise choices without inquiring as to my capacity to make them" (2003, p. 93). Participants' constructions of health and ageing, while encouraging individual empowerment, choice, and autonomy, simultaneously ignore systematic inequalities which have effects that accumulate over one's lifetime and are barriers to health (Davey & Glasgow, 2005; Gilleard & Higgs, 2013; Jaggar, 2008). They effectively deny the challenges that ageing migrant Filipina face – greater stresses in the workplace (e.g. discrimination, more physically taxing jobs), the double burden of carework and employment, and smaller or no savings for retirement and privately-funded health care (because of shorter length of employment in host country or because of need to send remittances).

Chapter 8: Conclusions

With the increasing ease with which people are moving around the globe and the growing concern about the ageing of populations globally, it is imperative that scholars pay more attention to the intersections of ageing and migration. The unique situation of people who migrate in old age to another country is already receiving some interest (Gorringe, 2003; Gustafson, 2008; Li, 2011; Xie & Xia, 2009), as are the experiences of migrants growing old in their host country (Go, 1989; Warnes & Williams, 2006; Zontini, 2004). This study contributes to this field of scholarship by illuminating aspects of the experiences of ageing Filipina migrants in New Zealand. The evidence suggests that ageing Filipina migrants are called on to construct narratives of success in migration through their bodies, that ageing migrants' bodies are constructed as producers, commodities, and consumers, that neoliberalism is encouraging new forms of ageism and sexism to flourish, and that participants struggle for positive identities through the use of various material and discursive strategies. This study also contributes to methodological innovation by usefully bringing together feminist methodology, Sikolohiyang Pilipino, and a poststructuralist approach to language.

Advancing a poststructuralist, feminist approach in Sikolohiyang Pilipino

My study is methodologically innovative, applying thematic analysis with a discourse analytic orientation to data gathered through pakikipagkwentuhan. The use of a poststructuralist approach to language within a methodological framework guided by feminist psychology and Sikolohiyang Pilipino has been fruitful for analysing the connections between discourse, power, subjectivity, and the body. While the use of such an approach has remained unpopular in Sikolohiyang Pilipino, this study illuminates its potential for furthering research that allows political analysis and social critique in general, and the analysis of inequalities due to gender and age in particular. This study demonstrated that pakikipagkwentuhan, an indigenous method which was theorised as producing stories useful for analysing social constructions of what is true, good, or ethical (Orteza, 1997), can be used successfully together with a poststructuralist approach to language. In addition, I showed that Braun and Clarke's (2006) version of thematic analysis, which is highly flexible (in that it has no particular theoretical moorings) and useful for making sense of large volumes of qualitative data, is a powerful tool for systematising analysis which is interested not (only) in the overt content of talk but in meanings that are implied and imputed and the subjectivities that are produced, inhabited, and

contested. Although analysis was applied to the 'talk' that the participants and I produced together, this study was not intended to represent women's 'voices' in the same way that other applications of pakikipagkwentuhan have done (see Aguilar, 1991; Guerrero, 1997; Illo & Polo, 1990). That said, in adopting a critical approach, this study was committed to including in the analysis an appreciation for the agency and resistance of ageing Filipina migrants, and avoiding constructions of them as "silent, inarticulate and inconsequential" subjects (Denzin et al., 2008, p. 33). I was careful to respect women's stories and put forward an analysis that serves not to undermine their courage, resourcefulness, and determination, but to demonstrate the materiality of the struggles and pains produced by prevailing discourses around ageing and Filipino migration.

In some ways, this study goes against the tendency of the more classical theorising in Sikolohiyang Pilipino to essentialise certain traits, values, or concepts as 'Filipino' (Estrada-Claudio, 2014), but adheres strongly to Sikolohiyang Pilipino's interest in politicising analysis (Bartolome, 1985), in rigorous scholarship (whether in the application of western, mainstream psychology or indigenous ones) that critically examines and explains the theoretical bases of its methodology and practice (Enriquez, 1994a), and in paying close attention to how individuals make and are made in society, culture, and history (Jimenez, 1977; Santiago & Enriquez, 1995). In adopting a poststructuralist approach to language and subjectivity, my study adds to an understanding of Filipino identity not as static, but as constituted in discourse, which today is increasingly shaped by neoliberalism and globalisation.

