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Frequent Callers: “Good Care” with ICTs in Indian Transnational Families

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ABSTRACT

In the context of transnational family life, everyday information and communication technologies (ICTs) are key members of transnational care collectives. Through the approach of material semiotics to care as a relational practice between people and nonhuman entities, I explore frequent calling as one aspect of these collectives. I analyze the practice of frequent calling on phone and webcam between elderly parents living in Kerala, South India, and their adult children who work abroad as nurses. When family members are scattered around the world, frequent calling becomes a way to enact “good care” at a distance.

MALAYALAM ABSTRACT

ദൈനംദിനമായുള്ള വിവര വിനിമയ സങ്കേതങ്ങളുടെ ഉപയോഗം അന്താരാഷ്ട്ര സമ്പ്രദായമുള്ള വിദേശ ഇന്ത്യൻ കുടുംബങ്ങളിലെ പരിചരണ ശൃംഖലയ്ക്ക് അത്യാവശ്യമായി കാണുന്നു. ഭൗതിക ബിംബ കല്പനാ പഠനത്തിലൂടെ പരിചരണത്തിലെ മനുഷ്യ മനുഷ്യതര ബന്ധങ്ങളെയും തുടർച്ചയായ വിവര സങ്കേതങ്ങളുടെ ഉപയോഗത്തിലൂടെ അവ എപ്രകാരം ഈ ശൃംഖലയുടെ ഭാഗമാകുന്നു എന്ന് ഇവിടെ പഠന വിധിയെക്കുറിച്ചു. ഫോണിലും വെബ് ക്യാമറയിലും ഉള്ള തുടർച്ചയായ സംഭാഷണത്തിലൂടെ വിദേശത്തു ജോലി ചെയ്യുന്ന കുടുംബത്തിൽ നിന്നുള്ള നഴ്സുമാർ അവരുടെ മാതാപിതാക്കളുടെ പരിചരണത്തിൽ എപ്രകാരം പങ്ക് വഹിക്കുന്നു എന്ന് ഞാൻ പരിശോധിക്കുകയാണ്. കുടുംബങ്ങൾ ലോകത്തിനകം പല കോണുകളിലായി ചിതറുമ്പോൾ എന്തുമുള്ള തുടർച്ചയായ ഫോൺ സംഭാഷണങ്ങൾ ദൂരത്തു നിന്നും മികച്ച സംരക്ഷണം നൽകുന്നതിന് ഉപയുക്തമാകുന്നതായി ഈ പഠനത്തിൽ വ്യക്തമാകുന്നു.

KEYWORDS

India; care; everydayness; frequent calling; information and communication technolog (ICTs); transnationalism

It was evening in a desert town in Oman, end of October 2014. I had just had my hands painted with *mehendi*, a brown paste of the henna plant which is used in India to draw magnificent, temporary tattoos for festivities such as marriage, or sometimes just for fun. The Indian nurse I was staying with had invited several of her coworkers over for a visit. Among them was Benny, an Indian who worked in the local hospital laboratory. He started recounting his experience of using the mobile phone to keep in touch with his mother who lived alone in the south Indian state of Kerala. Unable to write notes, as the paint was still drying on my fingers, I struggled to memorize his account. But his story stuck with me easily, as it was quite surprising. Benny told me that when he first moved to Oman in 2007, he called his mother 15–20 times a day, sometimes more than that. At that time, he was posted in an isolated small village. Later, when he relocated to Muscat and was joined by his wife, a nurse, he reduced the number of calls, but he still talked to his mother four or five times daily.

During my fieldwork, I commonly heard and observed migrating adult children in many other Indian “transnational families” (Baldassar and Merla 2014; Bryceson and Vuorela

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2002:3; Lam et al. 2002; Yeoh and Huang 2018), who would call their parents living in India at least once a day. Talking on the phone to their parents daily clearly “mattered” (Miller 1998) to them, but how? Ethnographers have previously described how family members from other countries, separated by geographic distance, kept in touch via information and communication technologies (ICTs) (e.g., Baldassar et al. 2016; Costa 2016; Valentine 2006; Wilding 2006). For example, Filipina nurses based in the United Kingdom and their children in the Philippines typically used a wide range of technologies, like text messaging, email and social media, to communicate with each other on a daily basis, leading Mirca Madianou and Miller (2012) to propose the term “polymedia” to refer to the proliferating media that people used with varying effects on family relationships. In Italian transnational families, email has been described as a popular type of communication between elderly parents in Italy and their adult children in Australia (Baldassar 2008). By contrast, in the Indian transnational families that I encountered, none of the adult children used email. Rather, they used text-based forms of communication such as Smart Message Service (SMS) or the Internet-based messenger service Whatsapp with their siblings and younger extended family members (see also Baldassar 2008:254), made daily phone calls and, in some families, webcam calls. This led me to wonder why my informants would call their parents so frequently and how this practice influenced their relations.

