Care in practice: negotiations regarding care for the elderly in multigenerational Arab Muslim families in Denmark

Abir Mohamad Ismail¹

Accepted: 13 December 2020/ Published online: 5 January 2021

© The Author(s) 2021

Abstract

Recent studies conclude that ethnic minority families in Denmark tend to be dismissive of senior housing and municipal homecare services for elderly family members. A large proportion of Muslim minority families in Denmark attach great importance to caring for the elderly as a tradition and prefer to take care of their own elderly family members at home. Nevertheless, the fact that morality, incentives, and obligations in relation to care for the elderly may be legitimized and/or contested with reference to cultural traditions and Islam has not received much attention in current research. In this article, drawing on material from ongoing ethnographic fieldwork among Arab Muslim families in Denmark, I discuss how cultural and religious backgrounds may determine and influence perceptions and behavior regarding care for the elderly. By observing and engaging in the everyday life of an Arab Muslim family, I explore how caring for elderly people with health problems at home raises specific questions about obligations and triggers negotiations across genders and generations. I argue that besides kinship and ethnicity, it is equally important to consider religiosity in an attempt to learn more about how Arab Muslims care for their elderly family members.

Keywords Care · Aging · Islam · Family · Tradition · Culture · Islamic care script · Discursive tradition

✉ Abir Mohamad Ismail
ami@cas.au.dk

¹ Department of Anthropology, Aarhus University, Aarhus, Denmark

Introduction

“And your Lord has decreed that you not worship except Him, and to parents, good treatment. Whether one or both of them reach old age [while] with you, say not to them [so much as], uff, and do not repel them but speak to them a noble word. And lower to them the wing of humility out of mercy and say, My Lord, have mercy upon them as they brought me up [when I was] small. Your Lord is most knowing of what is within yourselves. If you should be righteous [in intention] - then indeed He is ever, to the often returning [to Him], Forgiving.” (The Qurān 17: 23–25)

Although the notion of care has become prominent in the social sciences in the course of the last two decades (Alber & Drotbohm, 2015; Buch, 2015; Oxlund, 2018b), research which seeks to examine the perception of care and aging among Muslim minority families, or which deals with questions relating to old age and care for the elderly in Muslim families more generally, remains scarce (Zubair & Norris, 2015). The current anthropology of care literature, a relevant and timely tool for examining the multiple dimensions of care, focuses mainly on the intersection between work, gender, ethnicity, kinship, and welfare regimes (Buch, 2015; Oxlund, 2018a) but pays little or no attention to how religion and religiosity influence the way in which individuals perceive and approach care for the elderly (Ahmad & Khan, 2015). Furthermore, research on the experiences and expectations of Muslim minorities in relation to care and filial obligations as well as the challenges and changes in intergenerational relationships in Muslim families remains limited and undertheorized. There has been little exploration of how (and to what extent) religious background influences perceptions and behavior regarding filial obligations, care for the elderly, and family relations. So now that a substantial and growing proportion of the elderly in many Western countries have a Muslim background (Norris & Inglehart, 2009), it is of societal relevance to gain more advanced insight into the organization and practices of care for the elderly and the filial obligations of Muslims and their offspring.

This article presents the story of Amne,¹ an 86-year-old Arab Muslim woman in need of care who married at the age of 14 and fled from Palestine to Lebanon in the 1940s. She gave birth to 12 children in Al-Jalil Camp² in Lebanon and arrived in Denmark with her now late husband as an asylum seeker in 1988. Four of her children and their families immigrated to Denmark as well, while the rest chose to reside in Germany. At the time of their immigration, her children had already established their own families, but most of Amne’s grandchildren were born in Denmark and Germany. Amne is a pious woman who prays five times a day, used to fast during the month of Ramadan, and has already been on a pilgrimage to Mecca twice. Although she cannot read the Quran, she knows some Quranic verses by heart. Amne receives a retirement pension and lives in a 109-m² apartment very close to her children and their families (Fig. 1).

¹ The informants taking part are all given pseudonyms.

² A Palestinian refugee camp also named Wavel.

Based on the case of Amne and her family, this article discusses how the Islamic script regarding care for the elderly may structure and influence perceptions and behavior relating to such care in Arab Muslim families. The objective is to fill the gap in this field of research by looking at care script as a discursive tradition which is informed not only by ethnicity and kinship but also by religiosity. The article draws on Talal Asad's (2009) point about Islam as a discursive tradition containing religious texts which are in theory immutable, but which are also interpreted at all times and in all places by Muslims in their everyday practice. By studying Amne and her family's practice of care, this article shows that the Islamic care script must constantly be negotiated between genders and generations within and between families. Amne is an example of how an Islamic care script takes shape between different people and generations within a multigenerational Arab family residing in the Danish welfare state.

Method and Context

The present article is based on 9 months of ethnographic fieldwork and originates in the Danish project "AISHA – Aging immigrants and self-appointed helper arrangements" (2017–2020): a cooperative project between different municipalities and Aarhus University in which we focus on ethnic minority families who utilize a particular cash-for-care scheme involving the employment of self-appointed helper (§94 in the Danish Social Service Act). In AISHA, we use the self-appointed helper scheme as an entry point in order to investigate the interface between ethnic minority family care and welfare state care provisions.

Self-appointed helpers are normally family members who are contracted by the local municipality to undertake care tasks which municipal carers would otherwise have performed. Unlike many other countries, Denmark has a homecare service under its welfare state to which all elderly citizens are entitled. A self-appointed helper is typically hired for only a few hours a week, replacing visits from the municipal care staff. However, as this article will show, the number of paid hours rarely matches the amount of time family helpers end up spending on care. The self-appointed helper scheme enables municipalities to accommodate special needs in individual families, for instance, families who prefer to take care of their own elderly family members, which might explain why the §94 scheme is primarily used by ethnic minority families.