Limitations and directions for further research

Early on during the design and piloting stage of the study, I attempted to use creative methods (i.e. the use of visual art and photos) for data-gathering. Researchers have found that the use of photographs yields different information from a typical interview, and allows reflection on topics not usually thought about (G. Rose, 2007). In addition, the use of participant-generated visual data (such as photos or artwork) may be less intimidating than a typical semi-structured interview (Noland in Wiggs, 2009), more enjoyable for the participant, and may give them greater control over the data they provide (Meo, 2010). I abandoned these methods after finding that participants were often unable to produce what I required of them for various reasons (e.g. not enough time, perhaps not interested in making 'art', photos were lost or were in the Philippines), and also because I had not intended for the art and the photos themselves, only the discussion of them, to be analysed. Despite my 'failure' at introducing creative methods in this study, I would still argue that these methods, when used to their full potential,

could contribute to expanding our understanding of Filipina migrants' experiences of and meaning-making around ageing. Future studies may be able to find that they 'work' for some groups better than for that which I recruited for this study.

Given the specificity of sample (see discussion in Chapter 3), there is need to explore further experiences and meanings from more marginalised groups not represented in this study —for example, those in rest homes, those who have caregiving responsibilities to ill spouses, those who need some assistance with daily living. These groups may provide other insights on the range of discourses relevant to ageing Filipina migrants, the subjectivities made available to them, and how individuals in these more marginalised groups negotiate for a positive identity. An interest in such groups necessitates more targeted sampling, and perhaps other methods of data-gathering that work best within the particular constraints (e.g. time, energy) of potential participants.

Over the course of doing this study, new areas for investigation came to view out of the insights gained from the analysis. There are many interesting questions to be asked about the experiences and meaning-making of older Filipinas who are long-term labour (not permanent) migrants to other countries such as Hong Kong or the Middle East, or of older Filipina migrants who have already returned permanently in the Philippines. There is a need to engage more critically with the image of the Philippines as a 'youthful', labour-rich country that sees its population as an exportable resource, and to explore ageing and the ageing migrant body's potential for offering counter discourses to the one of sustained productivity, consumption, and independence in old age. More research needs to be done to find other discourses around ageing in Filipino culture that can be mobilised for combating oppression and exploitation. A promising concept is *ginhawa*, a Filipino concept for well-being that is theorised to involve connectedness to community and environment (Zayas & Abaya, 2008), to extend outside the physical body into the spiritual (Mercado, 1994; Zayas & Abaya, 2008), and has a moral element, in that one's ginhawa should not be at the expense of the suffering of others (Maceda, 2008). Ginhawa, so theorised, offers a more holistic view of well-being and therefore has the potential to provide the discursive means to counter notions of 'successful' or 'positive' ageing that emphasise individual responsibility for individual wellness.

This study produced data that are rich in emotion and affective practices (Wetherell, 2012) but which I was unable to focus on given the space and time constraints. This theorisation of affect suggests new ways of understanding how discourses relevant to migrants and migration operate and circulate among individuals, in families, and in larger society. Further study can delve into the transnational circulation of affect — for example, pride, love, obligation, shame

— that undergird and are produced by discourses around citizenship, migration, family, and ageing (among other things) which impact on migrants' transnational practices.

Summary of findings

The use of embodiment as an analytic focus proved productive for unpacking those binaries that have traditionally defined social scientific debates and divisions: mind and body, structure and agency, society and individual, macro and micro, social and biological, material and discursive. The four analytic chapters discussed how discourses around migration and ageing, as they are constructed in talk about the body, sustain positions or subjectivities that have moral, ideological, and practical implications. As the analysis showed, the ageing migrant body is both discursively produced (say, as Bagong Bayani, or as the modern retiree) and has a (discursively-inflected) materiality that 'talks back', which makes it an 'unruly' body, defining those limits within which a body may be transformed by its participation in society (Shilling, 1993).

The symmetry to the four analytic chapters reflects key areas of scholarship on migration and on ageing. The first two were about the two forms of labour (women's) bodies are able (or unable) to provide – productive and reproductive work. The last two focused on aspects of the *physical* body – form and function; beauty and health. The first and last chapters (*Chapter 4: The Productive Body* and *Chapter 7: The healthy body*) covered experiences and issues that have typically defined studies of migration and ageing. The other two chapters (*Chapter 5: The Caring and Cared-for Body* and *Chapter 6: The Beautiful Body*) covered matters less often considered in migration studies but are a key focus in feminist scholarship. These four aspects clustered to form the basis upon which my participants' value as ageing women can be assessed, by themselves and by others. An ageing woman's body is judged positively based on its ability to continue contributing to society through its engagement in productive work and provision of free care work, its maintenance of a particular standard of appearance that is desirable and that conveys a continued interest in social participation, and the maintenance of 'good' health that prevents one from becoming a public burden.

Four issues consistently cut across the four analytic chapters: the power of/in narratives of *success* in migration that characterised participants' stories; ageing migrants' bodies constructed as producers, commodities, and consumers; neoliberalism as creating the conditions for new forms of ageism and sexism to flourish; the conscription of individuals' agency, and participants' material and discursive struggle for positive identities. I discuss each of these key analytic points below.