As I illustrate in this article, it became clear through my fieldwork that frequent, usually daily, phone calls and webcam was related to intergenerational care. In India, good elder care is associated with family members living together, with elderly parents ideally sharing their residence with a son and his family (Irudaya Rajan and Kumar 2003). Besides making it possible to provide hands-on care, living together is crucial among Hindus because of *seva*, a complex institution of obligations that children have toward their elders, for example, preparing and sharing food with their parents as a gesture of reciprocity for the nurturing they received in childhood (Lamb 2000:50; Brijnath 2014). In transnational contexts, where family members are separated by vast geographic distances, practices demanding physical proximity are not possible. However, physical separation does not preclude all kinds of intergenerational care (e.g., Lamb 2009:145–146; Wilding and Baldassar 2018) and as I have shown elsewhere, care involving ICTs allow for the creation of “transnational care collectives” (Ahlin 2018). Within the transnational care collective, ICTs provided the technological infrastructure to support caring relations among family members across distance, while at the same time they demanded care for themselves, too. The transnational care collective had a particular dynamic in terms of the types of ICTs it included, how frequently people used ICTs to interact with each other, who contacted whom, and how ICTs helped to expand the collective to other people beyond the parents-children dyad.

The notion of “transnational care collective” builds on the concept of “care collective,” which describes how people and things, such as medical technologies, may “tinker” together with the aim of enacting care (Mol et al. 2010; Winance 2010). This approach to care is based in science and technology studies (STS), specifically material semiotics. Material semiotics considers how people and objects mutually shape each other through their relationships which are situated in practices (Pols 2012:17; Mol 2002:4–6; Haraway 1991; Law 2009). Just as words get their specific meaning when they are put in relation to other words and the context in which they appear, so do material objects, such as ICTs, get their meaning in the specific practices in which they participate, in relation to other participating objects and people (Pols 2016:2). The material semiotic approach allows me to explore how ICTs feature in transnational care relations as active participants rather than passive tools. Thus, instead of asking how people use ICTs, I ask how people and ICTs work together to enact care and how they are mutually shaped in the process. Further, rather than preconceiving care as “a thing” that can be given or received, I employ material semiotics to discover what care is by examining how it is “done” through particular practices. Such an approach facilitates to expose

the “conflicting roles and the multivalent positions that provide local meaning” to care (Smith-Morris 2018:5).

In this article, I explore frequent calling in detail as one aspect of transnational care collectives of migrating nurses, their parents in India and ICTs. In what follows, I first describe how frequent calling via the phone and webcam, at least once a day, is a practice of enacting “good care” in Indian transnational families. I then explore how frequent calling is associated with certain content exchanged in phone calls and webcam interactions. Scholars in migration and media studies have argued that the gesture of calling frequently may be more important for the maintenance of personal relations than the actual content of those interactions (e.g., Licoppe 2004; Licoppe and Smoreda 2005; Nedelcu and Wyss 2016; Wilding 2006). While my analysis, too, indicates that the gesture of calling was significant, I show that the frequency of these calls was also needed to achieve particular content. This did not focus on “sharing information” and “sharing everydayness” as a way to be present, across geographic distance, in other people’s lives as they unfolded.

Methods

This article is based on ethnographic data gathered among families of nurses from Kerala as one example of transnational families. In Kerala, nursing has historically been a popular profession for women, in association with religious context: specifically, in Christian communities, nursing has been promoted as a virtuous service to those in need (George 2005; Nair 2012).¹ Nursing has also developed into a favored migration strategy, starting some 50 years ago with the US and countries of the Middle East, followed by the UK, Ireland, Australia, and New Zealand and now worldwide (George 2005; Nair and Percot 2007; Percot 2006, 2016). This trend reflects the global political economy of care work, theorized in the literature on global care chains (Amrith 2016; Choy 2003; Hochschild 2000; Parreñas 2005; Smith-Morris 2018; Walton-Roberts 2012; Yeates 2012).