My role in AISHA involves exploring how the self-appointed helper scheme is carried out in practice, and how to care for the elderly as a religious tradition is negotiated, changed, and adapted in multigenerational Arab Muslim families living in a welfare state context. In total, 16 self-appointed helpers participated in my project, as well as eight elderly people and other family members belonging to eight of these 16 helpers. Access to the self-appointed helpers was attained through the municipality of Aarhus, who provided me with contact information. The majority of the families were stateless Palestinian refugees who came to Denmark during the Lebanese civil war in the 1980s, and who were housed in Gellerupparken, Aarhus, along with just under 3000 other Palestinian refugees (Johansen, 2013). These families consisted of several generations, with the youngest members being born and raised in Gellerupparken and attending local schools and institutions. Gellerupparken is one of the largest social housing projects in Denmark and has been on a political list of so-called ghettos since the mid-2000s.

In addition to formal and informal interviews, I observed the families over time, visiting them in their homes and taking part in everyday practices and ordinary family activities such as family gatherings, feast celebrations, doctor's visits, and shopping.

It was undoubtedly a huge advantage that I have an Arab family background and that I am familiar with Gellerupparken, as well as being able to communicate in both Arabic and Danish. I enjoyed easy communicative access to the family members. They found it easy to accept me because I come from a family with almost the same background and migration history as most of the families I worked with. Most of the interviews were recorded and subsequently transcribed.

The overwhelming majority of the self-appointed helpers were female, underlining the feminized nature of care (Sparre, forthcoming). However, we also encountered families in which many family members took turns to provide care, even though one particular daughter, daughter-in-law, wife, or granddaughter was officially employed as the self-appointed helper. The choice of Amne as a case was not a random one. As I will show, this family not only shows that the § 94 scheme could be one element in a larger *accumulation* of care but also demonstrates the creativity in care and the complexity of maintaining appropriate care for the elderly in a family in which a religious tradition is maintained.

Care for the elderly as a script

The term “care” has been conceptualized in multiple ways in anthropological work in the course of the last decade. The most prominent questions that have been asked are “what is care?” (Buch, 2015) and “who cares?” (Oxlund, 2018a). Like many other scholars (Alber & Drotbohm, 2015), Buch and Oxlund refer to the most common care theory developed by Fisher and Tronto (1990), who argue that care refers to specific activities that include everything that is done to “maintain, continue and repair our world so that we can live in it as well as possible”. Fisher and Tronto suggest that care is four dimensional: “caring about,” “caring of,” “caregiving,” and “care receiving” (Fisher & Tronto, 1990). The purpose of their description is to reveal the diversity of care as a concept, focusing not only on the actual care work but also on the emotional and mental work that is involved in caring.

The measurability of care, one could say, is a point of focus in the work of Annemarie Mol et al. (2010). These authors introduce the term “care practices” to focus on what is done in care. Their main argument is that a practice varies depending on the social context and the need of the care participants (Mol, Moser, & Pols, 2010). Care is not a fixed category but rather a vague one that needs to be explored. According to Mol, what is important in care are the practical activities that are invested in doing good and improving the lives of others (Mol, 2008).

What is care, who cares, and how is care done are all central questions in Cati Coe's (2017) exploration of care for the elderly in Akuapem in Ghana. Coe proposes the concept of “care scripts” to include the ways in which kin and non-kin become involved in sustaining families through care for the elderly. Coe's work suggests that care scripts are compact clusters of knowledge and claims about care, as well as containing moral guidelines about how care should be done and who should do it. Care scripts refer to prescribed roles and norms for members of a social group. They are guidelines, accessible, and familiar to the members. But, there may also be individual

interpretations as well as flexibility in the degree of traditional adherence to the cultural script. According to Coe, people around the world have different care scripts, which are unique and changing constantly depending on the changing economic and social circumstances (Coe, 2017).

In many Scandinavian societies, the welfare state provides different types of care for the elderly in the form of nursing homes, home care, and various cash-for-care schemes (Kristiansen et al. 2015). Yet sometimes such schemes simply contradict the care scripts of the minorities involved. Studies (Ajrouch, 2005; Croll, 2006; Liversage & Jakobsen, 2016; Liversage & Mirdal, 2017; M. Al-Heeti, 2007) that focus on culturally appropriate care for elderly Muslims in the West illustrate the inadequacies of the welfare state when it comes to meeting the needs of the Muslim elderly population. Cultural and religious norms place a strong emphasis on caring for one's parents in the home, making care schemes provided by the public and private sectors unviable for Muslims. Care for the elderly has its own script in Muslim cultures, based (like any other care script) on helping the elderly while improving the moral standing of the caregiver.

Care as an Islamic script

In Muslim cultures, care for the elderly is a religious practice that is supposed to have an uplifting and moralizing effect on the community, kin, and intergenerational relations (Ahmad & Khan, 2015; Young & Shami 1997). Muslims in general place great importance on filial piety, aging, and old age. As regards the Islamic textual tradition, the Qurān, the Ḥadīth, and the Sunna form an Islamic care script that aims to establish a balanced relationship between respecting God and honoring the elderly (Bensaid & Grine 2014).

Muslims are asked to treat their parents with *iḥsān*, particularly when they reach old age. The word *iḥsān* has several meanings depending on the context in which it is used. But in the context of care for the elderly, *iḥsān* is a comprehensive duty that has practical implications, such as showing kindness, dignity, honor, mercy, patience, respect, appreciation, ease, gentleness, justice, support, and solidarity. *Iḥsān* is supposed to urge children to take responsibility for supporting and caring for their parents when these parents grow weak and are unable to support themselves. Caring for the elderly with *iḥsān* is in fact a crucial practice in order to “do good” and “be a good” Muslim (Mackinlay et al. 2010). Moreover, *iḥsān* implies that priority must be given to the satisfaction of one's parents over personal satisfaction and that of one's spouse, children, and others. It implies obeying one's parents unconditionally unless they command sinfulness. Muslim scholars have drawn on the Islamic textual tradition to establish that showing *iḥsān* to parents is a fundamental religious duty.