The power of/in narratives of success

Participants' talk generally presented a positive view of migration to New Zealand. Across the four different aspects of the ageing migrant's body, migration to New Zealand was portrayed by most participants as producing better outcomes (current and future) for their bodies — better health (or, at least, well-managed health), greater beauty/youth (compared to non-migrant contemporaries, or compared to Pakeha women), greater independence socially and financially. These were framed as being achieved through better opportunities for work, for leisure, for accessing health care and other social services, and a better lifestyle and culture of independence in New Zealand. Even when challenges (e.g. difficulties securing a well-paying job commensurate to their education and experience and securing family care and support in ageing) and deviations from the supposed ideal (e.g. loss of beauty, health problems) were reported, many participants tended to regard these difficulties as 'normal' in migrant life and in ageing, and were able to argue for a positive subject position for themselves. Stories around such difficulties often highlighted women's own perseverance, hard work, and careful investment of time, effort, and money to make the best of the situation, and presented migration to New Zealand as a 'good' choice that enables an active, independent, healthy ageing — a narrative of success.

Through narratives of success, women constructed themselves as powerful agents of their own destiny; they portrayed themselves as strong, clever, and determined to succeed, fully committed to their decision to migrate, to their families, to New Zealand as their new home, as well as to the Philippines as its 'modern-day heroes'. These narratives also worked to portray the participants as *ideal* immigrants (Barber, 2008; A. McLaren & Dyck, 2004; Walsh, 2011) — skilled, hardworking, and able to assimilate — and as 'modern' retirees (Andrews, 2009; Rudman, 2006) — independent, (fairly) healthy, and productive. The subject positions women were able to claim through such narratives are valued highly in popular public discourse and policies on migration (Barber, 2008; A. McLaren & Dyck, 2004; Walsh, 2011) and on ageing (Davey & Glasgow, 2005; Rudman, 2006; Whelehan & Gwynne, 2014). In many instances, the 'claiming' of these subject positions entailed the enactment or display of the socially-defined 'ideal' on or through the body such as, say, in staying in paid employment for as long as possible, maintaining a 'youthful' look, or keeping healthy through diets, exercise, and medication. It is in these instances we observe how power "seeps into the very grain of individuals, reaches right into their bodies, permeates their gestures, their posture, what they say, how they learn to live and work with other people" (Foucault, 1980 in Sheridan, 1980, p. 216).

I theorise participants' positive portrayals of migration to New Zealand not as depicting the 'truth' of their experience. Rather, these are crafted in the context of social, political, economic, and cultural conditions that produce these positions as especially desirable or ideal.

Ageing Filipina migrants' bodies as producers, commodities, and consumers

Participants' accounts of their efforts at engaging in paid work for as long as possible, providing carework for their families, and maintaining particular standards of beauty and health showed ageing Filipina migrants' bodies to be constructed simultaneously as producers, commodities, and consumers. Discourses around migration and ageing provide various subject positions for ageing Filipina migrants which construct them as producers, commodities, and consumers in specific ways. *As migrants*, Filipinas' bodies are conceived as a 'unit of labour' (Zimmerman, Litt, & Bose, 2006b) that one country may recruit and that the Philippine state may export like any other commodity. Because of the high value placed on Filipino migrants' productivity by both home and host countries, participants considered engagement in paid work as an important source of positive identity as migrants, and especially in ageing.

As ageing women, Filipina migrants' bodies are constructed as objects of scrutiny and work (Coupland & Gwyn, 2003), encouraging consumption in the interest of 'successful ageing'; at the same time, their bodies are seen as providers (producers) of carework (whether paid or unpaid) that benefits family, their immediate community, and larger society (Browne, 1998; Hochschild, 2002; Twigg, 2004). As such, many participants derived positive meanings from the fulfilment of the dictates of femininity and domesticity, spending time and money to 'maintain' their beauty and continuing to provide carework for their families despite the various limits (e.g. financial, physical) they may have.

As responsible ageing transnational citizens of New Zealand and of the Philippines, Filipina migrants' bodies are called on to maintain and display health, youth, and independence (Dalziel, 2001; Rudman, 2006). In participants' accounts, this demand was embodied through continued engagement in paid work, through remittance-sending and investments in the Philippines, through the consumption of health-related products and services, and the careful study of and investment in care and retirement options for the future.

