

Life in a State of Limbo – Narratives of Place, Health, and Integration Among Later Life Female Migrants in Sweden

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Abstract. International migration is a prioritized domain of European aging research. Using a qualitative approach, the author has gathered accounts among Iranian later-life females in the Swedish city of Malmö, suffering from social isolation. The women in this article found themselves in a situation like that of other later-life migrants in Sweden. Several studies have shown how these groups are at risk of ending up in a social isolation which can be hard to break. The situation of the later-life migrant women discussed in this study is characterized by the loss of numerous deep-seated and natural social bonds connected to ethnicity, family, language, and culture. To cope with their exposed situation, the local Iranian-Swedish association provided some self-arranged activities, offering opportunities to social integration. The aim of the study is to demonstrate how the women described their life situation where a local day center made up the key foundation of their social life in a Swedish city in 2000–2008. Typical of that period was that solutions of the alarming situation of some foreign-born elderly citizens were discussed by local authorities, as well as volunteer organizations. Thus, the aim is not to describe the present situation among later life migrants. On the contrary, the perspective is retrospective. The theoretical inspirations used in the article derive from a broader backdrop of social-constructive assumptions that define narratives or accounts as explanations of the reality of everyday life and experiences. In the article the women's stories are defined as small, local, erratic narratives, nevertheless explaining the reality of everyday life and experiences which in their turn reflect the state of illness, locally specific attachment and social isolation. Three salient themes emerge in the material: *place bound experiences, illness and unsuccessful integration*. The narratives are defined as small irregular accounts, contrasting larger narratives of later-life migration. The article shows how the women depicted their situation as a borderline between an Iranian life in exile and a Swedish society, leaving them in a state of Limbo. The women expressed ambitions of integrate into a Swedish community of senior citizens, providing privileges and civil rights. Thus, the narratives challenge common generalizing images of later-life migrants and their life conditions.

Keywords: Later life migrants, illness narratives, old age, ethnicity, integration

Introduction

In an interview within a research project, presented in this article, an older Iranian female migrant living in a larger Swedish city described her life situation as follows:

I live alone. I've got no one to talk to. So, I come here to meet people, to socialize. I would go mad if I did not come here, I would be completely alone.

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Her loneliness and isolation made her heavily dependent upon regular visits to a local day center organized by a local migrant association. Her account fits into a system of narratives of belonging, and integration, highlighted in this article. This article should be seen against the backdrop of recent years' increase in research on international migration, aging and later-life circumstances and globalization. Just as scholars like Castles and Miller (1998) highlighted the ties between migration and globalization, scholars engaged in aging studies have focused upon aging and migration in a globalized world (Nederveen 1994, Phillipson 2002, Wilson 2002, Ackers & Dwyer, Treas 2002).

In reviewing literature on older migrants in Europe a group of researchers presented a well-known typology aiming at differentiating the heterogeneity of the group (Warnes et al. 2004). According to the typology the group of older migrants in Europe consisted of:

- those who originated from outside Europe,
- those migrating within Europe,
- those migrating in early stages of life for work purposes,
- those migrating in later-life for family or amenity reasons.