Even though not all Arab Muslim families in Denmark are particularly religious, care for the elderly remains of great importance to them. They consider it a shame, *ayb* in Arabic, to assign this care to strangers and do not want to put the family reputation at risk. *Iḥsān* and *ayb* should not be understood as contradicting each other, but rather as two approaches that cannot be separated. In Arab communities where Islam is dominant, cultural and religious norms are intertwined. These norms are regarded as acts of high morality, acts of devotion, and self-sacrifice without any material value. Arab Muslims do not want the intimate bodies (known as “*awra*”) of elderly family members

to be revealed to strangers. Sending the elderly to nursing homes or leaving care for the elderly to strangers is not considered an option in the Muslim culture since it is connected with disrespect, neglect, and injustice. In the end, these norms lead to a relatively dismissive attitude towards municipal care services, an attitude that limits the ability of welfare states to assist or provide care for the elderly in need (Hansen 2014; Liversage & Jakobsen 2016; M. Al-Heeti 2007; Naldemirci 2013).

With a view to caring for their parents when they grow old, extended families often live together in the same household or in separate households close to each other, joining forces to provide the time, food, and financial resources needed to care for elderly family members. This model has been called “families with open doors” in Danish (Schmidt 2002). The family unit plays a crucial role in the process of coping with the various needs and changes in the lives of their elderly people. The concept and role of the family essentially reflect Muslims’ understanding of the bond of kinship as illustrated in a number of Quranic texts³ and Ḥadīth.⁴ Although elderly Muslims are usually surrounded by family (Hansen, 2014; Liversage & Jakobsen, 2016; M. Al-Heeti, 2007), there are certain challenges because the maintenance of family systems that function effectively in the long run is mostly based on constant negotiations, changes and adaptations.

Care as a discursive tradition

From a textual point of view, the Islamic care script seems to be fixed and unchangeable, being shaped essentially by religious beliefs, laws, and spiritual practice (Bensaid and Grine 2014). But in practice, people seem to be left on their own when it comes to defining and interpreting when and how care should be provided. Moreover, although care for the elderly is based on a religious tradition, it is also a discursive tradition because it is not necessarily fixed over time, and the parties involved in any given care relation may also disagree about how care should be given—and by whom. In his attempt to understand what Islam is all about in the West, anthropologist Talal Asad emphasizes that traditions consist of discourses that seek to instruct a purpose and a particular practice. A tradition will always have a past and a future in which tradition will continue, but it is also interpreted in its present and compared to its contemporaries. According to Asad, Muslims in non-Muslim communities are confronted with other people’s values and lifestyles, leading to a change or reinterpretation of Islamic practices and traditions (Asad 2009). Any (Islamic) tradition should then be understood as changeable and contextual, not homogeneous and static. Drawing on Asad’s central point, a care script could be seen as a discursive tradition that is constantly being negotiated and reshaped to fit multigenerational families consisting of several

³ (Quran, 13:25) “And those who break the Covenant of Allah, after its ratification, and sever that which Allah has commanded to be joined (i.e., they sever the bond of kinship and are not good to their relatives), and work mischief in the land, on them is the curse (i.e., they will be far away from Allah’s Mercy); And for them is the unhappy (evil) home (i.e., Hell)”.

(Quran, 4:1) “.and fear Allah through Whom you demand your mutual (rights), and (do not cut the relations of) the wombs (kinship). . . .”

⁴ “The one who severs the ties with the relatives will not be among the first to enter Paradise. Rather, this person will enter it after being tortured in Hellfire (i.e., if one dies as a Muslim)” (Al-Bukhari).

generations living within the same family, with each generation having its own beliefs and perspectives on care for the elderly.

Anthropologist Bjørg Moen (2002) argues that the multigenerational family is dynamic in a transnational context, where family roles and the generation contract are subject to constant change. Based on that, I argue that a diversity of moralities and interpretations of care is likely to detect within every multigenerational family's discursive care script. The care script provided in the Islamic discursive tradition has to be negotiated locally in every family. In the remainder of this article, I will present the case of Amne, and how her children, children-in-law, and grandchildren negotiated and organized care for her.

Amne: head of household and care receiver

The first time I visited Amne, her daughter Faten was present. Faten was cooking in the kitchen, while Amne was sitting in the living room folding a long white sleeve. We greeted each other, and Amne asked me to sit down. I was just about to ask Amne about the sleeve that she was so carefully folding and stroking when Faten came in with the coffee:

“Her hearing aid is off. She will not hear you even if you screamed. I will ask her to switch it on in a minute... You look curious about the white sleeve. This sleeve is her shroud. She is preparing everything for her death, even her own shroud. She has cancer that has spread. She had it a long time ago, but it came back... she doesn't have much time left.” (Faten, 54)

Then, Faten helped Amne switch on her hearing aid.

The Israeli invasion and the War of the Camps in the 1980s displaced thousands of Palestinians inside Lebanon. Amne's family is one among thousands of Palestinian families who migrated to Europe due to the political and economic situation in Lebanon in the 1980s and 1990s. Because of the unstable economic situation and legal restrictions in Lebanon, a large number of Palestinians could not find work, and many saw the migration to Europe as their only escape. The 1980s and 1990s witnessed a mass arrival of Palestinian asylum seekers into northern Europe. During this period, Sweden, Denmark, and Germany opened their borders to a large proportion of them. In Europe, they searched for a country where they could build a normal life for their children under better economic conditions and with a recognized legal status (Dorai, 2008).

Fig. 1 Amne's family

The immigration to Europe was, according to Amne, a family decision. The eldest sons insisted on leaving Lebanon, so the family worked together to ensure that no-one was left behind.

“My sons insisted. They did not want to leave us behind. My husband then said ‘who are we without our children?’ We still have our home there, but most of our relatives and neighbors are dead, peace be upon them. When my husband died, we buried him there.” (Amne, 86).

Although Amne has lived in Denmark for almost three decades, she wants to spend her last days in Lebanon and to be buried next to her husband.