Through different but related discourses around migration (e.g. discourses around the ideal immigrant, Bagong Bayani, and the Great Filipino Worker) and ageing (e.g. notions of 'successful ageing', 'positive ageing', and the 'modern' retiree), individual women are constructed to be empowered and rational decision-makers who 'choose' to participate in a

process of capital production, exchange, and consumption (Guevarra, 2009; Tyner, 2004), and who 'choose' to pursue health and well-being in old age (Holstein & Minkler, 2003; Pond et al., 2010). These constructions of the migrant and the ageing person are undergirded by notions of social disconnection — the migrant worker is an "unfettered individual" (Zimmerman et al., 2006b, p. 204) whose labour is obtained 'free' by the host state (Folbre, 2006), while the ideal of independence held for ageing persons often presumes that independence means the absence of connections with others (Cruickshank, 2003). These notions of social disconnection are in marked contrast to an analysis that highlighted women's embeddedness in a network of social relationships, their multiple identities as worker, family member, community member, and their understanding of themselves as having important ties to both New Zealand and the Philippines.

Neosexism and neo-ageism in a time of neoliberalism: The seduction of agency in new forms of oppression

The global dominance of neoliberalism is making an impact on the lived, everyday, embodied realities of ageing Filipina migrants. There are clear links between neoliberalism and the inequalities people experience because their bodies are of a particular sex and/or are seen to be aged (Higgs, 1997; Lazar, 2011; Mills, 2003; Neilson, 2003). Data from the participants indicated that political and economic conditions shaped by neoliberalism produce a socio-cultural context that supports new forms of ageism and sexism. More specifically, participants' talk showed an increasing sense of self-responsibility for one's well-being, even as larger social conditions (e.g. adequacy of state-provided support, discrimination in employment) were identified to also make an impact on it.

While migration and ageing are different experiences — one understood commonly as a product either of 'choice' or larger social forces (Agrawal, 2006; Truong, 1996), the other of biology (Vincent, 2008) —both now occur in the context of a world under the sway of a neoliberal logic, which constructs individuals as being autonomous, savvy, rational beings who make their own choices to secure their own happiness and well-being (Harvey, 2007; Schwiter, 2013). This implies that despite multiple available discourses, there is a high probability for convergence – of several discourses stemming from different lines of power coming together and strengthening each other to produce a particular subjectivity and a particular body. Within neoliberalism, marginalised groups (e.g. migrants, women, older persons) are viewed as 'emancipated' and called on to exercise their 'freedom to choose' to improve their lives and their bodies— doing so offers them the valued subject position of 'good' migrant, 'good' woman, and 'good' older person. While the particular demand for

each is different (e.g. productivity as defining the 'good' migrant; beauty, youth and provision of carework as defining the 'good' woman; and good health and independence as defining the 'good' older person), a valorisation of youth, independence, and productivity is implicated in all three. Further, an overwhelming emphasis on individual responsibility for one's own well-being or even state defines these subject positions. Despite the particular differences, it is apparent that there is a great deal of convergence and buttressing of meanings across these different subject positions. The narratives of successful migration and successful ageing converge to support a neoliberal rationality that produces individuals as having choice and responsibility, and therefore as fully accountable for their successes as well as their marginalisation.

The new (more 'subtle') forms of ageism and sexism (see Campbell, Schellenberg, & Senn, 1997; Holstein & Minkler, 2003; Tougas, Brown, Beaton, & Joly, 1995) that are flourishing in neoliberalism are insidious in that their existence is denied. Within a neoliberal ethic where agency and individual responsibility are emphasised, individuals in more challenging situations are faced with diminishing material and discursive support for the creation of a positive social position and personal identity. Migrants whose jobs are precarious and low-paid, who may suffer from poorer health because of a lifetime of insecurity and more intense physical labour, and who have little financial security can find it extremely difficult to argue that their situation is a result not entirely of their own poor will or decisions, but also of the disadvantages produced by sexism and ageism. Migrants in these more difficult situations are called on to continue striving for an independent, responsible ageing (through continued employment in difficult, precarious work) or be assigned the subject position of irresponsible, aged other who is a burden on the taxpayer-citizen. 'Freedom' and 'choice' are integral aspects of a neoliberal governmentality which effectively mask social hierarchies, oppression, and economic exploitation (Foucault, 1991, 2008; N. Rose & Miller, 1992).

Navigating uncertainties and negotiating meanings: The struggle for positive identities in ageing

As discussed above, ageing migrants' bodies are constructed as producers, commodities, and consumers. However, with material and discursive changes that affect their body's capacities and opportunities for productive work and for consumption, the participants were faced with the challenging task of fixing for themselves, if only temporarily, a space of value and dignity that is constantly challenged and undermined. According to Weedon (1997), resistance to a subject position is produced when there is a gap between the subject position offered by a discourse and one's individual interest. Within this study, spaces for resistance were seen to

be produced by bodily changes in ageing. These bodily changes (e.g. reported diminishing strength and stamina, poorer health condition) prompted reflection and provided participants space to argue *against* dominant discourses that construct their bodies as producers, commodities and consumers.

