Stories and Experiences of Long-Distance Care, the Case: Israel and Mexico

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Historias y Experiencias de Atención a Distancia, el Caso: Israel y México

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Resumen

El objetivo de este trabajo es presentar las experiencias de cuidado a distancia entre mujeres inmigrantes hispanohablantes en Israel y mujeres residentes en México, y analizar sus experiencias de cuidado, donde la distancia geográfica es la variable constante. La investigación se realizó mediante un estudio cualitativo exploratorio, transversal y no experimental, con un muestreo no estadístico, de inclusión continua por conveniencia. El instrumento utilizado fue un cuestionario abierto, basado en la estructura de la entrevista en profundidad de Patton. Los principales hallazgos muestran la necesidad de reconocer y valorar el papel del cuidador a distancia en los enfoques de investigación y apoyo, debido al potencial impacto de la migración y de los cuidadores en la aculturación, el estrés que experimenta el cuidador a distancia, el apoyo que ambos pueden recibir en el país de origen y en el país donde viven, así como la percepción de la familia en cuanto a lo que significa el cuidado, todo ello a través de perspectivas de análisis crítico desde el género, la interculturalidad y la interseccionalidad. Finalmente, los relatos de las seis mujeres participantes muestran importantes aportaciones en el cuidado que prestan a su familiar enfermo, al cuidador principal y al resto de la familia. Asimismo, la experiencia del cuidado a distancia no fue determinada por la longitud de la distancia; los sentimientos y emociones que estas mujeres experimentan son los mismos, no se determinó la migración internacional o la migración dentro del país.

Palabras clave: comportamiento de salud; situación socioeconómica; personas de edad avanzada; Inventario de comportamiento de salud

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Caring for people is presented as a challenge in this 21st century, as described by Tobío et al. (2010), since it has been a naturalized activity, it is not until the feminist movement of the 20th century that the need to study and critically analyse it becomes evident, giving rise to numerous investigations in the social sciences (Sisto et al., 2016).

For current gerontology, the figure of the caregiver and the caregiving process is considered a fundamental aspect to be taken into account, as shown by several studies (Izal & Montorio, 1994) which suggest the need to know how and to what extent they care of a dependent person affects the dynamics of the family and what personal and social resources the caregivers have to face this situation since the well-being of the caregiver and the person being cared for depends on it.

Numerous studies show that caring for elderly parents with dementia is associated with increased burden and stress (Brodaty & Donkin, 2009). Findings from both Latin America and the United States show that the person providing care to a parent with dementia is usually a daughter, who is married, around 60 years old, and provides an average of 20 hours a week of assistance (MetLife Mature Market Institute, 2006; Flores et al., 2012; Smith-Osborne and Felderhoff, 2014).

Despite the negative consequences of caregiving, recent studies have found that caring for elderly people can be borne by organizing family work equally and equitably. These findings support the growing evidence that, despite the stress of caring for an elderly person with dementia, family members have the capacity to cope, adapt and grow through their experiences (Cabote, Bramble, & Mc Cann, 2015). One of the steps which might help family members cope with the consequences of caring for an elderly person with dementia is including long-distance caregivers in the process of caring (Koerin & Harrigan, 2002).

Long distance caregiving (LDC) is defined as the support provided by a relative to the primary caregiver of the older adult by family members who are not physically close to each other (Cagle, 2012). LDC is a relatively new concept still in need of a specific and clear definition and its consequences. Although a review of empirical research conducted between 2000 and 2010 on long-distance care established that long-distance caregivers are closely involved in the care of their family members regardless of distance; its authors concluded that further research is needed to understand this unique experience. Including the voices of those providing care, as well as those

receiving care, was suggested as a significant step to attain a thorough picture of the topic (Bledsoe, Moore, & Collins, 2010).

An important aspect that may influence the long-distance caring experience is migration and culture. Although the migration experience is often portrayed as something full of opportunities for the migrant, in recent time, attention is being paid to the challenges and difficulties that this experience involves to the migrant's life and to his/her social, family and cultural context (Akresh, 2006; Chan & Leong, 1994; Conrad & Pacquiao, 2005; Coon et al, 2004). These negative aspects might be increased if the person is involved in a long-distance caregiving situation. Thus, it is important to assess the potential impact of migration on issues related to the role of the migrants as caregivers (Baldassar, 2007; Wolf & Ballal, 2006). Factors such as acculturation, the level of stress experienced by the long-distance caregiver, the support he or she may receive in both the country of origin and the country of residence, are central aspects to be examined (Dade, 2004; Poulsen & Estrada, 2014).