“I’ve lived a long life and experienced a lot, now I am dying. I told my children that I want to be buried next to my husband, because then I will not feel lonely. In Lebanon, people visit the graves all the time. It is a good thing in Islam to visit the graves occasionally. People will come to visit and pray for us. Here no-one visits anyone; even the living don’t visit each other nowadays (laughs).” (Amne, 86)

Many of the people Amne knew in Lebanon, including many neighbors, migrated to Denmark as well. In fact, they are still neighbors living in the same area. Amne used to engage in the neighborhood’s social activities and gatherings, but she stopped when she fell ill. According to her daughter Faten, Amne changed a lot after this. She became a very moody and sad woman, waiting to die. Maybe due to her illness or maybe because she simply misses her husband, who has left a void in her life. In my conversations with Amne, the word death was often mentioned, as she knew it was coming. In fact, she seemed to be in harmony with the thought.

“This is the fact of life and I am a believer, thank God.” (Amne, 86)

With regard to her perception of aging and being ill, Amne feels secure in Denmark knowing that she has access to the healthcare system. However, the Danish system can be very cold and unspiritual, according to her, especially when you are dying. She wishes to return and die in a country where the dead are more valued.

Amne is worried about dying in Denmark without undergoing the proper rituals that follow the Muslim death. So she is preparing the shroud that she bought on a pilgrimage to Saudi Arabia. According to Faten, the family is trying to make it possible for Amne to spend her last days and die in the presence of the entire family in Lebanon. But, it will not be easy and will demand efficient logistics as well as financial resources. According to Faten, Amne finds it hard to appreciate the difficulties of her plan and is growing increasingly impatient each day.

Faten—daughter, caregiver, and self-appointed helper

Faten, who is 54 years old, married with five children, lives close to her mother. She was appointed by the municipality as Amne’s self-appointed helper after her father died and Amne’s cancer recurred. At that time, Faten was looking for a job. However, when she told her social worker about her mother’s condition, the social worker asked her to apply for the self-appointed helper scheme. This would enable Faten to take care of her mother as well as gaining regular employment at the same time.

“Before my father died and before I was hired as her self-appointed helper, several health care workers came to help her with medication and other things. They could not communicate, my mother does not speak Danish, and so she always spoke Arabic to them. However, it was too much for her, she often yelled at them and threw them out, and eventually they stopped coming. She was angry with us (her children) because we let strangers do what is our job. We were supposed to take care of her, I understand that, because they (strangers) will never do what we do for her. She scolds us often (giggles), but you know, in the end it is our duty to bear with her.” (Faten, 54)

Today, Faten is employed for 13 h a week, which is roughly one-third of an ordinary working week in Denmark. The fact that she does not earn enough money to support her family is one of her biggest concerns. Every single month, she sits down with her husband to make sure that they can pay their bills. Sharing her financial situation with me was obviously very hard for Faten, as it probably made her feel ashamed and impunctious. I realized this because she was always trying to change the subject.

“Before this I received social security from the municipality. Today, I earn less than the social security, but let us not talk about that.” (Faten, 54)

Faten is responsible for the cleaning and laundry, and for bathing Amne twice a week. The laundry is the easiest part of the job, as she only does it once a week. Bathing Amne, however, is not easy, as Amne has her own way of doing things. Her hair must be washed twice with shampoo, and her body must be scrubbed twice as well. Amne only recently stopped shaving.⁵ According to Faten, Amne is very strict when it comes to cleanliness, including bodily cleanliness in particular.

“Cleanliness is next to Godliness, is that not what the hadith says?” (Amne, 86)

According to Faten, the worst task is cleaning the apartment because it involves everything from removing dust, washing sheets, and cleaning windows to even cleaning the crystals on the ceiling lights. Recently, Faten underwent minor hand surgery; so her 22-year-old daughter Jasmin now helps to do the cleaning. Amne’s apartment is huge. It consists of two bedrooms, a living room, two bathrooms, a kitchen, and a laundry room. Each room has its own balcony. The rooms are nicely furnished, the walls have flowered wallpaper, and the floors are carpeted with wall-to-wall carpets. Faten admits that cleaning Amne’s apartment is pretty demanding and exhausting for her.

Care as a concept is often considered to symbolize human warmth, sacrifice, and “doing good” (Coe, 2017; Kleinman, 2012; Mol, 2008). But, it is often assumed that if a person is cared for, it implies that someone else is bearing the burden. The positive aspects of that burden on the caregiver may be intangible. Even though Faten could be regarded as a caregiver who is bearing a burden, she always feels gratified when she sees Amne’s expression when the cleaning is done, because then she knows that Amne is pleased and satisfied. To Faten, cleaning is a way of caring. She is convinced that she

⁵ Amne used to shave her body hair, but she stopped due to chemotherapy.

Fig. 2 Amne's family in Denmark

is improving Amne's quality of life while fulfilling a religious duty that will generate divine credit.

The circulation of care as a family arrangement

Listening to Amne's sad and somewhat reproachful voice while speaking about loneliness and her eagerness to be well prepared for her own death gave me the impression that she must be feeling lonely and neglected living in this huge apartment by herself, until I learned more about her circumstances and her huge family.

When Amne's husband passed away, her health deteriorated. The municipality offered her homecare, but the children refused because they preferred to care for her themselves. Amne was not interested in the option of municipal homecare, either. Then, it was agreed that Faten should be employed as Amne's self-appointed helper. However, in addition to Faten's employment, Amne's other children also wanted to help to care for their mother, especially the three sons living in Denmark with their respective wives and children. They felt it was necessary to find a way to ensure that Amne was not left alone when Faten had to go home to be with her husband and children. So they decided to take turns to provide care for their old mother. They agreed that Amne would stay 1 week at a time with each of them, including Faten. Each family would prepare a room for Amne each time she stayed with them, with a bed where she could sleep and a closet where she could put her things—even if this meant that two or three of her grandchildren would have to sleep in the living room or elsewhere in the home.