The sources of marginalisation and oppression in the lives of ageing Filipina migrants are multiple and complex, but the possibility for negotiation and resistance exist in the interstices formed by the complicated network of discourses around migrant Filipinos, ageing, and women. An intersectional perspective, together with a discursive approach, productively yielded a view of the imbrication of gender and age in migrant experience for Filipinas in New Zealand. There were many examples of women's efforts at negotiating positive identities in the face of what may be construed as their 'failures' within dominant constructions of the 'ideal immigrant', 'Bagong Bayani' or the 'modern retiree' such as, for example, working in jobs that did not recognise their education and skills; rejecting the impetus to send remittances to the Philippines (see Chapter 4: *The Productive Body*); having poor health (see Chapter 7, particularly the section on Resisting biomedical authority and negotiating responsibility for health); and low interest and investment in 'maintaining' youth and beauty (see Chapter 6, section Resisting the obligation to beauty). Women articulated the value of the carework they did for their families, rejected the view of older persons as taxpayers' burdens by making clear that they were taxpayers, too (see Chapter 5: *The Caring and Cared-for Body*). They engaged in complicated discursive manoeuvring so as to be able to create more positive identities for themselves within their unique set of circumstances. At the same time, the participants reported acting on/within the material conditions available to them to produce what they perceived to be better or more important outcomes — they 'managed their looks' so as to resist discrimination at work; refused to engage in some types of beauty work so money can be used to help their families instead; and some engaged (or planned to engage) in transnational retirement to satisfy their own complex needs for care and security.

The potential of indigenous concepts for alternative discourses in ageing

This study is an addition to efforts at examining cultural or discursive resources that have an impact on ageing migrant Filipinas' well-being. My exposition of how the body is a site of inscription for discourses around ageing and Filipino migration is a contribution towards diminishing the power these discourses have to shape individual bodies and lives. By interrogating the hegemonic discourses around the 'ideal' or 'good' migrant/older person and the inherent sexism and ageism found in them, I exposed the limiting construction of ageing

migrants as producers, commodities, and consumers, as well as individuals' struggle for positive meanings and identities. To expose the marginalisation and oppression in ageing Filipina migrant's material and discursive realities and to identify those spaces where they are able to negotiate bodily acceptability is to bring forward the possibility for negotiating the margins of society, and so the possibility of troubling existing power relations (Douglas, 1996).

One of the ways participants were able to open up such spaces was to call on traditional cultural discourses around ageing that allowed women to occupy a space of power and respect regardless of their ability to contribute through paid work or carework, their physical appearance or their health. The traditional cultural discourses called upon in some participants' accounts constructed individuals as embedded within a network of family and community where mutual care and responsibility across generations and over the life course was valued. Notions of ageing embedded in matanda (old, older person) and lola (grandmother) embraced bodily change over time as natural and inevitable and encouraged individuals to view their bodies not as a commodity or a machine to be maintained, but as having a history, as having links to psyche and/or spirit, and as being crucial to their enjoyment of life and the nurturing of meaningful connections to family and community. Although wary that such constructions may be easily conscripted by a neoliberal political rationality to promote the state's minimal (or non-)support for older persons, or to further exploit older women's love and labour, I forward the idea that Filipino culture can be a rich wellspring of alternative discursive resources that can be used to resist current, dominant notions of individual responsibility for individual welfare. Sikolohiyang Pilipino's proponents and advocates have much work to do exploring these resources and employing/deploying them in ways that further their libertory goals.

Mainstream psychology's westernised, individualistic worldview accepts and endorses endeavours that hinders mutuality, connectedness, and a sense of community (Fox et al., 2009a). Psychologists' practice of mainstream psychology fits comfortably within a (globalised) capitalist democratic system that favours political apathy and freedom of the market over participatory democracy and distributive justice (Fox et al., 2009a); it also contributes to a "mono-cultural Western tradition" (Huygens, 2009, p. 271) that actively seeks universals as it invalidates other sources and ways of seeking knowledge and disseminating it. My application of feminist psychology and Sikolohiyang Pilipino follows their commitment to social analysis and change; I hope my work opens up avenues for others to engage with questions about what a 'good' ageing means, to explore continuity across the lifespan and

connectedness with kapwa (fellow human beings), and to take a critical stance against what seems to be dehumanising constructions of ageing Filipina migrants either as economic resources or as economic burdens.