Although recent studies mention the importance of understanding these caregiving experiences (Poulsen & Estrada, 2014), to the best of our knowledge the topic has been examined primarily in the United States of America (Wagner, 1997; Baldock, 2000; Baldassar, 2007; Bledsoe, Moore, & Collins, 2010; Cagle, 2012; Poulsen & Estrada, 2014). Moreover, given the high rates of geographic mobility in today's societies (Dade, 2004), many family members reside in different geographic parts of a country and even in different countries. Geographical distance has been shown to be one of the central factors affecting family relationships. However, to our knowledge, no studies have examined the care experiences of this group as a function of geographic distance. Therefore, the aim of this paper is to present the experiences of long-distance care among Spanish-speaking immigrant women in Israel and women living in Mexico, and to analyse their experiences of care, where geographical distance is the constant variable.

Method

A qualitative study, based on an ethnographic design of a convenience sample (Taylor & Bogdan, 1986), with an open-ended questionnaire that was designed according to the in-depth interview with Patton's model (1990). Including the following variables: care experience of Spanish-speaking

immigrants with elderly parents, care experience of Mexican women with elderly parents, geographical distance between the receiving caregiver and the caregiver, and interpersonal relationship of the caregiving person and expectations of self-efficacy.

Instruments

This paper is based on data from six open-ended questionnaires based on semi-structured qualitative interviews, conducted between 2018 and 2019, with long-distance caregivers of elders, diagnosed with dementia at various stages of cognitive impairment. The sample consisted of three women from Latin America who migrated to Israel and three Mexican women who live in cities different from where their relative in need of care lives (See Table 1).

The following instrument was used in the study: the open-ended questionnaire guide with the following categories: 1) general information: including socio demographic variables such as gender, age, years of education, degree, marital status, country of birth, place of residence, years living in Israel, place of residence of the parents and occupation; 2) knowledge: questions that are formulated to find out the information that the interviewee has about the facts or ideas that we study; 3) experience / behaviour: questions that are formulated to know what a person does or has done; 4) sensory: questions related to the five senses, and that leads to elaborate rich metaphorical accounts of the explored experience; 5) feelings and emotions: questions aimed at collecting the emotional responses of people towards their experiences; 6) opinion/assessment: questions aiming to collect information on how the person interviewed assesses certain situations.

Table 1.
Description of the sample ordered by place of residence of the long-distance caregiver

MEXICO		
	Participant 1	Participant 2	Participant 3
Age and sex	50 female	50 female	62 female
Marital status	Married	Married	Married
Place of residence	Tepic Nayarit	Tepic Nayarit	Cuernavaca Morelos.
Residence of the elderly relative who needs care	Mexico City	Guadalajara, Jal.	Tepic Nayarit
Time to have migrated	17 years to Tepic Nayarit	27 years to Tepic Nayarit	24 years to Cuernavaca, Morelos.
Occupation	College teacher and psychotherapist	College teacher	Psychologist
Studies achieved	Postgraduate	Postgraduate	Postgraduate
Elderly family member requiring care	Mother	Mother	Mother
ISRAEL		
	Participant 1	Participant 2	Participant 3
Age and sex	55 female	62 female	46 female
Civil Status	Married	Married	Married
Place of residence of caregivers	Guinnaton, Israel	Ma'alot Tarshija, Israel	Haifa. Israel
Time to have migrated to Israel	17 years old	28 years old	12 years old
Occupation	assistant master gardener	Educational Psychologist	Tour guide
Studies achieved	2 years of optics	Bachelor´s degree	Graduate
Elderly family member requiring care	Mother	Mother	In-laws

Data Analysis

The analysis of the data was carried out through analytical categorization, which consisted in the extraction of data (those significantly relevant to the object of study), the establishment of more abstract analytical relationships,

and the fragmentation of data into analysable units, which allowed us to move from data to ideas.

This method aims to examine in detail the knowledge and everyday life of the research subjects. In a first stage, the information collected is codified and the analytical categories are identified (Strauss, 1987; Strauss & Corbin, 2002). For this case, six central themes were identified (see Table 2).