This kind of rota system is not atypical in the Arab Muslim culture. With a view to providing the best care when their parents grow old, extended families often live together, or at least side by side. The family unit plays a crucial role in the process of coping with the various needs and changes arising. The concept and role of the family essentially reflect Muslims' understanding of the bond of kinship illustrated above. Scholars have found that from birth to marriage and into old age, Muslims are ideally and also often actually surrounded by relatives and receive help and support throughout their lives (Hansen, 2014; Liversage & Jakobsen, 2016; M. Al-Heeti, 2007; Rytter, 2013). However, this kind of rota system for elderly family members is not always a bed of roses: it also involves difficulties and challenges.

Although Amne was very comfortable with the idea of visiting her children by turns, the situation was by no means easy for everyone.

Amne suffers from various illnesses: she has diabetes, unstable blood pressure, and now cancer, but this has not changed her attitude. According to Amne's daughter-in-law Jamila, 53, Amne can still use her tongue, although not in a sensible way. She can be both intrusive and unpleasant in the way she expresses herself.

“At first I was okay with her staying with us one week a month. Of course, she had to, as there was no other option. Even though she has always been a woman with a negative attitude, I felt sorry for her when her husband died. I sympathized with her and felt it was my duty as a wife, a daughter-in-law, and a Muslim to care for her. However, at one point it became too much. Not only because she would interfere in my home, but also because she was very rude and disrespectful. Just to give you an example: according to her, I am unclean because I do not rinse the meat twice before I cook it. Therefore, she refused to eat my food and constantly patronized me in front of my husband and kids. According to her, I am neither a good wife nor a good mother. May God forgive her.” (Jamila, 53)

Every time the daughters-in-law were mentioned in our conversation, Amne rolled her eyes. I asked her once if she had a favorite daughter-in-law.

“They are my son's wives, what do you want me to say. Sometimes they do good and other times I cannot stand them. After my husband died, I feel like they have become more impudent. In the past, they did not dare to contradict me in anything, but now they know that my days are numbered.” (Amne, 86)

By impudent, she means that they contradict her more and respect her less. According to Amne, this is definitely due to the fact that her husband died and that some of her status died with him. Samira, another daughter-in-law, acknowledges that there has been a change in the relationship since her father-in-law passed away. However, she cannot understand exactly what Amne regards as good behavior and feels that the change is due entirely to Amne's intolerable attitude.

“For a long time, I tried my best to satisfy her. We all did. It caused many conflicts between us (daughters-in-law) because it was about making them (mother-in-law and father-in-law) content. Now I do not care that much. It is as if she provokes conflicts and her daughters even help her to do this. Once, while she was staying at our place, she asked me to bathe her. I refused because I do not want to see her ‘awra’. Besides, Faten is the only one who is supposed to help her bathe. She started yelling and crying, trying to seek sympathy from my husband and kids. I called Faten in the hope that she could calm her down, but instead Faten scolded me. ‘She is almost like your mother, why do you not just help her,’ Faten said to me. ‘Well, she is not my mother,’ I replied. And I hung up.” (Samira, 49)

“Awra” is an Arabic term meaning “what must be covered”: the intimate bodily parts of a human being. A woman's awra consists of her entire body with the

exception of her face and hands (Boulanouar & Wood, 2006; Siddiqui, 2013). According to Samira, few of the daughters-in-law in Denmark and Germany are concerned about the “awra.” They helped Amne bathe when she was staying at their place. Samira refused to do it for religious reasons, which may have confused Amne to some extent. Samira is convinced that Amne’s sons, daughters, and even grandchildren are the ones who are responsible for such an intimate thing as bathing, not the daughters-in-law.

Rethinking the family arrangement

Mazen, Amne’s oldest son and Jamila’s husband, realized after a while that things were not going well between his mother and his wife. Even the children complained about Amne’s attitude. Mazen’s brothers also experienced Amne’s attitude, so they all decided to move her back to her apartment, just to avoid conflict and bad feelings. Mazen seemed displeased with the decision. In our conversation, Mazen repeatedly referred to some verses in the Quran, wishing that his mother were pleased and happy. He feels that being a good Muslim is closely linked to how he performs in the role of being a good son.

“Well, I guess this happens in all families. It is hard for a mother to share her son with another woman and hard for a wife to handle the consequences. My mother is not entirely happy about moving back to her apartment. She enjoyed staying with her sons. Because I know her so well, I know that she must be upset and disappointed. That makes me sad. When I pray to Allah, I ask for forgiveness. I did what I did with a good intention. We had to move her back.” (Mazen, 63)

Moving Amne back to her apartment meant that she stopped speaking to her sons for weeks. She refused to visit them or eat their meals. Faten was the only one she would speak to. After several attempts by her sons, she agreed to give them another chance if they took her on a pilgrimage. This kind of pilgrimage is an expensive business, particularly for Muslims living in a European country. According to Mazen, the trip cost more than DKK 35,000 for Amne, and the same amount for the son who had to accompany her.

Her children paid for the trip, including the children living in Germany. In our conversations, Amne made no secret of the fact that she knows that the social and religious structure of the Arab family gives her a parental power that she used to her advantage. Arab families differ markedly in terms of structure and socialization goals from Western families (Kronfol, 2015). The typical structure of an Arab family is patriarchal and patrilineal: fathers are the family leaders, and mothers are the primary caregivers and disciplinarians. Parents socialize with their children and teach them to be obedient and interdependent, emphasizing family obligations and filial piety. Ideally, this should result in warm, interconnected, and hierarchical parent-child relationships (Rasmi & Daly, 2016). However, this structure allows parents to intervene in all aspects of their children’s lives in their childhood and beyond. This can cause conflict, disrupting the family balance and causing a considerable amount of friction. Amne’s intervention in her children’s lives, as described by her daughter-in-law, creates unnecessary confusion. Nonetheless,

according to her son Mazen, this unnecessary confusion should be treated with patience or *Sabr*.⁶

“I always tell my family to have Sabr even if it is sometimes hard on the mind and the body. It is not only about her, it is also about family solidarity.” (Mazen, 63)

Mazen expressed his wish to preserve family harmony and balance. According to him, both are cultural and religious imperatives that are not worth risking. Saying no to caregiving responsibilities threatens not only the mother-child relationship but also the family harmony. It also weakens the central aspects of filial piety: respect and loving one’s parents, not bringing any type of shame on one’s parents, taking good care of one’s parents, and obeying one’s parents. The care script of filial piety dictates more than just responsibility for care: it requires that the elderly are cared for in the way that they want to be cared for and that care requests are respected and enacted.