Appendix A: Ethics Approval

Office of the Vice-Chancellor
Ethics and Biological Safety Administration

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau
The University of Auckland
Private Bag 92019
Auckland, New Zealand

Level 3, 76 Symonds Street
Telephone: 64 9 373 7599
Extension: 83711 / 87830
Facsimile: 64 9 373 7432

UNIVERSITY OF AUCKLAND
HUMAN PARTICIPANTS ETHICS COMMITTEE

01 April 2011

MEMORANDUM TO:

Dr Virginia Braun / Michelle G Ong
Psychology

Re: Application for Ethics Approval (Our Ref. 2011 / 099)

The Committee considered your application for ethics approval for your project titled "Filipina migrants' experiences of ageing in New Zealand" on 30/03/2011.

Ethics approval has been given for a period of three years.

The expiry date for this approval is 30/03/2014.

If the project changes significantly you are required to resubmit a new application to the Committee for further consideration.

In order that an up-to-date record can be maintained, it would be appreciated if you could notify the Committee once your project is completed.

Please contact the Chairperson if you have any specific queries relating to your application. The Chair and the members of the Committee would be most happy to discuss general matters relating to ethics provisions if you wish to do so.

ALL COMMUNICATIONS WITH THE UAHPEC REGARDING THIS APPLICATION SHOULD INDICATE OUR REFERENCE NUMBER.

Lana Lon
Executive Secretary
University of Auckland Human Participants Ethics Committee

c.c.   Head of Department / School, Psychology

Michelle G Ong
139/26-48 te Taou Crescent
Auckland Central
AUCKLAND 1010

1. Should you need to make any changes to the project, write to the Committee giving full details including revised documentation.

2. The approval is for three years. Should you require an extension write to the Committee before the expiry date giving full details along with revised documentation. Extension can be granted for up to three years, after which time you must make a new application.

3. At the end of three years, or if the project is completed before the expiry, you are requested to advise the Committee of its completion.

4. Do not forget to fill in the 'approval wording' on the Participant Information Sheets and Consent Forms giving the dates of approval and the reference number before you send them out

to your participants.

5. Please send a copy of this approval letter to the Manager - Funding Processes at Research Office if you have obtained any funding other than from UniServices. For UniServices contract, please send a copy of the approval letter to the Contract Manager at UniServices.

6. Please note that the Committee may from time to time conduct audits of approved projects to ensure that the research has been carried out according to the approval that was given.

Appendix B: Advertisement Wording

(NB this advertisement may be formatting differently, depending on where it is displayed)

Mag-kwentuhan po tayo!

Malayong dagat ay aking tatawirin,
Pito mang bundok aking aakyatin,
Upang ako lamang ay inyong kausapin
Tungkol sa inyong mga saloobin!

Inyong pamasahe'y sagot ko na,
Pati ang ating panulak at pambara.
Mapagkwentuhan lamang nating dalawa
Ang hirap at saya ng pagtanda sa Aotearoa.

Are you Filipina, aged 50 and above? Have you been in New Zealand for at least 5 years? If so, please read on!

I am Michelle Ong, Pinoy, a PhD student in The University of Auckland's Department of Psychology. I am interested in Filipina migrants' experiences of ageing in New Zealand. I would like to understand what Filipinas think and feel about getting older in general, specifically about growing older in New Zealand as immigrants, and about their aging bodies as part of this.

I'm inviting you to a series of kwentuhan about coming to New Zealand, changes in your body as the years passed, and your thoughts and feelings about these and other related matters. I am hoping you will find our kwentuhan interesting and enjoyable.

If you might be interested, or know someone who might be, please contact me so I can provide you with more information about my research.

Limited transportation expenses (if any) will be reimbursed.

Michelle G. Ong

0212467787

mong013@aucklanduni.au.nz

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON April 1, 2011 for 3 years, Reference Number 2011/099.

Appendix C: Participant Information Sheet

Project title: **Filipina migrants' experiences of ageing in New Zealand**

Name of Researcher: **Michelle G. Ong**

Name of Supervisor: **Dr Virginia Braun**

Good day! I am Michelle, a PhD student at The University of Auckland in the Department of Psychology. I am also a teacher (on study leave) at the University of the Philippines' Department of Psychology. I am from Quezon City, but I was born and raised in Manila. My mother is Ilongga and my father (deceased) was Chinese.

Project description and invitation. My research project is on Filipina migrants' experiences of ageing in New Zealand. I would like to understand what Filipinas think and feel about getting older in general, and also about growing older in New Zealand as immigrants. In particular my study will look into how experiences of migration and ageing are embodied (or, expressed in and through the body). I hope the study will help us all understand better what it means to grow older as Filipinas in another country, and how this meaning is made within society's ideas about ageing, womanhood, Filipino culture and migration. I am particularly interested in how ageing is experienced in relation to the body.