In the second phase of information processing, an interpretative exercise is carried out on what was expressed by the participants in the study, and it is contrasted with the theory or with previous research that supports the knowledge of the experience of each woman interviewed, in such a way that a dialogue of knowledge is generated. For that reason, it was decided to include the theoretical discussion of the findings in each category, and not to do it separately in a specific section on paper, in such a way that the local knowledge (what is said from the experience of the participating women) and the academic and scientific knowledge can have the same sense of notability, and at the same time, the reading is more accessible for the reader.

Table 2.
Category descriptions.

Category	Subcategories	Conceptual definition
Knowledge of the disease experience		Knowledge about the illness of the family member who requires care: what is related to the diagnosis, the process and reasons for the illness; treatments (medicines) as well as other types; specific knowledge of care in the daily life of the family member and in the home (Carrillo, Sánchez and Vargas, 2016)
Family and Caregiver Interaction	1.type of family organization around care 2. family interaction: through care, decision making, conflicts and their resolution.	The family's capacity to adapt, to manage the crisis or challenge to its stability with respect to the illness of its relative and the care provided, and which is reflected in its organization, structure, functioning and type of communication (Minuchin & Fishman, 1990; Minuchin, Nichols & Lee, 2011).

Table 2.
Category descriptions (continued)

Category	Subcategories	Conceptual definition
Experiencing long-distance care	1. Self-definition as a caregiver 2. experience of care from a distance 3.Conflicts over the type of long-distance care 4.daily activities and remote care 5. Caregiver's Confidents	Experience with long-distance care, defined by the meaning attributed to geographical distance and the ways in which care is provided, as well as the implications this has for the life of the long-distance caregiver and for his or her entire family, work, economic and recreational context, among others (Horowitz et al., 2019)
Metaphors of the distance care experience, with respect to the family member in need of support		Language play, in which the caregiver generates a focus of attention from another plane of observation, to analyze their experience of care and the circumstances surrounding them (White & Epston, 1990)
Emotional impact on care	1.regarding the process of seeing the family member grow old and get sick. 2.with respect to the geographical distance 3.with respect to realizing these feelings/emotions	The emotions and feelings that the long-distance caregiver attributes to the experience of caring for their older family member. It also involves the resources available to him/her to deal with the various situations and circumstances involved (Sánchez Sosa, 2002; García & González, 2007; Lega, Caballo & Ellis, 2002).
Recommendations to support these types of caregivers and situations		Valuation of personal, singular and daily experiences -situated knowledge- that give an added amount to the analytical grain of knowledge (Haraway, 1995).

Security Mechanism

Before an in-depth interview was conducted, an informed consent letter was provided. The participants were not identified by name and surname and were assigned a code. The transcribed interviews were stored in the research computers and are securely guarded.

Results

The following are the analytical categories and their theoretical descriptions together with extracts from the narratives. In the descriptions made by the participating women, six analytical categories were identified, and in three of them even subcategories were identified.

First Category: Knowledge of the Disease Experience

This category refers to knowledge about the illness of the family member who requires care: what is related to the diagnosis, the process and reasons for the illness; treatments (medicines) as well as other types; specific knowledge of care in the daily life of the family member and at home (Carrillo, Sánchez, & Vargas, 2016).

Women interviewed both in Israel and Mexico, in their descriptions, show that they know the reasons why their family member became ill, and even they express to hold a wide experience with the management and attention that the suffering of their relatives requires, both at the level of medical indications, and recreational, therapeutic occupational, as well as support and care of the family member with the role of primary caregiver:

> The relative who needs help is my 86 year old mother with a diagnosis in "Senile Dementia", she needs: personal care, wheelchair transfer, feeding, medication and 24 hour accompaniment (Participant 5).

> After his 70 years, we made arrangements to get a companion through bituach leumi [social security], someone to take him to medical appointments, to walk a little and somehow reduce the enormous burden for my mother-in-law and my family (Participant 3).

Also, in the descriptions shared by the women interviewed, they mention the co-morbid presence with other chronic conditions (diabetes and hypertension), hence in addition to the medical care, extra and particular supports have been included, which are reflected in subjective satisfaction and quality of life, as reflected in this fragment:

> We find that her mood can become stagnant if there is no movement of affection, for example, if she gets angry she can forget the reason for the

anger, but not the feeling, so it is important to change the discomfort by provoking feelings that make her feel good. Exercise was another factor that improved her condition... (Participant 6).