Although her sons tried to remedy the situation by paying for the pilgrimage, Amne is still bitter.

“There are not real men anymore. My children have chosen to satisfy their wives, they have forgotten how much I have done for them. May God forgive them, I love them all and I also love their children.” (Amne, 86)

Today, Amne lives in her own apartment with a different care arrangement. Now her adult children take turns to care for her 1 week at a time. When it is Mazen’s turn, he stays overnight. When he is there, he helps her go to the toilet, serves her food, and gives her medicine. He is also responsible for taking her to the doctor when necessary. When he is at work, his daughters take over. They visit her and provide the necessary help until Mazen returns from work. Mazen’s wife, Jamila, cooks the meals during that week and visits her occasionally.

Mazen’s brothers do more or less the same when it is their turn/week. However, they do not stay overnight but send their daughters instead. Amne used to visit her children in Germany twice a year, but the last time she was in Germany, she was seriously ill and was hospitalized for weeks. When Amne was visiting, she stayed for 1 week with each family there. They provided food and medication, and they took her to the doctor when necessary, but they also ensured that she was entertained. Today, Amne has become weak and cannot travel to Germany, so they now come to visit her in Denmark occasionally.

The grandchildren and the negotiation of care

The intergenerational relationship is vital in understanding caregiving in Arab Muslim families. Intergenerational relationships are qualitative measures of the connection between members of the family in different age groups (Ahmad & Khan, 2015; El-

⁶ Sabr in Arabic means patience or forbearance. Sabr is the inner strength directed towards God as well as a capacity granted by God. It is also entangled with notions of self-sacrifice and silent suffering. Sabr is an Islamic virtue that offers guidelines for Muslims to mold themselves in particular ways to achieve a desired state of being (Qureshi, 2013).

Islam, 1983). There are continuous transfers between different generations in relation to caregiving, ranging from young caregivers receiving care from adults, to adult caregivers providing kinship care for the family.

Mazen's oldest daughter explained:

"My father never forced me to do anything for his parents. He is an intellectual man who is aware of the difference between his generation and ours. We were raised in a home where we were allowed to express ourselves; let us call it a democratic home. We always discuss important matters from everyday life, and if he wants to convey a message about filial piety or family responsibility, for instance, he does it by telling a story. He tells a story he knows or a story from the Sunna. He is good at conveying a message at the right place and moment. I think it is important to explain and communicate, instead of just saying: well, this is how things should be because we are Muslims and that is what Islam says." (Dina, 32)

Religious moral codes and sociocultural transitions that emphasize "iḥsān" towards elderly parents in Arab Muslim families influence the system of intergenerational ties and facilitate material exchanges to a large extent. This makes it possible to share resources and creates conditions that reinforce emotional and physical support. Studies show that providing care for the elderly has traditionally fallen on daughters and daughters-in-law not only in the Arab countries but also worldwide (Kronfol, 2015; Liversage, 2013; Rytter, 2013; Sunar & Fisek, 2005). Although the female role in the care provided for Amne dominates (see Figs. 2 and 3), there is a shift in this traditional norm. A shift that, to some extent, supports the argument that newer generations of Muslims often have different ideas than their parents regarding issues such as gender roles (Christiansen, 2011; Ismail, 2015), affiliation (Pedersen 2014), marriage (Liversage, 2013; Rytter, 2013), religious practices (Cesari & McLoughlin, 2005; Roy, 2006; Schmidt, 2007), and also filial obligations and care for the elderly (Bordone & de Valk, 2016; Valk & Schans, 2008).

Some studies (Hansen, 2014; Moen, 2002) of family relations suggest that the conventions of early marriage for women, universal marriage for both sexes, and large age differences between spouses have changed a great deal in many respects over the past century. This, and the increased entry of women into the labor market (Predelli, 2004), may help to unravel the existing multigenerational household pattern and require changes in

Fig. 3 The names marked in red are the people who help to care for Amne on a regular basis. The others contribute occasionally

familial roles that involve gendered duties and responsibilities for family members, both the young and the old. This is revealed in the way Mazen and his siblings are involved in the everyday care of their mother, also when things become very intimate (for instance, they help Amne change her underwear and wash after toilet visits).

Being a multigenerational family, Mazen and the rest of the siblings try their best to create consistency in Amne's everyday life. But, the younger generation in particular has difficulty in accepting the fact that each subfamily of Amne's four children living in Denmark has its own way of caring for Amne. As Lina explained:

“I cannot stay with her and do the same as my cousins. They do not do much on a daily basis, no school or work, yet I hear them complaining about her, about how she wakes up in the middle of the night to pee, wash herself, and pray the Morning Prayer. All of this may take a long time because she is old and weak. It would not work for me to stay over. I like to visit her and keep her company for a few hours a day when it is our turn, because I think it is a pity that she sometimes has to stay alone for several hours.” (Lina, 23)

Lina is one of Mazen's seven children. She is currently training to become a medical laboratory technician in Aarhus. In addition to being absorbed in her studies, she is also preparing for her wedding. Lina contributes to the care provided for her grandmother Amne by staying with her for a couple of hours, but she never sleeps over. According to Lina, Amne is a demanding grandmother who wants you to entertain her by chatting with her the whole time, cook for her, or iron her clothes. She knows how to keep everyone busy and becomes very annoyed when the person providing care is on their smartphone or laptop or when they are studying.