Among the push factors for nurses from Kerala have been very low salaries in India, especially in the private healthcare sector (Walton-Roberts et al. 2017). For example, a nurse may earn between Rs 2500 and 10,000 (about 36–150 USD) per month in India, while in a Gulf country such as Saudi Arabia her salary would be around Rs 80,000 (about 1200 USD; see also Percot 2016). Nurses are encouraged to migrate internationally as many people, remaining in Kerala, primarily parents and siblings, rely substantially on their remittances, so much so that the state is claimed to have “remittance economy” (Samuel 2011; Zachariah and Irudaya Rajan 2012). The money that the nurses send home is important to their families as one form of care that they can provide at a distance (Ahlin 2018; see also Hoang and Yeoh 2015). Nurses generally come from lower middle-class families of small-scale farmers, shopkeepers and clerks (Johnson et al. 2014:12; Percot 2016), and sending remittances is appreciated as a care practice to such a degree that this may even be more important than returning to Kerala to provide hands-on care in times of health crisis (but see Ahlin 2018:90). This contrasts with other Indian transnational families, in which the workers abroad are professionals other than nurses, among which physical care delivered by family members in India has greater value than the money sent from abroad (Singh et al. 2012).

While nursing used to be an exclusively female profession, the prospects of migrating as a nurse have become so alluring that even men and non-Christians have started entering nursing schools (Johnson 2018). These circumstances have given rise to transnational families, in which family members are spread across large geographic distances, with relations maintained through easily accessible and available ICTs. Transnational families of Keralite nurses provide a rich case to study the way ICTs change everyday family relations. It is, however, important to bear in mind that the nurses are both informal carers for their families and professional carers simultaneously. This limits the possibility to generalize the findings to transnational families where children abroad have other professions.

For the purposes of this study, I conducted long-term fieldwork in 2014 and 2015. I made two trips of five months in total to the South Indian state of Kerala, and two trips of three months in total to Oman, one of the countries to which nurses from Kerala migrate for work (Irudaya Rajan and Percot 2011). I carried out interviews and participant observation among 29 families, including with elderly parents in India (five families) or adult children living abroad (11 families), and in 13 other families, with both the parents and their children. In several families, I stayed at their homes from two days to two weeks. I observed family members communicating with each other via ICTs and was often asked to participate in this. I conducted interviews on phone and webcam with adult children living in the United States of America, the United Kingdom, Maldives, Canada and Australia. Most families belonged to various Christian denominations (25), although particularly Syrian Orthodox Christians, and four of them were Hindus. Most nurses were women (22); in seven families they were men.

In my analysis of frequent calling, I focus on two everyday ICT devices, the (mobile) phone and the webcam, which were used most commonly among my interlocutors. However, there were differences in how people used these two technologies. Due to lack of experience with ICTs more complex than mobile phones, fewer families used a webcam, and only 3 of the 29 families interacted over webcam daily or several times a week. A comparison of different devices is a fruitful way to investigate the practices related to them. As Jeannette Pols (2016) argues, there is no such thing as universal “technology”; instead, there are many different technologies, each with their own characteristics. Paying attention to how particular devices are used in particular practices, and drawing on the contrasts between them, makes it possible to see what these technologies help to enact, what types of relations emerge between various human and nonhuman participants in these practices, who could benefit from this and what goals people work toward by using certain technologies. In other words, what is the “good” that people want to achieve by using particular technologies to communicate with each other daily?

Enacting new norms: Frequent calling as “good care” at a distance

When I visited Indian elderly parents in their homes or chatted with their children about how they kept in touch with each other, the same response came up again and again: they told me that they were in touch with each other via ICTs *daily*, calling home at least once but sometimes several times every day. For instance, Anthony, a young single nurse who had been working in the UK for three years when we first met, explained: “I speak to my parents every day on the phone. I ring them and we talk for 10–15 minutes or even more than that.” Anthony related this frequent practice to “care”:

I think (care) is the understanding, it's trust, it's not touching ... it's not giving money. It's the understanding and the actual care, it's a feeling that you have. It's the trust. And love. But there are different ways to express it. Some people never express it. Some people are over-expressive even without having that much care in their mind ... Well, I call my parents every time, but I don't tell them, ‘Mommy I love you, Daddy I love you’, but I *call* (his emphasis) them every day. That's a gesture. That's ... how I show my love. I call them every day, I speak to them, I'm well informed and they discuss everything with me, I discuss everything with them. And that's how it is.

