

Eunice Lai

ACAM 320B - Podcast Transcript and References

Title of Podcast: Take care of me when I'm older

Host: Eunice Lai (she/her)

References are highlighted and bolded in the transcript and cited as a separate references page.

Transcript

Introduction

Eunice (0:00): “Take care of me when I'm older and make sure that you're healthy enough to help me get around.” My parents and grandparents drilled these sayings into my head from a young age, but I didn't know the meaning of it until quite recently.

Eunice (0:13): Hello, my name is Eunice Lai and I will be your host. In today's episode, I had interviewed my dad about the challenges he had to endure while having the role as a father, a Hong Kong citizen, and the primary caregiver of my grandfather. This all happened in 2019 and 2020 when the Hong Kong protests increased in intensity and when COVID-19 had a major impact across the world. We discussed how the variety of obstacles influenced his mental health, both past and present, and how his unique experiences can shed light on how we also need to prioritize the health of caregivers.

Literature Review

Eunice (0:46): In Chinese culture, filial piety is a traditional value that emphasizes respect to parents and elders and reciprocating the care that one has received in childhood. This value governs many responsibilities, but is fundamentally founded on obedience. A study by Chappell and Funk in 2011 illustrated how obedience and provision of care was more important than emotional support and companionship in Hong Kong Canadians' caregiving duties (**Chappell & Funk, 2011**). However, this contrasts a Western perspective of caregiving for the elderly, as individualism was highlighted. The previously mentioned study suggests Caucasian Canadians would demonstrate more companionship with their parents rather than providing hands-on care.

Purpose

Eunice (1:28): But how can filial piety be a double-edged sword in the context of caregiving and its possible toll on the caregivers' mental health? There is often a focus placed on the health of vulnerable populations, but sometimes, the caregivers' health, whether it be physical or mental, might be overlooked. The nature of labour that the caregivers might have to provide to their family members might be intensive, which might deteriorate the caregivers' health. If the caregiver's health isn't optimal, the person that they are serving may not receive adequate and thorough attention.

Background

Eunice (1:58): But first, let's set some background about my dad's experiences. My parents were both born and raised in Hong Kong, but moved to Canada for post-secondary education.

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My grandparents immigrated to Canada after my parents, but after my cousins and I were born, they traveled between Vancouver and Hong Kong every summer. However, as my grandparents got older, it became our responsibility as children and grandchildren to visit them in Hong Kong. It was only in 2019 when my immediate family had the primary responsibility of caring for our grandparents. Before then, our grandparents were relatively independent in Hong Kong, but their health worsened that year. In the following year, my grandmother suddenly passed away and my grandfather's Alzheimer's disease required more attention. As a result of these consecutive events, my dad, being the oldest son, quit his 9-5 job to fly to Hong Kong to oversee my grandfather's physical and cognitive health.

Mental Health

Eunice (2:50): In 2020, the cases from the pandemic were beginning to surge overseas and my dad spent his entire day accompanying my grandfather to appointments and dealing with the administrative work from my grandmother's passing. To say the least, my dad's mental health was not great. He experienced stress, depression, anxiety, and burnout while quarantining for long periods of time between two countries, while ensuring the safety and health of our grandfather. Since my dad's attention was placed on my grandfather's wellbeing, he often neglected his own mental health.

Eunice (3:20): A question that I brought up in that conversation was: why is it so hard to get my dad, to find someone to help him with his mental health? The article from Lin in 2021 discusses how racialized immigrants, when compared to non-immigrants, had fewer visits to specialized care services, which might include mental health services (Lin, 2021). Similarly, there are barriers that exist to prevent Asian immigrants from seeking resources to improve one's mental health. In class, we considered how cultural barriers like obligations to family, cultural stigma, or preference for traditional medicine or healers may block one's access (Cheung, 2023). Systemic barriers such as a lack of linguistically or culturally relevant services may also play a role in the avoidance of Asian immigrants and Asian Canadians from seeking solutions for their mental health issues. In my family, the former barrier was a challenge. My dad, being the oldest son in the family, felt indebted to his dad, as my grandparents often stayed home to care for my dad's various childhood illnesses. As an adult, my dad wanted to reciprocate the care that he received when he was younger, therefore making his main priority the health of his father, rather than himself. My dad also has an internalized notion in which mental health problems are just temporary and are necessary to experience the blessings in life, which results in him neglecting his mental health (Cheung 2023). My parents immigrated to Canada late in life and their first language isn't English, which may pose to be another challenge when seeking linguistically relevant services for their mental health needs.

Diasporic Guilt

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Eunice (4:50): Our family visited Hong Kong in the summer of 2019 for a vacation and our stay happened to overlap the peak of the ongoing protests. My parents struggled to care for our grandparents, while keeping themselves updated on the news of the conflict. Prior to our visit, my grandparents stayed at home and their lives were pretty stagnant. However, it was challenging to bring them out of the house, since a few of the protests were held near our home, which would lead us to trying to find last-minute alternatives to liven up my grandparents' mundane routines. Ultimately, we felt unsafe to go out, since we didn't want to get involved in the protests. But at the same time, we were traumatized by what was going on. This was particularly felt by my parents, as they grew up in Hong Kong and their struggles worsened when we had to return to Canada after our trip. And this was because my parents were worried about the safety and wellbeing of our extended family members.

Eunice (5:43): More specifically, my dad recalls the uncertainty and anxiety he felt in the summer and fall of 2020. This was when he had to suddenly return to Hong Kong because my grandmother suddenly passed and our family didn't want to leave our grandfather alone at home. Over the course of several years, my dad had to travel between two countries and this traveling schedule greatly influenced the care that my dad was able to provide to our grandfather.