The foundation of the typology focuses socio-economic conditions instead of ethnicity or national identity, which means highlighting national social policy and social security matters. For the purposes of this article the studies focusing the fourth category – later life migrants – is of particular interest. As pointed out by Warnes and his colleagues (*ibid*), the life conditions found among later life migrants are quite different from those migrating at younger age. Bad health, social isolation, experiences of loss of status, language difficulties, and economic disadvantages have been addressed in several studies (Gustafsson MC Innes etc. Aichberger et al. 2010, Ruspini 2010, Terrazas 2009, Solé-Auró & Crimmins 2008, Ute & Torres eds 2016). Altogether this makes them dependent upon social networks that create feelings of belonging becoming important to the group. The situation among later life migrants has further been discussed from the angle of transnational aging (Horn & Shweppe 2017, (Zubair & Norris 2017), the care situation within the group (Baldassar 2007) and the consequences of social policy making for later life migrants (King et al. 2021 Ciobanu, & Fokkema, 2021, and 2017). Adding to the generally precarious social and economic situation the lives of foreign-born older adults are frequently cast in a mould of different types of discourses and mythological statements, referred to by Blaikie as “macro-level assumptions” (2006:82). According to Blaikie’s line of reasoning, public images of later-life circumstances have become the idea of old age representing Otherness or Alterity. Old age as Otherness is particularly pertinent when it comes to images of later-life migrants. Treas (2009), for instance, shows how the livelihoods of large groups of foreign-born elderly in the US are unknown to most citizens. The absence of knowledge concerning the circumstances of older immigrants makes them objects of mystifications associated with supposed cultural patterns and traditions, age-based respectfulness, intergenerational closeness and social strategies within own ethnic belonging as keys to successful aging, among other “cultural features.” The lived everyday experiences and constructions of identity among older migrants is a topic taken on by Näre et al. (2017).

Swedish studies of late-life immigrant show similar results. It has been shown how many older people end up in a social exclusion that can be difficult to break (Emami & Ekman 1998, Songur 1992, Esraghi 2003, Emami & Torres 2005, Torres 2010). Swedish studies have also shown that later life migrants are likely to face poverty, health problems and social isolation. The situation of the elderly is characterized by a dependence on efforts from their own children, while the isolation and lack of language skills lead to little contact with both other immigrant groups and native Swedes. Therefore, integration in one's own group tends to appear as the most important thing (Torres 2002, Gustavsson et al. 2017, Gustafsson 2016, Torres 2010, Emami & Torres 2005, Emami & Ekman 1998, Songur 1992). In the eighties active members of a local Iranian association in a Swedish city observed a strained social situation among elder fellow countrymen (Magnusson 2019). A considerable number of the older Iranians in the city were seemingly socially isolated from the surrounding society and their health status was threatened. Members of the association therefore started aiding the older, distributing food and helping in various contacts with the local authorities. Urged on by elder members an improvised meeting place was established in 2001 in lent premises. All activities were voluntary and no contributions whatsoever were received from official authorities. The function of the meeting point was highly valued amongst the elderly – almost entirely females. In that sense such facilities should be seen as strictly female spaces, and typical of similar meeting places throughout Sweden (Forssell & Ingemarsson 2007). As the years went by, it became apparent that the way the meeting places functioned did little to improve either the social marginalization or the health conditions of the elderly. There was a lack of exercise and various forms of physiotherapy. Against this background the aim of the article is to describe the life situation of several Iranian later-life women attending a local day centre in a Swedish city in 2000–2008. The main focus is to uncover the women's narratives concerning *place*, *illness* and *integration* in describing everyday life.

Theoretical framework

The theoretical starting points used in the article derive from a broader framework of social-constructive assumptions. In order to do so I turn to qualitative, narrative research that defines narratives or accounts as explanations of the reality of everyday life and experiences, as explained by Gubrium & Holstein: *as multifaceted textual windows on the world* (2009: xv). This means that narratives not only represent but also construct their references in the real world. This approach has been described by Gubrium and Holstein as: *“how to analyze narrative reality as a matter of everyday life”* defining accounts, narratives, and stories as social products (2009 xvi.) This is further demonstrated by Cortazzi (2001) showing how individuals make sense of their own life through accounts, thus linking to the construction of identity (Phoenix & Sparkes 2009, Holstein & Gubrium 2004 Atkinson et al. 2003, Laz 2003, Näre et al. 2017).

The narratives of the women, presented in the article, are seen as mirroring prosaic everyday situations, and they are in a decisive way ontological as they serve to make sen-

se of the women's lives (Somers 1994). A related approach is to place the narratives in a juxtaposed position of grand and "small" narratives stemming from a philosophical and sociological tradition, commonly identified by the works of Lyotard (1979). Consequently, grand narratives or metanarratives are large-scale theories and all-encompassing assumptions defining the progress of history, conditions of society, etc.