For Anthony, care was about mutual “trust” and “understanding” expressed through the gesture of calling rather than through words or physical contact. I have shown elsewhere how remittances were important in reinterpreting international migration of nurses from Kerala as a care practice in itself (Ahlin 2018), but Anthony pointed out that that “money,” for him, was not the most important practice of caring for his parents. Rather, he specifically emphasized the act of frequent phone calling as a key gesture of showing his affection toward his parents and a way for him to care for them. Thus, brief, regular calls were not only significant to express basic solidarity between transnational family members (Nedelcu and Wyss 2016), but they were a practice of care and an expression of

“love” and “trust” that could not be expressed verbally. Rather than expressing their feelings, the children communicated them nonverbally through the very act of calling.

The practice of calling as a form of care at a distance also became evident when it was not delivered, as parents perceived lack of calls as a nonverbal expression of abandonment by their children. In two families, the relations were so poor premigration that family members had no contact over ICTs after their adult children migrated abroad. In other families, where the relations were strong before migration, failure to call on the part of the children alarmed their parents and made them anxious, triggering worry about the well-being of their children and about how the physical distance would impact their relationship. In India, where co-residence is deemed significant to good elder care, international migration may even connote abandonment (Krishnamoorthy 2015; Lamb 2000, 2009). To appease their worries, the parents would go to great lengths to reach the child abroad, as Aman’s mother told me:

When Aman left for the UK (for the very first time), it took about two weeks for him to call us. He had never stayed away from us. He was in a place he had no idea about. In between, there was a family whom we knew and who also had some family members in the UK. We called them and they contacted one of their relatives (in the UK) and later Aman called us. We were really destroyed. Aman also didn’t know how we felt. It was like he has left us for good.

Aman’s parents felt as if he had left them for good, indicating that a lack of any interaction invoked in them feelings of abandonment. Without phone contact, they felt as if their relationship had abruptly broken. Apart from that, absence of any phone calls could mean that something unfortunate happened to their son. After Aman’s parents had invested much effort into tracking Aman down, he realized it was important to call home as this “mattered” (Miller 1998) to his parents greatly. He was not used to doing that while living in India, but after having migrated, calling became necessary as a way to communicate to his parents that he was doing well and, additionally, that he still cared about and for them. Thus, care was not expressed verbally, but was the message implicit in the act of calling itself.

Frequency of calling was entwined with regularity. Rather than calling on the spur of the moment, the children and their parents “tinkered” with calling times to accommodate for different time zones, work schedules and pastime activities. In material semiotics, “tinkering” is the normative and creative “process of caring by adapting to changing situations” (Pols 2012:166). “Tinkering” is about attentive experimenting, trying out and making adjustments in care relations to find out which practices, situations and settings are the most suitable for all those involved in a care collective (Mol et al. 2010:13; Winance 2010). Through such tinkering with phones, family members established when would be best to call and they begin to adhere to those particular times of the day. Eventually, calling regularly became a routine which, if broken, signaled potential problems. For example, one mother admitted she was not able to sleep if any of her three daughters, all nurses working in different continents, failed to call every evening. Sitting in her living room, she pointed to the clock above the TV set and said she waited for each of her daughters to call at a particular hour which correlated well with the time zones and work schedules of her daughters’ various locations. In another family, Celia, a middle-aged nurse living in Oman by herself, told me:

If I don’t call for two or three days, even if it is because of my work schedule, then my father would say, ‘Ha, are you also becoming like your brothers? Have you changed your mind, you are only calling us weekly now?’ (laughs) He will ask like that, and then I will know he is feeling ... sad that I’m not calling. That’s why (he’s jokingly complaining).

Throughout the years of her working in Oman, and through daily tinkering, Celia and her family in India had established a schedule according to each other’s timetables, habits and different time zones. Celia made sure to always inform her parents in advance about the changes in her work schedule that would affect her calling time: “If I’m busy at work, I can’t call, so they know (that I’m on duty). I tell them in advance.” When parents were not informed about such changes in the

routine, this raised alarm as they thought of the only other possible explanation, an emergency situation. In case neither of these two options was true, the fear might creep in that the children were withdrawing their care, an indication that the caring relation was endangered, as Celia's father's statement, camouflaged in jest, demonstrates.

Besides finding the most appropriate time to call, nurses also had to tinker with choosing the most appropriate type of ICT, especially when they used Internet-based calling services. This was tied to the geo-political localities that dictated which ICTs were allowed at a given moment, as especially relevant for nurses living in the Gulf. There, several countries have banned Internet-based calling services to protect the revenues of the national telecom operators (Aziz 2012). In Oman, Viber and Skype were banned at the time of my fieldwork, although nurses were able to switch between many Internet-based platforms. For example, Benny switched constantly between a number of available apps, including Rounds, Imo, MoSIP, Facebook Messenger, Talkray and MyPeople. Some of these allowed for video calls, but he did not use that option because it affected the quality of the call. When I started noting down the app names, Benny suddenly became nervous, worrying that any of these apps might have become illegal and fearful that talking to me about his app use would get him into trouble. This encounter shed light onto the unpredictability of telecommunication regulations in the country and on the related feelings of uneasiness and anxiety for ICT users. Yet, stringent ICT restrictions did not completely obstruct communication, not even video calls; rather, they made the nurses tinker with the legally sanctioned ICTs to find which media suited them best.