Eunice (6:08): As my dad recounted the challenges he faced, he remembered how he had to dedicate many hours of his day to care for our grandfather, work out the administrative things and care for family back home in Canada. He had to juggle many responsibilities simultaneously in Hong Kong, while living in the city that still had unrest among its citizens. While in quarantine, he told me that his eyes were glued to the TV or his phone and he was constantly checking the news to see if any events happened near our family members. Consequently, his mental health dramatically declined, especially since this was also the time when COVID-19 cases rose and the quarantining policies became stricter. These feelings often overwhelmed him, as my dad was reminded about how, at times, he focused too heavily on the news rather than my grandfather. In other words, the quality of care my dad was able to provide was altered due to the events going on around him.

Eunice (7:03): When my dad and grandfather traveled back to Vancouver in the fall of 2020, there were still conflicts among Hong Kongers. During this time, our TV was always on the Chinese news channel or our car would be switched to the Chinese radio on our way to school or work. This fixation on current events influenced my family's caregiving abilities, as we always had to keep up with the latest breaking news, rather than helping our grandfather explore Vancouver. Therefore, with respect to filial piety, our family's ability to care for our grandfather slightly decreased during this time. We still obeyed our grandfather, since we helped him buy newspapers every morning and made sure he took his medicine throughout the day. But in terms of providing hands-on care, we weren't able to bring him out of the house because my dad wasn't in his optimal condition. As the primary caregiver of our grandfather, the events in Hong

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Kong took a physical and emotional toll on my dad; he was often frozen with anger, fear, and grief and wasn't able to adequately cope with his emotions and provide thorough care for our grandfather. I'm not trying to blame my parents because of these emotions, but seeing my family members struggle hurt me a lot.

Eunice (8:10): Uh... the feelings and experiences of my parents when we were in Vancouver reflect those of diasporic subjects when a disastrous event, such as a protest, occurs in their place of origin. When we reviewed the topic of diasporic guilt in class, I was instantly reminded of my parents' experiences and the way that it was described accurately mirrored what many diasporic subjects, like my parents, underwent. This concept involves real or imagined guilt and experiences of primary or secondary trauma, thus leading to diasporic individuals feeling unable to cope with their emotions (Cheung, 2023). The article by Yam in 2021 (Yam, 2021) described how Hong Kong diaspora feel a myriad of emotions when events like protests happen. These feelings may encompass guilt for not being at home, rage about what's happening to the citizens, fear of what will happen to their family, and helplessness for being unable to do anything, but being constantly reminded of it on the news and on social media.

Reasons Why Caregivers May Not Seek Mental Health Services

Eunice (9:06): Previously, I brought up my conversation with my dad in which he was hesitant to seek mental health services for a variety of reasons. This seems to be the case for various Asian immigrants, as mental health isn't something the culture places heavy emphasis on. Ultimately, there are three main reasons in which Asian immigrant caregivers may not seek help for their own mental health struggles (Chappell & Funk, 2011). First, there might be a lack of culturally or linguistically sensitive care that is available to these individuals. This might be the case for people who live in Western societies, as the primary language of instruction might be English. Second, stress is placed on the care recipients' health, rather than the caregiver. As a result, the caregiver might be left helpless when their own health is compromised. Lastly, the value of filial piety may result in a delay or denial of such services, as assistance and support to elders has more cultural significance (Lai, 2008).

Solutions to Create Accessible Mental Health Care

Eunice (10:04): To help improve the mental health of caregivers, my dad and I thought of two possible solutions to create more accessible mental health care.

(10:12) First, offering virtual health, through phone calls or through Zoom calls by physicians or clinicians will be beneficial for caregivers. This is especially if they're always on-the-go. This might allow them to receive care without going to an in-person facility. A text messaging service may be set up for this particular population, so that caregivers can attend to their caregiving duties, while finding resources or solutions to their mental health issues. These services could

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also be provided alongside translation services, especially if the patient (so, in this case, the caregiver) and the clinician do not share the same language.

(10:50) Second, offering mental health sessions from organizations to help caregivers care for themselves while providing optimal and appropriate care for their family members will be helpful. In my family's case, organizations such as dementia or Alzheimer's disease associations can provide in-person or virtual mental health sessions targeted for caregivers. This may include educational workshops and resources for the caregivers and their families about information about how to be sensitive around those with a particular condition, while providing materials for both parties to be well-supported. Another resource such organizations may recommend (or provide) is support groups, so that caregivers can learn from and support each other, especially with their unique circumstances. Similar to the previous solution, these workshops or groups can be culturally specific. In-person workshops can be offered in different languages or provided in English with live translation services. Or if it's through online means, it can be presented in different languages. Or if it's done in English, it could have a variety of different language subtitles to accompany them. Culturally or linguistically relevant support groups may be formed within cultural groups or at various uh... institutions, such as religious institutions or at community centres.

Concluding Thoughts

Eunice (12:18): I hope this podcast episode helped unveil some of the challenges that Asian immigrant caregivers experience and the ways in which the broader society can help them. From my conversation I had with my dad, I was able to learn how much time, energy, and effort my dad poured into caring for our grandfather. I learned more about how various circumstances like the full-time care for my grandfather, the pandemic, and the 2019-2020 Hong Kong protests all contributed to his declining mental health. I also have a better understanding about the unspoken meanings behind the sayings my parents and grandparents told me time and time again. These sayings weren't meaningless, but carried an important traditional value in it. Without learning about diasporic guilt or mental health in this class, I don't think I would've or could've had the same outlook on those sayings.

Eunice (13:07): I hope that this discussion might be able to stir conversation among other caregivers and encourage those in similar situations to speak about their experiences. And through this class, I was able to learn more about how being diaspora had such a profound impact on my parents and the way they view certain events, which I wasn't able to understand before.

Thanks for tuning in to today's episode! Bye!

Total time: 13:34

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