I would like to invite you to share your stories about coming to New Zealand, about changes in your body as the years passed, and your thoughts and feelings about all these. You have been invited to this study because of your age, length of stay in New Zealand, and location, and because you have shown an interest and willingness to participate in the study. You may have been invited also because of certain characteristics (for example: marital status, occupation), as I am trying to talk to a range of people who reflect the many different situations older Filipinas in New Zealand are in.

If you are interested in taking part, I would like to have several conversations (*kwentuhan*) with you, in which you tell me about your stories and experiences around ageing, bodies and being a migrant here, especially the changes that happen and that we feel in our bodies because of ageing and living in this country. There may be anywhere from three to five sessions, each session lasting one to two hours, depending on your schedule. I have thought of some creative (and hopefully, fun) activities to help us talk about the topics of bodies, ageing, and immigrant life in New Zealand. These activities **may** include:

- Telling stories about photographs that I will ask you to bring.
- Talking about pictures from magazines and newspapers that I will bring.
- Writing a short journal or diary.
- Making a collage or painting with materials I will provide.
- Taking pictures of you using a camera I will provide. (All photos will remain with you. None of your photos will be presented or published.)

Some of these activities (for example, painting, journaling, or taking pictures) need additional time from you outside of our *kwentuhan*. However, rest assured that you will never be required to do anything you do not want to do, and you will not be required to give more time than you are willing to give. However, I do ideally want to have a series of *kwentuhan* with you, so please consider this before deciding to take part.

I will be audio recording our *kwentuhan*, so that I can transcribe them later (turn the recording into a written document), in order to conduct the analysis for my study. However, even if you agree to being recorded, you may choose to have the recorder turned off at any time.

I hope you are interested in participating! Participation in the study is not expected to cause you distress, and I actually hope that you will find it interesting, enjoyable, and thought-provoking. But, in case you feel discomfort and want some help dealing with this, I will be giving everyone a list of organizations you can contact, if needed.

If you do choose to participate, I will provide snacks during our *kwentuhan.* If you prefer to meet somewhere other than your home, I will refund (reasonable) travel expenses (or give you petrol vouchers, if you drive), and provide a small token of appreciation for your time and effort. Funding for this study comes from the University of Auckland Postgraduate Research Student Support account.

When you have decided to participate, I will ask you to please sign a consent form. Basically, this is a document that says the study has been explained to you and that you voluntarily participate in it.

Data storage/retention/destruction/future use. Your data will be stored securely. Electronic copies of the audio recordings will be stored in two different, secure locations. Electronic copies of the transcripts will exist as password-protected, anonymised word files. A third electronic copy of all these (audio recording and transcript) will be made on a CD. Hard copies or printouts of the transcripts, as well as the CD will be stored in a locked cabinet in my office at The University of Auckland. Your consent forms (which bear your signature

and name) will also be stored in a locked cabinet, separate from the data files. All outputs in activities (for example, diary, photos, art work) are your property. I will have copies (photocopies or digital copies) **only if you agree**. These will be stored the same way as the audio files and transcripts. I will not keep any of your photos, or their copies.

All electronic recordings, soft and hard copies of the information you have given will be kept in storage for a minimum of six years, and until there is no more interest in the project. They will be destroyed after that point. All electronic files will be deleted permanently from memory. The CDs containing copies of the audio files and transcripts will be destroyed. Hard copies (printouts and/or photocopies) will be securely disposed of.

Audio recordings containing a lot of identifying information (usually the first session) will be transcribed by me, personally. In other cases, someone else will transcribe the audio recordings. The transcriber will sign a confidentiality agreement, to ensure confidentiality of your information.

If you wish, I will provide you with electronic and/or hard copy of *all* the data you have given me for your own personal file. At the end of my research, I will also provide you a copy of a summary of the results of the study (you may request the full copy if you wish, but it will be a lengthy academic document).

Right to withdraw from participation. You can, at any time during the time I am talking to you and collecting data, choose to withdraw from the study, without needing to provide any explanation. For up to **one month** after our very last study-related *kwentuhan* session, you can decide to withdraw any or all the information you provided.

Anonymity and confidentiality. In writing the research report, articles or publications later, direct quotes or summaries based on our *kwentuhan* may be included. In such cases, your identity will be protected by changing your name, and all other names that might be mentioned (for example, name of your spouse or children). Other details that may identify you (such as your hometown or city in the Philippines, your suburb in New Zealand) will be changed or excluded. Although every effort will be made to ensure your anonymity and confidentiality, there is a *very* small chance that if someone else who has been involved and knows you reads the study, they may think they can identify you. This is a very remote possibility, but it means that guarantees around anonymity and confidentiality cannot be *absolute* for this study .