Through daily tinkering with various calling applications and working around time zones and work schedules, people and ICTs worked collectively to enact care at a distance. In this way, ICT devices helped to shape what good care was, and frequent was thus more than soothing parents' worries – it became a new norm of intergenerational care. To represent “good care” it was not sufficient to call home sometimes – this had to be done frequently. Lack of contact was associated with abandonment. One mother who had no contact with her daughter, a nurse in Bahrain, was living in a shelter for elderly people and was deeply saddened by her daughter not being in touch with her. In India, letting one's parents live in a shelter is considered neglectful (Lamb 2000, 2009), but for this woman, the abandonment was exacerbated by the lack of phone calls from her daughter. Not calling frequently came to be interpreted as a nonverbal expression of poor care and even a new way of “doing” neglect and abandonment.

Mundane matters: Keeping track of everydayness

My informants told me that their phone interactions would last from several seconds to about an hour, and I was also able to observe that the more frequent their calls, the shorter they were. Migration and media scholars have argued that in transnational families, the gesture of calling is key for family relations, even more important than the content of the daily conversations which revolve around “insignificant” details of everyday life (Licoppe 2004; Licoppe and Smoreda 2005; Wilding 2006). For example, Raelene Wilding (2006:132) found the content of such exchanges “meaningless” and “prosaic,” and suggested that “more significant than what is said in these exchanges is the moment of exchange itself.” But why would people talk about “trivial” things every day, sometimes for hours?

In what follows, I describe what the Indian families in my study discussed when they were conversing on the phone or webcam daily, and show how this is crucial to understanding these practices as care practices. Among my informants, frequent calling was about sharing two kinds of content. I first investigate how family members participated in each other's life via ICTs by sharing details of everyday activities. I then explore how children, through frequent calling and sharing of everyday matters, kept an eye on their parents' health.

“Sharing everydayness” on the phone

In the families that I encountered, the content of daily phone conversations revolved around mundane details of day-to-day life. Angela, a middle-aged nurse working in Oman, told me that she first asked her mother how she was and if she needed anything, specifically any medicine for her problem with hypertension. She then inquired about the animals her mother had – the goat, one dog and two cats – and then about the neighbors’ children, other people living nearby and the church, so she was “well informed” about what was happening with her mother and her home community. Beyond monitoring health, the goal of Angela’s frequent phone calls was not to inquire about something specific, or exchange information on something particular, but to participate in her mother’s life through inquiring about the mundane details.

Such frequent calls were not always easy. Detailed phone accounts of the everyday life could also become a source of tension, leading to situations that were uncomfortable for the conversation partners. Mathew, a young nurse working in Australia, increased the number of calls home significantly after migrating abroad. When he lived in another Indian state during his nursing studies, he “only called his parents when he had to ask them for money,” as one of Mathew’s friends half-jokingly said. Because of the intensification of contact post-migration, Mathew and his mother ran into problems regarding what to discuss. As Mathew’s mother said:

We are sad (about Mathew being in Australia). But since he calls us every day, we don’t miss him that much. He informs us of everything. He keeps telling us, “Say something, say ... What news is there?” What is there to talk so much every day? We say the same thing again and again. (We usually talk) between 15 and 20 minutes. What is there to talk every day? Because he calls every day. So he asks about the plants, the domestic animals, neighbors and so on.

Mathew’s mother looked weary when she recounted her experience of these frequent calls, as she spoke of struggling with frequent phone interaction when she exhausted the repertoire of news she deemed important to share. Nevertheless, she did not cut the conversation short, but resorted to talking about domestic animals and plants. This was not the kind of topic she would normally address with her son, yet she did not end the call. Instead, she filled the time with mundane, even “trivial” small talk. In this way, both Mathew and his mother adjusted to the new context in which their relation was taking place, across two continents connected by ICTs. For Mathew’s mother, this was also a way to take care of Mathew and reduce his homesickness, enabling him to remain a part of the domestic realm even while he was physically far away. This brings to light how care within the transnational care collective was not unidirectional, but dispersed among all members.