The responses of the participants evidence the findings found in 2010, when a study was conducted to review and evaluate the empirical research carried out between 2000 and 2010, regarding long distance care, which concluded that long distance caregivers are very involved in the care of their family members, regardless of distance, and surprisingly, are often the only or main caregivers (Bledsoe, Moore, & Collins, 2010). Hence the importance of paying attention to these types of caregivers.

Second Category: Family and Caregiver Interaction

In this category, four topics related to the adaptability of the family to manage the crisis or challenge to its stability in regard to the disease of his family member and the care provided and that is reflected in its organization, structure and operation, as well as type of communication were grouped (Minuchin and Fishman, 1990; Minuchin, Nichols and Lee, 2011).

The participants describe the various forms of the adaptation process when faced with the diagnosis of their family member. Their experiences are very heterogeneous, from agreements using social networks to reduce distance to concessions without prior notice, taking the assignment to a certain member for granted.

With respect to the type of family organization around care, we can also notice diversity in the styles found to achieve consensus, with some families showing democratic styles and others only imposing them, the following is a presentation of what the participants have told us:

> In previous meetings or through Facebook, agreements were made between siblings and various criteria were established in the distribution of aid, economic contribution without a defined amount, physical contribution with basic items and medicines, as well as support in the relief or guards" (Participant 5).

> They do not organize themselves, they indirectly put all the responsibility on my husband who, moreover, would not be able to complain (Participant 3).

> We were learning and contributing financially according to the needs, today we have a fixed fee, I send money to my brother and he is in charge of paying the expenses (Participant 1).

For current gerontology, the figure of the caregiver and the caregiving process is considered a fundamental aspect to be taken into account, as shown by various studies (Izal & Montorio, 1994) that suggest the need to know how and to what extent the care of a dependent person affects family dynamics and the personal and social resources that caregivers have to cope with in this situation, since the well-being of both the caregiver and the person being cared for depends on it; and in the background, it is necessary to collect information directly from carers in order to establish criteria and formulas for allocating the resources of the social and health services to these dependent persons.

As mentioned, children of elderly parents are often the ones who will take on this demand for care and support, at the same time as they generally face the disparate demands of raising their own children and economic pressures, making the problem even more complex (Pérez et. al., 2014).

With regard to family interaction from care, decision making, conflicts and their resolution, we can observe two constants: on the one hand, it is exhaustion of the primary caregiver's fatigue as an influential factor in the emergence of a discrepancy and end up in a serious discussion; on the other hand, the multiplicity of visions of family members who think and criticize the ways in which care is provided (targeting accusations and recriminations against the distant caregiver), reaching the point of better distance in a kind of: "eyes that do not see, heart that does not feel" ... however this only causes greater discontent, as it can be seen:

> It is tolerable since it influences the ways of thinking towards the disease that each family member has. Sometimes the relationship is altered, mainly by the physical and emotional exhaustion of the caregiver (my sister), so it was decided to consider days of rest, outings, holidays, with a distracting purpose exclusively for her (Participant 5).

> Conflict as distance does not allow for adequate communication, each defines by himself/herself that the other does not do enough and that he/she does not know what the primary caregiver feels and knows about the problem (Participant 4).

> The one who generated the conflict withdrew from the situation ... even though we always asked them [referring to the other brothers] to visit them, only because in their moments of lucidity, they are looking for them (Participant 1).

> Well, yes, because there's no constant help, mainly from the guards. The various activities and responsibilities of each family member are difficult, to solve this we seek to negotiate the days that help is required. In particular, the care that my sister gives to my mother generates conflict between us and it is understandable that the lack of restorative sleep, anxiety, and stress has caused her to suffer from hypertension (Participant 5).

The family of the older adult with a condition receives responsibility for their care; the family becomes the interpreter and intermediary in communication with health professionals. However, support or guidance is rarely provided, much less with a family systemic perspective in its intervention. Therefore, providing comprehensive care options to the older adult and his or her primary nucleus would help to meet prevention and protection needs related to the good care of the dependent family member, as well as the relatives assigned as caregivers (Pérez, et. al. 2014; Camedessus, et al., 1995).