Methodology

The data used in the article was gathered as a part of a minor research project conducted in joint efforts by the local university, city authorities and a local migrant association. Given the fact that there is a lack of studies reflecting the lived experiences of later-life migrants which has been shown in the background section, the research strategy used in this case is ethnographic. Using ethnographic techniques such as interviews and field notes allows for giving voice to the experiences of the Iranian women.

The material contains twelve interviews conducted with an equal number of women who participated in day center like activities organized by a local migrant association on a regular basis in 2000–2010. Each informant received both oral and written information regarding the aim of the study and that participating was voluntary. It was furthermore made clear that they held the right to cancel their participation at any time. After having been informed, individual consent was received from each participant. Names used in the text are fictional and the name of the city is kept hidden. In the interviews the women were invited to describe their general social situation in Sweden, and the composition of their social network. The informants were then asked to describe their relations to the day center. The interviews were carried out by an interpreter tied to the project and in most cases taking place at the day centre. The language used was the native language of the informants.

The group of interviewees was exclusively female. All were living on their own and they had been living in Sweden for about 15 to 20 years and their age ranged between 65 and 80. Whatever the reasons all had migrated to Sweden in later life. Some received a minimum of health insurance and social benefits, while others were economically slightly better off. Overall, the women had a poor knowledge of the Swedish language, received little or no support from their relatives, suffered health problems and their social isolation was substantial. Twelve out of the total of eighteen individuals visiting the centre on a regular basis in 2000–2010, were interviewed. The remaining six participants had either not been attending the activities regularly or willing to be interviewed. In addition to this material, are ten interviews conducted by the author with representatives of the local migrant association and officials of the local authorities involved in the planning of the meeting place. These interviews serve as a backdrop to the narratives of the older women. Furthermore, field notes were taken in situations connected to the interviews as well as a more formal information gathering. Notes from such formal and informal situations are used to flash out the general feelings and opinions within the group. However, the quantity of that data does not allow for a deeper analysis and is therefore only used as mere illustrations in the article.

The interviews with the women were translated by the interpreter and transcribed verbatim in Swedish. The interviews with representatives of migrant association and local officials were transcribed verbatim by the author. The author repeatedly scanned the material for key themes that could be divided into three main themes: the meaning of *place*, the meaning of *illness*, and the meaning of *integration*.

The author is aware of the fact the findings of this article are based on a limited quantity of interviews which makes it hard to make general conclusions. Furthermore, we should consider the fact that in general, the accounts bear the mark of being tightly knit together. Although the material expresses individual experiences, the narratives follow a pattern that focus upon the group's situation and the fact that the women were united by their voluntary involvement in the activities provided by the association shaping them into the form of being rhetorical.

Main results and discussion

In the following sections the findings will be presented following the three main themes found in the data: *narratives of place*, *narratives of illness*, and *narratives of integration*. The situation among the women is exemplified in the following note, describing one of the author's encounter with the women in a local apartment 2008. The living room was crowded with older women who spoke practically no Swedish. The interpreter, being of the same nationality as the women, that conducted the interviews accompanied the author. The purpose of the visit was to provide information on the research project. The presentation was ended by asking the women, what were their specific needs. The women were clearly in distress about their situation. Their frustration was partially directed towards their own association. The apartment was in a bad state and in need of redecoration and the women felt it unfair that they were left entirely on their own. Frequently interrupting each other, they put forward descriptions of lives ridden with poor health problems, loneliness and social isolation. In a few minutes time the atmosphere had reached such a degree of exaltation that the interpreter pleaded to the women to calm down and allow everyone to speak their opinion without the others breaking in, interrupting the speaker.

The women's responses reflected their social situation in the city as a permanent state of vulnerability and marginalization and they had no illusions about seeking support from within the group of younger compatriots in the city. Their only acceptable social relations were connected to getting together in the apartment. This place-bound life was experienced by some as being an invaluable safeguard.