While the content of these interactions may seem inconsequential at first glance, the daily exchange of details on the phone was a way for transnational family members to create and maintain a kind of “shared everydayness” at a distance. This demanded much work, such as tinkering to find the most appropriate time and type of ICT, maintaining regularity of calling and finding ways to keep the conversation going. Yet, none among my informants complained, even indirectly, about calling their parents daily as representing any sort of financial, practical or emotional burden. They had accepted frequent calling as their new “duty” (Bomhoff 2011:131–132). The labor involved in this practice shows that “everydayness” did not happen by itself, but that people had to work together with technologies to actively construct it.

Daily calling as informal “telecare”²

As Anthony explained, daily calling provided an opportunity for him to be “well informed” and to “discuss everything” with his parents. This included health issues. According to my informants, health was one of the first topics they discussed. An example comes from Lucy and her parents. Lucy was a nurse, living in the US with her family for the past eight years. She called her parents on the phone every day before and after coming from her night shift. Lucy was particularly attuned to her parents’ health, as her father was suffering from Parkinson’s disease. When Lucy’s mother had

suffered a heart attack a couple of years earlier, Lucy made an exceptional trip to Kerala for five weeks to provide her with hands-on care, including physiotherapy. Otherwise, Lucy provided care to her parents at a distance:

I call them every morning and every night. Every day, first I call my mom, and before I go for work (in the evening) I call them, because the 12-hour difference is perfect for my call. ... I ask them "Morning, how is dad, where is he sitting?" So I know if he is sitting, where he is sitting and what he is saying, I know his mood ... I will ask my mom, like, is there any sign of skin infection (on her father's leg), like any temperature? Is he ok moving the lower leg? How is the temperature? What is the colour? I always ask my mom all this stuff. Then I ask mom about the site of the wound. How often is it getting worse? Then I have a picture, oh, that is that. Ok. It's that same chronic condition. ... Today also my mom was saying my dad has some skin problem on his lower legs and I told her, "Give him some massage so he will have more circulation to that part. That's all, don't take him to any hospital, they will put him there and he will get lots of antibiotics and I don't want him to go for that." I always direct them to do this, do that. ... I always ask (my parents) to do this (kind of) blood test, (then ask) what is the report, and I direct them. I don't want them to go for aggressive medical management, they are in their 80s or 70s, that doesn't make any sense to me. I just want them to be comfortable.

I know my father very well ... I know each word that is going to come out of his mouth, when it means something. And I know what is going on *between them* (original emphasis). That's the way this is working out here, otherwise it (would) not.

Lucy's mother took care of her father practically, while Lucy was continuously involved in this process through her daily calls. Through daily updates about the smallest detail about her father's state, gained explicitly through her mother's descriptions or implicitly through nuances of his voice and words, Lucy continuously monitored his chronic illness (for the way family members "read" voice on the phone, see also Baldassar 2008:254). She used her professional knowledge as well as the intimate familiarity she had with her parents. In this way, she was able to "set a diagnosis" at a distance. Lucy thus used her multi-layered knowledge of her parents' situation, including about their health histories, personalities and the relation between them, to "direct" them in treatment.

Why was it important for Lucy to call home so frequently? As she explained, this was a way for her to be "always there for them," "to find out what is the problem with them" and then to "call others around them" in case her parents needed any kind of help. Through daily calls, Lucy signaled to her parents that her caring "attitude" continued despite geographic distance. In this way, Lucy maintained her parents' trust, which she deemed most important in ensuring that they follow the health-related advice she provided on the phone: "It is main thing, first thing is they must trust you to do what you are telling them to do." She contrasted her situation with that of her younger sister, a nurse working in a Gulf county. Lucy's parents told me that they talked to their other nurse daughter only once a week, and Lucy had an impression that they did not take her sister's health advice as seriously as they took hers.

Lucy's example serves to illustrate how, in the practice of frequent calling, care may be simultaneously enacted as a gesture and through the content that is shared during these calls. Daily calls thus influenced care on several levels: by calling frequently, Lucy not only reassured her parents that she had not abandoned them, but she also practiced pragmatic care at a distance. This included close monitoring of their health and well-being, and fostering the trust needed for the parents to follow her advice on treatment. The care for Lucy's father's chronic ailment was thus shaped within the care collective through frequent calls. Care took place not only in their local geographic world, but extended into a transnational space.