“She says: are you here to take care of me or to do your own stuff? Unfortunately, my cousins have accustomed her to ask them to do whatever she wants them to do. To be honest, I do not enjoy her company, but I feel like it is my duty.” (Lina, 23)

Another of Mazen's daughters wonders why the care job should rely only on the family. Dina has an academic degree, is married, and has three children. She is no longer part of the rota system used to care for her grandmother, but she still contributes by visiting her when her mother Jamila does.

“Sometimes I wonder why she refuses to receive help from the municipal carers while we are gone. It is not that we are leaving her to others. In my opinion, the family takes very good care of her. She does not know how privileged she is compared to an elderly ethnic Dane.” (Dina, 32)

The intergenerational aspect of care is undoubtedly interesting because it opens up new dimensions to the understanding of care as a religious tradition. The young women mentioned their awareness of the sacred place old parents have in Islam and what I have called an “Islamic care script.” But not once was a direct reference made to a verse or phrase from the Quran or/and the ḥadith. Instead, the words *duty* (*wājib*), *pity* (*shafaqa*), and *responsibility* (*mas'ūliyya*) were repeated frequently. Their knowledge of filial piety and family obligations was inherited from and transferred by their own

parents, but they have also experienced it through their grandparents on both sides. Dina and Lina both made comparisons between Amne and their grandmother on their mother's side, who, according to them, was a very loving and kind person who cared about her grandchildren. According to them, Amne lacks these qualities.

The perspectives of Lina and Dina illustrate that the Islamic care script is open to interpretation. The religious tradition expressed in the Quran and Sunna is (obviously) exactly the same; but young people who have attended further education and who were born and raised in the Danish welfare state may have different interpretations of what care should imply than their parents and grandmother. In this way, the apparently immutable Islamic care script is interpreted and negotiated in local practice—in this case in a multigenerational Arab Muslim family in Denmark.

Conclusion

This article has explored the care script of a large Arab Muslim family in Denmark (Amne's family) and demonstrates that caregiving efforts and care arrangements are complicated because they often have to be modified and negotiated. As shown in this article, the organization of the care script in the family is not only about visiting Amne occasionally or about celebrating feasts together but also involves constantly performing the role of a good son, daughter, grandchild, and daughter-in-law. Their creative arrangements and allocation of care and care tasks suggest that this multigenerational family has based its actions on its own moral laboratory (Mattingly, 2014) and has succeeded in creating a *specific* care script that works collectively. This specific care script is shaped and informed by different ideals, norms, and morals about what good care involves. There is no doubt that religion is important: the combination of values and norms transmitted by the Islamic care script. They want to be good Muslims, but the Islamic care script does not provide them with a manual explaining how to perform the role of caregiver in order to fulfill the duty of care. I argue that in practice, this multigenerational Arab Muslim family is free to define and interpret when and how care should be provided and/or received. The care script builds on a religious script, while also being shaped by the individual family member's rationality and creativity, which is constantly negotiated and reshaped to fit particular circumstances.

Oxlund (Oxlund, 2018b) writes about how migration challenges and changes migrant families' care scripts. This is indeed the case. Care scripts in Islam are the same as they have been since the time of the Prophet, but they are interpreted differently in different contexts. The discursive tradition of Islam (Asad, 2009) is interpreted and practiced differently in Muslim families around the world. In Denmark, many Arab Muslim families have held on to some of the intergenerational obligations and reciprocity. However, some cases also show that the municipal care service (involving the employment of Faten) and the grandchildren have different views on care for the elderly. In other words, the Islamic tradition is the same, but the interpretation of what care actually means in practice varies and is subject to ongoing negotiation.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the

article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- Ahmad, M., & Khan, S. (2015). A model of spirituality for ageing Muslims.
- Ajrouch, K. (2005). *Arab American Elders: Network Structure, Perceptions of Relationship Quality, and Discrimination* (Vol. 2).
- Alber, E., & Drotbohm, H. (2015). *Anthropological perspectives on care : Work, kinship, and the life-course* (First ed.). New York, NY: Palgrave Macmillan.
- Asad, T. (2009). The idea of an anthropology of Islam. *Qui Parle*, 17(2), 1–30 Retrieved from <http://www.jstor.org/stable/20685738>.
- Bensaid, B., & Grine, F. (2014). Old age and elderly care: An Islamic perspective. *Cultura*, 11(1), 141–163.
- Bordone, V., & de Valk, H. A. G. (2016). Intergenerational support among migrant families in Europe. *European Journal of Ageing*, 13(3), 259–270. <https://doi.org/10.1007/s10433-016-0363-6>.
- Boulanouar, A.-W., & Wood, B. P. (2006). The notion of modesty in Muslim women's clothing: An Islamic point of view.
- Buch, E. D. (2015). Anthropology of aging and care. *Annual Review of Anthropology*, 44(1), 277–293. <https://doi.org/10.1146/annurev-anthro-102214-014254>.
- Cesari, J., & McLoughlin, S. (2005). *European Muslims and the secular state*. Aldershot, Hants, England ; Burlington: Ashgate Pub. Co.
- Christiansen, C. C. (2011). Contesting visibilities: Sartorial strategies among Muslim women in Danish media. *Journal of Intercultural Studies*, 32(4), 335–353. <https://doi.org/10.1080/07256868.2011.584613>.
- Coe, C. (2017). Negotiating eldercare in Akuapem, Ghana: Care-scripts and the role of non-kin. *Africa*, 87, 137–154.
- Croll, E. J. (2006). The intergenerational contract in the changing Asian family. *Oxford Development Studies*, 34(4), 473–491. <https://doi.org/10.1080/13600810601045833>.
- Dorai, K. (2008). Itineraries of Palestinian Refugees. *Kinship as Resource in Emigration*.
- El-Islam, M. F. (1983). Cultural change and intergenerational relationships in Arabian families. *International Journal of Family Psychiatry*, 4(4), 321–329.
- Fisher, B., & Tronto, J. C. (1990). *Toward a feminist theory of caring*. Albany: SUNY Press.
- Hansen, E. B. (2014). Older immigrants' use of public home care and residential care. *European Journal of Ageing*, 11(1), 41–53. <https://doi.org/10.1007/s10433-013-0289-1>.
- Ismail, A. (2015). *Muhajabebes -meet the new fashionable, attractive and extrovert Muslim woman : A study of the hijab-practice among individualized young Muslim women in Denmark*. Retrieved from <http://nobelspec.au.dk/20061492.pdf>
- Johansen, M.-L. (2013). I grænselandet: Palæstinensiske forældres navigering i den danske velfærdsstat.
- Kleinman, A. (2012). Caregiving as moral experience. *The Lancet*, 380(9853), 1550–1551.
- Kristiansen, M., Kessing, L. L., Norredam, M., & Krasnik, A. (2015). Migrants' perceptions of aging in Denmark and attitudes towards remigration: findings from a qualitative study. *BMC health services research*, 15(1), 225.
- Kronfol, N. M., Rizk, A., & Siba, A. M. (2015). Ageing and intergenerational family ties in Arab countries. *Eastern Mediterranean Health Journal*, 21(11), 835–843.
- Liversage, A. (2013). Tyrkiske skilsmisser i Danmark. *Dansk sociologi*, 24(nr. 2), 79–100 Retrieved from <http://ej.lib.cbs.dk/index.php/dansksociologi/article/download/4590/5022>.
- Liversage, A., & Jakobsen, V. (2016). *Ældre fra Tyrkiet - hverdagsliv og vilkår*. Roskilde: Roskilde University Press.