On the other hand, the systematic review, carried out by (Fernandez, 2020), points out, with respect to the studies concerning the family, care and ageing variables, two scenarios: on the one hand, there is research that supports the idea that the State should provide greater support to the family and the dependent older adult, and on the other hand, there is research that takes into account the critical perspective of gerontology, which maintains that there is no single way to age and also questions the classic theories of ageing, which perpetuate roles and functions, such as old age linked to dependency and the family as the only resource for care labelled as informal. Also in this review, the author proposes a different approach to the analysis of old age and care, incorporating the cultural basis and intergenerational relations of old age and family (Sánchez, Kaplan and Bradley, 2015), thus betting on a resource-based perspective on ageing rather than on lack, which is more hopeful and relieves pressure on the family.

Third Category Experiencing Long-Distance Care

This category is defined by the meaning attributed to geographical distance and the way in which care is provided, as well as the implications this brings to the life of the long-distance caregiver as well as to his/her entire family, work, economic and recreational context, among others (Horowitz et. al., 2019); and according to what was shared by the participating women, five important issues could be identified: self-definition as a caregiver, experience of care from a distance, conflicts over the type of long-distance care, daily activities and remote care and caregiver's confidents, as can be seen in the following fragments:

> Well, partly my mother's caregiver, although the way to support her is to assist my sister on the occasions when she has required hospitalization or anxiety crisis generated by the altered state of sleep... my role as a part-time caregiver is to provide information to the rest of the family regarding my mother's situation, as well as that of my older sister (caregiver), organize in crisis situations the shifts to provide attention and care, ask for collaboration of family members to make decisions that have to do with the physical and emotional health of my sister, until today I think it has worked, because most of my siblings I think have placed their trust in me (Participant 5).

We can appreciate that although she is in the care not only of her mother, but also of her sister, she does not define herself as a caregiver, even though she must embrace a wider radius of attention and support.

> It has been hard, very hard, sad and I could even say traumatic, one lives with uncertainty, with the guilt of not being there, of not being able to assist or contain, impotence, the distance is very cruel, even though it was a life choice (Participant 1).

The lack of understanding of those who live with her, who repeatedly comment "you don't know, because you're not here", and who don't know when and how much I communicate with her and why" (Participant 4). In these extracts, one can observe the feeling of nostalgia and frustration derived from the distance, and undoubtedly the conflicts both externally and internally that they experience as caregivers. Family conflicts prevent direct contact with the care recipient and direct knowledge of the care recipient's

condition. Such deficits can increase conflict and reduce quality care for care recipients. In addition, long-distance caregivers experience high levels of stress and dissatisfaction, perhaps because they receive less information than those caregivers who can see what is happening first-hand (Douglas, et. al., 2016).

> I know that I have to work to be able to send my quota without having to depend on my close family, I know that I have to be strong to be able to cope with this situation of a mother in that state and I am very afraid today to find myself facing the situation" (Participant 1).
>
> Yes, from the beginning I knew I had to alter my dynamic mainly at work, I try to organize my schedule to allow having Friday afternoons and Monday mornings for my transfers between Tepic and Guadalajara (Participant 5).

Here we can observe, the way in which they must organize their private, family and work life, to be able to stretch their time and collaborate in the care of the sick mother, in spite of being many miles away, and also the feeling of anxiety, so they can find or the state of fin in which they must live.

Cagle and Munn (2012) note that in studies, gender and employment have been associated with the provision of care and the consequent burden on the caregiver, regardless of geographical proximity. However, the literature on long-distance care indicates that men are almost as likely as women to provide care, but women -in the role of long-distance carers- suffer more stress. Furthermore, these studies, while documenting some support from employers, also indicate that employment stress is exacerbated for this type of caregiver by the very reduced ability to be absent from work at unscheduled or pre-arranged times and to travel.

Finally, here they describe with whom they have to talk about what is happening with them, their emotions, feelings; some women do it with their family, or friends, but others definitely have got no one, which puts the finger on the important line, to pay attention to this sector of caregivers, because what they experience emotionally is very wearing.

> With the friends I live with, they know my mother's health situation and consequently listen to me and encourage me when I feel worried (Participant 6).

With... no one, I just assume" (Participant 3). "Mainly with my husband and with people who are in the same situation as me or are caregivers (Participant 5).