Enacting everydayness: "Spending time together" on webcam

"Being together" face-to-face involves not only speaking, but sometimes also being silent. However, silence as a type of nonverbal communication may be problematic on the phone which was designed specifically for verbal communication. As Ann Goelitz (2003) found in her study of telephone support for family caregivers, silence on the phone can be "hard" because it is impossible to see

what the other person is doing. It is difficult to interpret: something might be wrong with the technological connection, or with the relation between the conversation partners. To overcome this issue, Mathew and his mother turned their conversation into detailed descriptions of daily life, a strategy used not only to share “what news is there” but also to fill silence and to “be together” at a distance. If silence as an ingredient of “being together” is problematic on the phone because people cannot see each other, what happens when image is added to sound, as it is the case with the webcam? I explore this question in the examples that follow.

To start with, frequent calls on the webcam helped some families to alleviate homesickness and loneliness of the adult children working abroad. This mattered especially to those nurses who worked in harsh conditions. For example, Joy was a young, unmarried nurse who was spending her second year working in Saudi Arabia. She kept in touch with her mother daily, using the landline phone, mobile phone and Skype interchangeably. Joy favored Skype. She explained that her mother sometimes made a dish and showed it to her on the webcam. Talking on Skype, she added, had a “good impact on (her) wellbeing” when she was missing her home and had a hard time being so far away. I asked her if she felt sad not to be able to share the meal with her family, to touch, taste and smell it. But Joy replied, “No, it makes me feel soooo happy! Just to see, it’s enough!” Frequent calling thus had another purpose than elder care – the adult children abroad used this practice as a form of self-care.

Although the children did the actual calling, receiving their calls was an opportunity for the parents to practice care for their children. For instance, Joy’s mother explained that frequently seeing her daughter on Skype was a way for her to continuously monitor Joy’s health and wellbeing. Through the webcam, she closely inspected her physical appearance: “Does she look thin? Does she look pale? Is she eating enough? Is she smiling enough? Or is her face sad and worried?” Tracing changes in her daughter’s mood and appearance through their frequent webcam interactions was important as it allowed her to notice any trouble quickly and immediately offer emotional support and encouragement. For Joy’s mother, this mattered especially because she was well aware of the poor living conditions that unmarried Christian women like Joy experienced in a largely Muslim Saudi Arabia. Due to religious tensions, Indian nurses have described this country as a “jail” (Percot 2006:23), which made Saudi Arabia the very last on nurses’ destination country “wish list.” But the webcam enabled Joy’s mother to mitigate Joy’s feelings of loneliness and homesickness by “spending time together” at their home in Kerala, for example, while preparing dinner.

The effect of the image was also transformed through frequency in a paradoxical way. The materiality of the webcam “afforded” (Costa 2018; Fisher 2004) its users a different way to relate to each other than the phone. With daily use of the webcam, the significance of image as something that is meaningful because it is visible faded away as the family members concentrated on “being together” without words and even without looking at each other. For example, Mary was a nurse in her early 20s, living with her parents in Kerala and preparing for migration while her two elder sisters lived with their own families in London where they worked as nurses. When visiting Mary’s home, I noted the following experience of webcam interaction. It took place just after Mary’s middle sister, Susan, who was nine months pregnant, finished her checkup in the hospital and was driving home with her husband and their toddler son:

Susan calls home to Kerala through Skype on her mobile phone. At first she’s pointing the phone to her face, so that we’re looking at her directly, but the picture is very blurry and she doesn’t seem to be very interested in our picture. She’s not very talkative, she’s looking tired or maybe concerned. ... She is holding the phone on her left-hand side, below, as if having it on her left knee. She’s not looking at the picture at all, we see her face from below as she’s looking on the road. She says all was well in the hospital. ... Then there is some silence. I find the following several moments quite magical – it’s as if we are all sitting in the same car, looking out the same grey sky somewhere (where?) above London. The conversation is not taking place all the time, there are silences, just as if we were all in the same car. There’s no real focus, nothing much to do, we’re just all taking the drive back home.

While Susan and her family were sitting in their car, on the other end of the webcam Mary and I sat in the chairs at the table while the parents sat on the bed. After exchanging the most important piece of information – Susan’s checkup, all of us were quiet for most of the time, staring at the laptop in front of us. This interaction, full of interruptions and silences, was nevertheless about 10 minutes long. During this time, no specific information was exchanged; we were all just “travelling together” for a while. In contrast to the phone, silence was not problematic as it did not signal a break in communication; at any moment, everyone could see what was happening on the other side of the webcam. But this example also shows that the webcam did more than enabled being silent together. While the webcam made *seeing* other people possible, it was not necessary anymore to be *looking* at them continuously. In this way, the webcam enabled “spending time together” that was different from an interaction focused around a conversation, as was the case with the phone.