- Liversage, A., & Mirdal, G. (2017). Growing old in exile – a longitudinal study of migrant women from Turkey. *Journal of Ethnic and Migration Studies*, 43(2), 287–302. <https://doi.org/10.1080/1369183X.2016.1238910>.
- MacKinlay, E. (2010). *Ageing and spirituality across faiths and cultures*. Philadelphia, PA: Jessica Kingsley Publishers.
- Mattingly, C. (2014). *Moral laboratories: Family peril and the struggle for a good life*. Berkeley: Univ of California Press.
- Moen, B. (2002). Moen om generationskiftet i pakisnatske familier om omsorg.
- Mol, A. (2008). *The logic of care : Health and the problem of patient choice*. Abingdon: Routledge.
- Mol, A., Moser, I., & Pols, J. (2010). *Care in practice : On tinkering in clinics, homes and farms*. Bielefeld: Transcript.
- Naldemirci, Ö. (2013). Caring (in) Diaspora: Aging and caring experiences of older Turkish migrants in a Swedish context.
- Norris, P., & Inglehart, R. (2009). *Cosmopolitan communications: Culture diversity in a globalized world*. Cambridge: Cambridge University Press.
- Oxlund, B. (2018a). The life course in a migrating world: Hybrid scripts of ageing and imaginaries of care. *Advances in Life Course Research*, 38, 72–79. <https://doi.org/10.1016/j.alcr.2018.08.001>.
- Oxlund, B. (2018b). The life course in a migrating world: Hybrid scripts of ageing and imaginaries of care. *Advances in Life Course Research*, 38, 72–79. <https://doi.org/10.1016/j.alcr.2018.08.001>.
- Pedersen, M. H. (2014). Islam in the family: The religious socialization of children in a Danish provincial town. *Making European Muslims* (pp. 33–50). Philadelphia, PA: Routledge.
- Predelli, L. N. (2004). Interpreting gender in Islam: A case study of immigrant Muslim women in Oslo. *Norway.*, 18(4), 473–493. <https://doi.org/10.1177/0891243204265138>.
- Qureshi, K. (2013). Sabar: Body politics among middle-aged migrant. *Pakistani Women.*, 19(1), 120–137.
- Rasmi, S., & Daly, T. M. (2016). Intergenerational conflict in Arab families: Salient issues and scale development. *Journal of Cross-Cultural Psychology*, 47(1), 42–53. <https://doi.org/10.1177/0022022115605385>.
- RM. Al-Heeti, (2007). Why nursing homes will not work: Caring for the needs of the aging Muslim American population.
- Roy, O. (2006). Islam in Europe: Clash of religions or convergence of religiosities? In *Religion in the New Europe* (pp. 131–144).
- Rytter, M. (2013). *Family upheaval : generation, mobility and relatedness among Pakistani migrants in DenmarkEASA series ; 21* (First edition ed.). Retrieved from <http://ez.statsbiblioteket.dk:2048/login?url=https://ebookcentral.proquest.com/lib/asb/detail.action?docID=1337747>
- Schmidt, G. (2002). Betydningen af familieformer og familietraditioner for integrationsprocesserne.
- Schmidt, G. (2007). *Muslim i Danmark - muslim i verden : en analyse af muslimske ungdomsforeninger og muslimsk identitet i årene op til Muhammad-krisen*. Uppsala: Swedish Science Press.
- Siddiqui, M. (2013). Veil. In J. D. McAuliffe (Ed.), *Encyclopaedia of the Qur ān* (p. 5:412b). Georgetown University, Washington DC: Brill.
- Sunar, D., & Fisek, G. (2005). Contemporary Turkish families.
- Valk, H., & Schans, D. (2008). *'They ought to do this for their parents': Perceptions of filial obligations among immigrant and Dutch older people* (Vol. 28).
- Young, W. C., & Shami, S. (1997). Anthropological approaches to the Arab family: An introduction. *Journal of Comparative Family Studies*, 28(2), 1–13.
- Zubair, M., & Norris, M. (2015). Perspectives on ageing, later life and ethnicity: Ageing research in ethnic minority contexts. *Ageing and Society*, 35(5), 897–916. <https://doi.org/10.1017/S0144686X14001536>.