Narratives of place

In the narratives the notions of place were referred to as the apartment. This came quite natural as almost all social activities among the women took place within the walls of the apartment. The apartment was typical of the numerous meeting places the women

were dependent on in a social life in the period of 2000–2008. The women included in the study felt attached to the location as anchor or focal point of their social life and its importance was abundantly clear in the narrated contexts. Parisa – a woman who had been a member of the Iranian-Swedish association for several years, had experienced the ambulatory existence of the meeting places. She was living on her own and used to visit the apartment as often as possible, just to pass the time, socialize, and have lunch. For her, visiting the apartment represented continuity. Parisa explained that it was important to attend the activities and not attending wasn't an option, as she didn't know anywhere else to go:

We come here, we live alone, and we come here just to meet friends, pass the time. We chat, eat lunch, and that's it ... We don't speak any other language so if we were to attend a place where they spoke Swedish, we wouldn't be able to communicate.

Despite the lack of enthusiasm in her account, it is clear that without visiting the meeting place, Parisa felt that her life would be empty. The meeting place obviously played a key role in the accounts of everyday life and as such, providing a sense of ontological security. But, at the same time it was never counted for as a substitute for home. On the contrary, it was spoken of as being important because it *did not* constitute a home feeling. It was important simply because it was a neutral place. An NGO officer involved in the association confirms this. For several years she had been engaged in establishing a permanent regular day center for elder in the city soon witnessed a distinct reluctance to invite fellow compatriots for a visit. The women explained to her that this would run the risk of exposing their impoverished living conditions, which would be humiliating.

Without the meeting place their wellbeing ran the risk of being negatively affected. The accounts show that the meeting places served as socially meaningful gathering spaces, providing the only possibility for an acceptable degree of social intercourse. They offered opportunities for female fellowship, previously unknown to many of the women. As such they were invaluable, providing a sense of ontological security in a world that was marked by social vulnerability and exposure. However, the fact that they were expected to organize all activities on their own, getting no support from the association was by one woman considered being not far short of an outrage.

Nothing happens in the apartment. The only things available is the stuff we bring ourselves, and they (the association) have simply bundled together a group of elderly who barely have the strength to get themselves to an apartment they got for free.

This indicates that the narratives implied that the idle nature of the organized activities was a cause of illness and poor health.

Narratives of illness

While praising the importance of visiting the meeting places, the women simultaneously claimed that much more was needed. It was not enough just to meet the other women,

chat, share food and gossip. Poor health and illness are a prominent theme in the interviews. In an anthropological sense they can be seen as *illness narratives*, ailing people's narratives about their illnesses and their effects on their lives (Heikkilä 2010, Hydén & Brockmeier 2008, Kleinman 1988). In that context illness refers to health conditions as something subjectively felt and experienced, and transcribed into narrative performances. In their narratives, the women explained their state of illness and poor health as being closely connected to their precarious social situation. They repeatedly stressed the connection between the significance of location and illness (Martin 2009).

The women felt the premises had the potential to serve as centres of activities that would help to improve their health status. Lack of access to physiotherapy was believed to be a serious threat to their health, an issue often put to the representatives openly and bluntly. A woman involved in the meeting place activities during 2005–2007 commented upon this:

They joke about it, saying: "We come here and we eat, and we just become fat as we die." They take a sardonic view of the matter, since they live no active life whatsoever, all they can do is sit and eat.

The absence of meaningful activities was simply believed to be the cause of illness.

Commenting on the facilities of the apartment and what she was most in need of, one of the women answered with a significant touch of irony and sarcasm:

Perhaps a toilet that is adjusted to the needs of an old person. We need a bed here in case someone feels ill and has to lie down for a minute, or at least a more comfortable couch. We come here to chat and eat together, perhaps dance a little ... definitely not to get lumbago or to get worse.

As the accounts above show, illness was closely connected to social isolation, inevitably leading to serious health problems. Their health issues were exemplified by various confirmed diagnoses but just as often illness was described psychosomatic, directly caused by their marginalization. When explaining their isolation, the women sought links between their health status and their poor integration.