The way transnational families were “spending time together” on the webcam differed from a Skype interaction set up as a meeting with the goal to talk about a specific topic. For example, Pols (2012:102) described the use of webcam in healthcare where nurses, in that context acting as professional carers, used the webcam to monitor patients with chronic lung disease at their homes. In that case, the conversation partners sat in front of their computers and gazed at the screens, careful not to move out of the camera frame. Using the webcam in this way created a meeting-like experience, with the specific purpose of sharing health information. By contrast, Mary’s family members called each other on the webcam every day and did not follow any sort of formality characteristic of Skype meetings in which the date, time and topic were predetermined. However, frequency was not the only factor in fostering “spending time together” on webcam; familiarity was important, too, as the relationship between parents and children are underpinned by personal affect and attachment differently than personal relationships. Finally, in Indian transnational families, care was not a unilineal process, but an intersubjective one: beyond children providing health care to their elderly parents, the latter were also concerned with the well-being of their children abroad and “spending time together” on the webcam allowed the parents to alleviate their children’s feelings of loneliness and homesickness in harsh foreign environments.

Conclusion

Through a material semiotic analysis of frequent calling, I have shown how care is a relational process, which includes not only people, but also nonhuman entities such as everyday ICTs. Together, adult children, elderly parents and ICTs formed transnational care collectives in which people adjusted, tinkered and negotiated what “good care” at a distance could be and how it should be done. My aim was to describe how intergenerational care at a distance may be practiced with ICTs, and Keralite nurse families represented an excellent example to learn from about this topic. For these families, commonly of lower economic class premigration, increasing their socioeconomic status through work and savings was significant. This influenced their decisions about expenditure and taking leave from work, including limiting visits to Kerala to once a year. Since family members were scattered across the world, care practices demanding physical proximity, while still considered important, became impossible to follow. In this situation, the parents and their children tinkered with ICTs to discover how these technologies could help them establish new forms of intergenerational care that could indeed be practiced across vast geographic distances. Thus, when doing “good care” in transnational care collectives, the emphasis moved from practices that required being together physically, such as sharing residence and food, to practices that included ICTs, such as frequent calling.

Expressions like “keeping in touch” and “staying in contact” (Baldassar 2008; Baldassar et al. 2016) emphasize the importance of the gesture of calling for family relationships to continue across continents. Similarly, STS scholar Wajcman (2015:149) noted that “the call or text itself may be constitutive of the relationship.” In the Indian families that I studied, daily calling meant “I call, and through this I do care.” Further, the gesture of frequent calling became a way of nonverbal

communication: feelings of love and trust, but also worries, loneliness and fear of being abandoned became enacted within everyday actions such as making calls, taking calls, coordinating time zones, being silent together and talking about or showing faces, food and ferns on the webcam. These practices were the emotional work of care. People built on them to connect and maintain caring relations at a distance, while simultaneously embedded in their various physical environments.

Beyond the gesture, frequent calls were needed to convey a particular content that people exchanged through them, in which the goal was not about 'sharing information.' Rather, 'sharing everydayness' on the phone and 'spending time together' on the webcam were two practices which highlighted what kind of care people were trying to achieve through frequent ICT contact. On the phone, talking daily about mundane matters was a way to solve a specific problem: achieving the goal of 'sharing everydayness' when only words, and no visual cues, can be used for communication. The notion of 'sharing everydayness on the phone' thus considers phone conversations about everyday details as far from trivial" (cf. Licoppe 2004; Wilding 2006); rather, talking about the weather, domestic plants, animals, neighbors, their children and the church congregations was significant precisely because these things were ordinary—people organized their lives around them. Furthermore, the intimacy that was fostered through sharing everydayness allowed for the tracking of small changes in people's well-being and health. In this way, children, who were also nurses, combined their professional knowledge with their intimate familiarity of their parents' quotidian life, health histories and personalities to monitor chronic illness at a distance. Conversely, parents monitored their children's well-being and happiness by closely inspecting their appearance via the webcam. Actively constructing everydayness by sharing detailed accounts of the quotidian via ICTs enabled people to share a life even when sharing residence was not an option.

Notes

1. In Kerala, about 18% of the population is Christians, compared to 2.3% in India (Government of India 2011).
2. "Telecare" refers to "the technical devices and professional practices applied in 'care at a distance', care that supports chronically ill people living at home" (Pols 2012:11).

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