In another review of research regarding long-distance care, it was concluded that there is a need to construct a useful definition, which would involve a nuanced assessment of what it means to be a caregiver, how distance can and should be measured, and establish a meaningful cut-off point for what is considered distant or long (Cagle and Munn, 2012).

Previous research has also recognized that, regardless of location, caregivers do not easily identify themselves as such (Feinberg, Wolkwitz, & Goldstein, 2006; Harding & Higginson, 2001). In addition, those living outside the city may find it difficult to recognize that they are substantial providers of care in their many different forms as noted by Manthorpe (2001), so some academics have decided to begin naming the phenomenon of care as "care" given the multifaceted nature of the activity (Letablier, 2007).

Another circumstance that needs to be explored in depth in research, and which theoretical reviews highlight, is precisely with respect to this multifaceted characteristic, referring to culture, race, sex, stages of care, relationship with the care recipient, living situation, urban versus rural locality, and many other factors, important to take into account when assessing and understanding the circumstances of care and therefore its approach (Hughes, et. al., 2017; Gitlin, et. al., 2015; Pruchno et. al., 2008).

On the other hand, the inclusion of technology and its diversification is definitely being an ally in shortening distances, so this aspect should be part of the study, as another agent that is incorporated into the process of care in the family (Fernández, 2020; Sánchez, Kaplan, & Bradley, 2015).

Fourth Category: Metaphors of the Long-Distance Care Experience, with Respect to the Family Member in Need of Support.

This category explored the language used by the caregiver to generate a focus of attention from another level of observation, and to analyse the caregiving experience and the circumstances surrounding it from that other perspective (White & Epston, 1990). The questions in the interviews that were conducted to generate these narratives invoked sensations perceived

through the five senses, in order to help put the experience of care on an outside stage:

> I cannot choose something specific, because everything is variable depending on how events unfold. For example, there are times when I feel that everything is grey, but sometimes it becomes clear, when I manage to have a nice time with my mom. I think that the strongest experience I have felt is the weight, a huge weight on my shoulders, which sometimes gave me the feeling of suffocation (Participant 2).

> It's sad, the colour is definitely grey. The smell of absolute cleanliness and the exaggeration to cover the accidents generated by the lack of sphincter control, of carefully but comfortably and easily to change clothes. The texture? Rough... like the lack of patience (Participant 3).

> Grey colour, smell of emotional poverty for not being understood, sour taste, rough texture (Participant 4).

> Colour: jacaranda because it reminds me of a protective colour of mother earth and the aroma and caressing texture of the flower. This gives me peace of mind and helps me to reason better and reduce stress (Participant 6).

> A green colour, my hope that she does not suffer, a sweet smell like her, my mother, soft texture like her skin (Participant 1).

If we read these ways of expressing the experience of long-distance care and all the emotions involved, we can smell, see, feel... these sensations, and we can understand how for some of these women their experience is focused on being far away, and for others it is centred on the recipient of care and concern: their mother and what she means to her; then we somehow can approach what they experience, and undoubtedly empathy manages to show up in our own emotions.

The function of the metaphor groups the thought and the human experiences, from a psychological dimension, to understand that people process their human experiences through metaphors, gives the possibility to look from a wider perspective to the human being, and therefore their alternatives of action: the metaphor is used to understand and to give meaning to situations that with the literal language would be difficult to present (Lakoff & Johnson, 2009).

The metaphorical resource can be a tool to work with remote caregivers; if we take into account that the metaphorical language has a framework of socio-cultural production that will influence in an important way the thoughts and these in turn, give form to the conception that we make of the problems the use of the metaphorical language will allow to put in an external space of the person and to question that meaning that is attributed to the problem or problems, in such a way that it endows of a sense of self-management and personal empowerment, for the resolution of the same ones (Wahlstrom, 2015; White, 1994; 2007; 2011).

Fifth Category: Emotional Impact on Care

The term emotional impact with respect to care refers to the emotions and feelings that the long-distance caregiver attributes to the experience of caring for their older family member. It also involves the resources available to them to deal with the various situations and circumstances that involve them (Sánchez Sosa, 2002; García & González, 2007; Lega, Caballo, & Ellis, 2002). The stories that the women shared reveal their feelings about long-distance care, as well as their fears about the possibility of them being in the same circumstances in the future:

> Sadness, confusion and often anger. Sometimes I look at my mom and see her so old and the image of the young and energetic, elegant and fine mother she once was is superimposed on me. Today she does not take care of herself anymore, she does not want to buy clothes and you have to convince her to take a bath. I'm also afraid to think that maybe I'll get to that state (Participant 1).