Narratives of integration

When discussing the activities in the meeting places provided by the association, the women declared that the localities did not facilitate integration. On the contrary, they led to a cementation of their marginalization. The women experienced that one of the problems regarding their meeting places had to do with the logistics. The premises were not always located in the close vicinity of the members and some women had difficulties getting there. The reasons could be physical as well as economic limitations. Overall, the distances were believed to be an obstacle. Therefore, one woman launched the idea of a bus card, allowing *all* senior citizens free bus fares in the city. Without seeking support from the association, the woman, acting as a spokesperson for the group, went as far

as to plead with the city council on the issue of such a bus card. The officials promised to investigate the matter, but no decision was ever taken. The matter may seem trivial, but it reveals an idea among the women which encapsulates their ambition and desire to integrate into the Swedish society, and to reach parity with Swedish senior citizens. The desire to integrate was a frequent theme in the interviews. In general, the women demanded the same rights and privileges as Swedish senior citizens. They did not feel at home in the activities of the Iranian-Swedish association. This is manifested by the rhetoric demands in the following quote:

The association should provide us with better options, but unfortunately no one can help us. Swedish pensioners have better opportunities than we. We ought to have same options.

By such rhetorical arguments, the women turned the functions of the meeting places into a question of democracy and civil rights of senior citizens. The group was defined collectively, representatives of the association, local authorities, Swedish senior citizens and younger compatriots represented *the Other*.

A common idea among the women was that they should have the opportunity and right to attend a day center where they should be entitled to health support and consultation and regular public information. On one level they demanded organized excursions and entertainment, things they believed were typically Swedish. On another level the wishes are purely individual as presented in the following quotation. This particular woman voices a desire to invite older Swedish females to their daily activities:

You know, we've never invited them. I wouldn't know who to speak with. I wish, though, Swedish women would come here. It would be nice, but I just don't know how. You see, I'm a social and open-minded person who likes the company of others, especially the Swedes.

In the narratives, examples of minimizing the role of ethnicity in everyday encounters crop up frequently. When asked whether they preferred Swedish- or Iranian-speaking home-care services, the women often favored Swedish. Some women argued that it would be more appropriate to get help from Swedish speaking staff. They described Swedish staff as being professionally orderly and meticulous. One woman found it easier to maintain her integrity facing Swedish-speaking home-care staff. Facing a fellow countryperson, she felt insecure and awkward:

In front of a fellow countrymen nurse, I become embarrassed, never when meeting a Swede. I feel at ease talking to a Swede, hardly ever with an Iranian. I do not wish to get help from Iranian speaking home-care. I won't have anything to do with Iranians when it comes to home care. The Swedes are much better.

Instead of seeking company within their own group, the women thus tried to create an imagined community beyond the boundaries of their own ethnicity. This is in line with Ahmadi's studies of Iranian elderly in Sweden (Ahmadi 2002, Shemirami & O'Connor 2006).

The circumstances of the two groups resemble each other in many ways. The bare isolation and the feelings of otherness were the same. Likewise, both groups urge to define Swedish society, and we discern the same urge, not as threatening rather as attractive. In fact, the bitterness of the narratives contrasts sharply with the persistent idea of later-life migrants as longing for culturally appropriate care, etc.