Thank you for taking the time to read about my study. I hope you think that this project sounds like something you would like to be involved with, and are interested in taking part. I will contact you again shortly to check, or feel free to contact me if you wish.

Contact Details. If you have any questions or concerns, you may contact me:

Michelle G. Ong

Mobile phone: +0212467787
Office phone: 3737599 ext. 86309
Email: mong013@aucklanduni.ac.nz

My supervisor: The Head of Department:
Virginia Braun   Douglas Eliffe
Office phone: 3737599 ext. 87561   Office phone: 3733599 ext. 85262
Email: v.braun@auckland.co.nz   Email: d.elliffe@auckland.ac.nz

For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON April 1, 2011 for 3 years, Reference Number 2011/099.

Appendix D: Consent Form

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title: Filipina migrants' experiences of ageing in New Zealand
Name of Researcher: Michelle G. Ong

I have read the Participant Information Sheet. I understand the nature of the research and why I have been invited to participate. I have had the opportunity to ask questions and have them answered to my satisfaction. My participation is entirely voluntary.

➢ I agree to take part in this research.
➢ I understand that I am free to withdraw participation at any time during data collection, and to withdraw any data traceable to me up to a month after our last *kwentuhan*.
➢ I understand that my participation may involve several sessions with the researcher about one to two hours long each, and a few hours more by myself.
➢ I understand that I will be reimbursed for reasonable transport expenses for traveling to the *kwentuhan* venue, if it is not in my own home, and that I will receive a small token as thanks for my time and effort.
➢ I understand that I have the right to choose not to do/produce any of the tasks the researcher asks me to do.
➢ I agree to be audio recorded.
➢ I allow the researcher to obtain copies of outputs from my activities.
➢ I wish/do not wish to have copies of audio files and transcripts to be given to me.
➢ I understand that the researcher cannot guarantee *complete* anonymity and confidentiality but that everything will be done to protect these; that in all reports (published or unpublished) or presentations, a pseudonym will be used to help protect my identity.
➢ I understand that a third party who has signed a confidentiality agreement may transcribe the audio-recordings.
➢ I understand that data will be kept for 6 years and until all interest in the project has ceased, after which they will be destroyed.

Name _____Signature_____
Date _____

☐ I would like to receive a summary of the results:
Address:_____
Email: _____Telephone:_____

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE

ON April 1, 2011 FOR (3) YEARS REFERENCE NUMBER 2011/099.

Appendix E: Pakikipagkwentuhan Discussion Guide

1. About migration
   a. Could you tell me the story of your coming to New Zealand?
      i. Details about when, why, how, and with whom
      ii. Stories about arriving in New Zealand, early experiences, initial impressions
      iii. How did your body feel when you first arrived in New Zealand? Did you notice any changes?
   b. How is it like living in New Zealand?
      i. Stories about family life, work and leisure
      ii. Does your body miss anything from the Philippines?
   c. What are your long term plans?
2. Bodily changes over time
   a. Have you noticed any changes in your body since you arrived in New Zealand?
      i. What do you think caused these changes?
      ii. Which changes are positive? Which changes are negative?
      iii. Have these changes made a difference in your activities? The products and services you use?
   b. Do you think your body would be different if you had not migrated to New Zealand? If yes, how?
   c. Are there people who comment on the changes your body has undergone? If yes, what do they say? How do you feel about what they say?
   d. Are there things about your body you want to change? Are there things you would like to stay the same?
3. On ageing and the future
   a. How do you imagine yourself ten years from now? How do you imagine your body ten years from now?
      i. What do you look forward to as you grow older?
      ii. What do you fear/worry about as you grow older?
   b. Is there a difference between growing old in the Philippines and growing old in New Zealand?

Appendix F: Transcriber confidentiality agreement

Project Title: Filipina migrants' experiences of ageing in New Zealand

Researcher: Michelle G. Ong

Supervisor: Virginia Braun

Transcriber: _____

I agree to transcribe the audio recordings for the above research project. I understand that the information contained within them is confidential and must not be disclosed to, or discussed with, anyone other than Michelle Ong and her supervisor(s). All relevant electronic files (e.g. audio recordings and transcriptions) stored in hard drive/s or other storage media, including emails with attachments, will be erased permanently after Michelle Ong has acknowledged receipt of the transcripts and checked and approved them. No hard copies of the transcripts will be produced.

Name: _____

Signature: _____

Date: _____

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON April 1, 2011 FOR (3) YEARS REFERENCE NUMBER 2011/099.

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