> ... geographical distance puts us far away also emotionally; only the voice on the phone or the image on the screen updates our existence... if it is different (Participant 3).

> Anguish, I am crying, sadness, and a little bit of guilt (Participant 2).

> From the everyday, from feeling the passage of time in my own body. I handle them with optimism, with exercise, with work, with creative tasks, with putting myself in her place, by trying to understand what is happening to her (Participant 6).

In the previous fragments, it is reflected again the need for professional support for this type of caregivers, who have not been adequately visible as well as their role, which has not been valued as relevant, and the support they give to their families of origin, bringing an emotional and even physical deterioration for these caregivers, which evidences the obligation to incorporate their needs to the support provided by professionals, responsible for caring for the family, the elderly and caregivers.

However, in effect, long-distance caregivers experience feelings of guilt and frustration as evidence (Cagle & Munn, 2012), there are also reports that long-distance caregivers resign their caregiving role when they realize that the ways to provide this care to their family member are not primarily focused on the illness, which provides a positive purpose in their work, permeate the whole family, this type of caregivers can have phone conversations or video chats with their parents about everyday issues, in other words, they talk about life and not the disease, and the same happens in the interaction that makes the remote caregiver and family member with the primary care work (Baldock, 2000; Douglas, et. al. 2016). Here then, there is an opportunity to reassess their function, to empower their role within the family's responsibility for care, and a topic to work on interventions aimed at this type of caregiver.

Sixth Category: Recommendations to Support these Types of Caregivers and Situations

In this category, an evaluation of the personal, singular and daily experiences - located knowledges - it is made and reflected, which give an added amount to the analytical grain of the knowledge (Haraway, 1995).

> Do not make things so complicated for the state to decide to give hours of help to the elderly. Increase the aid budget. Do not demand so many requirements to be able to assign help hours to an elderly person (Participant 1).

> I think that support groups, social support, could help a lot; socializing emotions, feeling accompanied. Generally, the caregiver is not part of the health promotion (Participant 3).

> It's comforting to know that you're a long-distance caregiver, the information from this helps you feel different. Validate the help provided by others, outside the family system, since the family itself does not consider it. Motivate to keep participating, and work with feelings/emotions and soften the feelings that are unpleasant (Participant 4).

> That they occupy themselves in a creative activity that is to their liking, art in my case helps me to displace negative emotions and transforms them into something productive, besides that it allows us to reason and to take better decisions, because when one is in anguish the roads are closed and the feelings turn over on the other relatives and they become a nightmare of claims (Participant 6).

> ...so that this issue is addressed the way it has got to be, with empathy for those who care for our elders and with fair budgets and resources (Participant 2).

> Medicine makes people's physical lives increasingly longer; however, many times this prolongation of the existence of the elderly with deteriorated mental conditions represent a chain for the family members... It is necessary to create containment mechanisms for the caregivers, including working caregivers and those family members, to manage the emotions that such a burden represents (Participant 3).

The recommendations given by participants in conditions of migration, whether local or international, point in the direction of containment that, as a remote caregiver, should be provided by the State. While it is true that Israel is characterized by a wide coverage of rights to migrants, perhaps including as a characteristic of the migrant population, that of the long-distance caregiver, could be another way of ensuring the well-being and better adaptation of this particular type of migration.

On the other hand, in the case of Mexico, and considering the demographic projections, where it is assumed that by 2030, it will be a country with a visible and mostly larger population, providing relevance as well as support to remote caregivers would facilitate the tasks of care to this sector of the population and in vulnerable conditions (illness); so that, family, primary caregiver, health sector, social assistance, among others, really work in a synergic process, without duplicating tasks, and without the obviousness or invisibility of others.

This coincides with the systematic review by Hughes, et. al. (2017), where he mentions the various findings on interventions for caregivers, ranging from pharmacological treatments to psychoeducational or psychosocial interventions, showing a constant peculiarity in these: caregivers with better health, better economic status, and better verbalization of their emotions and feelings, as well as the facility to clearly report the problems faced with the older relative (in relation to their medical care), are more likely to benefit from training and coaching to strengthen their own skills and add new ones, which suggest that if the factors described are addressed, it could benefit and enhance the ability of caregivers to incorporate new self-care strategies.