Conclusions

The empirical findings presented in this article throw a light on a local NGO activities found in several urban surroundings in Scandinavia where local migrant associations strived at improving the social and health wise situation among their later life members in 2000–2010 (Emami & Torres 2005, Forssell 2010, Ingebretsen 2010, von Essen et al. 2015, Jeppson-Grassman & Svedberg 2007). The situation of the women described in this article found them in a situation like that of other later-life migrants in Sweden. Several studies have shown how these groups are at risk of ending up in a social isolation which can be hard to break (Torres 2010, Emami & Torres 2005, Emami & Ekman 1998, Songur 1992). Their situation was characterized by the loss of numerous deep-seated and natural social bonds connected to ethnicity, family, language, and culture. The unifying focal point in their lives was loosely organized activities at the premises provided by the local NGO migrant association. At these premises they lacked any kind of services and support and were therefore completely dependent on initiatives taken by the women themselves. For some of the women, these meetings served as their only link and contact with the outside world. Without access to the companionship provided by these gatherings some of the women were destined to domestic confinement and social isolation. The importance of a basic feeling of homeliness, metaphorically speaking having a roof over one's head, is a well-known fact within social and behavior sciences. But as has since long been stated the notion can never be the same as having a home (Rowles 2019, Rämgård 2016, Padget 2007, Rykwert 1991). As Shaw (2004) has pointed out we should distinguish between material and “soft” conditions, the subjective feeling of being “at home” which relates to ontological security as the notion of well-being arising from a state of continuity in a person's social material surroundings. This state of constancy, in turn, provides a solid ground for the development of identity and actualization of the self (Giddens 1990). Acquiring ontological security is, for instance, having access to a place where you can carry out daily routines, and having control from the world outside.

The activities organized by the local migrant association demonstrate a wish to establish a kind of informal community care for elders, believed to be in need of support. At the same time as arranging the activities, the associations admitted the elder members being fragile and most of all lonesome, they turned into what Forssell and Ingemarsson described as obstacles of integration, promoting typical cultural activities (2007). However, longing for togetherness is not imminent in the narratives of the women. The women did not seem to seek cultural preservation. On the contrary, their dreams focused on integration which, they believed, their own organization stands in the way for. Thus

the findings reveal a tension between the organizers and the older women. The organizers defined them as old and insecure longing for traditional values, while the women regarded themselves more as older adults than belonging to a certain ethnic or national identity. It is against this background we should understand how their narratives reveal them in a state of limbo, neither rooted in the compatriot community, nor with any ties to native Swedes of similar age. The women did not seek a solution of their precarious situation when uniting as a group, sharing joint cultural references.

The situation of the Iranian women could be described as life in a state of limbo, the twilight zone between Swedish society and a native exile culture. They described their situation as being abandoned by both these worlds, causing considerable bitterness and frustration apparent in the narratives. In that manner we may define the women as pioneers who cross borders, rather than as bearers of specific cultural peculiarities and ethnical significances. In that sense their small narratives – highlighting a life in limbo, and of social deprivation – can be seen as challenging some of the persisting grand narratives of the circumstances and conditions of later-life migrants. At first glance, their narratives appear to reflect feelings of a *location-specific* safety valve in everyday life and experiences. However, the women described their perception of the physical location as being both ambiguous and involuntary. Secondly, the women equated *faltering health* with a lack of integration into the Swedish society. They associated their situation of exclusion with poor physical and mental health, which means relegating ethnic cultural issues to a minor role in their everyday experiences. In their narratives the women rather sought to define themselves as senior citizens entitled to the same rights as their Swedish counterparts.

In the article the women's stories are defined as small, local narratives, nevertheless explaining the reality of everyday life and experiences which in their turn reflected the state of illness, locally specific attachment and social isolation (Phoenix & Sparkes 2009, Holstein & Gubrium 2004, Laz 2003, Lyotard 1979). Following on from the argumentation of Lyotard, macro-level assumptions or grand narratives seem to disregard the fact that identities – such as of migrant and elderly (in this case) – should be seen as the mutable fluid results of “negotiations within and between individuals, ideologies and structures” (Blaikie 2006:80). It is from this analytical background that I have chosen to understand the narratives of the later-life migrant women presented in this article. The narratives reflect a process where ordinary, everyday experiences combined with structural forms of socio-economic situation and access to health care and integration. Hence, they display the process which includes meso- as well as macro-level mechanisms (Näre et al 2017). Hopefully the findings of this article may contribute to a discussion of how people – in this case – later-life migrants make sense of their own life and conditions through narratives.

The general picture of outsidership among later-life migrants so persistently put forth in several international migration studies has still to be validated on a more general level, as we presently lack more general overall systematic studies, delivering a larger body of in depth-data.

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