Another important aspect mentioned by the participating women is the one to listen to their voice, that is to say, being part of this research, exposing their experience, and being able to be taken into account to make changes, was comforting to them, so by including these voices in the proposals for improvements, not only those of these women, but those of other long-distance caregivers, it would help to improve in a clearer, closer and more efficient way the support to this type of caregiver, which is also called for by the systematic review conducted by Bledsoe, Moore and Collins (2010), and emphasizes that future research should include the voices of people providing care as well as people receiving care.

Also, more research is needed to understand where to direct resources and which care programs are most effective and for whom. Addressing caregivers' needs more efficiently, taking into account particularities, including the intercultural and intersectional perspective, as these needs change over the course of the disease, therefore the types of services that are most feasible at each stage are still unknown (Montgomery & Kosloski, 2009; Samia et al., 2012).

Conclusions

Further research is required to determine the specific needs of long-distance caregivers, and to develop new models of care that mitigate the knowledge deficits and psychosocial conflicts associated with the provision of care by those who are geographically distant.

Reflecting on the impact of migration on care issues, it is important to consider all the systems involved in this process. Although, literature frequently focuses on the migration experience from an individual and

psychological perspective of the subject leaving his or her country, little attention is paid to the family members left behind and the impact that migration has on family ties and cultural differences, as well as the roles and expectations of the members in terms of who and how care is provided (Baldassar, 2007). One example is the emphasis on perpetuating kinship, the desire to maintain family ties and space in a family, through sending money, phone calls or video calls, described by the women in this study.

Variables such as gender, birth order and negotiation regarding the distribution of caregiving responsibilities are crucial to consider when exploring these experiences, hence the importance of trying to understand how migrant caregivers face this challenge (Baldock, 2000; Chamberlain & Leydesdorf, 2004; Keasberry, 2001).

As discussed, in these six stories, the female long-distance caregivers who are the protagonists make an important contribution to the caregiving process through phone calls and care visits to the family and relative with primary responsibility for the care of the older adult. However, this type of collaboration has received little recognition from both family and society.

The experiences of women living in Israel and of Mexican women living in cities other than their own show deep feelings of nostalgia, guilt and stress. This shows that the search for a homogeneous and objective definition of the concept of long-distance caregiver, based on hours or kilometers, could not fairly cover the experience of this type of caregiver.

Care is defined as work and interpersonal relationships, but also as a socially constructed responsibility that is embedded social and economic contexts. Analysing care implies questioning who cares, how care is provided and who pays for care. An equitable distribution of care would fall to the state, markets, the family, and the community. However, it is the family that bears the greatest responsibility for its action, and specifically women, who have naturalised this function.

This type of care provided by long-distance caregivers may involve a continuous dialogue with the country of origin for many years and even the consideration of re-migrating because of family obligations and the perceived need to care for elderly family members in the country or city of origin.

Also, it is necessary to include, from a horizontal and collaborative position, the family, close or at a distance, in the decision making about the alternatives of approach, in relation to the care provided to an older relative

with dementia. In this way, responsibilities and commitment will be distributed more democratically, and an equitable valuation of each of the actors and their contributions will be generated.

It is also important to include a critical view of old age in the plural, since there is no single way of ageing. Understanding that societies are constantly changing at the same pace as they are, implies looking at the diversities, interculturality and intersectionality of the ageing process and thus at care procedures.

Recommendations

Although it is true that this exploratory research analysed the experiences of these women in their role as careers from a distance, the results were found to open new questions and issues to be investigated in greater depth. It is therefore recommended for future research to explore whether men also carry out this caring role, because, although the voluntary sample included in this study were women, we do not wish to give up the idea that there are no men carrying out this function.

It would also be interesting to explore the kinship level of care and whether remote care can also be provided beyond the family boundaries. As well as everything that occurs at the level of family functioning and structure: family cohesion, levels of adaptation, rigidity or flexibility in roles, conflict resolution, among other aspects, within the framework of care for the dependent elderly relative. Another important aspect to be studied in subsequent studies would be that of social policies and the exercise carried out by families with the support received. It should be remembered that the three pillars of social welfare (health, education, and social protection) include a fourth, which refers to the right to receive care in a state of dependency, with decent care.

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